ACGME: CLINICAL LEARNING ENVIRONMENT REVIEW

Orientation Meeting

December 2 and 4, 2013

ACGME NEXT ACCREDITATION SYSTEM

- Intended to increase transparency of value and consistency in GME
- Two arenas
  - GME training programs
    - Milestones for trainee evaluations
    - Tied to accreditation of programs
    - Self studies every 10 years
  - Sponsoring institutions
    - CLER site visits every 18 months
    - Institutional self study every 10 years

Clinical Learning Environment Review (CLER) Program

- Integration of residents into institution's **Patient Safety** programs, and **demonstration of impact**
- Integration of residents into institution's **Quality Improvement** programs and efforts to **reduce Disparities in Health Care Delivery,** and **demonstration of impact**
- Establishment, implementation, and oversight of **Supervision** policies
- Oversight of **Transitions in Care**
- Oversight of **Duty Hours Policy, Fatigue Managemen**t and **Mitigation**
- Education and monitoring of **Professionalism**

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Development, Testing, and Implementation of the ACGME Clinical Learning Environment Review (CLER) Program

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Abstract

Since the release of the Institute of Medicine's report on resident hours and patient safety, there have been calls for enhanced institutional oversight of duty hour limits and of efforts to enhance the quality and safety of care in teaching hospitals. The ACGME has established the Clinical Learning Environment Review (CLER) program as a key component of the Next Accreditation System with the aim to promote safety and quality of care by focusing on 6 areas important to the safety and quality of care in teaching hospitals and the care residents will provide in a lifetime of practice after completion of training. The 6 areas encompass engagement of residents in patient safety, quality improvement and care transitions, promoting appropriate resident supervision, duty hour oversight and fatigue management, and enhancing professionalism.

Over the coming 18 months the ACGME will develop, test, and fully implement this new program by conducting visits to the nearly 400 clinical sites of sponsoring institutions with two or more specialty or subspecialty programs. These site visits will provide an understanding of how the learning environment for the 116 000 current residents and fellows addresses the 6 areas important to safety and quality of care, and will generate baseline data on the status of these activities in accredited institutions. We expect that over time the CLER program will serve as a new source of formative feedback for teaching institutions, and generate national data that will guide performance improvement for United States graduate medical education.

Editor's Note: The ACGME News and Views section of JGME *includes data reports, updates, and perspectives from the ACGME and its review committees. The decision to publish the article is made by the ACGME.*

Introduction

In 2010, during the deliberation on the duty hour standards that were implemented as part of the 2011 Common Program Requirements, the Board of Directors of the Accreditation Council for Graduate Medical Education (ACGME) authorized the development of a new program of periodic site visits to all sponsoring institutions focusing on their responsibility for the quality and safety of their learning and patient care environment.[1] In response, the ACGME established the CLER program as a component of its Next Accreditation System (NAS) to assess the learning environment of each sponsoring institution and its participating sites. The CLER program emphasizes the importance of providing a learning environment that engages residents and fellows in institutional efforts in patient safety and health care quality, a key dimension of the 2011 ACGME Common Program Requirements. The intent of CLER is "to generate national data on program and institutional attributes that have a salutary effect on quality and safety in settings where residents learn and on the quality of care rendered after graduation."[1]

It is anticipated that the CLER program, through its frequent regular on-site sampling of the learning environment:

- Will increase the educational emphasis on new competencies demanded by the public;
- Will provide opportunity for sponsoring institutions to demonstrate leadership in patient safety, quality improvement, and reduction in health care disparities; and
- Will permit lengthening the interval for standard ACGME site visits of individual programs if other parameters of program performance are at satisfactory levels.

The CLER Program

The CLER program's ultimate goal is to move from an initial focus on duty hours to a broader focus on the GME learning environment and how it can deliver high quality,

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CLER Program
5 key questions for each site visit

- Who and what form the hospital/medical center's infrastructure designed to address the six focus areas?
- How integrated is the GME leadership and faculty in hospital/medical center efforts across the six focus areas?
- How engaged are the **residents and fellows**?
- How does the hospital/medical center determine the success of its efforts to integrate GME into the six focus areas?
- What are the areas the hospital/medical center has identified for improvement?

