

Making CLER “Clear”

Preparing for the Clinical Learning Environment Review

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Poll Question:
Needs assessment...

What describes YOUR Sponsoring Institution?

- A. University or other large system (more than 2 programs)
- B. Multi-program, smaller system or “subs” (2 programs)
- C. Single-program sponsor (1 program, no subs)

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Poll: What describes YOUR Sponsoring Institution?

*Poll Question:
Needs assessment...*

Have you had a CLER visit yet?

- A. No
- B. No, but one is scheduled in the near future
- C. Yes

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Poll: Have you had a CLER visit yet?

*Poll Question:
Needs assessment...*

To what extent have you started preparing to meet CLER objectives?

- A. Not yet started
- B. Have started discussing them
- C. Have started planning for implementing one or more action items
- D. Addressing all CLER objectives on some action level

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Poll: To what extent have you started preparing to meet CLER objectives?

Goals

- Describe the Institutional CLER process.
- Identify how residency programs interface with these institutional processes.
- Discuss the opportunities for enhanced engagement between your institution and program(s).

An aside: Distinguishing IR vs. CLER

- Institutional Review (IR): the ACGME review of the Sponsoring Institution's compliance with the Institutional Requirements.
- Clinical Learning Environment Review (CLER): the ACGME review of Institutional and Program collaborations on key training interfaces.

What *is* CLER?

“The Clinical Learning Environment Review (CLER) is a mechanism by which the ACGME assesses a Sponsoring Institution (SI) to evaluate its commitment to **developing a culture of quality, patient safety, and performance improvement for both resident education and patient care.**”

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CLER Goals

- Support national efforts addressing patient safety, quality improvement, and reduction in health care disparities.
- Monitor Sponsoring Institution maintenance of a clinical learning environment that promotes the six goals.
- Emphasizes the responsibility of the SI for the quality and safety of the environment for learning and patient care.

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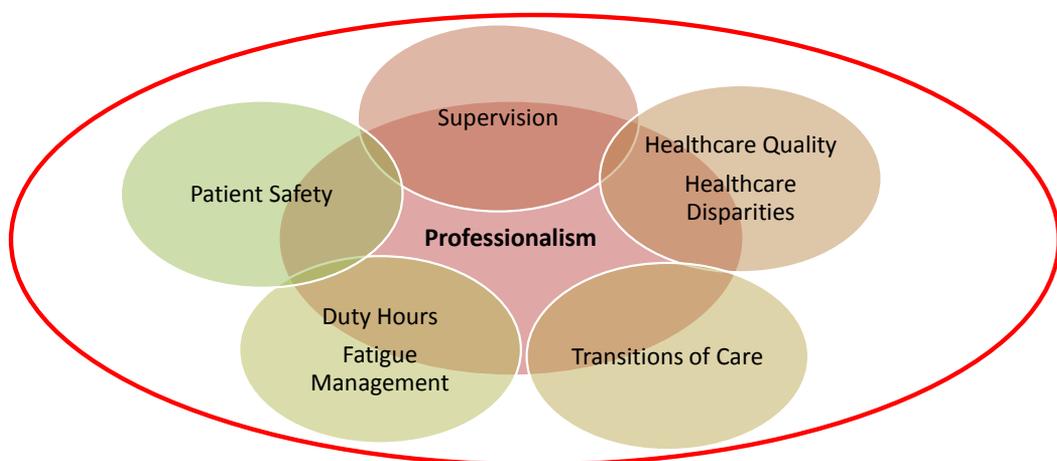
CLER Goals

- Increase resident knowledge of and participation in safety activities and quality improvement.
- Intent to improve physician integration into quality and safety goals after graduation.



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CLER Focus Areas



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CLER: Five Key Questions

1. Who and what form the hospital/medical center's **infrastructure** designed to address the six focus areas?
2. How **integrated** is the GME leadership and faculty in hospital/medical center efforts across the six focus areas?
3. How **engaged** are the residents and fellows?
4. *How does the hospital/medical center determine the **success** of its efforts to integrate GME into the six focus areas?*
5. *What are the **areas** the hospital/medical center has identified for **improvement**?*

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Poll Question

Needs assessment...

At what step is your institution?

