



**The ACGME Releases *CLER National Report of Findings 2018***  
*Second Report Provides Insight into Changing Clinical Learning Environments,  
Shows Improvements in Resident and Fellow Engagement in Patient Safety*

CHICAGO, Ill (August 23, 2018) - The ACGME today released the *CLER National Report of Findings 2018* for its Clinical Learning Environment Review (CLER) Program. This is the second report of findings from visits to the clinical learning environments of nearly 300 larger institutions sponsoring ACGME-accredited residency and fellowship programs. The second set of CLER site visits took place approximately 24 months after the first for each institution.

As in the *CLER National Report of Findings 2016*, the second report reveals numerous challenges and opportunities across the six CLER Focus Areas: patient safety; health care quality (including health care disparities); care transitions; supervision; duty hours, fatigue management and mitigation; and professionalism. Similar to the first report, the *CLER National Report of Findings 2018* notes a large degree of variability across the Focus Areas.

A noteworthy example of improvement in overall performance is seen in the area of patient safety. The 2018 report notes that many clinical learning environments demonstrated an increase in resident and fellow reporting of patient safety events between the first and second CLER site visit.

One of the biggest lessons learned in the second set of visits is that the CLER Program appears to be having a positive effect on enhancing the dialog between graduate medical education (GME) leaders and the executive leaders of the health care systems that serve as clinical learning environments for residency and fellowship programs, according to Kevin Weiss, MD, senior vice president, Institutional Accreditation.

“Over time, it is anticipated that the CLER Program will deepen its exploration of how clinical learning environments invest in, deliberately design, and monitor new models to promote learning and performance within clinical care teams—thereby strengthening the association between the quality of GME experience and the quality of health care in general,” said Dr. Weiss.

“With the publication of this second *CLER National Report*, the ACGME demonstrates its continuing commitment to formative assessment as an essential component of a robust GME learning community,” said ACGME President and CEO Thomas J. Nasca, MD, MACP in his introduction to the report. “The information gained from this and other ACGME assessment approaches helps our organization be better positioned to best serve its mission of improving the health and health care of the

American public through excellence in physician formation through accreditation,” he stated.

As with the first report, the 2018 report contains [several overarching themes](#). These themes highlight both progress and ongoing opportunities to improve the engagement of residents and fellows in the clinical learning environment’s patient safety and quality efforts, improve the alignment of GME and clinical learning environment executive leadership, invest in developing faculty members who understand systems-based practice and who can lead efforts to improve patient safety and health care quality, and increase investment in interprofessional learning.

The 2018 report highlights two additional overarching themes—noting that clinical learning environments are experiencing:

- a high degree of perceived faculty member and program director burnout, which presents a problem for both the profession and for patient care; and,
- increasingly rapid consolidation of health care delivery and its impact on the stability and evolution of GME.

[View the 2018 report in a supplement to the \*Journal of Graduate Medical Education\*.](#)

Learn more about the report by registering for an ACGME-led webinar on September 18. Details are forthcoming.

### **A Look Ahead**

The CLER Program will continue to remain formative and entirely separate from the accreditation function of the ACGME.

The ACGME’s [Pursuing Excellence in Clinical Learning Environments initiative](#) is an effort to bring together Sponsoring Institutions through various Collaboratives to build a national learning community that addresses the CLER Program’s findings through innovative approaches and role modeling. [A request for proposal for institutions interested in participating in a Collaborative focused on health care disparities was released last week.](#)

The ACGME plans to release a third CLER Report of Findings in 2019, focusing on findings from visits to the smaller ACGME-accredited Sponsoring Institutions.

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*The ACGME is a private, non-profit, professional organization responsible for the accreditation of approximately 11,200 residency and fellowship programs and the approximately 830 institutions that sponsor these programs in the United States. Residency and fellowship programs educate approximately 135,000 resident and fellow physicians in 180 specialties and subspecialties. The ACGME’s mission is to improve health care and population health by assessing and advancing the quality of resident physicians’ education through accreditation.*