

Residency Program Alert

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While there has been a recent focus on the wellness of residents and faculty, it's important for coordinators to maintain their own well-being. Crys S. Draconi, C-TAGME, shares simple tips coordinators can use to implement wellness into their own daily lives.

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Resident who leave their programs present unique challenges when attempting to re-enter residency. Pedram Mizani, MD, MHSA, shares best practices your program should keep in mind when assessing a re-entering resident.

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ACGME CLER program places new focus on physician well-being



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Announced in 2012, the ACGME's Clinical Learning Environment Review (CLER) was established to provide teaching hospitals, medical centers, and other GME clinical staff with periodic feedback to promote safety and quality of care. At the time, the CLER program focused on evaluating clinical sites in regard to six areas of focus: patient safety; quality improvement; transitions in care; supervision; professionalism; and duty hour oversight, fatigue management, and mitigation.

In January 2014, the CLER Evaluation Committee released the [CLER Pathways to Excellence](#) to provide guidance to institutions to optimize their clinical learning environments consistent with the six focus areas. The document contained multiple pathways for each area. In turn, each pathway had a series of key properties that an institution could use to assess its clinical learning environment.

In May of this year, the ACGME released a revised version of the document, [CLER Pathways to Excellence Version 1.1](#). The most noteworthy modification to the guide was changing the section regarding duty hour oversight, fatigue management, and mitigation to focus on well-being to

address burnout, fatigue, work/life balance, and support for practitioners who have demonstrated self-harm or are at risk of doing so.

Kevin B. Weiss, MD, co-chair of the CLER Evaluation Committee, recently spoke to *Residency Program Alert* about how the revised *Pathways* document came about, how it can be used, and what's next for the CLER program.

Q: Since it has been a few years since the *CLER Pathways to Excellence* document was first released, can you refresh our readers on how the CLER Evaluation Committee intended it be used?

Weiss: As the ACGME began this look at the clinical learning environment, we as an organization did not have information to synthesize what would be optimal practices for clinical learning environments that were sponsoring GME. Therefore we had to draw upon a lot of experience from experts, including experts on the CLER Evaluation Committee, and we also brought in about a hundred of our first visit participants before we sat down as a committee and began to envision what an optimal clinical learning environment might look like.

That ultimately was what became *CLER Pathways to Excellence Version 1.0*. It envisioned what “optimal” might look like and began to describe each of the six areas in detail so those organizations looking to take the journey of improving their clinical learning environments could do so.

That document was meant to be aspirational because we don't think any organization currently will likely be able to excel in all of the pathways and properties. We do think that various organizations are meeting some of them, and as they learn about their own clinical learning environments, they can use that document to choose which of the six focus areas are important to them as an organization, how they would like to advance their work, and do so knowing there's a national guidance document.

Q: As site visits were conducted and the CLER Evaluation Committee received input from institutions, how did you see the *Pathways* document being used?

Weiss: We saw the document being used as we intended it, with the added proviso that in a number of places we say they had taken—in a volunteer way—a much more

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mission-driven decision to go and do some of the work on those pathways. In that way, we're seeing a success of showing people how to work toward improvement without setting requirements to drive that, which is the formative learning process that CLER is all about.

Q: Why release the new version of the *Pathways* document now? And what went into the decision to change the one focus area?

Weiss: Version 1.1, with the important exception of the section on well-being, only has some minor modifications. There needed to be some modifications to the first version after we received some feedback, so we made some adjustments.

What we did see in our first 300 CLER visits was a pretty evident picture that there were concerns about fatigue and burnout and a need to think about well-being. That coincided with the [other efforts](#) that the ACGME started to do on well-being. And [ACGME CEO Dr. Thomas] Nasca's leadership has helped move it forward. We've now hosted two national [Symposiums on Physician Well-Being](#) and we're getting ready for the third. And the ACGME, along with the Association of American Medical Colleges (AAMC), is co-sponsoring the National Academy of Medicine's work on well-being through its [Action Collaborative on Clinician Well-Being and Resilience](#).

So knowing that we were seeing burnout among faculty on our CLER visits and that the organization was more broadly seeing this in its extreme and tragic form, with our board's permission we have evolved our focus on duty hours, fatigue management, and mitigation to well-being.

Between that approval and the release of the updated document, we had to build a well-being pathway because we didn't have one. We reached out to experts across the country, some international experts, different organizations, and large focus groups, and looked at feedback, as well as analysis of the literature and data we had, and of course our experiences from the first nearly 300 CLER site visits. That's what led us to develop a formal *Version 1.1* to declare it as different because of the new focus area.

Q: What information did you use to develop the new pathways?

Weiss: We had several sources of information we used for the pathways: First were experts as we could find them. The experts are always the leaders in the field because we see expertise coming from the clinical learning environments themselves. So we met with [them], in addition to notable academic researchers in the field of well-being. We went to communities in various parts of the country and had meetings with chief medical officers, chief nursing officers, ombudsmen, and people with wellness programs.

Another part was bringing in the data and experience from our field representatives, which was very rich. Finally, the CLER Evaluation Committee had to synthesize that and create a single voice for the ACGME through that process. The CLER Evaluation Committee includes expertise of individuals, including residents, faculty members, program directors, designated institutional officials, chief executive officers, chief medical officers, a chief nursing officer, and public members. That kind of expertise shaped *Version 1.1*.

Q: Can you talk about the CLER program's approach to well-being?