1. Who and what form the hospital/medical center's **infrastructure** designed to address the six focus areas?
2. How **integrated** is the GME leadership and faculty in hospital/medical center efforts across the six focus areas?
3. How **engaged** are the residents and fellows?
4. How does the hospital/medical center determine the **success** of its efforts to integrate GME into the six focus areas?
5. What are the **areas** the hospital/medical center has identified for **improvement**?

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Poll: At what step is your institution?

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Who *IS* the SI? Who will participate in CLER?

- Phase 1 focused on “large” program SIs
 - (about 290 institutions)
- Now moving on to Phase 2: “small” program SI: 2 or fewer core programs, with or without “subs”
 - (about 450 institutions)



CLER Preparation

- **Timing**

- 2-4 weeks notice
- Note: Institutions can submit “black-out dates”:
 - Link on page:
<https://www.acgme.org/acgmeweb/tabid/436/ProgramandInstitutionalAccreditation/NextAccreditationSystem/ClinicalLearningEnvironmentReviewProgram.aspx>

CLER Preparation

- **CLER Site Visit Materials**

- Organizational charts
- Policies: Supervision, Duty Hours, Care Transitions
- Patient safety protocol/strategy (approved by Board)
- Quality strategy (approved by Board)
- Quality & Safety Committee membership rosters (***identifying resident members***)
- DIO’s most recent annual report to SI governance

CLER Preparation

- **People**

- Health-system Leadership
 - CEO, COO, CMO, CNO
 - DIO, GMEC, Resident representatives from GMEC
- Patient Safety/Quality Officers
- Academic Programs (separately by group)
 - Program Directors
 - Core faculty
 - Resident representatives

CLER Site Visit

- 1-2 ACGME site visitors
- Methods of obtaining information:
 - Interviews of residents, faculty, and program directors using Audience Response System
 - Interviews with SI leadership, and Patient Safety and Quality officers
 - “Walk rounds”
 - Oral report to leadership at end of visit
 - Written report to follow
 - Optional program response to report

