

Clinical Learning Environment Toolkit for Formative Assessment Patient Safety Module Call for Applicants: Pilot Test Groups

Introduction

The ACGME's Clinical Learning Environment Review (CLER) Program is seeking up to 10 ACGME-accredited Sponsoring Institutions to test the first modular component of the Clinical Learning Environment (CLE) Toolkit for Formative Assessment. The first module will address the CLER Focus Area of patient safety. As reported in the *CLER National Report of Findings 2021*,¹ there continue to be opportunities to optimize the engagement of residents, fellows, and other members of the clinical care team in their CLE's efforts to address patient safety.

ACGME-accredited Sponsoring Institutions with a status of Continued Accreditation are eligible to apply. The ACGME will select two Sponsoring Institutions for the alpha test group and eight Sponsoring Institutions for the beta test group. Each test group will conduct two rounds of testing at their participating site(s) to provide input on content, usability, and feasibility of the patient safety module. This information will inform the ongoing refinement of the module.

Background

The CLE Toolkit for Formative Assessment is a direct response to the graduate medical education (GME) community's requests for the CLER Program to expand its reach to multiple participating sites that are part of a single Sponsoring Institution. The toolkit is one of four components of the evolving CLE Program.² The toolkit will provide CLE executive and GME leaders with a framework with which they can continuously conduct their own assessment of all their CLEs to identify improvement opportunities, innovate, and monitor performance in the CLER Focus Areas. Use of the toolkit will be voluntary, and its use is intended to complement, rather than replicate, the CLER site visit process.

The toolkit will be designed to have modular components, with separate modules for each of the CLER Focus Areas. Each module can be used independently or in combination. Each module will include tools to help CLEs (1) survey and/or conduct structured interviews with different stakeholder groups, (2) conduct walking rounds, (3) synthesize information collected, and (4) facilitate conversations among CLE executive and GME leaders to improve the CLE. The first module will focus on patient safety.

A systematic approach to instrument development will be employed to ensure that each module yields valid and reliable information. Factors affecting instrument utility will also be carefully balanced against validity and reliability. The same process for development and dissemination will be employed when developing modules for all six of the CLER Focus Areas.

The CLER Program leveraged the knowledge and experience of the CLER Evaluation Committee and the CLER team to conceptualize the toolkit's initial design characteristics.

Designated institutional official (DIO) focus groups provided additional input. Based on these discussions, each module will be designed, at a minimum, to:

- be easily mapped to the *CLER Pathways to Excellence* document;
- allow for systematic data collection and analysis to inform continuous improvement in the CLER Focus Areas;
- facilitate easy administration of the instrument;
- provide valid and reliable information with which valid inferences can be made based on the data collected over time;
- allow for easy scoring or assessment of information collected;
- require modest CLE and GME resources;
- facilitate action plans and innovation to address the gaps identified and promote continuous improvement; and,
- be of high utility for Sponsoring Institutions, their CLEs, and the broader CLE/GME learning community.

Over time, each module will evolve as part of continuous improvement efforts toward the goal of optimizing patient care and learner experience in the CLER Focus Areas. As Sponsoring Institutions and their CLEs use the modules, the learning and innovation from their experiences will help inform future iterations of the modules to ensure appropriateness and relevance.

Aim of the Patient Safety Module

The goal of the patient safety module is to optimize the patient safety culture by helping CLE executive and GME leaders:

1. assist residents, fellows, and other learners in understanding a system-based approach to improving patient safety;
2. increase resident and fellow participation in patient safety event analysis to enhance existing improvement efforts;
3. leverage the knowledge and experience of frontline staff to improve system processes; and,
4. proactively assess potential patient safety vulnerabilities.

Expectations of Participants

For both pilot groups, each participating Sponsoring Institution will test the patient safety module twice in its CLE(s). The module is anticipated to be completed in 12 hours (over five business days). This estimate includes preparing for the assessment process, conducting the assessment, synthesizing the results, and presenting the results to CLE executive and GME leaders.

Each Sponsoring Institution will be expected to identify and maintain a core assessment team with three to seven members. Teams will include:

1. Three assessment team co-leaders (required)
 - a. DIO, associate DIO, or designee
 - b. Individual from the CLE's patient safety office
 - c. Nurse leader or representative
2. Resident representative (optional)
3. Up to three additional team members (optional)

As part of testing the patient safety module, the core assessment team will be expected to:

1. meet and prepare a schedule for the assessment process;
2. administer CLE-based pre-meeting surveys to residents, fellows, and faculty members;
3. conduct CLE-based group meetings with a representative sample of residents, fellows, and faculty members;
4. conduct walking rounds in the CLE (under the guidance of ACGME mentors);
5. summarize and present findings to CLE executive and GME leaders; and,
6. reflect on key findings and actions to address improvement opportunities.

