

HELPING RESIDENTS SEE CLEARLY: INTEGRATING CLER INTO DAILY PRACTICE

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DISCLOSURES:

- I have no disclosures, financial or otherwise.

WHAT IS THE CLER?

- **Clinical Learning Environment Review (CLER)**
 - **Part of the Next Accreditation System**
 - Separate from the resident Milestones, but does have a lot of overlap.
 - Its purpose is to assess how residents and faculty are being trained in the 6 focus areas and provide feedback that will help produce physicians that provide safe, high quality health care.
 - Each Sponsoring Institution will have a CLER site visit, separate from accreditation site visit.
 - Not punitive towards accreditation.
 - Just required to have a site visit every 24-36 months to maintain accreditation.
 - **Formative instead of summative evaluation**

MILESTONES VERSUS CLER STANDARDS:

Milestones

Patient Care

**Medical
Knowledge**

**Systems-based
practice**



Professionalism

**Interpersonal and
Communication Skills**

**Practice-based
Learning and
Improvement**

MILESTONES VERSUS CLER STANDARDS

Administration



Ronny Humes, CEO
CEO/President



Angela Nowlin, COO
SVP Operations



Brian Craven, CFO
SVP Finance



Dr. Gene Combest, CMO
VP Medical Affairs



DIO



**Internal Medicine
Residency Program**



6 CLER STANDARDS





GOALS FOR INTEGRATING CLER INTO OUR HOSPITAL

- 1. Ensure adequate understanding, by both residents and faculty, of each CLER standard.
- 2. Engage learners in daily teaching, discussion, and practice of CLER.
- 3. Initiate improvements in the 6 focus areas in our hospital, based on our daily group discussion.
- 4. Encourage each member of our program, from medical student to attending, to participate in quality improvement

INTEGRATION OF CLER INTO OUR PROGRAM

PS Pathway 5: Clinical site monitoring of resident/fellow engagement in patient safety

Residents/fellows are a vital component to the continual improvement of clinical care to patients; their participation in patient safety activities is essential.

Properties include:

- The clinical site monitors resident/fellow reporting of safety events
The focus will be on the progression from basic tracking of resident/fellow reporting to keeping the clinical site's governing body apprised of resident/fellow involvement in patient safety events, investigations, and resulting outcomes.
- Data from the monitoring process are used to develop and implement actions that improve patient care.
The focus will be on the clinical site's usage of resident/fellow safety reports in developing and implementing improvements in patient safety.