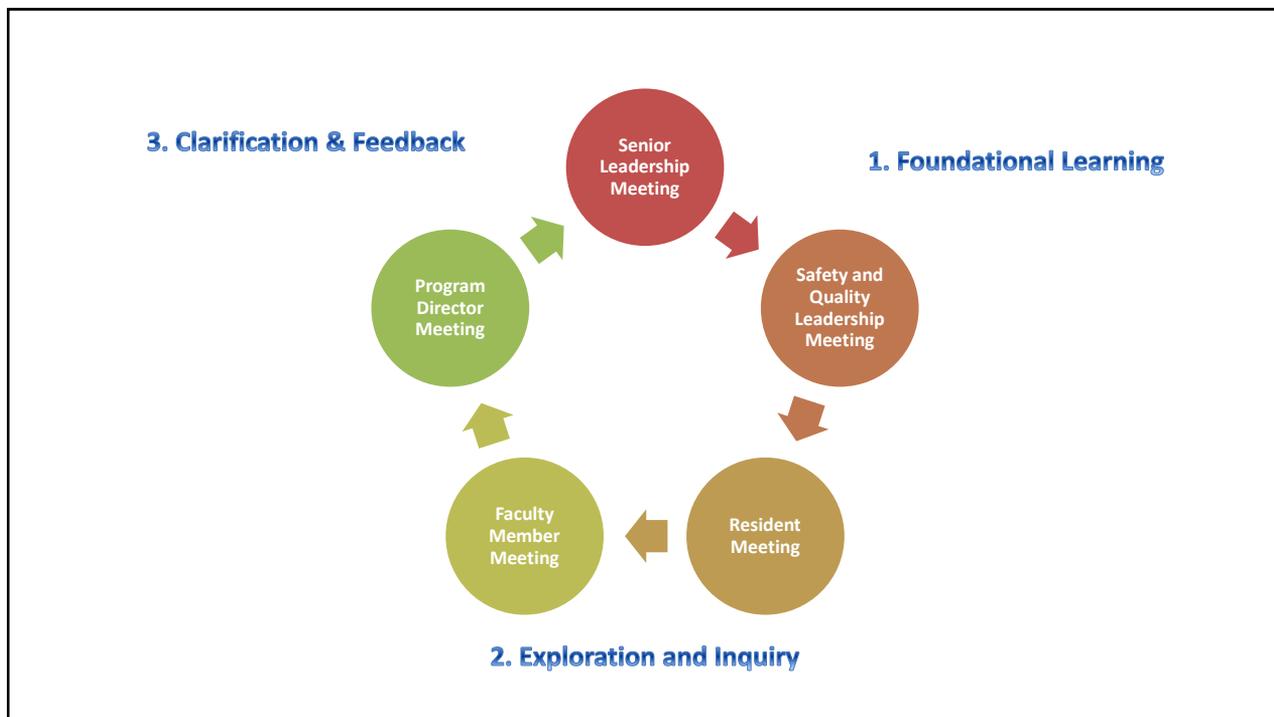
CLER Site Visit



- Hospital “walk rounds” led by residents
- Interview hospital staff
- Observe patient hand-offs

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Preparation for CLER visits

- Identify representatives to participate in CLER visits
- Identify areas of hospital and clinic for inspecting
- Educate residents, hospital and clinic staff, and faculty on likely questions, and progress meeting health system goals



Poll Question
Needs assessment:

Which CLER goal seems most challenging?

- A. Patient safety
- B. Quality / health care disparities
- C. Transitions of care
- D. Professionalism
- E. Supervision
- F. Duty hours / fatigue mitigation

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Poll: Which CLER goal seems most challenging?

CLER Outcomes

- Intended to provide:
 - “Aha’s!”: ***Experiences that inform learning***
 - A progressive set of activities for higher performance in organizational engagement in GME
- Not Intended to provide:
 - “Gotcha’s”
 - New stealth accreditation requirements
- *However, they still feel regulatory....*

CLER Learnings

- General themes from first round ACGME visits:
 - Institutions vary in their approach to and capacity for addressing patient safety and quality;
 - approach to incorporating their GME programs in their strategic planning and focus;
 - the extent to which they have engaged the residents, and the faculty;
 - and the coordination of interprofessional resources.

Patient safety learnings

- 75% of residents knew institutional priorities for patient safety.
- 85% knew process for reporting, but fewer have ever used, and feedback seldom occurred (“black box”).
- Gaps: few opportunities for experiential learning:
 - How the institution uses adverse event reporting to improve systems of care.
 - Limited use of interprofessional interaction.

Preparing for CLER: patient safety



- first full week of March •

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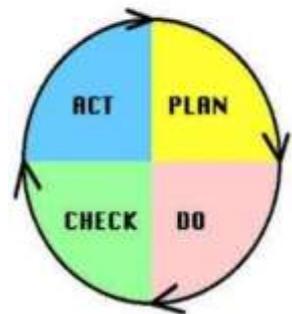
- **Include** residents in real, meaningful experiences:
 - Patient safety reporting.
 - Discuss WHAT should be reported (near misses, close calls, events without harm, unexpected deteriorations, procedural complications)
 - Follow up with them on periodic systems reporting and goals.
 - Train in Interprofessional time-outs.
 - Involve in specific event analysis.

Quality learnings

- Most residents knew of institutional QI priorities, but fewer could name them.
- Most residents report participating in QI projects, but many could not describe concepts and methods such as PDSA, often focusing on “fixes” alone.
- Again, limited interprofessional participation.

Preparing for CLER: quality

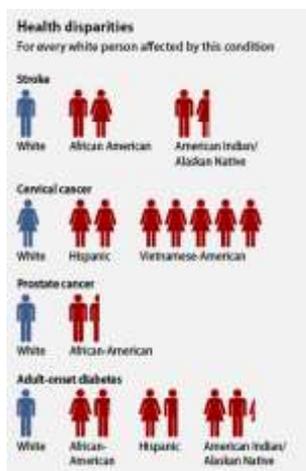
- Educate residents and faculty in system quality goals and priorities.
- Engage residents in LEAN/RPIW teams, PDSA cycles, or other process, and train them in that methodology.
- Engage residents and faculty when possible in institutional task forces, committees, or initiatives regarding quality (and safety).
- Work with SI leadership, including safety and quality officers (one should be on GMEC).



Health care disparities learnings

- Few institutions had a formal strategy or systematic approach to identifying variability in outcomes to different populations.
- Few were focused on specific issues such as access or assessing community needs.
- Resident involvement usually direct patient service.
- Cultural competency training typically very generic.