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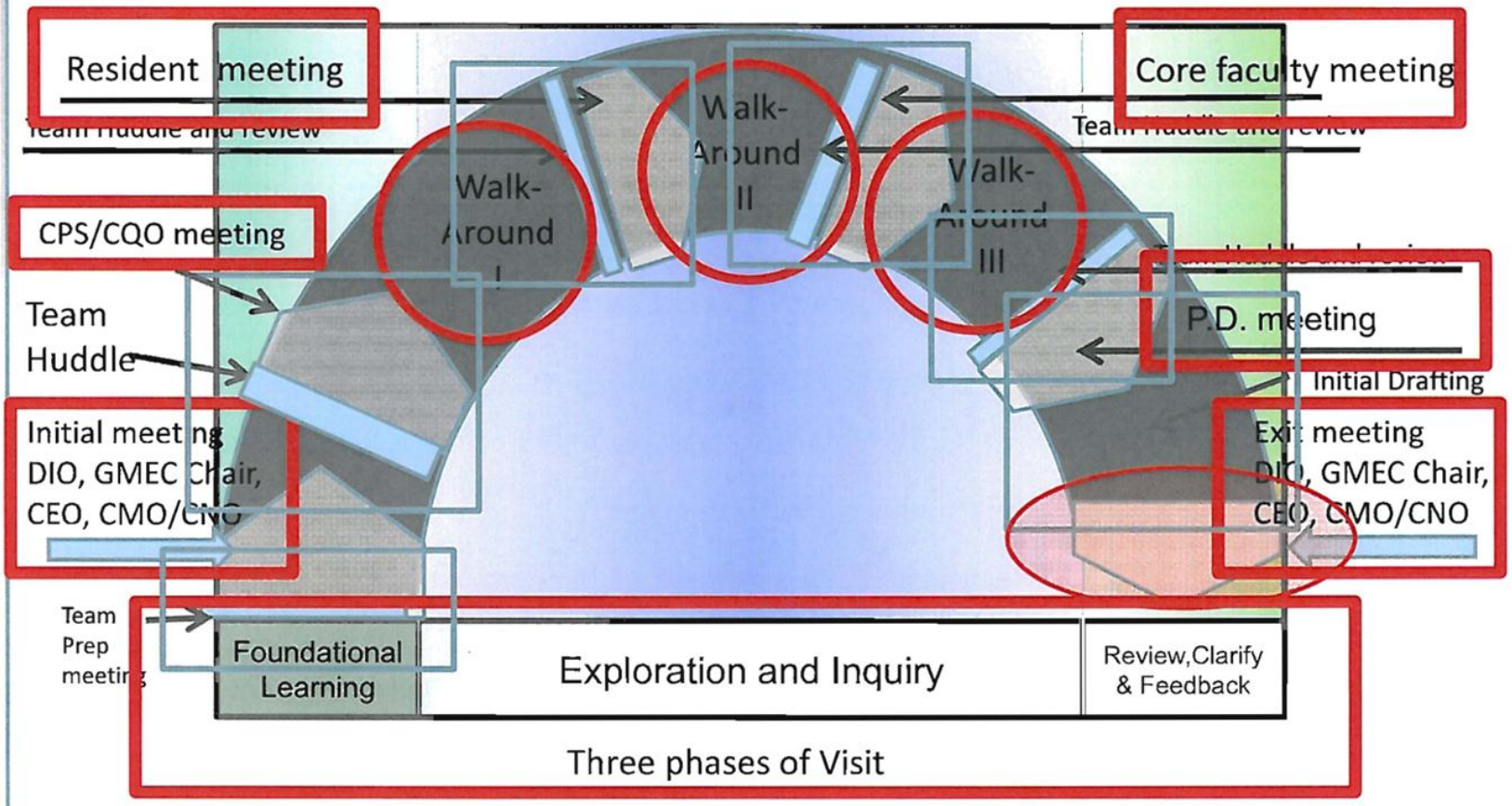
Example of possible template for categorizing CLER expectations

