The CLER Site Visit
&
Pursuing Excellence Initiative (PEI)

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Disclosure

• Dr. Casey: No conflicts of interest to report
• Dr. Newton: No conflicts of interest to report
Objectives

At the conclusion of this session, the participants will be able to:

• Describe the background and goals of the ACGME CLER program
• Identify various processes associated with a CLER visit
• Identify resources to guide efforts towards optimizing the learning environment for residents and fellows
• Understand the Pursing Excellence Initiative (PEI)
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
Three Components to the CLER Program

- **CLER visit** – Provides sites with formative feedback to assist with improvement in the learning environment in the six focus areas.

- **Program Evaluation** – Tracks aggregated data over time - map the forward progress along each CLER pathway toward achieving optimal engagement.

- **Outreach & Collaboration** – In collaboration with key organizations, ACGME develops resources to educate and support faculty and executive leadership across six focus areas.
CLER Leadership

Kevin Weiss, MD, MPH
• Senior Vice President, Institutional Accreditation

Robin Wagner, RN, MHSA
• Vice President, CLER

Robin Newton, MD
• Regional Vice President, CLER

Baretta R. Casey, MD, MPH
• Regional Vice President, CLER

Nancy Koh, PhD
• Director of Program Evaluation, CLER

Betsy Kimball, MA
• Director of Operations, CLER

Morgan Passiment, MS
• Director of Institutional Outreach and Collaboration
The Clinical Learning Environment

“The term CLE means any and all such clinical settings where residents and fellows learn to care for patients. The CLE is much more than a set of places and resources. It also includes the people, their values, and the sense of dedication to team and community.”

CLER Six Focus Areas

- Patient Safety
- Professionalism
- Supervision
- Transitions In Care
- Healthcare Quality-Health Care Disparities
- Well-Being
About CLER

CLER visits
- First CLER visits began in 2012
- Each Sponsoring Institution (SI)- a CLER site visit ≈ every 18 to 24 months
- Some SIs have had their third visit in recent months
- One site visit for the SI at one participating site

CLER Field Representatives
- Several different medical specialties; DO and MD backgrounds
- GME leadership experience
- Live all over the country
Over 700 Sponsoring Institutions

- Visits begin with the larger institutions (those sponsoring three or more core residency programs);
- CLER visits to smaller institutions (sponsoring one or two core residency programs) should be complete by mid-May this year.

Sponsoring Institutions which have received continued accreditation in the Single Accreditation System (SAS) are eligible for a CLER site visit.
Planning Ahead for Your CLER Site Visit

Ensure ADS is updated with current information
• Correct names for DIO, CEO, site names, etc…
• Correct email addresses for DIO and GME coordinator

Review blackout date process at www.acgme.org
• Home>What We Do>Initiatives>Clinical Learning Environment Review (CLER)>CLER Site Visit
Links to Institutional Accreditation

Links to accreditation:

- Sponsoring Institution’s must have CLER visit
- DIO and CEO of participating site must be present for initial and final interviews
- Collective knowledge from CLER might inform future requirements
- Exception(s): identification of potential egregious issue involving threats to patient safety or resident/fellow safety/well being
CLER Program

Creating Conversations as Levers for Change
Scheduling the Site Visit

• Allowed a limited number of passes
  - First round >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 “Black-out/avoid dates”
    • Can request five weeks every four months, ADS opens to allow DIOs to request “avoid dates”
Scheduling Your CLER Site Visit

• Visit 1-3 days duration
• No less than 10 days
• Initial email and/or call to the DIO and GME Coordinator
• Visit confirmed based on availability of both the DIO and the CEO
• DIO receives email with documents from lead site visitor
• Follow-up call with lead visitor
Before Your CLER Site Visit

• DIO asked to upload a variety of documents to WebADS:
  - Organizational charts of the Institution & Quality-Safety Departments
  - Quality & Safety Committee Roster
  - Patient Safety Protocol and Quality Strategy
  - Care Transitions Policy, Supervision Policy and Hand-Off Locations & Times
  - DIO’s Annual Report to SI governance
  - Patient Safety/Quality Query
Before Your CLER Site Visit