Preparing for CLER: health disparities



- Include residents in SI initiatives in addressing health care disparities.
- When possible, start with data about the vulnerable populations being served locally.
- Add discussion of the approach to specific local populations as part of cultural competency training.

Care transitions learnings

- Most institutions working to standardize transitions between care settings.
- Residents occasionally engaged in that work.
- Few programs used formal criteria or assessment methods to assure that residents reliable transition care.

Preparing for CLER: care transitions

- Standardize resident processes for reliable transitions of care, including routine use of contingency planning (“if–then”) and clarifying statements, and “read-back” for complex cases.
- Engage faculty in at least periodic monitoring of effectiveness of transitions.
- Engage with institutional initiatives on transitions of care.



Supervision learnings

- General satisfaction by residents and faculty.
- Both over- and under-supervision reported.
- Over-supervision felt to be contributing to decreased readiness for practice for many trainees.
- Few institutions provide staff with resources to assess an individual resident's competence level.

Preparing for CLER: supervision



- Engage residents and faculty in a discussion about awareness of situations requiring direct supervision, as well as situations when residents can and should be supported in more independence.

Fatigue and duty hours learnings

- Most institutions developed plans for fatigue mitigation.
- Fatigue was notably not always related to long hours (high patient volume, high acuity).
- Many faculty reported significant increase in fatigue.
- Duty hours was TOO rigidly enforced in many programs (discouraging exceptions).
- Ongoing concern about patient safety risk.

Preparing for CLER: fatigue management

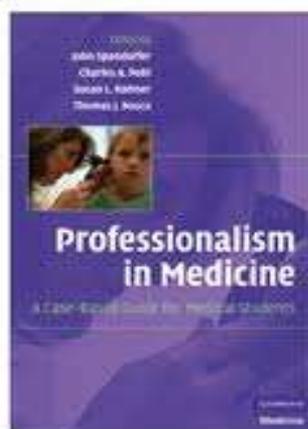
- Engage residents and faculty in a discussion about the *exceptions* to the duty hours regulations.
- Consider a “wellness” strategic plan for both residents *and* faculty.



Professionalism learnings

- Everyone is “educating” about professionalism.
- Some ongoing issues of disruptive or disrespectful behavior, variable in severity and frequency.
- Most residents and faculty were not certain what due process would be followed if perceived need for assistance outside of the GME system.

Preparing for CLER: professionalism



- Main focus areas: honesty, integrity, and mistreatment.
- Specific training in ethical use of EHRs: copy-and-paste, blow-in phrases.

Preparing for CLER: overall themes

- Build relationships between health system leadership and GME programs
 - Clinical integration into health system
 - Patient safety/quality promotion
- Participate in health systems' goals and initiative development
- Educate leadership on Institutional Requirements and CLER process

Approaching CLER: benefits

- These are ALL critical areas for patient care and resident education.
- Sponsoring institutions in general are highly enthusiastic about increasing engagement with GME programs around mutual goals of importance.
- Important opportunities for resident and faculty innovation and systems improvement.

Approaching CLER: concerns

- ***“One more thing to have to do....”***
- History of limited effective engagement of the SI with its sponsored program.
- For family medicine and primary care training, little integration of inpatient and outpatient goals and strategies.
- Lack of resources (espec IT) locally to facilitate the changed expectations.
- Burden of CLER visit itself.

Significance of CLER

- CLER visits can be powerful tools to facilitate collaboration between SIs and programs on mutually beneficial goals and strategies regarding health care quality.
- CLER discussions can increase the value of the program to the Sponsoring Institution.
- All participants perceived high value in this collaboration, but also expressed significant apprehension about the time and resources required, particularly inadequate data systems.

Resources

- CLER Pathways to Excellence (ACGME):
 - https://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLER_Brochure.pdf
- CLER Site Visit Instructions (ACGME):
 - <https://www.acgme.org/acgmeweb/tabid/489/ProgramandInstitutionalAccreditation/NextAccreditationSystem/ClinicalLearningEnvironmentReviewProgram/CLERVisitOverview.aspx>



Questions & Answers

During the break...

- Discuss / think about how you might implement the information you just heard.
- Fill out a session evaluation.



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