

# The Clinical Learning Environment Review (CLER) Program Update

October 10, 2013

# Updates

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- CLER program development
- Early observations
- CLER Evaluation Committee and the Pathways Document



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# CLER Program Development

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- Experience:
  - >1000 residents
  - >800 faculty
  - >600 program directors
  - >55 CEO/Exec Directors and their C-suites
  - Scores of nurses and other care providers
- Caveats/disclaimers
  - Small number of visits
  - Early use of site visit protocol



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# Cycles and Regions

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- Multi-program sponsoring institutions
  - Cycle 1 of CLER visits
  - Mostly SI's which have at least one participating site with 3 or more core residency programs
- “Small program” sponsoring institutions
  - Cycle 2 of CLER visits
  - Mostly SI's for which all participating sites have less than three core residency programs
  - Single program sponsoring institutions



# Recruitment and Staffing

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## CLER Regional Vice Presidents

- 2 Multi-program SI's (Robin Newton, MD and Carl Patow, MD)
- One RVP to focus on smaller institutions (search nearing completion)

## CLER Field Staff

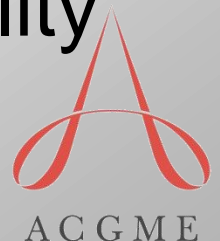
- 5 hired (Connie Haan MD, Robin Dibner, MD, Betsy Wedemeyer, MD, Dale Ray, MD, Michael White, MD)
- 4 active search



# CLER Volunteer Site Visitor Program

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- Serves several purposes
  - Brings expertise to visits
  - Encourages peer-interactions
  - Advances interaction with GME community through a new social learning network
  - Provides additional infrastructure
- Recruits from leadership in GME, 'C-suite,' and patient safety and healthcare quality leadership





# Volunteer Program

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- Alpha testing in May-August
  - 3 DIOs that had experienced a CLER visit
  - 2 DIOs that had not experienced a CLER visit
- Training and launch of second group in Oct 2013
  - 3 DIOs that had experienced a CLER visit
  - 2 DIOs that had not experienced a CLER visit
  - 1 CMO
- 4+ additional (larger) groups to launch in 2014



# Volunteers

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- Provide support to lead site visitor
- Commit to:
  - Up to 1 day of training per year in Chicago
  - 3-4 visits per year for up to 3 years
- Ongoing sign-up list –contact [cler@acgme.org](mailto:cler@acgme.org)



# CLER Protocol Development

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## Site Visit Schedule

- Visits per week
- Length of visit
- Size of teams

## Interview Protocols

- Beta 1.0 currently in the field
- Beta 2.0 in development--anticipated initial testing Dec. 2013; full roll-out early 2014



# For Future Consideration

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- Visits to “Small Program” Sponsoring Institutions
- Sampling Multiple Participating Sites per SI
- Visits to special/unique participating sites (e.g. VA’s)
- Building in additional perspectives (e.g. patients, governance)



# Scheduling the CLER Visit

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- Short notice: 10-14 days in advance
- CEO and DIO must attend both the initial and exit meetings
- Option to pass on first scheduling attempt
- New feature in ADS allows DIOs to request up to 15 “avoid dates” for 2014
  - Note: this is a time limited feature available through Dec 17, 2013