Weiss: There's a lot of complexity and lots of levels to the issue of well-being, not just in the physician community but in the practice of healthcare. What the ACGME recognized early—through its national meetings, including its joint work with the AAMC and the National Academy of Medicine—was that to have the best care, you have to have healthcare providers who are feeling well and balanced. There's a large reservoir of goodwill in healthcare practitioners, yet when they work to the point they no longer have any reserve, even the best individuals who are heartily resilient to being able to take on challenges begin to have a hard time. And that translates to potential impact on the bedside.

What we say in the CLER program is we're going to take one piece of this important issue, and that is the environment's responsibility for shaping the experience for the learners. There are other pieces that are important and other good work that is being done by the ACGME as a

whole, through Milestones and educational programs, and through our national partnerships, but those are focused more on the individual learner. CLER is focused on what it means for a hospital or medical center, or other training site, to set the environment and be responsible and accountable to developing, supporting, and ensuring well-being in the provider community, maintaining it, and monitoring it. It is at the system level that we're working. That is the very specific lens through which the CLER program is going to be looking.

Q: What are the big takeaways from *Version 1.1*'s well-being pathways?

Weiss: I think the very first pathway “Clinical learning environment promotes well-being across the clinical care team to ensure safe and high quality patient care” speaks to the fact that the CLER Evaluation Committee and the CLER program has made a very noticeable statement that in order for us to have good GME, you have to have a clinical learning environment that focuses on well-being for the entire staff. It's the ACGME saying we just can't put our blinders on to only looking at the doctors; we have to look at the well-being environment of how that health system is treating the general staff because

Resources to prevent physician, medical trainee suicides

In response to the growing rate of burnout, depression, and suicide among physicians and trainees, the ACGME, the American Foundation for Suicide Prevention (AFSP), and Mayo Clinic collaborated on a library of [educational resources](#) to share with programs, institutions, residents, and fellows.

The resources found in the online library include:

- A video presented by Mayo Clinic and the AFSP on how medical students, residents, and fellows can support each other, express concerns, and encourage seeking help
- An AFSP toolkit for residency and fellowship programs to use when responding to a resident suicide
- An on-demand webinar to guide institutions on how to conduct needs assessments in order to develop resident well-being plans

everyone's health and well-being impacts the way patient care gets delivered. That's big, and that's our first pathway.

The subsequent pathways focus on the physician component at the system level and go through the steps of first identifying strategies and programs sites are using to manage well-being and then ultimately their monitoring systems so that the sites actually have accountable goals and measurements toward those goals.

We suspect that during this next cycle of visits, there will be large unexpected variability. Many sites may not have much in place yet, but that's okay in the sense that it's the ACGME's first look at it. The CLER program is a formative—not a summative—assessment of this process, in particular because we don't suggest that we know what are best practices. All we have is a guidance document toward an optimal experience through the pathways.

Q: *Version 1.1* was released a short time ago, but has there been any feedback yet?

Weiss: Yes, however mostly it's anecdotal. For example, I was on an observing site visit, and when we mentioned [*Version 1.1*] we actually had a very positive response from the C-suite. Also on feedback interviews from sites, they often note that they are working on one or more of the focus areas and specific pathways.

My sense is that the issue of physician well-being is becoming front and center across the country, in part by the work of the ACGME and in part because other organizations are beginning to see well-being as a priority across other professions. The fact that the ACGME now has a formal lens and process that we're using to go and talk and visit with people, I think will be very different from what is being done so far by other activities. From what I understand, we're pretty much on the vanguard.

Q: Do you foresee any other major changes to the *Pathways* document on the same scale as *Version 1.1*?

Weiss: We're just completing our second complete round of site visits and getting ready to go out in the field again. Before we went into the field for our next round of CLER visits, we needed a guidance document for ourselves, so we built our next protocol to include

well-being. This is a 24-month protocol—it'll be about 24 months from our first visit to our last—and then we'll go to our fourth protocol.

We are planning for protocol four to take a look at the other areas. There will probably not be a revision on the scale of *Version 1.1* again, but rather a major revision by way of evolution of the entire document. So we'll be working on it broadly in the other areas.

Q: Any final thoughts you'd like to share with our readers?

Weiss: As we've gone around the country with the CLER program, even before we put the formal pathways in place, we opened the door with a couple of questions around fatigue and burnout, and it turns out we've uncovered up a need for conversation that is pretty significant on a larger scale than we anticipated.

We're working our clinical staff at very high intensity across the country in many of our health systems. We need to work on this issue of well-being for obvious reasons. So it's important that the ACGME is taking this on, by way direction of our board; it's great that they've given us in the CLER program permission to focus in on the system side of things. 🇺🇸

The National Academy of Medicine's initiative on physician burnout

The National Academy of Medicine (NAM), along with 35 professional and educational organizations, has launched an initiative, the Action Collaborative on Clinician Well-Being and Resilience, to improve wellness and resilience among health-care workers.

In a [statement](#) announcing the collaborative, NAM President Victor J. Dzau, who is also chair of the initiative, said, "It's disturbing that so many clinicians are stressed out and overwhelmed, but even more so when we consider the impact on patients and society ... Addressing this problem will require individual, organizational, and systems-level reform. The NAM is committed to leading this collaborative effort in finding workable solutions that will ultimately benefit us all."

The collaborative held its first planning meeting in January with more than 50 representatives from a wide range of sectors—healthcare organizations, academia, professional associations, government, and nonprofits, to name a few. Its first public meeting was held in July to discuss the mission of promoting well-being, provide an overview of the causes of burnout, highlight innovations in medical education that address well-being, and solicit feedback from the public.