For both pilot groups, the core assessment team is also expected to attend learning sessions and intersession check-in calls to provide feedback on the use of the module and offer suggestions for improvement. Specifically:

1. Up to three members of the core assessment team will travel to the ACGME Chicago office for an in-person two-day meeting (travel expenses to be covered by the ACGME).
2. All members of the core assessment team will participate in two remote two-day meetings.
3. All members of the core assessment team will participate in two intersession check-in calls.

Lastly, each Sponsoring Institution will be expected to secure commitments from its CLE executive leadership (e.g., chief executive officer, chief medical officer, chief nursing officer), GME, and patient safety office to provide resources to test the patient safety module in its CLE(s). Each Sponsoring Institution will also be expected to share learning and aggregate, de-identified data with other participants in the test group, as well as with other GME and CLE communities.

Key Dates

Call for Applicants Opens	May 7, 2024
Call for Applicants Closes	June 14, 2024
Announcement of Selected Participants	July 19, 2024

Alpha Test Group

Kick-Off Webinar	August 9, 2024
Pre-work in Advance of First Learning Session	August 12-30, 2024
Learning Session 1 (IN PERSON)	September 17-18, 2024
Alpha Test 1 and Intersession Check-In	October 2024
Learning Session 2 (REMOTE)	November 12-13, 2024
Alpha Test 2 and Intersession Check-In	December 2024
Learning Session 3 (REMOTE)	January 28-29, 2025

Beta Test Group (dates subject to change based on alpha test results)

Kick-Off Webinar	February 7, 2025
Pre-work in Advance of First Learning Session	March – April 2025
Learning Session 1 (IN PERSON)	May 20-21, 2025
Beta Test 1 and Intersession Check-In	June – August 2025
Learning Session 2 (REMOTE)	September 16-17, 2025
Beta Test 2 and Intersession Check-In	October 2025
Learning Session 3 (REMOTE)	November 12-13, 2025

Application Review Process

Applicants will be selected to represent a diverse range of Sponsoring Institutions; therefore, the following will be considered (but not limited to) when selecting participants:

- Geographic location
- Type of Sponsoring Institution
- Number of ACGME-accredited residency and fellowship programs
- Number of residents and fellows in ACGME-accredited programs
- Number of clinical sites that serve as participating sites for a Sponsoring Institution

To complete an application, visit <https://www.surveymonkey.com/r/CLEToolkitPSModule>. See below to preview the application form.

Note: All applications must be submitted by completing the online form.

The deadline to submit applications is June 14, 2024, at 11:59 p.m. Central. Selected participants will receive final notification on July 19, 2024.

¹ Koh, Nancy, Wagner, Robin, Newton, Robin C., Weiss, Kevin B., and Kuhn, C.M. 2021. *CLER National Report of Findings 2021*. Chicago, IL: Accreditation Council for Graduate Medical Education.

² Wagner, Robin, Newton, Robin C., Koh, Nancy J., Hirsch, Kristen Ward, and Weiss, Kevin B. 2023. "CLER Program Future Directions: Optimizing the Clinical Learning Environment." *Journal of Graduate Medical Education* 15, no. 5: 612–16. <https://doi.org/10.4300/JGME-D-23-00596.1>.

Application Questions

To complete an application, visit <https://www.surveymonkey.com/r/CLEToolkitPSModule>.

1. Indicate your Sponsoring Institution's preferred test group:
 - a. Alpha test group
 - b. Beta test group
 - c. Our Sponsoring Institution can participate in either test group

2. Sponsoring Institution
 - a. Name
 - b. Address
 - c. ACGME sponsor code
 - d. Geographic region
 - e. Type of Sponsoring Institution
 - f. Total number of ACGME-accredited residency and fellowship programs
 - g. Total number of residents and fellows in ACGME-accredited programs
 - h. Total number of clinical sites that serve as participating sites for the Sponsoring Institution
 - i. Name of primary contact for application
 - j. Email address of primary contact
 - k. Phone number of primary contact
 - l. Name of alternate contact for application
 - m. Email address of alternate contact
 - n. Phone number of alternate contact

3. How many members will your core assessment team include?
 - a. 3
 - b. 4
 - c. 5
 - d. 6
 - e. 7

4. Core assessment team members (three to seven total)
 - a. Name
 - b. Title
 - c. Email address
 - d. Phone number
 - e. Role (e.g., assessment team co-leader, resident representative, team member)

5. How have your CLE executive and GME leaders collaborated and worked together with the CLE's patient safety leaders to assess and improve patient safety in your CLE(s)?

6. What would your Sponsoring Institution like to see as an outcome of participating in the test group?

7. Attestations:
 - a. That the Sponsoring Institution has the support of its CLE executive leadership, GME, and patient safety office to provide resources to test the patient safety module in your CLE(s).
 - b. That the members of the core assessment team have reviewed and agreed to the expectations outlined in the application, including participation in in-person and remote meetings.

8. Agreement to share learning and aggregate, de-identified data with other participants in the test group, as well as with other GME and CLE communities.