• DIO asked to send information to lead CLER visitor:
  - Completed site visit agenda with listed participants
  - Completed Hand-offs and Ambulatory Care sites template
One to three day agenda

- Determined by the number of residency and fellowship programs at the participating site visited
- Agenda varies slightly by type of site and CLER protocol used
- It is a standard/structured agenda – little room for changes. BUT if something comes up – ASK your lead field rep.
Main Aspects of CLER Site Visit

Senior Leadership Meeting
- CEO, DIO; optional (CMO, CNO, CFO, Resident Member of GMEC)

Small Group Meetings
- Residents/Fellows, Faculty Members, Program Directors, Well-being leaders, Patient Safety and Quality leaders

Walking Rounds
- Each CLER field representative will walk around with one resident/fellow guide.
SCHEMATIC OF FLOW OF CLER SITE VISIT

- Resident meeting
- Team Huddle
- Walking Rounds
- Faculty meeting
- Team Huddle
- PS/QI Leaders meeting
- Program Director meeting
- Exit meeting
- DIO, GMEC Chair
  - CEO, CMO/CNO
- Team Huddle
- PS/QI Leaders meeting
- Team Huddle
- Initial meeting
  - DIO, GMEC Chair,
    - CEO, CMO/CNO
- Team Huddle
- Team Prep meeting
- Exploration and Inquiry
- Wellbeing Leaders Meeting
- Review, Clarification & Feedback

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Formative feedback:
SI leadership might use as opportunities for improvement in their CLE

• Make structured observations of the environment and deliver these to the leadership.

• Do not give suggestions, recommendations, citations, or best practices.
The CLER visit is not a test: no pass, no fail, no citations

General Information for CEO/senior leadership

• We ask questions about institutional strategy, goals, and activities around the six focus areas
• Please share the one-page Executive Summary ahead of time
• The best way to prepare for your first CLER visit is to follow the suggestions of the lead CLER visitor.
• Not helpful to prepare the participants in group meetings with possible questions and responses
CLER Site Visit

Reminder:
• Specific preparation for the visit is not necessary
• Coaching is not in your best interest

However:
• Institutional learning about CLER focus areas is a main goal of the CLER program
• Incorporating CLER into your strategic processes is encouraged
Optimizing the CLER Experience

During CLER Site Visit physician group meetings

- No observers, DIO not in group meetings
- Repeated message to participants
- Anonymity: maintained in all reports (verbal and written)
Optimizing the CLER Experience

After CLER Site Visit

• To maintain confidentiality 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 SI C-Suite and GME leadership

• Disseminate CLER visit observations with all CLEs in the institution

• Focus on systems-based approaches to problem solving

• Engage different groups in conversations (other than those attending CLER visit)
  o Encourage collaboration across departments/programs
  o Consider interprofessional input
Available Resources

CLER-related published articles

CLER website at ACGME.org

• CLER Pathways to Excellence: 1.1
• National Report of Findings, May 2016
• National Report of Findings Issue Briefs
• Pursuing Excellence Initiative:
  - 20 national organization partners to support the initiative
Pathways to Excellence 1.1

• Guidance document regarding the six focus areas
• Not a set of requirements
• Expect a revision in 2019
• Available on ACGME.org
National Report of Findings

Executive summary available

Also have a searchable database on ACGME.org including all of the data from the full publication
Clinical Learning Environment Review

This is a journey toward

• a safer, higher quality care environment for our patients
• a safer, higher quality learning environment for our residents and fellows
Clinical Learning Environment Review

Pursuing Excellence in Clinical Learning Environments
Pursing Excellence Initiative (PEI)

- Response to opportunities identified through CLER visits and noted practice patterns in the literature.
- To improve healthcare by continuously advancing the quality of resident and fellow education.
- Using collaboratives to create new models of integration between healthcare delivery systems and Graduate Medical Education.
Pursuing Excellence Initiative

- Explores the variability identified in the CLER National Report
- Seeks new models to enhance integration of education and clinical care
- Facilitates dissemination and sharing of successful models and practices
Key Aspects of the Initiative

• Focus on shared learning and community building to generate opportunities for improvement in clinical learning environments
• Four-year commitment by the ACGME
• Includes three major components – Innovators, Leaders, Learners
• 21 interprofessional health care and education partners
• ACGME provided funding through a competitive award process to support the first cohort (innovators)
Overarching Themes

The initial visits of the CLER Program revealed a number of findings that appeared to be common across many of the CLEs and six focus areas.

