

# CLER Pathways to Excellence: Expectations for an Optimal Clinical Learning Environment (Executive Summary)

KEVIN B. WEISS, MD, MPH  
JAMES P. BAGIAN, MD  
ROBIN WAGNER, RN, MHSA

*Editor's Note: The ACGME News and Views section of JGME includes data reports, updates, and perspectives from the ACGME and its review committees. The decision to publish the article is made by the ACGME.*

The Accreditation Council for Graduate Medical Education (ACGME) recognizes the public's need for a physician workforce capable of meeting the challenges of a rapidly evolving health care environment. The ACGME has responded to this need by implementing the Clinical Learning Environment Review (CLER) program as a part of its Next Accreditation System. The CLER program is designed to provide US teaching hospitals, medical centers, health systems, and other clinical settings affiliated with ACGME-accredited institutions with periodic feedback that addresses the following 6 areas: patient safety, health care quality, transitions in care, supervision, duty hours and fatigue management and mitigation, and professionalism. The feedback provided by the CLER program is designed to improve how these clinical sites engage physician trainees in learning to provide safe, high-quality patient care.

To further the aim of the CLER program, the ACGME has developed the CLER Pathways to Excellence as a tool to promote discussions and actions that will optimize the clinical learning environment. The CLER pathways are designed as expectations rather than requirements. It is anticipated that by setting these expectations, clinical sites that provide training will strive to meet or exceed them in

their efforts to provide the best care to patients and train the highest-quality physician workforce.

## Patient Safety

- PS Pathway 1: Reporting of adverse events, close calls (near misses)
- PS Pathway 2: Education on patient safety
- PS Pathway 3: Culture of safety
- PS Pathway 4: Resident/fellow experience in patient safety investigations and follow-up
- PS Pathway 5: Clinical site monitoring of resident/fellow engagement in patient safety
- PS Pathway 6: Clinical site monitoring of faculty member engagement in patient safety
- PS Pathway 7: Resident/fellow education and experience in disclosure of events

## Health Care Quality

- HQ Pathway 1: Education on quality improvement
- HQ Pathway 2: Resident/fellow engagement in quality improvement activities
- HQ Pathway 3: Residents/fellows receive data on quality metrics
- HQ Pathway 4: Resident/fellow engagement in planning for quality improvement
- HQ Pathway 5: Resident/fellow and faculty member education on reducing health care disparities
- HQ Pathway 6: Resident/fellow engagement in clinical site initiatives to address health care disparities

## Care Transitions

- CT Pathway 1: Education on care transitions
- CT Pathway 2: Resident/fellow engagement in change of duty handoffs
- CT Pathway 3: Resident/fellow and faculty member engagement in patient transfers between services and locations
- CT Pathway 4: Faculty member engagement in assessing resident-related patient transitions of care
- CT Pathway 5: Resident/fellow and faculty member engagement in communication between primary and consulting teams
- CT Pathway 6: Clinical site monitoring of care transitions

**Kevin B. Weiss, MD, MPH**, is Senior Vice President, Institutional Accreditation, and Co-Chair, Clinical Learning Environment Review (CLER) Evaluation Committee, Accreditation Council for Graduate Medical Education (ACGME); **James P. Bagian, MD**, is Professor of Anesthesiology and Industrial and Operations Engineering, University of Michigan, and Co-Chair, CLER Evaluation Committee, ACGME; and **Robin Wagner, RN, MHSA**, is Vice President, CLER, ACGME.

The Clinical Learning Environment Review Pathways to Excellence is reprinted with permission from the Accreditation Council for Graduate Medical Education.

Corresponding author: Kevin B. Weiss, MD, MPH, Accreditation Council for Graduate Medical Education, 515 N State Street, Suite 2000, Chicago, IL 60654, [kweiss@acgme.org](mailto:kweiss@acgme.org)

DOI: <http://dx.doi.org/10.4300/JGME-D-14-00348.1>

**Supervision**

- S Pathway 1: Education on supervision
- S Pathway 2: Resident/fellow perception of the adequacy of supervision
- S Pathway 3: Faculty member perception of the adequacy of resident/fellow supervision
- S Pathway 4: Roles of clinical staff other than physicians in resident/fellow
- S Pathway 5: Patients and families and graduate medical education supervision
- S Pathway 6: Clinical site monitoring of resident/fellow supervision and workload

**Duty Hours/Fatigue Management and Mitigation**

- DF Pathway 1: Culture of honesty in reporting of duty hours
- DF Pathway 2: Resident/fellow and faculty member education on fatigue and burnout
- DF Pathway 3: Resident/fellow engagement in fatigue management and mitigation

- DF Pathway 4: Faculty member engagement in fatigue management and mitigation
- DF Pathway 5: Clinical site monitoring of fatigue and burnout

**Professionalism (Selected Topics)**

- PR Pathway 1: Resident/fellow and faculty member education on professionalism
- PR Pathway 2: Resident/fellow attitudes, beliefs, and skills related to professionalism
- PR Pathway 3: Faculty engagement in training on professionalism
- PR Pathway 4: Clinical site monitoring of professionalism

**Selected Readings**

- Armstrong A, Headrick L, Madigosky W, Ogrinc G. Designing education to improve care. *Jt Comm J Qual Patient Saf.* 2012;38(1):5–14.
- Arora V, Johnson J. A model for building a standardized hand-off protocol. *Jt Comm J Qual Patient Saf.* 2006;32(11):646–655.
- Bagian JP. Patient safety: what is really at issue? *Front Health Serv Manage.* 2005;22(1):3–16.