

CLER: *Ready for Your SECOND Site Visit?*

Learnings and Opportunities for Program Excellence

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Disclosures

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

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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

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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

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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.**”

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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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CLER Focus Areas



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Poll Question 3

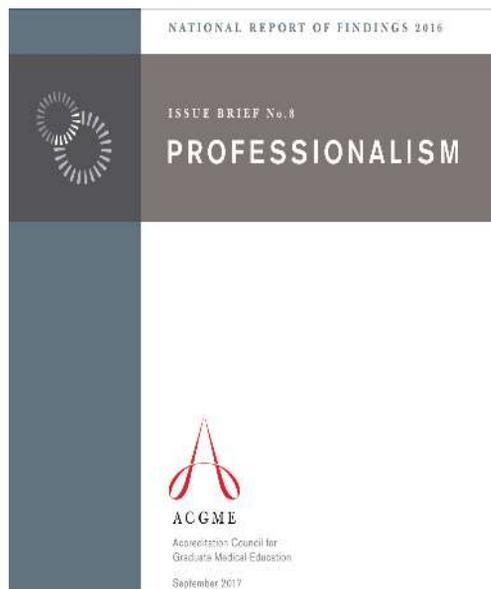
Which Pathway to Excellence do you want to “work on” at today’s workshop?

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

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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.

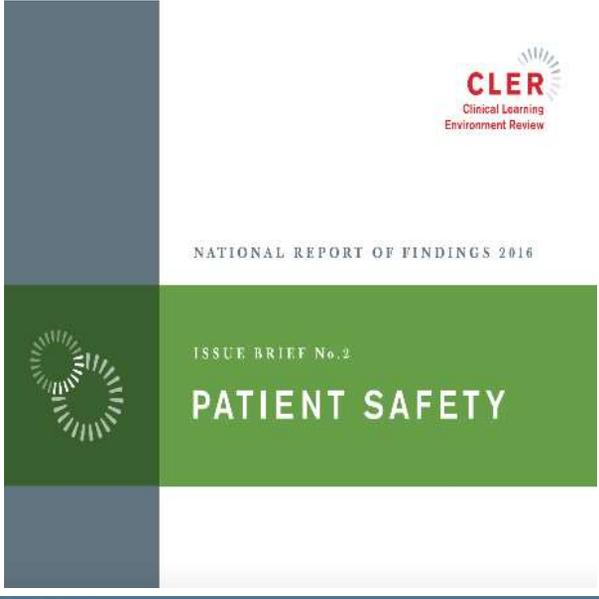


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Professionalism learnings

- 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.

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CLER
Clinical Learning
Environment Review

NATIONAL REPORT OF FINDINGS 2016

ISSUE BRIEF No. 2

PATIENT SAFETY

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

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Patient Safety

- 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

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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.

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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

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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.



NATIONAL REPORT OF FINDINGS 2016



ISSUE BRIEF No. 3

CARE
TRANSITIONS



ACGME
Accreditation Council for
Graduate Medical Education
March 2017

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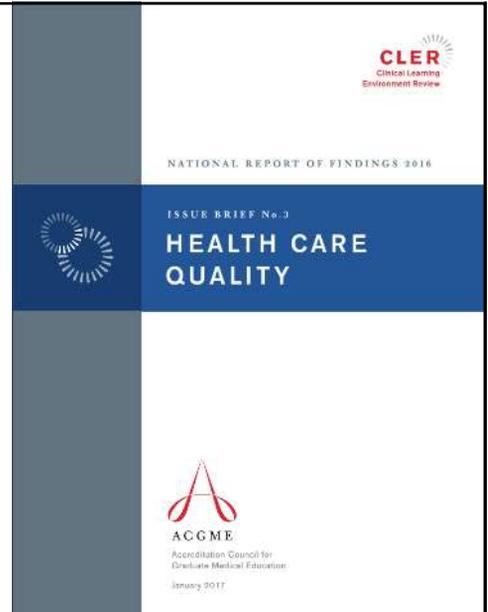
Care Transitions learnings

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

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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



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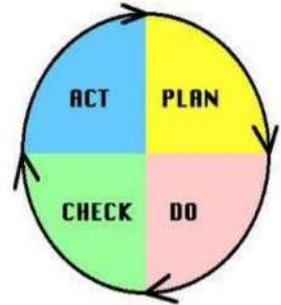
Health Care Quality

- 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.

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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).



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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

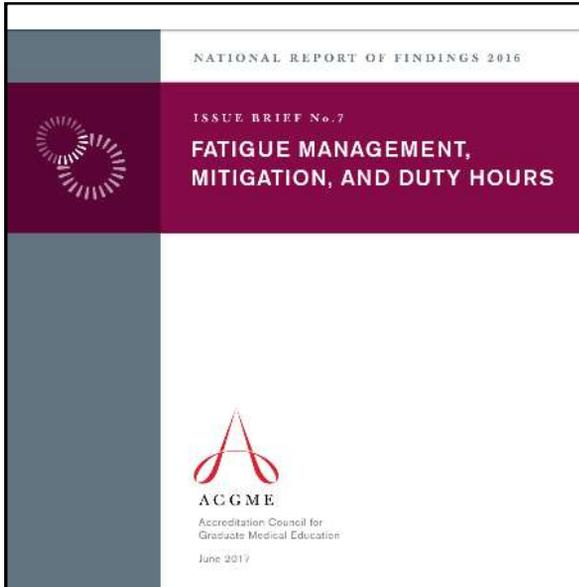
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HEALTH CARE DISPARITIES

- 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

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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?

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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!

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Resources

- CLER Pathways to Excellence (ACGME):
 - https://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLER_Brochure.pdf
- CLER Issue Briefs:
 - <https://www.acgme.org/What-We-Do/Initiatives/Clinical-Learning-Environment-Review-CLER>

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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).



Social Q & A

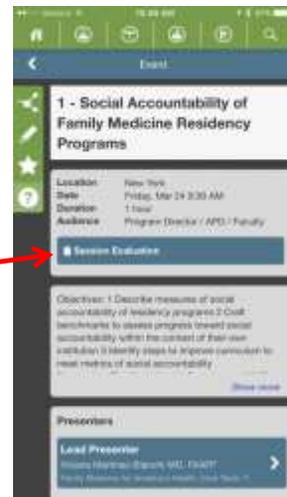
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Please...

Complete the
session evaluation.

Thank you.



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