# Preparing for the CLER Visit

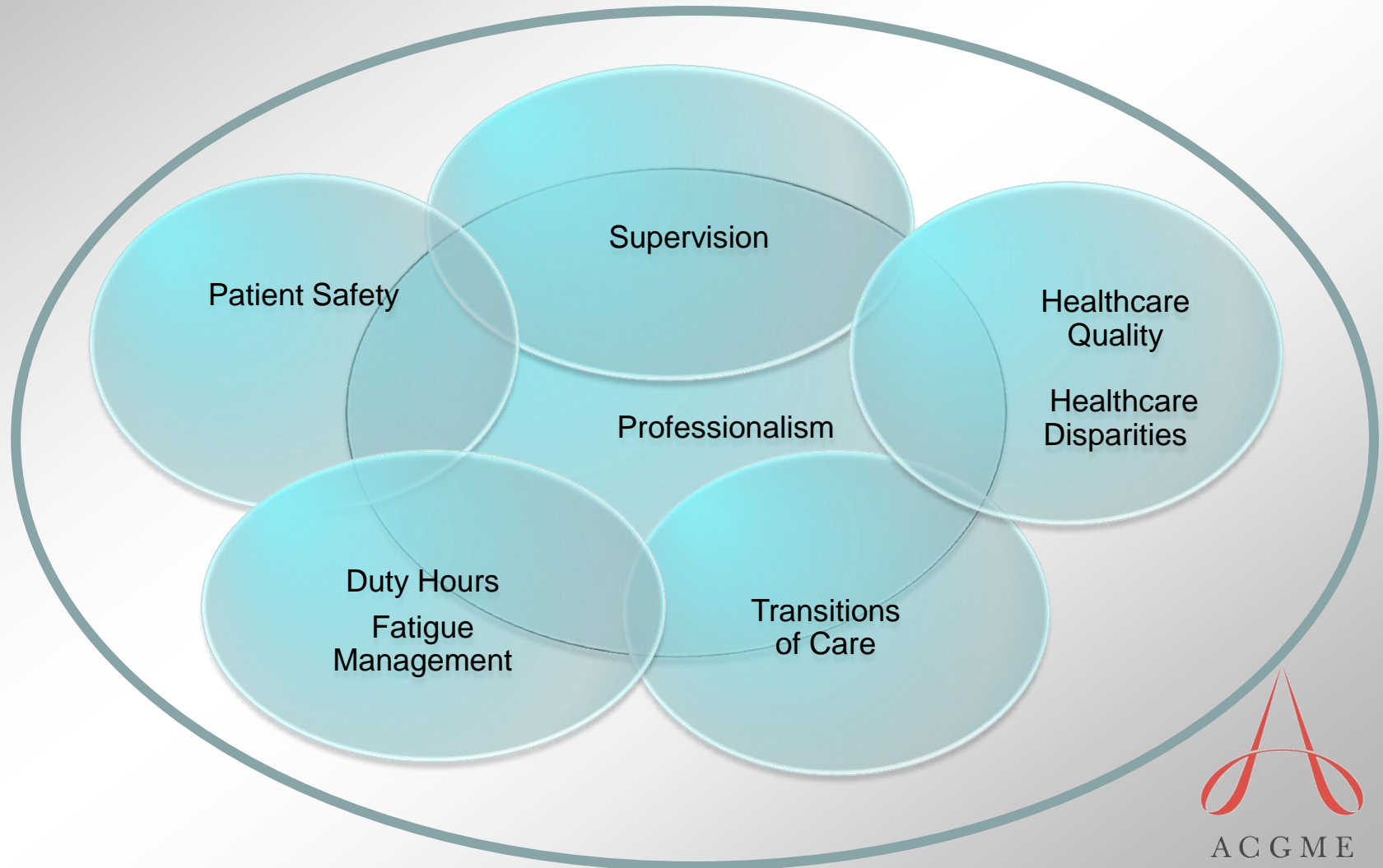
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Start or continue conversations with the C-Suite and GME leadership that seek to optimize resident/fellow engagement across the six focus areas



# CLER Focus Areas

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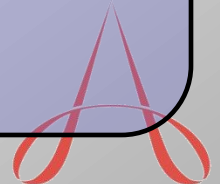


# CLER Program

## 5 key questions for each site visit

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- 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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# Preparing for the CLER Visit

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Think through the logistics of the visit

New resource document “CLER Site Visit Instructions” posted to CLER website

[http://www.acgme-nas.org/cler\\_pres\\_pub.html](http://www.acgme-nas.org/cler_pres_pub.html)



