ACGME

Clinical Learning Environment Review
**Introduction to CLER**

2

# ACGME/CLER—Brief History and Background
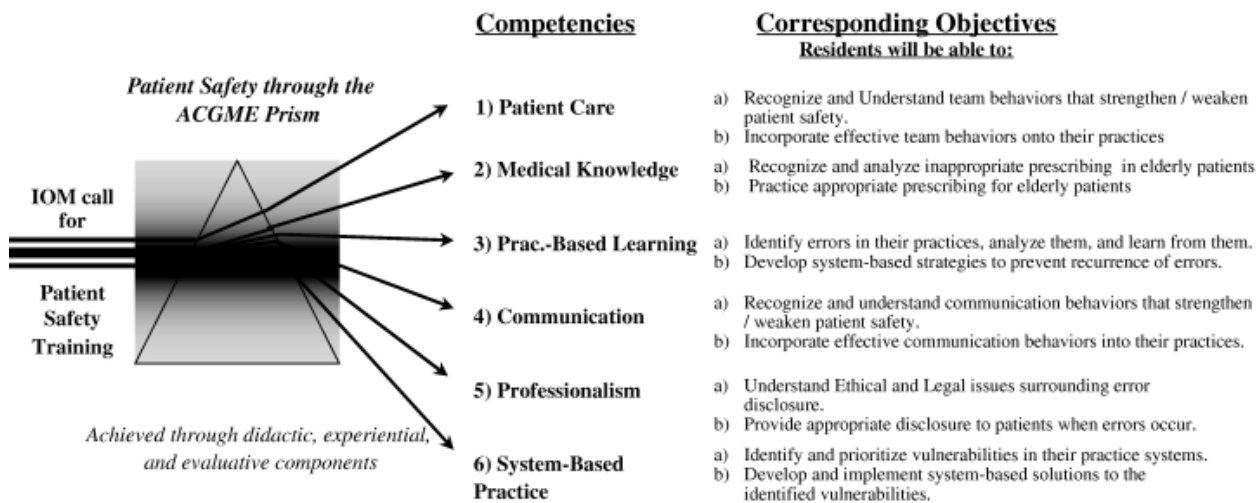
**1999- IOM published "To Err Is Human"  www.iom.edu**

**2001 – IOM published "Quality Chasm Series"  www.iom.edu**

- **These two publications were the first of many milestones in the evolution of patient safety & quality.**

- **Brought attention to size and scope of patient safety problems for hospitals, providers and 3rd party payers.**

- **First presentation of the enlightened view of looking at systemic failures, reducing blame, and transparency.**

In response to their awareness that physicians do not receive adequate training in safety and quality, **in 2012- the ACGME** implemented **CLER, Clinical Learning Environment Review Program.** The goal of this review is to "generate national data on program and institutional attributes that have a salutary effect on quality and safety where residents learn and on the quality of care rendered after graduation."

**\*\*In its initial phase, CLER Data WILL NOT be used in accreditation decisions by the IRC\*\*** www.acgme.org



| Competencies | Corresponding Objectives<br>Residents will be able to: |
|---|---|
| 1) Patient Care | a) Recognize and Understand team behaviors that strengthen / weaken patient safety.<br>b) Incorporate effective team behaviors onto their practices |
| 2) Medical Knowledge | a) Recognize and analyze inappropriate prescribing in elderly patients<br>b) Practice appropriate prescribing for elderly patients |
| 3) Prac.-Based Learning | a) Identify errors in their practices, analyze them, and learn from them.<br>b) Develop system-based strategies to prevent recurrence of errors. |
| 4) Communication | a) Recognize and understand communication behaviors that strengthen / weaken patient safety.<br>b) Incorporate effective communication behaviors into their practices. |
| 5) Professionalism | a) Understand Ethical and Legal issues surrounding error disclosure.<br>b) Provide appropriate disclosure to patients when errors occur. |
| 6) System-Based Practice | a) Identify and prioritize vulnerabilities in their practice systems.<br>b) Develop and implement system-based solutions to the identified vulnerabilities. |

*Patient Safety through the ACGME Prism*

IOM call for Patient Safety Training

*Achieved through didactic, experiential, and evaluative components*

# CLER assesses sponsoring institutions in the following six focus areas:

- **Patient Safety—**including opportunities for residents to report errors, unsafe conditions, and near misses, and to participate in inter-professional teams to promote and enhance safe care.

