Attention to the Environment: The CLER Program

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Learning Objectives

- Describe the rationale and goals of the ACGME CLER program
- Identify various processes associated with hosting a CLER visit
- Identify resources to guide efforts towards optimizing the learning environment for residents and fellows
The actions of the ACGME must fulfill the social contract, and must cause sponsors to maintain an educational environment that assures:

- the safety and quality of care for patients under the care of residents today
- the safety and quality of care of the patients under the care of our graduates in their future practice
- the provision of a humanistic educational environment where residents are taught to manifest professionalism and effacement of self interest to meet the needs of their patients
The Next GME Accreditation System — Rationale and Benefits

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In 1999, the Accreditation Council for Graduate Medical Education (ACGME) introduced the six domains of clinical competency to the profession,¹ and in 2009, it began a multiyear process of restructuring its accreditation system to be based on educational outcomes in these competencies. The result of this effort is the Next Accreditation System (NAS), scheduled for phased implementation beginning in July 2013. The aims of the NAS are threefold: to enhance the ability of the peer-review system to prepare physicians for practice in the 21st century, to accelerate the ACGME’s movement toward accreditation on the basis of educational outcomes, and to reduce the burden associated with the current structure and process-based approach.

LIMITATIONS OF THE CURRENT SYSTEM

When the ACGME was established in 1981, the GME environment was facing two major stresses: variability in the quality of resident education⁸ and the emerging formalization of subspecialty education. In response, the ACGME’s approach emphasized program structure, increased the amount and quality of formal teaching, fostered a balance between service and education, promoted resident evaluation and feedback, and required financial and benefit support for trainees. These dimensions were incorporated into program requirements that became increasingly more specific during the next 30 years.

The results have been largely salutary. Perfor-
The Building Blocks or Components of The ACGME Accreditation System

- 10 year Self-Study Visit
- 10 year Self-Study
- prn Site Visits (Program or Institution)
- Continuous RRC and IRC Oversight and Accreditation
- Clinical Learning Environment Review
  CLER Visits

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Background

- From the 2009-2010 ACGME Duty Hours Task Force
  - “Sponsor Visit Program”
- To the National Advisory Committee
  - Use first round of visits and reports solely for baseline data and learning – *not an accreditation visit*
- To the CLER Site Visit
More than a decade after the Institute of Medicine reported problems with the quality and safety of US health care, formal training of the health care workforce in quality and patient safety is still inadequate. A recently released survey of hospital leaders from the American Hospital Association (AHA) highlighted the need to educate US physicians including ACGME staff and volunteer site visitors from other sponsoring institutions and involve discussions and observations with hospital executive leadership (including the chief executive officer), resident physicians, faculty, graduate medical education leadership, nursing, and other hospital staff. These visits are designed to stimulate improvement in residents’ engagement in the 6 focus areas and, as such, are intentionally not directly linked to accreditation.

Site visitors gain knowledge about residents’ engagement in the 6 focus areas through group meetings and visits in clinical service areas. Group meetings involve structured interviews with residents, faculty, and program...
CLER Focus Areas

- Professionalism
- Supremision
- Transitions of Care
- Patient Safety
- Duty Hours
- Fatigue Management
- Healthcare Quality
- Healthcare Disparities

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Program Components

- Site Visit Program
- Evaluation Committee
- Faculty/Professional Development
Program Components

• Site Visit Program
• Evaluation Committee
• Faculty/Professional Development
CLER Program
5 key questions for each site visit

- 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?
CLER Visits

Intended to provide:

- Formative feedback, indications of areas ripe for future work
- Aha’s! Reflections that inform learning and promote voluntary improvement efforts
- A basis for empiric understanding of what is possible

Not intended to provide:

- Gotcha’s
- New stealth accreditation requirements
CLER Visits

Links to accreditation:

- SI’s must have CLER visit every 18-24 months
- DIO and CEO of participating site must be present for initial and exit interviews
- Collective knowledge from CLER will likely inform future institutional requirements (raising the floor)
- Exception(s): identification of potential egregious violations involving threats to patient safety or resident safety/well being
CLER Cycles

Cycle 1 of CLER visits

- Alpha testing June-Aug 2012, Beta testing Sept 2012-present (target completion March/April 2015)

- Focus on SI’s which have at least one participating site with 3 or more core residency programs (n = 298)

- One participating site per sponsoring institution
CLER Cycles

- Cycle 2 of CLER visits
  - Second visit to multi-program sponsoring institutions (begin approx. April 2015)
  - First visit to “small program” sponsoring institutions
    - SI’s for which all participating sites have less than three core residency programs including single program sponsoring institutions
CLER Cycles

• Cycle 2 of CLER Visits (in development)

  • Sampling Multiple Participating Sites per SI
  • Building in additional perspectives (e.g. patients, operating room, governance)
CLER Cycles

• Each visit, 2-3 days duration
• 1-4 site visitors for each visit (including volunteers)
• Volunteer Site Visitor Program
  • 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
Three phases of Visit

Note: each walk around accompanied by resident host/escort, opportunity for staff (e.g. nurses) and patient contact (future). As yet, uncertain of role of hospital/medical center governance.
“CLER Site Visit Instructions” posted to CLER website

http://www.acgme/cler
Scheduling the Site Visit

- Short notice—no less than 10 days
- Initial call to the DIO
- Identification of participating site
- Visit confirmed based on availability of both the DIO and the CEO
- Follow-up call with lead visitor
Scheduling the Site Visit

- Allowed limited number of passes
  - Cycle 1 >90% scheduled on 1\textsuperscript{st} or 2\textsuperscript{nd} attempt
  - Failure to schedule could result in administrative probation
- Blackout dates:
  - General (e.g. holidays, Jun 25-Jul 5)
  - Site-specific “avoid dates”
    - 4\textsuperscript{th} quarter ADS opens to allow DIOs to request “avoid dates” for the upcoming calendar year
Pre-Site Visit Materials

Background documents (optional)

- Organizational charts
  - participating site—including the quality and patient safety department
  - site’s relationship to healthcare system or affiliated medical school
- Safety/Quality plan for participating site
- Relevant policies (supervision, transitions in care, duty hours)
- DIO annual report to governance

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Main Components of the CLER Visit

I. Bookend meetings with senior leadership

II. Group meetings with residents, core faculty and program directors

III. Walking rounds

IV. Team huddles
Senior Leadership Meetings

• C-Suite
  • CEO required (no designees)
    • Focus on CEO of participating site
  • CMO, CNO (requested)
  • COO, CFO, Dean (optional)

• GME leadership
  • DIO required (no designees)
  • GMEC Chair
  • Resident member of GMEC
Patient Safety/Quality Officer, CIO Meetings

• Two meetings
  Day 1: review of language for safety and quality
  Day 2: review of resident/fellow engagement

• Identify staff distinct from the CMO
  • individual who tracks patient safety reporting (often risk management)
  • individual most closely associated with tracking quality indicators
Residents, Faculty, Program Directors Meetings

• Seek broad representation of the programs at that clinical site

• May include proportionally more individuals from larger programs

• When possible, fill the room (up to 30 per meeting)
During the CLER visit

Walking rounds

- Resident Guides
  - Different guides for each walk, senior residents, preferably from various core programs
  - Not participating in other aspects of the site visit (e.g., group meetings, senior leadership)
  - Comfortable navigating to all areas of the hospital or medical center (including clinics)
Meeting Rooms

• Ideal—same room each day for all meetings with access to projector and screen

• Need access to the room at least 30 minutes prior to and following the scheduled meeting time

• Conference table or U-shape set-up preferable
CLER Site Visit Logistics

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
CLER Evaluation Process*

Oral Report: end of visit

Written Report: 6-8 weeks after

Optional response to report

National aggregated de-identified data for comparison

* Approved by CLER Evaluation Committee 10/2012

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Optimizing the CLER Experience