# Preparing for the CLER Visit

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## Organizational Charts

- Charts of the participating site and the site's quality and patient safety department
- If applicable, charts that display the clinical site's relationship either to a larger healthcare system or to an affiliated medical school

# During the CLER visit

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## Group meetings:

- Senior leadership meetings most productive when participation is limited to certain key stakeholders
  - CEO, DIO, CMO, CNO, Chair of GMEC (if different than DIO), resident member of GMEC
  - Optional participation that has proved beneficial: COO, CFO, Dean of affiliated Med School



# During the CLER visit

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## Group meetings

- Chief Patient Safety/Quality Officer(s)
  - Please identify staff distinct from the CMO
  - Identify the individual who tracks patient safety reporting
  - Identify the individual most closely associated with tracking quality indicators and working with physicians to monitor and improve system processes

# During the CLER visit

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## Group meetings

- Residents/fellows, core faculty, program directors
- Seek broad representation of the **programs at that clinical site**; also appropriate to include proportionally more from larger programs (we will guide you on this)
- When possible, provide roster of names 2 days in advance (can be updated on site)
- For PD meeting, if program director unavailable, designee okay



# During the CLER visit

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## Walking rounds

- Please select resident guides from different programs, preferably senior residents from core programs
- Select guides who are not participating in other aspect of the site visit (e.g., group meetings, senior leadership)
- Guides should be comfortable navigating the site visitors to all areas of the hospital or medical center, and have general awareness of ambulatory clinic locations and hours
- No preparation necessary
- During visit may need to adjust timing of end and start of daytime walking rounds by 30-60 minutes



# CLER Site Visit Logistics

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## Meeting Rooms

- Ideal situation--single room for all meetings with access to projector and screen (please avoid auditoriums)
- Site visitors will need access to the rooms for group meetings at least 30 minutes prior to and following the scheduled meeting time in order to allow time for set-up and break-down of ARS
- Conference or U-shape set-up preferable to theater or classroom style



# CLER Site Visit Logistics

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## Miscellaneous

- Need secure place to leave equipment and personal belongings during walking rounds
- Prefer not to have lunch as part of group meetings
- Notify lead site visitor if additional time needed to secure visitor badges





# Preparing for Site Visits

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Try not to prepare the groups with answers to specific questions

- No right or wrong answers
- No benefit to your institution or site visit team
- Will likely lead to inconsistency between group meeting and walking rounds



# CLER Feedback

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## Intended to provide:

- Aha's! Experiences that inform learning
- Guides for voluntary improvement efforts
- A progressive set of activities for higher performance in organizational engagement in GME
- A basis for empiric understanding of what is possible
- Indications of areas ripe for future work

## Not intended to provide:

- Gotcha's
- New stealth accreditation requirements



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# CLER Feedback

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1. Opportunity for discussion with CLER Team at end of visit (being tested)
2. Opportunity to read and use CLER report from visit (being tested)
3. Opportunity to map institution's findings to other institutions  
(under development – “Pathways” document)



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# Overall Focus

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- Focus on the CLE of the CLER
- It's not about the review, it's about what happens in between the reviews



# Updates

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- CLER program development
- **Early observations**
- CLER Evaluation Committee and the Pathways Document



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# Global General Reflections: Part I

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- Extraordinary clinical leadership
- Very enthusiastic GME community
- CEOs and executive leadership working under enormous pressure to adapt to external environment
- Community of nurses very supportive to GME



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# Global General Reflections: Part I

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- Overall these clinical environments have a great commitment to GME -- although reasons behind the commitment may vary



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# Global General Reflections: Part II

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- Large variability in executive leadership:
  - general knowledge about GME
  - issues facing GME
- Similarly large variability in GME leadership:
  - preparedness for the evolving role of residents/fellows and faculty in fulfilling systems-based needs of an increasingly complex health care environment



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# Patient Safety Scenario

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- 50+ y.o. male hospitalized for repair of left popliteal arterial aneurysm. During surgery it is realized that they are operating on the wrong side. Circulating nurse explains that during the time-out there was difficulty finding the consent papers. It turned out the resident had placed the consent and patient papers in the resident work area. The circulating nurse went out of the room to find it. While she was out they had turned patient over, the surgical site marking was covered and wrong leg was operated on. She explained that it was the fault of the resident for placing the patient consent in the wrong location. Patient was told they were lucky. They had found an aneurysm on the other leg as well which they fixed at no charge.