Noon Conference



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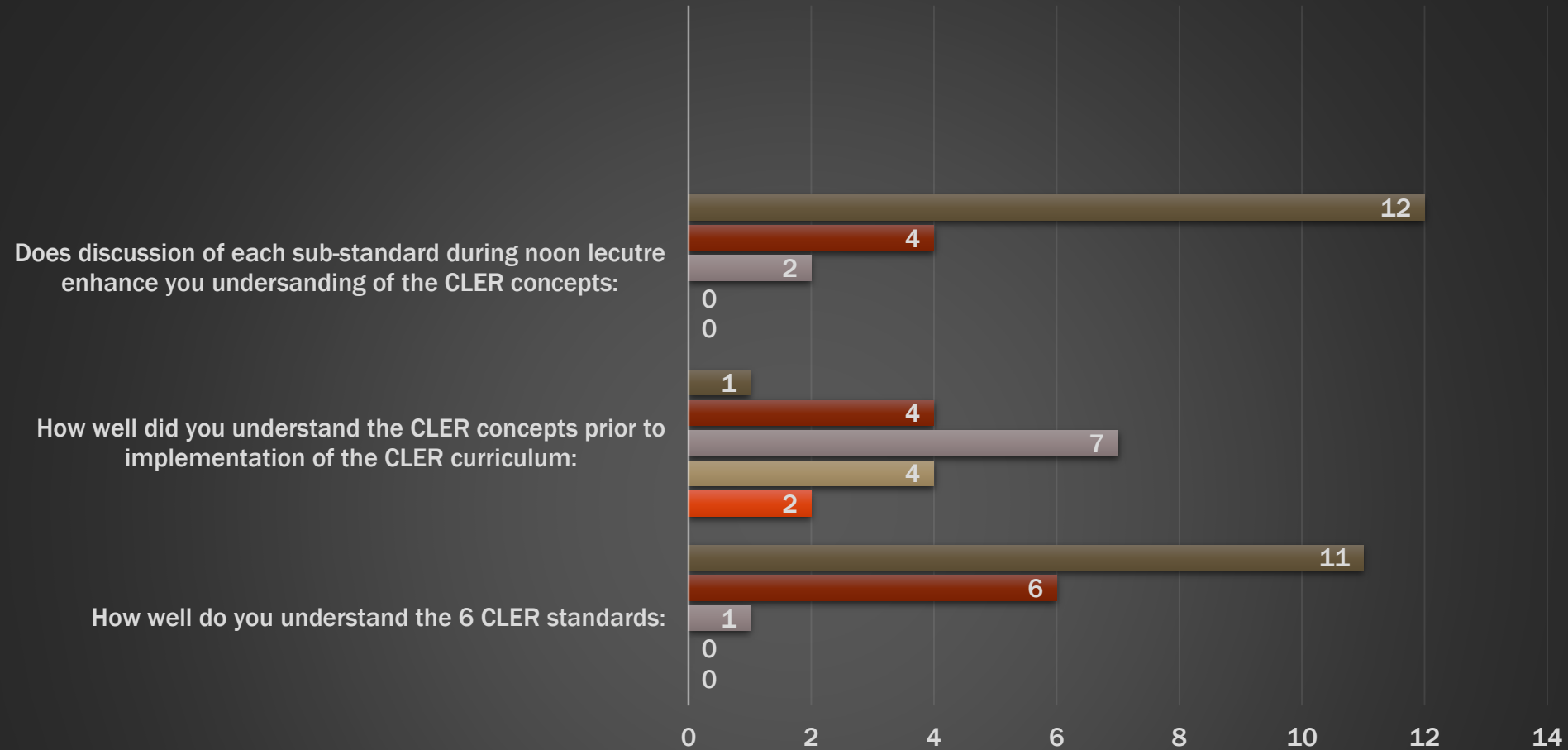
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Change implemented

DID THIS HELP OUR RESIDENTS LEARN?

- After almost a year of the program, we wanted to evaluate if our intervention was effective.
- All residents surveyed.
- 100% response rate.

CLER Survey



	How well do you understand the 6 CLER standards:	How well did you understand the CLER concepts prior to implementation of the CLER curriculum:	Does discussion of each sub-standard during noon lecture enhance your understanding of the CLER concepts:
Very well	11	1	12
Pretty well	6	4	4
Neutral	1	7	2
Kind of	0	4	0
Not at all	0	2	0

IMPRES

- National Rep
- Overarching
 - 1. Clinical L
patient safe
of residents
 - 2. CLEs vary
 - 3. CLEs vary
program dir
 - 4. CLEs vary
across profe



SITS:

NATIONAL REPORT OF FINDINGS 2016

ISSUE BRIEF No. 1

EXECUTIVE SUMMARY



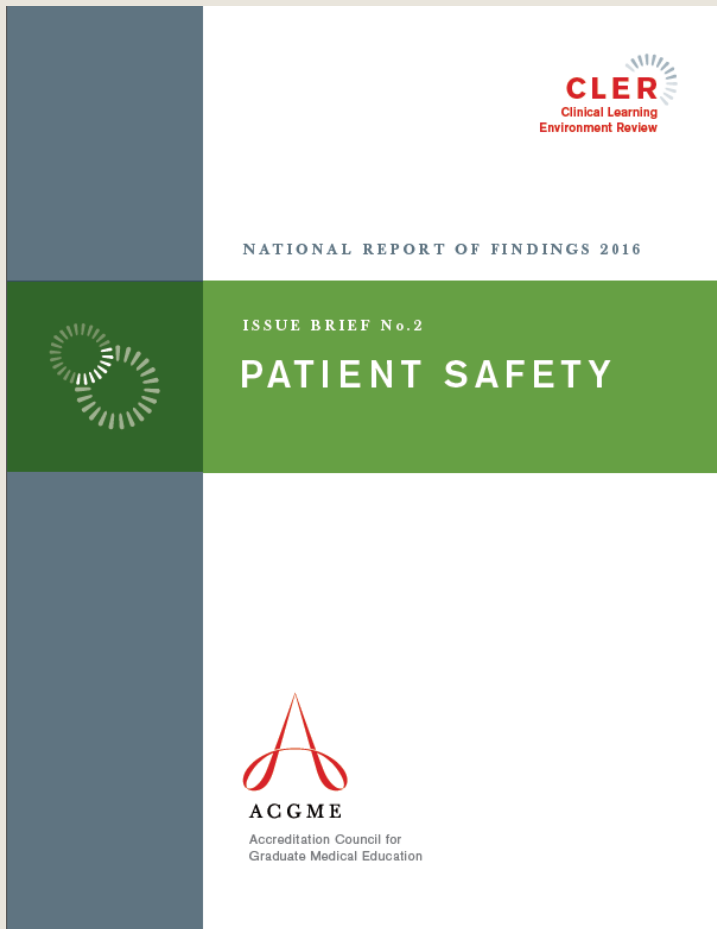
nes to
engagement
rganization.
faculty and
resources



