



ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

*Pathways to Well-being in the
Clinical Learning Environment*

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Kevin B. Weiss, MD, Senior Vice President, Institutional Accreditation
Baretta R. Casey, MD, Regional Vice President, Clinical Learning Environment Review Program
Nancy J. Koh, PhD, Director of Program Evaluation, Clinical Learning Environment Review Program
ACGME

DISCLOSURE

- No conflicts of interest to report





The NEW ENGLAND JOURNAL of MEDICINE

Perspective

Improving Clinical Learning Environments for Tomorrow's Physicians

Thomas J. Nasca, M.D., Kevin B. Weiss, M.D., and James P. Bagian, M.D.

“Approximately 2 months ago, I had a patient where I accidentally administered a wrong dose of fentanyl during a procedure. The patient developed severe hypotension, and the procedure had to be temporarily halted until we could get her

blood pressure back up. My attending was close by. He responded quickly. Ultimately, no harm was done.

“The reason I believe this happened is that during a procedure I’m sometimes required to administer fentanyl and must dilute it during the procedure. There are two dilutions, either to directly administer by syringe, or for use as an intravenous drip. We do this dilution while we are monitoring the pa-

was told to re-review the approach to dosing fentanyl during procedures and to be more careful.”

This experience was reported by a second-year anesthesiology resident, but dozens of similar patient-care experiences have been described to us by residents in various specialties during site visits that the Accreditation Council for Graduate Medical Education

environments in which this country’s 117,000 residents and fellows are immersed. Although the formal assessment of the CLER program’s first-year experience is not complete, the early findings indicate a generalized lack of resident engagement in a “systems-based practice” of medicine in the clinical environments in which they learn and provide clinical care. Solving this problem, we believe, will require a coordinated and concerted effort by both the leadership of graduate medical education (GME) and the executive leadership and governance of U.S.

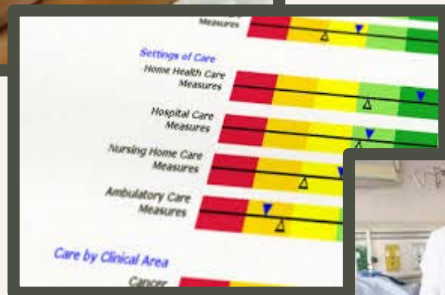
CLER

Six Focus Areas

Patient Safety



Health Care
Quality



Supervision



Professionalism



Fatigue
Management



Transitions
In Care



Clinical Learning Environment Review (CLER)



CLER Pathways to Excellence

Expectations for an optimal clinical
learning environment to achieve safe
and high quality patient care

PDF copies available
at ACGME.org

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The CLER National Report of Findings 2016



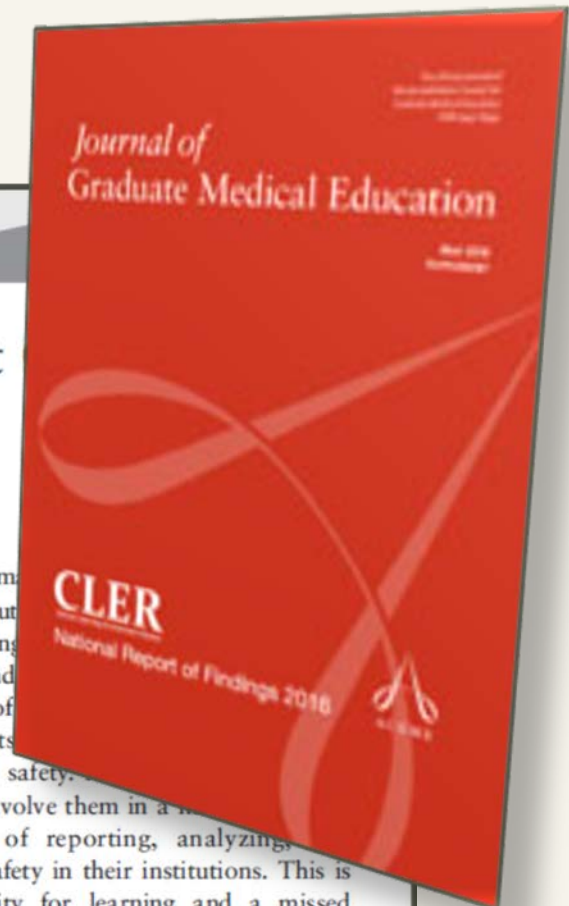
EDITORIAL

The Importance of an Environment Education

George E. Thibault, MD

The first national report of findings from the Clinical Learning Environment Review (CLER) Program, published as a supplement to this issue of the *Journal of Graduate Medical Education*, is a very important initiative recently undertaken by the Accreditation Council for Graduate Medical Education (ACGME).¹ Prior discussions about interventions to improve the quality of graduate medical education (GME) have included important issues, such as standard setting, the balance of service and education, assessment, sites of training, and the content of training. The focus has been primarily on

education becomes more relevant to the institution. The specific findings are encouraging news and a step forward. In the area of patient safety, almost all residents are now practicing principles of patient safety. However, to involve them in a meaningful way in the real work of reporting, analyzing, and improving patient safety in their institutions. This is a missed opportunity for learning and a missed