# Early Impressions

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- Overall there is a very large gap in GME engagement in addressing patient safety
- Leading to large gaps in the clinical learning environment's patient safety programs
- Leading to...



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# Range of Healthcare Quality Scenarios (PGY2+)

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- Resident 1. I conducted a QI project looking at immunizations for my clinic patients last week/month
- Resident 2. I am working on a 'class' project, my role is limited to designing a short data collection form
- Resident 3. I am working with a hospital quality improvement team to help standardize discharge planning to reduce readmissions
- Resident 4. If I see a problem in care I report it to my department chair and he fixes it
- Resident 5. I do not have time for that quality stuff

# Early Impressions

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- Healthcare Quality
  - Dramatic variation in resident participation in QI across programs and institutions
  - Some great examples of very good engagement of residents in sustainable efforts in improving clinical care
  - Variable alignment (often little) between resident projects and the clinical site's priorities
  - Variable engagement of faculty



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# Early Impressions

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- Reducing Healthcare Disparities
  - Not focused on this issue, what focus there is, centers on providing access
  - Often cite community needs assessments, free or low cost screening or immunization programs, other special programs
  - Highly variable focus on cultural competency
  - Almost no efforts to study variations in care for vulnerable patient populations
  - Generally not a part of the quality strategy



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# Early Impressions

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- Supervision
- Transitions in Care
- Duty Hours/Fatigue Management and Mitigation
- Professionalism



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Sept 2013

# Global General Reflections: Part I

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- Extraordinary clinical leadership
- Generally very enthusiastic GME community
- CEOs and executive leadership working under enormous pressure to adapt to rapidly changing health care environments
- Nurses that are generally very supportive of working with physicians in training



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# Updates

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- CLER program development
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- **CLER Evaluation Committee and the Pathways Document**



# CLER Evaluation Committee

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- Includes national expertise in GME and the six focus areas
- Co-Chairs: James Bagian, MD and Kevin Weiss, MD
- Meets quarterly
- Responsible for evaluating site visit reports/responses and providing feedback



# CLER Evaluation Committee

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- Major focus on developing “CLER Pathways to Excellence”
  - Provides guidance
  - Basis of next iteration (beta 2.0) of protocol
  - Outlines pathways for each of the six focus areas: a continuum of increasing GME engagement
  - Informs the development of national reports and site-specific benchmarking reports
  - Targeted for public release in early 2014

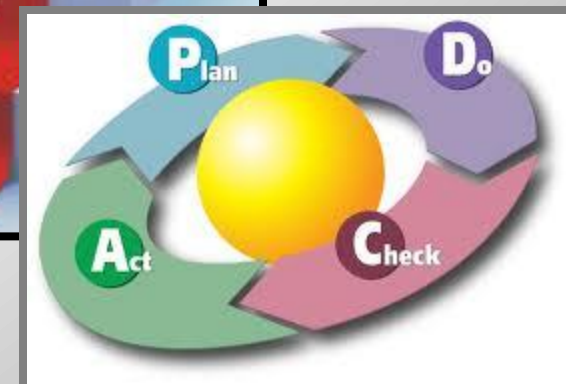


# CLER

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## PATHWAYS TO EXCELLENCE:

### A GUIDANCE DOCUMENT



# CLER Feedback to institution

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# GME Engagement in Patient Safety