- **Quality Improvement—**including how sponsoring institutions engage residents in the use of data to improve systems of care reduce health care disparities and improve patient outcomes.

- **Transitions in Care—**including how sponsoring institutions demonstrate effective standardization and oversight of transitions of care.

- **Supervision—**including how sponsoring institutions maintain and oversee policies of supervision concordant with ACGME requirements in an environment at both the institutional and program level that assures the absence of retribution.

- **Duty Hours Oversight, Fatigue Management and Mitigation—**including how sponsoring institutions: (i) demonstrate effective and meaningful oversight of duty hours across all residency programs institution-wide; (ii) design systems and provide settings that facilitate fatigue management and mitigation; and (iii) provide effective education of faculty members and residents in sleep, fatigue recognition, and fatigue mitigation.

- **Professionalism—**with regard to how sponsoring institutions educate for professionalism, monitor behavior on the part of residents and faculty and respond to issues concerning: (i) accurate reporting of program information; (ii) integrity in fulfilling educational and professional responsibilities; and (iii) veracity in scholarly pursuits.

## The initial round of CLER evaluations will seek answers to the following central questions:

- **Who and what form the infrastructure of a Sponsoring Institution's clinical learning environment?** What organizational structures and administrative and clinical processes do the SI and its major participating sites have in place to support GME learning in each of the six focus areas?

- **How integrated is the GME leadership and faculty within the SI's current clinical learning environment infrastructure?** What is the role of GME leadership and faculty to support resident and fellow learning in each of the six areas?

- **How engaged are the residents and fellows in using the SI's current clinical learning environment infrastructure?** How comprehensive is the involvement of residents and fellows in using these structures and processes to support their learning in each of the six areas?

- **How does the SI determine the success of its efforts to integrate GME into the quality infrastructure?** From the perspective of the SI and its major participating sites, what are the measures of success in using this infrastructure and what was the level of success?

- **What areas have the Sponsoring Institution identified as opportunities for improvement?** From the perspective of the SI and its major participating sites (if different), what are seen as the opportunities for improving the quality and value of the current clinical learning environment infrastructure to support the six focus areas?

*The role of the Director of Patient Safety Quality Improvement for GME is to support you—be your champion and your advocate. Also, to create, develop, and implement a patient safety, quality, and experience curriculum for graduate medical education focusing first on the 7 residency programs at MVH and over time, expanding to include all 23 residency programs at Wright State.* This program will include didactics, OSCEs, Simulations, rounding, chart reviews, online learning modules, journaling, and team exercises.

## What should you do to prepare?

- **#1 KNOW how to file an incident report!**

- Know and verbalize what committees you/your peers are on that directly serve or interface with Quality and Safety

- Know and verbalize your specialty's QI initiatives including process and outcome measures.

- Know and verbalize the members of the GME Faculty/leadership team with whom you have regular communication

- Know and verbalize your role in care transitions. Know the processes /procedures here.

- Be able to verbalize how fatigue mgt. is monitored and how/what/when you received formal education about it.

- Review PHP/ MVH 2013 report on Quality and Safety. Be familiar with themes and how this report helps to promote a culture of safety and transparency.

## Overview

As a component of its next accreditation system, the ACGME has established the CLER program to assess the graduate medical education (GME) learning environment of each sponsoring institution and its participating sites. CLER emphasizes the responsibility of the sponsoring institution for the quality and safety of the environment for learning and patient care, a key dimension of the 2011 ACGME Common Program Req uirements. 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]

**CLER provides frequent on-site sampling of the learning environment that will:**

- Permit lengthening the interval for standard ACGME site visits of individual programs if other parameters of program performance are at the expected level;

- Emphasize elements of "new" competencies demanded by the public; and,

- Provide the opportunity for sponsoring institutions to demonstrate leadership in patient safety, quality improvement, and reduction in health care disparities.