- Clinical learning environments vary in their approach to and capacity for addressing patient safety and health care quality, and the degree to which they engage residents and fellows in these areas.

- Clinical learning environments vary in their approach to implementing GME. In many clinical learning environments, GME is largely developed and implemented independently of the organization’s other areas of strategic planning and focus.

- Clinical learning environments vary in the extent to which they invest in continually educating, training, and integrating faculty members and program directors in the areas of health care quality, patient safety, and other systems-based initiatives.

- Clinical learning environments vary in the degree to which they coordinate and implement educational resources across the health care professions.
AIM
Integrate health care delivery system operations and graduate medical education (GME), such that the clinical learning environment (CLE) enables measurable improvement in both learner experience and patient care.

Primary Drivers

Align the organization’s strategic priorities and GME strategic priorities.

Establish the processes and practices that fully integrate CLE staff and learners into the pursuit of quality, safety, equity, and value in the organization.

Create qualified, engaged, and motivated educators capable of practicing, teaching, and assessing quality, safety, equity, and value to residents.

Maximize shared learning with coordinated educational resources across health professions.
Challenges

• From I (individual site) to WE (collaborative)
• From initial project to strategic enhancement of CLE
• From 8 to 800
Pursuing Excellence
Pathway Innovators Collaborative

Children’s National Medical Center
Washington, DC

Cleveland Clinic Foundation
Cleveland, OH

Maine Medical Center
Portland, ME

Our Lady of the Lake Regional Medical Center
Baton Rouge, LA

Strong Memorial Hospital of the University of Rochester
Rochester, NY

University of California, San Francisco, School of Medicine
San Francisco, CA

University of Chicago Medical Center
Chicago, IL

The University of Texas at Austin Dell Medical School
Austin, TX
Pursuing Excellence Initiative

- Explores the variability identified in the CLER National Report
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# Framework to Engage Early Learners in Optimizing Patient Safety


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<tr>
<th>New Clinician Skills</th>
<th>Desired Behaviors</th>
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<tr>
<td><strong>Align With Safety Culture</strong></td>
<td>• Embraces a just culture approach to learning from and reacting to the mistakes of peers, team members, and self.</td>
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<td>• Recognizes system complexities, human factors, and how engaging with the clinical learning environment (CLE) can contribute to improving patient safety.</td>
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<td>• Is aware of culture of safety surveys being conducted within the CLE and how this information is being used to make improvements.</td>
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<tr>
<td><strong>Recognize and Report</strong></td>
<td>• Identifies the full range of patient safety events (including near misses/ close calls).</td>
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<td>• Recognizes reporting is a responsibility fundamental to safe patient care.</td>
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<td>• Personally reports patient safety events into the CLE’s system for tracking these events.</td>
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<td><strong>Participate and Analyze</strong></td>
<td>• Demonstrates critical-thinking skills at individual and team levels.</td>
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<td>• Regularly participates in comprehensive, facilitated, interprofessional, systems-based approaches to investigating patient safety events, and identifying improvement approaches and actions.</td>
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<td><strong>Translate and Act</strong></td>
<td>• Receives informative feedback on patient safety events personally reported into the CLE’s system.</td>
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<td>• Identifies how tracking, trending, and investigating patient safety event reports allows the CLE to identify and address vulnerabilities across units/ departments.</td>
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<td>• Uses a systems- and evidence-based approach to determine how patient safety events can guide system improvement.</td>
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<td>Pursuing Excellence</td>
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<td>Pathway Leaders Collaborative</td>
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Future PEI Collaboratives - Leaders

- QI – Health Care Disparities
- TBA
Pursuing Excellence

Encouraging Creativity
Facilitating Share Learning
Challenging Organizational Barriers
Valuing Learning in Clinical Environments
CLER & PEI Programs

Questions and Conversation