

Pursuing Excellence in Clinical Learning Environments **Pathway Leaders Patient Safety Collaborative**

CALL FOR APPLICATIONS

The Accreditation Council for Graduate Medical Education (ACGME) is pleased to announce a new opportunity to promote transformative improvement in the clinical learning environments of ACGME-accredited Sponsoring Institutions. **The 2019 *Pursuing Excellence in Clinical Learning Environments-Pathways Leaders Patient Safety Collaborative*** will focus on optimizing resident and fellow engagement in patient safety, building on the foundational work of the 2018 Pathway Leaders Patient Safety Collaborative.

Over 18 months, selected Sponsoring Institutions will develop and test a new model for equipping resident and fellow physicians with the skills they need to engage in systems-based approaches to delivering safe, high-quality care throughout their careers and will share their successes with the broader community of CLE leadership.

Pathway Leaders Patient Safety Collaborative

The ACGME is seeking up to 15 ACGME-accredited Sponsoring Institutions to participate in the Collaborative. Participants will benefit from:

- Enhanced engagement of residents and fellows in the patient safety activities of their participating clinical site(s);
- An interactive experience, with the opportunity to share and learn from peers;
- A framework to address the needs of early learners—developed by the National Collaborative for Improving the Clinical Learning Environment (NCICLE);¹
- Facilitated review and guidance from faculty members with national and international expertise in patient safety and program evaluation (addressing measurement, analysis, and sustainability) as well as successful practices from former Collaborative participants.

Over the course of the 18-month Collaborative, participating Sponsoring Institutions will use the NCICLE framework¹ to develop, implement, and evaluate models that incorporate four essential patient safety components to support the acculturation of residents and fellows into the patient safety goals and practices of their CLEs. The work of the teams will include designing and implementing an interprofessional patient safety event analysis process that includes participation of residents and fellows in partnership with the CLE's patient safety office. Each participant will aim to have all post-graduate year-1 (PGY-1) residents and first-year fellows participate in this immersive learning experience within 12 months of their arrival at the CLE.

DESIRED BEHAVIORS ASSOCIATED WITH NEW CLINICIAN SKILLS NEEDED FOR ENGAGING IN PATIENT SAFETY ACTIVITIES—FIRST YEAR GOALS¹

New Clinician Skills	Desired Behaviors
<p>Align with Safety Culture</p>	<ul style="list-style-type: none"> • Embraces a just culture approach to learning from and reacting to the mistakes of peers, team members, and self. • Recognizes system complexities, human factors, and how engaging with the clinical learning environment (CLE) can contribute to improving patient safety. • Is aware of culture of safety surveys being conducted within the CLE and how this information is being used to make improvements.
<p>Recognize and Report</p>	<ul style="list-style-type: none"> • Identifies the full range of patient safety events (including near misses/close calls). • Recognizes reporting is a responsibility fundamental to safe patient care. • Personally reports patient safety events into the CLE’s system for tracking these events.
<p>Participate and Analyze</p>	<ul style="list-style-type: none"> • Demonstrates critical-thinking skills at individual and team levels. • Regularly participates in comprehensive, facilitated, interprofessional, systems-based approaches to investigating patient safety events, and identifying improvement approaches and actions.
<p>Translate and Act</p>	<ul style="list-style-type: none"> • Receives informative feedback on patient safety events personally reported into the CLE’s system. • Identifies how tracking, trending, and investigating patient safety event reports allows the CLE to identify and address vulnerabilities across units/departments. • Uses a systems- and evidence-based approach to determine how patient safety events can guide system improvement.

The above framework will guide Collaborative participants to develop and test an experiential model that includes a year-long trajectory of progressive learning, with the end goal of producing a sustainable program for onboarding residents and fellows that provides value to both the learner and the CLE.

Key Dates

Call for Applications Closes	July 10, 2019
Announcement of Participant Organizations	August 1, 2019
Kick-Off Webinar	September 25, 2019 1:00-3:00 p.m. Central
Pre-Work Assessment	October 2019-January 2020
First Collaborative Learning Session	December 3-5, 2019
Intersession Learning Period 1	December 2019-April 2020
Second Collaborative Learning Session	May 5-7, 2020
Intersession Learning Period 2	May-October 2020
Third Collaborative Learning Session	November 4-6, 2020
Report out at the Annual Educational Conference	February 25-28, 2021

Expectations

This will be a working Collaborative. The Patient Safety Leaders Collaborative faculty members will serve as mentors and guides, sharing expertise, facilitating learning across participant organizations, assisting in the development of plans for ongoing assessment and improvement, and building a model for sustainability and dissemination.

It is up to the participating organizations to envision, develop, and test a new model for improvement that is specific to their learning environment. Each applicant institution will be expected to:

- Secure a commitment from graduate medical education, the CLE's patient safety office, and CLE leadership to support a foundation of a just culture that encourages trust, respect, and inclusion;
- Secure a commitment from graduate medical education, the CLE's patient safety office, and CLE leadership to provide resources to develop, implement, and test the initiative in the CLE;
- Commit to implementing a framework to engage all PGY-1 and first-year fellows in a small, interprofessional patient safety event analysis within 12 months of arrival at the CLE;
- Financially support a travel team of three to five members to participate in three, two-and-a-half-day Collaborative meetings, as well as intersession team check-in calls and activities throughout the 18-month initiative;
- Commit to sharing progress reports and aggregate and/or de-identified data with other members of the Collaborative and with the graduate medical education and local CLE communities at large.

Participants

ACGME-accredited Sponsoring Institution with a status of Continued Accreditation are eligible to apply. Each Sponsoring Institutional applicant will be asked to identify one participating site to serve as the CLE principal site for the duration of the initiative.