ACGME

Accreditation Council for
Graduate Medical Education

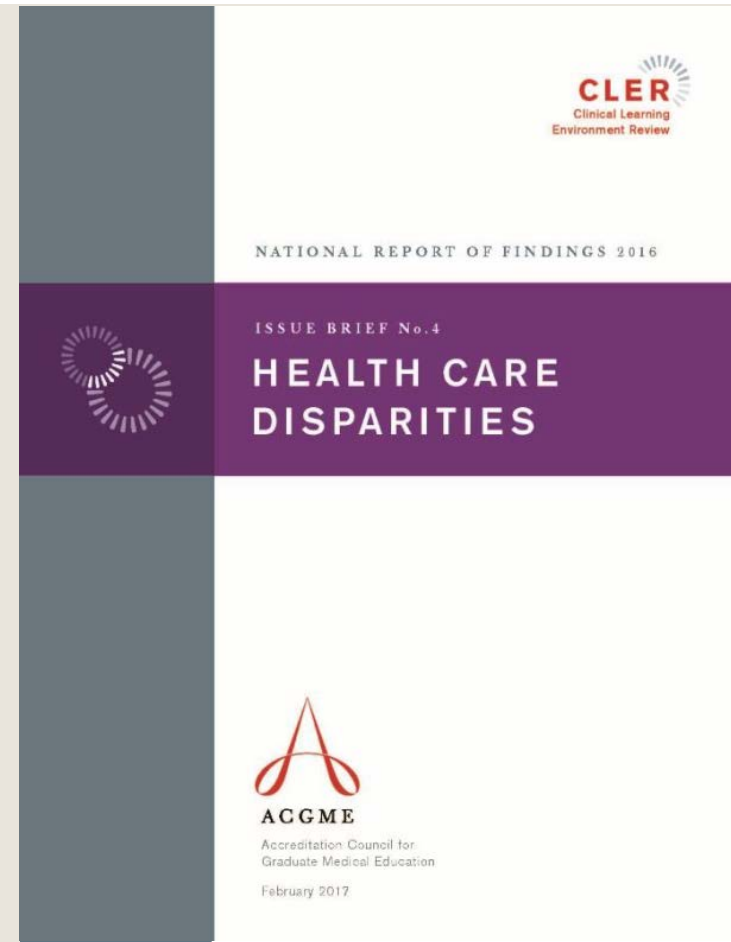
PATIENT SAFETY



- Variability in resident knowledge of when, what, and how to report

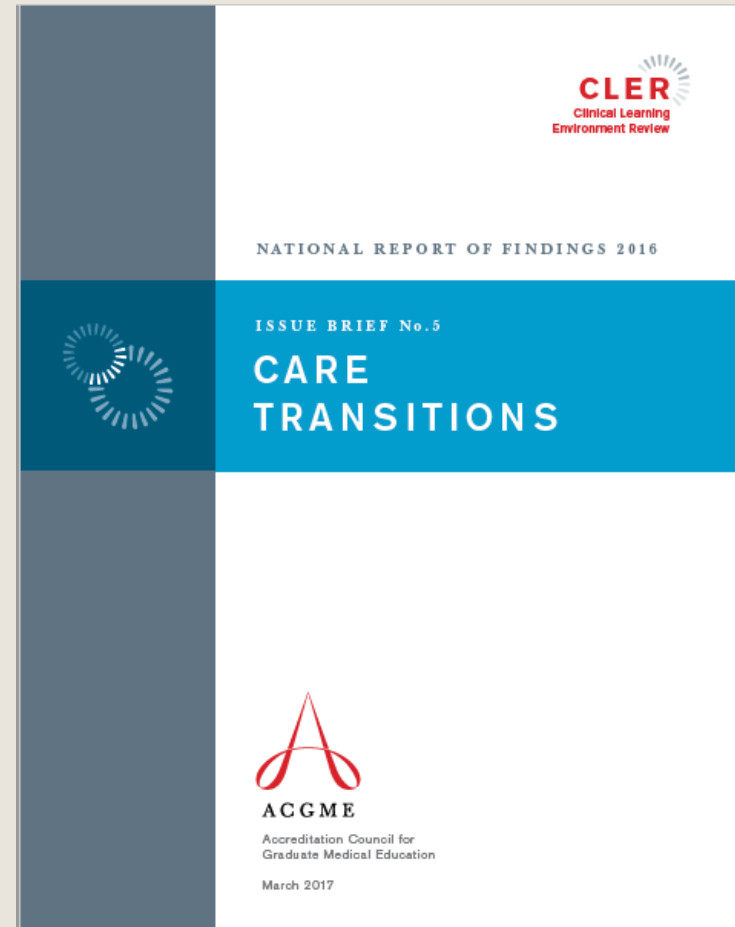
HEALTH CARE QUALITY

- Degree of resident participation in QI varies across programs
- Variable alignment with the clinical sites' priorities
- Disparities initiatives focus on access, with little attention to measuring variability or impact.



TRANSITIONS IN CARE

- To date, most residents report following a standardized process for hand-offs within their program or inpatient service
- **Variability** in oversight of resident hand-offs and process for transitioning to independence in hand-offs.



Professionalism:

- **Variability in monitoring by clinical site.**

Supervision:

- **To date, most residents report adequate supervision.**



PHYSICIAN WELLBEING

- **Previously Duty Hours/Fatigue Management and Mitigation:**
 - Consistent reporting of fatigue education.
 - **Variability** in evidence of effective management strategies.
- **Wellbeing will encompass:**
 - Fatigue
 - Burnout
 - Work/life balance
 - At risk for self harm
- **CLER Standards of Excellence Version 1.1, May, 2017**



SUMMARY

- The Clinical Learning Environment Review is part of the Next Accreditation System, but a separate, non-punitive site visit from the accreditation site visit.
- There is significant **variability** in how programs approach CLER, and each program and sponsoring institution has strengths and weaknesses in the 6 focus areas.
- Our program took an “educate, embrace and act” approach to CLER.
 - By discussing each standard one by one as a group, we have highlighted our strengths and worked to fix our weaknesses.
- The National Report of Findings for each focus area has valuable information from the first round of site visits that will be useful when implementing CLER into your programs.
- Physician wellbeing will come to the center for discussion in the next few years, both as a part of CLER, in the literature, and in daily practice.

QUESTIONS?

