Disclosures

- We have no conflicts of interest to report regarding this presentation.
Poll Question 1

When was your Sponsoring Institution’s last CLER site visit?

A. Not sure
B. 2014-5
C. 2016
D. 2017
E. 2018

Poll Question 2

• To what extent did your institution engage your program in the CLER visit?

A. Full engagement of director/faculty and residents
B. Engaged the faculty only
C. Engaged the residents only
D. No interaction with the program
Goals

• Identify learnings from initial rounds of CLER site visits.
• Share and discuss opportunities for program improvement and institutional integration based on CLER goals.
• Identify steps for strategies to develop these ideas “at home” to prepare for next CLER visit.

Agenda

• Overview (10 minutes)
• CLER published reviews: patient safety; quality improvement and healthcare disparities; well-being; professionalism; care transitions (15 minutes)
• Small group work (15 minutes)
• Small group debrief and discussion (15 minutes)
• Anticipate home activity/action (2-3 minutes)
• Wrap-up, resources and evaluation (2-3 minutes)
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.”

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?
CLER components

- Site visits
- National data aggregation
- Developing a Learning Community
- CLER National Report of Findings • Issue Briefs

So why do this?

- Increased emphasis on well-being, and the need to attend to the ability of the physician of the future to thrive.
- Support national efforts addressing patient safety, quality improvement, and reduction in health care disparities.
- Emphasizes the responsibility of the SI for the quality and safety of the environment for learning and patient care.
- Increase resident knowledge of and participation in safety activities and quality improvement.
- Intent to improve physician integration into quality and safety goals after graduation.
Poll Question 3
Which Pathway to Excellence do you want to “work on” at today’s workshop?

A. Professionalism
B. Health Disparities
C. Healthcare Quality
D. Transitions of Care
E. Well-being, Duty Hours, Fatigue Mitigation
F. Patient Safety
Professionalism

• Most had received education.
• Majority of residents across CLEs perceive an environment of professionalism
• Lack of clarity about process residents would follow to seek assistance outside of the GME if needed.

Professionalism learnings

• Creating a culture of professionalism is a shared responsibility between the institution and the GME programs.
• Most notable area for improvement: handling mistreatment episodes.
• Need systems that promote active learning, proactive monitoring, and consistent approaches to unprofessional behaviors.
Patient Safety

- Top priority: forming the learning culture/SAFETY culture
  - Patient safety as a science
  - Non-punitive approaches
  - Focus on systems solutions, sustainability

- Resident Education: use of training modules; but often unable to describe content, and lacked basics on terminology, principles, and methods:
  - Most common events; existing prevention strategies
  - How to report, where to seek assistance

- Residents Reporting:
  - Little understanding of system f/u of reports and process
    - How institutions use PSN reports to improve systems of care
  - Feedback inconsistent, discouraging future reporting
  - Need to understand VALUE of reporting, espec near misses/close calls
Patient Safety
Limited Experiential Learning

• Residents:
  – Limited participation in improvement activities
  – M&Ms not connected to patient safety system, and not conducted to same level of rigor, particularly in developing action plans and monitoring outcomes
  – Infrequent participation in formal institutional investigation (RCAs); limited inter-professional or inter-disciplinary engagement.

Poll Question 4

What are you currently doing in your program in patient safety?

A. Use of module for basic training of residents.
B. More intensive education in patient safety.
C. Involving residents in committees or meetings regarding patient safety.
D. Having residents participate in event debriefs.
E. Other
Care Transitions

• Most institutions did not have a standardized approach for hand-offs
  – Change of duty
  – Between departments (ED to inpt, ICU to floor, OR to floor, consults, etc.)
  – In- and out-of hospital
• Faculty uncommonly observed hand-offs to assure skills/quality.

Care Transitions learnings

• General interest in improving care transitions.
• Need for more engagement between programs/residents and other members of the health care team.
Health Care Quality

- Goal: design systems that move learners along a path from initial exposure to the concepts of QI, to comprehensive, experiential learning that prepares them to continue QI work throughout their careers.
- Longitudinal, integrated HCQ Curriculum

Health Care Quality

- Four areas:
  - Res/fac awareness of institutional HC QI priorities
  - Knowledge of HC QI terminology and methods
  - Engagement in QI activities
  - Involvement in developing and implementing QI strategies
- Quality initiatives often not aligned between Institution and Program.
Health Care 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).

Poll Question 5
What are you currently doing in your program in quality improvement?
A. Use of module for basic training of residents.
B. More intensive education in QI systems.
C. Involving residents in committees or meetings regarding QI.
D. Having residents participate in QI initiatives.
E. Having residents lead inter-professional QI cycle.
F. Other
Few institutions have formal strategy for addressing HCD for known vulnerable populations.

Most common approaches were focusing on specific issues (access) or meeting regulatory requirements (interpreter services).

Education about HCD largely generic, and not addressing local needs

Healthcare Disparities

Substantive deficiency in preparing residents to identify and address disparities in health care outcomes, as well as ways to minimize or eliminate them.

Unlike the other areas of focus in the CLER Program, there is a general lack of agreement as to how GME could address this area.

Next steps: better define the knowledge and skills needed to recognize, address, and eliminate disparities in health care outcomes and identify how they could best be achieved during the GME experience.

CLER data suggest need to define the expectations for CLEs with regard to demonstrating health care improvement efforts aimed at eliminating disparities in health care outcomes.
• Wellbeing is “new” as an expansion on the intent of FM/DHs.

• Next National Report will be useful

Wellbeing

• Mitigating fatigue is a challenge across CLEs
• Patients and provider well-being at risk.
• GME and CLEs need preventative measures and system-wide fatigue management strategies to enhance quality of patient care, safety, and learning in clinical settings.
• RPS Criteria for Excellence 10th Edition New Chapter “Well-Being”
  – see RPS Criteria for Excellence handout on program Wellbeing self evaluation
Small group discussion

• 15 minutes:
  – Share the top 2 or 3 “best practices” you have developed at your program in response to CLER objectives.
  – Recorder: track which areas picked and the ideas within those areas.
  – Plan 2 min report out to general group

Small group discussion debrief

• What ideas did you hear about what programs are doing?
• What barriers exist, and how are programs trying to overcome them?
• What do you see as priorities and opportunities for your program for this next year?
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
- Engage your faculty and residents in specific CLER initiatives!

Resources

- CLER Pathways to Excellence (ACGME):
  - https://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLER_Brochure.pdf
- CLER Issue Briefs:
Resources

• NPSF “Unmet Needs”
  – http://www.npsf.org/?page=unmetneeds
• NPSF “Free From Harm”
  – http://www.npsf.org/?page=freefromharm

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).
Please…

Complete the session evaluation.

Thank you.