[1]Nasca TJ, Philibert I, Brigham T, Flynn TC. The next GME accreditation system--rationale and benefits. N Engl J Med. 2012;366(11):1051-1056. [Epub 2012 Feb 22.]
06/10/2012 Ver. 1.0

The CLER program's ultimate goal is to move from a major targeted focus on duty hours to that of broader focus on the GME learning environment and how it can deliver both high-quality physicians and higher quality, safer, patient care. In its initial phase, CLER data will not be used in accreditation decisions by the Institutional Review Committee (IRC).

**CLER consists of three related activities:**

- **The CLER site visit** program is used solely for providing feedback, learning, and helping to establish baselines for sponsoring institutions, the Evaluation Committee, and the IRC. The first cycle of visit findings will result in dissemination of salutary practices by the Evaluation Committee.

- **The CLER Evaluation Committee** includes a broad cross-section of individuals with expertise related to the aim of the CLER program. The Committee provides input to the design and implementation of CLER site visit activities and conducts evaluation review of sponsoring institutions that are visited during each cycle.

- The ACGME recognizes the great interest by sponsoring institutions to support **faculty development** in those areas on which the CLER program will focus (e.g., patient safety, health care quality, transitions of care, etc.). Therefore, as part of the CLER program, the ACGME will develop a program to support faculty development.

**CLER assesses sponsoring institutions in the following six focus areas:**

- **Patient Safety—**including opportunities for residents to report errors, unsafe conditions, and near misses, and to participate in inter-professional teams to promote and enhance safe care.

- **Quality Improvement—**including how sponsoring institutions engage residents in the use of data to improve systems of care, reduce health care disparities and improve patient outcomes.

- **Transitions in Care—**including how sponsoring institutions demonstrate effective standardization and oversight of transitions of care.

- **Supervision—**including how sponsoring institutions maintain and oversee policies of supervision concordant with ACGME requirements in an environment at both the institutional and program level that assures the absence of retribution.

- **Duty Hours Oversight, Fatigue Management and Mitigation—**including how sponsoring institutions: (i) demonstrate effective and meaningful oversight of duty hours across all residency programs institution-wide; (ii) design systems and provide settings that facilitate fatigue management and mitigation; and (iii) provide effective education of faculty members and residents in sleep, fatigue recognition, and fatigue mitigation.

- **Professionalism—**with regard to how sponsoring institutions educate for professionalism, monitor behavior on the part of residents and faculty and respond to issues concerning: (i) accurate reporting of program information; (ii) integrity in fulfilling educational and professional responsibilities; and (iii) veracity in scholarly pursuits.

**The initial round of CLER evaluations will seek answers to the following central questions:**

- **Who and what form the infrastructure of a Sponsoring Institution's clinical learning environment?** What organizational structures and administrative and clinical processes do the SI and its major participating sites have in place to support GME learning in each of the six focus areas?

- **How integrated is the GME leadership and faculty within the SI's current clinical learning environment infrastructure?** What is the role of GME leadership and faculty to support resident and fellow learning in each of the six areas?

- **How engaged are the residents and fellows in using the SI's current clinical learning environment infrastructure?** How comprehensive is the involvement of residents and fellows in using these structures and processes to support their learning in each of the six areas?

- **How does the SI determine the success of its efforts to integrate GME into the quality infrastructure?** From the perspective of the SI and its major participating sites, what are the measures of success in using this infrastructure and what was the level of success?

- **What areas have the Sponsoring Institution identified as opportunities for improvement?** From the perspective of the SI and its major participating sites (if different), what are seen as the opportunities for improving the quality and value of the current clinical learning environment infrastructure to support the six focus areas?