(Example from Draft Pathways Document)



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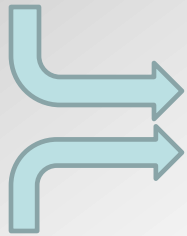
## Reporting of adverse events/near misses

- Education on patient safety
- Learning environment culture of safety
- Resident /fellow experience in patient safety investigations and follow-up
- Clinical site monitoring of resident/fellow engagement in patient safety
- Clinical site monitoring of faculty engagement in patient safety
- Resident and fellow training in disclosure of patient safety events

# Example of Steps in CLER Pathways (Patient Safety)

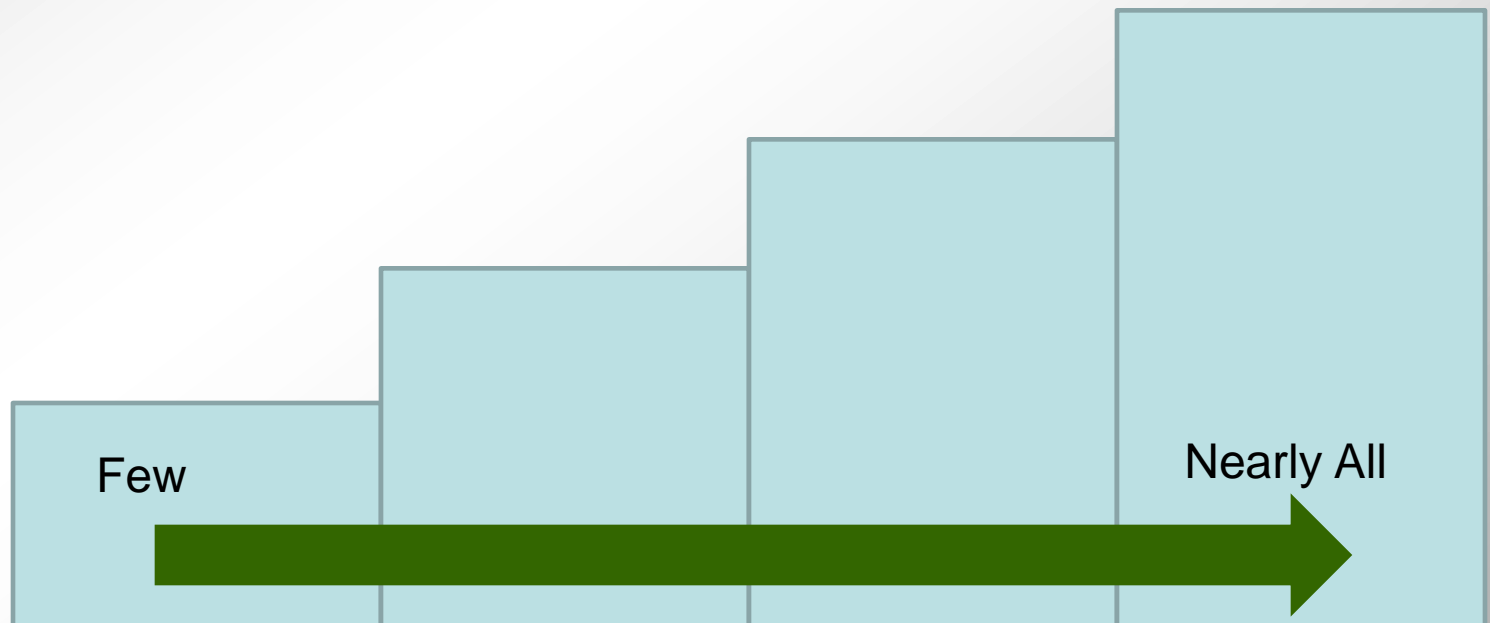
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Group  
Meetings



Residents, fellows, faculty and other clinical staff (nurses, pharmacists, etc.) know how to report patient safety events at the clinical site.

Walking  
Rounds



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