• Not an accreditation visit; no citations

• It’s not about the review, it’s about what happens in between the reviews

• Identifies potential opportunities to improve resident /fellow engagement at that clinical site
Optimizing the CLER Experience

- Create a safe place for honest, open discussion and feedback
Optimizing the CLER Experience

Before CLER Site Visit

- Start or continue conversations with the C-Suite and GME leadership
- Try not to prepare the groups with answers to specific questions
- Assure everyone there are no right answers
Optimizing the CLER Experience

During CLER Site Visit

- No observers, DIO not in group meetings
- Repeated messages to participants
  - Confidentiality: recognize unique assembly of group and request they maintain confidentiality of all discussions (group and individual interviews)
  - Anonymity: maintained in all reports (verbal and written)
Optimizing the CLER Experience

After CLER Site Visit

- To maintain anonymity as promised to the participants, avoid reconstituting resident and faculty groups or debriefing with persons interviewed on walking rounds to identify sources of specific findings.
Optimizing the CLER Experience

After CLER Site Visit

• Start or continue conversations with the C-Suite and GME leadership
• Focus on systems-based approaches to problem solving
  • Engage different groups in conversations (other than those attending CLER visit)
  • Encourage collaboration across depts./programs
  • Consider interprofessional input
Program Components

- Site Visit Program
- Evaluation Committee
- Faculty/Professional Development
CLER Evaluation Committee

- Includes national expertise in GME and the six focus areas
- Co-Chairs:
  - James Bagian, MD and Kevin Weiss, MD
- Meets quarterly
- Receives data from site visits
CLER Pathways to Excellence

Expert Input

Experience from CLER visits

Published Literature
CLER Pathways to Excellence

- Guidance document
  - For both GME and Senior leadership of clinical site

- Framework
  - Six focus areas
    - Multiple Pathways for each focus area
      - One or more properties for each Pathway
PS Pathway 1: Reporting of adverse events, close calls (near misses)

Reporting is an important mechanism to identify patient safety vulnerabilities. A robust reporting system is essential for the success of any patient safety program.

Properties include:

- Residents, fellows, faculty members, and other clinical staff members (nurses, pharmacists, etc.) know how to report patient safety events at the clinical site.
  
  The focus will be on the proportion of individuals who know how to report.

- Residents, fellows, faculty members, and other clinical staff members know their roles and responsibilities in reporting patient safety events at the clinical site.
  
  The focus will be on the proportion of individuals who know their roles and responsibilities in reporting.
PS Pathway 1: Reporting of adverse events, close calls (near misses)

Properties include:

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

The focus will be on the proportion of individuals who know how to report
CLER Pathways to Excellence

• Initially based on expert input, evidence, and early experiences from CLER program; will evolve over time to an empirically driven set of guidance statements based on what is possible
CLER Pathways to Excellence

• Pathways form the framework for site visit assessments

• Serve as basis for comparative feedback and-- when used in aggregate—provides national measures of progress
Program Components

- Site Visit Program
- Evaluation Committee
- Faculty/Professional Development
Faculty/Professional Development

• ACGME in a convening role

• Exploring and encouraging alignments and collaborations among national efforts

• Addressing inter-professional education across the UME/GME/CME continuum
NCICLE

- National Collaborative for Improving the Clinical Learning Environment
- Emerged out of ACGME CLER faculty development activities
- Based on a charter developed by consensus of interested organizations
- Currently more than 10 participating organizations
  - Including: AAMC, AAPL, ACCME, ACGME, AHA, AIAMC, AHA, AHME, IHI, LCME, TJC, NPSF, UHC
- Voluntary engagement, primarily organization representatives, no formal membership process
Clinical Learning Environment Review

Rapidly advancing a national conversation on the improving the clinical learning experience for resident and fellow physicians while also improving the safety and quality of patient care
Clinical Learning Environment Review

A journey
Questions?