HELPING RESIDENTS SEE CLEARLY: INTEGRATING CLER INTO DAILY PRACTICE

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DISCLOSURES:

- I have no disclosures, financial or otherwise.
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

Patient Safety

- Professionalism
- Transitions of Care

Healthcare Quality:
- Health Care Disparities

Supervision

Physician Wellbeing
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.
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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.
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:

<table>
<thead>
<tr>
<th>How well do you understand the 6 CLER standards:</th>
<th>How well did you understand the CLER concepts prior to implementation of the CLER curriculum:</th>
<th>Does discussion of each sub-standard during noon lecture enhance your understanding of the CLER concepts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Pretty well</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
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<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Not at all</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Overarching Themes:

1. Clinical Learning Environments (CLE's) vary in approaches to patient safety and health care quality and the degree of engagement of residents.

2. CLEs vary in approach of implementing GME with the organization.

3. CLEs vary in the investment of teaching and engaging faculty and program directors on system-based initiatives.

4. CLEs vary in the degree of coordination of educational resources across professions.
Variability in resident knowledge of when, what, and how to report
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.
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.
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
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?