Team membership will be expected to include a mixture of leaders from graduate medical education (e.g., designated institutional officials, program directors, faculty leaders, resident/fellow leaders) and the CLE (e.g., chief medical officers, chief nursing officers, chief patient safety officers). *Note: While there is no limit on the size of the working teams, travel teams for in-person meetings will be limited to three to five participants per CLE to maximize engagement within the Collaborative.*

Background and Resources

As reported in the *CLER National Report of Findings 2018*,² the CLER Program found that residents and fellows varied in their understanding of how CLEs use the reporting of adverse events and near misses/close calls to improve systems of care. It also found that residents and fellows across the country lacked clarity and awareness of the range of conditions that define patient safety events.

In the document *The Clinical Learning Environment's Role in Preparing New Clinicians to Engage in Patient Safety*,¹ NCICLE recommends that CLEs begin to equip new clinicians to engage in patient safety behaviors soon after their arrival and notes the organizational responsibility for fostering safe new clinicians. NCICLE also recommends that leaders of the CLE should plan for, design, and provide ongoing opportunities to model safe practices for new clinicians.

As noted in the guide by the American College of Healthcare Executives and the Institute for Healthcare Improvement/National Patient Safety Foundation, *Leading a Culture of Safety: A Blueprint for Success*, patient and workforce safety should not just be an improvement initiative, but “a core value that is fully embedded throughout our organizations and our industry.”³

Application Review Process

Applications will be evaluated on the following four criteria:

- 1) Organizational commitment, leadership, and team
- 2) Engagement of the CLE patient safety office
- 3) Significance of the proposal to the aim of the Collaborative
- 4) Learner assessment and program evaluation strategy

Applications will be selected to represent a diverse range of CLEs.

Access the application form online at www.acgme.org/pei. For your reference, a copy of the application form follows. **Please submit applications using the online form only.**

****The deadline to submit applications is 11:59 p.m. Central on July 10, 2019****

¹ Disch J, Kilo CM, Passiment M, Wagner R, Weiss KB for the National Collaborative for Improving the Clinical Learning Environment Patient Safety Work Group. The Role of Clinical Learning Environments in Preparing New Clinicians to Engage in Patient Safety. <http://ncicle.org>. Published September 27, 2017.

² Koh NJ, Wagner R, Newton R, et al. Detailed Findings from the CLER National Report of Findings 2018. *J Grad Med Educ*. 2018;10(4S):49-68. doi:10.4300/1949-8349.8.2s1.35

³ American College of Healthcare Executives and IHI/NPSF Lucian Leape Institute. *Leading a Culture of Safety: A Blueprint for Success*. Boston, MA: American College of Healthcare Executives and Institute for Healthcare Improvement; 2017.

Pursuing Excellence Leaders Patient Safety Collaborative Application

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- 1) Organizational commitment, leadership, and team
- 2) Significance of proposal to the aim of the collaborative
- 3) Measurement and evaluation strategy

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1. Proposal Title

2. Sponsoring Institution

Name of Institution:

Address:

ACGME Sponsor Code

Name of Primary Contact
for Application:

E-mail Address of Primary
Contact:

Phone Number of Primary
Contact:

Name of Lead if different
from Primary Contact

E-mail Address of Lead if
different from Primary
Contact

Phone Number of Lead if
different from Primary
Contact

3. Hospital, or Medical Center Name, if not the same as the Sponsoring Institution

Name of Hospital/Medical Center:

ACGME ID Number:

Type of Ownership:

4. Please describe how you currently engage PGY-1s and 1st-year Fellows in patient safety event analysis. (250 word limit)

5. What role does your CLE's patient safety office play in training PGY-1s and 1st-year fellows? (250 word limit)

Framework to Engage Early Learners in Optimizing Patient Safety

New Clinician Skills	Desired Behaviors
<p>Align With Safety Culture</p>	<ul style="list-style-type: none"> Embraces a just culture approach to learning from and reacting to the mistakes of peers, team members, and self. Recognizes system complexities, human factors, and how engaging with the clinical learning environment (CLE) can contribute to improving patient safety. Is aware of culture of safety surveys being conducted within the CLE and how this information is being used to make improvements.
<p>Recognize and Report</p>	<ul style="list-style-type: none"> Identifies the full range of patient safety events (including near misses/close calls). Recognizes reporting is a responsibility fundamental to safe patient care. Personally reports patient safety events into the CLE's system for tracking these events.
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6. Using the NCICLE Framework to Engage Early Learners in Optimizing Patient Safety above, describe how you would implement a program for all PGY-1s and 1st-year fellows to engage in patient safety that includes participation in an event analysis. (500 word limit)

7. How will your program improve the outcomes of your learners? (250 word limit)

8. Please explain how you would measure the success of your program. (250 word limit)

9. Is there a sustainability plan for your program? (250 word limit)

Yes

No

If yes, please explain here.

10. Please list each member of the team at your institution:

Name and Title:

11. Any additional team members:

12. Please attach bios for each member of the project team at your institution.

Please prepare as PDF files and combine in to one document before submitting.

Choose File

No file chosen

13. Please attach three letters of support from your institution's leadership.

One letter of support must be from the CEO of the hospital in which this project will be implemented. Sites are also encouraged to have a letter of support from the leadership of the CLE's patient safety office. Please prepare as PDF files and combine in to one document before submitting.

Choose File

No file chosen

14. What are your expectations of participating in this Patient Safety collaborative? (150 word limit)

15. Any additional comments or clarifications (150 word limit)

If you have any questions, please contact PEI@acgme.org