Increasing levels of GME engagement with participating site

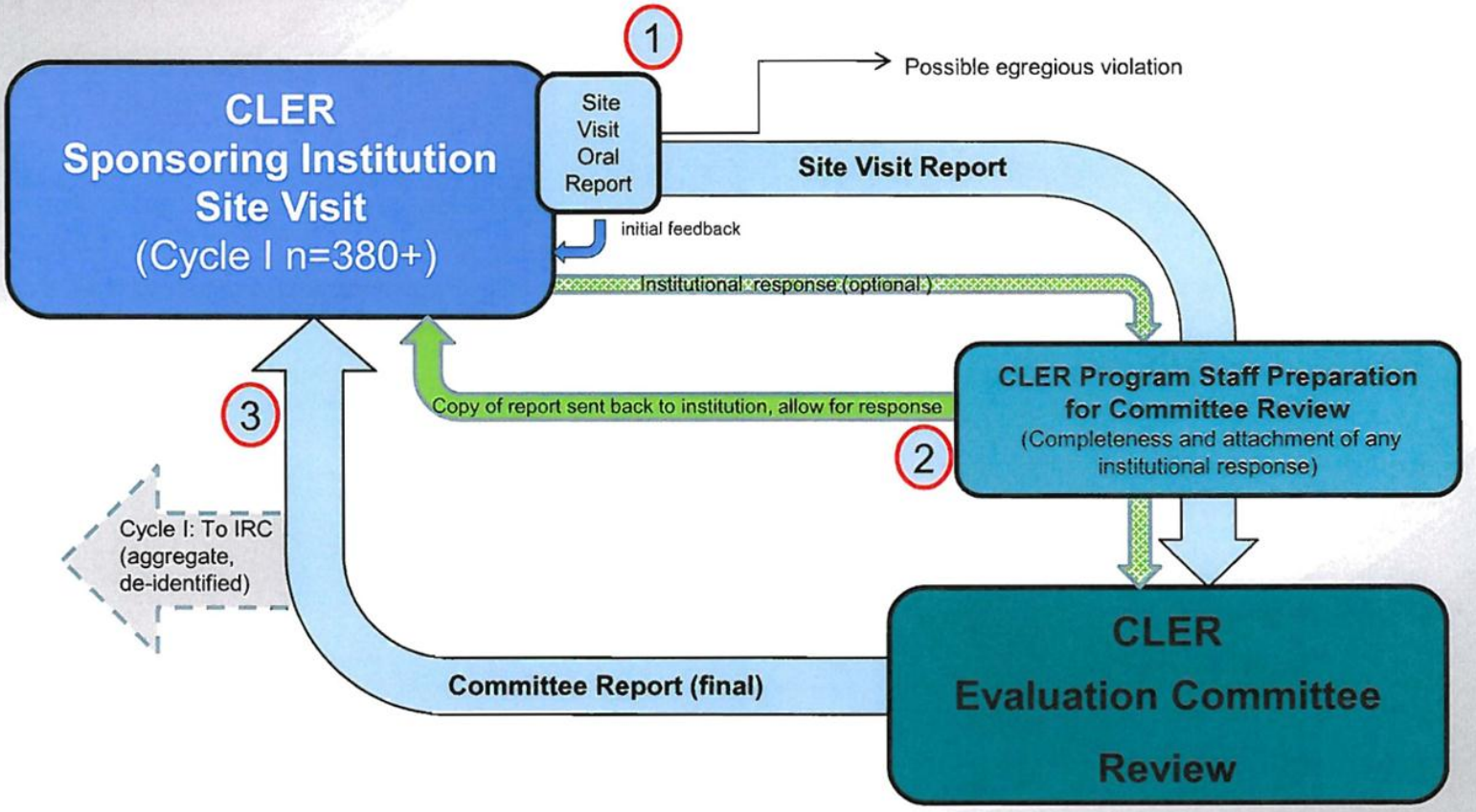
Patient Safety	Category A	Category B	Category C	Category D
Resident reporting of adverse events				
Education on patient safety				
Learning environment culture of safety				
Resident experience with safety investigations				

SCHEMATIC OF FLOW OF CLER SITE VISIT



Note: each walk around with resident host/escort, opportunity for nursing staff and patient contact (future). Also as yet not certain on role of a governance interview.

CLER Evaluation Process*



* Approved by CLER Evaluation Committee 10/2012
CLER Process Map Ver 2.2, 2.7.2013

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Early Impressions

- Patient Safety
  - Variability in residents knowledge of when, what and how to report
- Healthcare Quality
  - Degree of resident participation in QI varies across programs
  - Variable alignment with the clinical site's priorities
  - Disparities initiatives focus on access; little attention to measuring variability or impact

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Early Impressions

- Transitions of Care
  - Primary focus on hand-off for change of duty
  - Variability in process and oversight of resident hand-offs
- Supervision
  - Examples of both under and over supervision
  - Knowledge of need for direct supervision appears to be limited to GME faculty

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Early Impressions

- Duty Hours/Fatigue Management
  - Consistent emphasis on education; variable evidence of effective management strategies
- Professionalism
  - To date, most residents report being in a culture of openness for bringing forth concerns regarding honesty in reporting
  - Variable monitoring by participating site

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Early Impressions

Leadership

- Significant variability in:
  - Programs working together on inter-program or common-program solutions
  - Programs working together on institutionally-directed solutions

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Early Impressions

Leadership

- Significant variability in:
  - participating site's leadership view of the <u>strategic value</u> of GME in advancing patient safety and care improvement
  - participating site's leadership view of the <u>strategic role</u> of GME in advancing patient safety and care improvement

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CLER EXPECTATIONS

- ACGME gathering data over first 18 month cycle
- No accreditation impact in first visit

- Developing “Expectations for Excellence”

- Expect release of first draft in 2014

WU/BJH/SLCH Preparation for CLER

- Hospital administration and hospital staff
- GME training program directors
- Residents and fellows

CLER STEERING COMMITTEE

- Rebecca McAlister
- Sessions Cole
- Sarah Garwood
- Katie Henderson
- John Lynch
- Tia Drake
- Terra Mouser
- Mark St Aubin
- Coreen Vldoarchyk
- Katrina Farmer
- Laurie Wolf

Including GME in hospital strategizing/committees

- Annual GME report to MECs
- BJH Safety and Quality Council
- HOME committee
- Katrina Farmer and the Center for Diversity and Cultural Competence

Health Disparities

- Resident and Fellow Diversity Initiative
- Continuity Clinic opportunities
  - OBGYN Health Literacy project
  - Internal Medicine provider specific EMR information
  - Psychiatry

PREPARING HOUSESTAFF

- Mock CLER visits to 8 programs Spring ‘13
- PSQI Institutional Milestones for Housestaff
  - Graduates’ PSQI projects
  - Medical error reporting
- PSQ grid for program directors
- Housestaff PSQI Council

YOUR THOUGHTS?

- How can we better:
  - Integrate GME into hospital structure/planning
  - Prepare hospital admin for CLER visit
  - Prepare housestaff for CLER visit
  - Improve our Clinical Learning Environment