NATIONAL REPORT OF FINDINGS 2016

ISSUE BRIEF No.1

EXECUTIVE SUMMARY

National Report of Findings 2016
Issue Briefs:

- 1 EXECUTIVE SUMMARY
- 2 PATIENT SAFETY
- 3 HEALTH CARE QUALITY
- 4 HEALTH CARE DISPARITIES
- 5 CARE TRANSITIONS
- 6 SUPERVISION
- 7 FATIGUE MANAGEMENT,
MITIGATION, AND DUTY HOURS
- 8 PROFESSIONALISM



The CLER Report has provided us with an opportunity to see our clinical learning environments through a standard set of optics without setting standards on how we optimize these environments

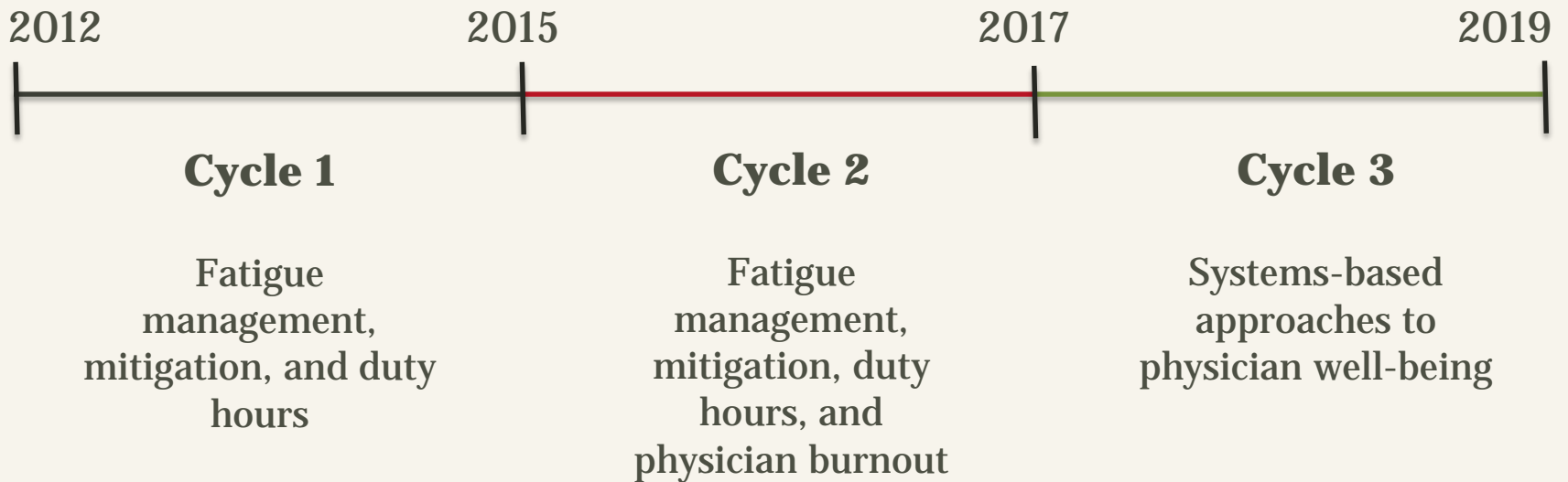


John Duval, MBA

Immediate Past Chair, ACGME Board of Directors



CLER: FROM FATIGUE MANAGEMENT, MITIGATION, AND DUTY HOURS TO WELL-BEING



Well-being

In the CLER Program

Selected Topics:

Fatigue

Burnout

Work/life balance

At risk of or demonstrating self-harm



INTERVIEWS

- Key Informants
- Designated Institutional Officials
- CLER Evaluation Committee
- CLER Field Representatives



WE ASKED THREE QUESTIONS:

1. In relation to each topic, what are the most critical concerns or issues today?
2. What does the optimal clinical learning environment look like in terms of supporting physician well-being?
3. What do you hope clinical learning environments to accomplish in both the near and distant future to improve physician well-being?



WHAT WE LEARNED

Work & non-work
related causes

Consequences

Definition &
boundaries

Well-being

Culture

**Systems-based
Pathways &
approaches**

Leadership

Education &
awareness

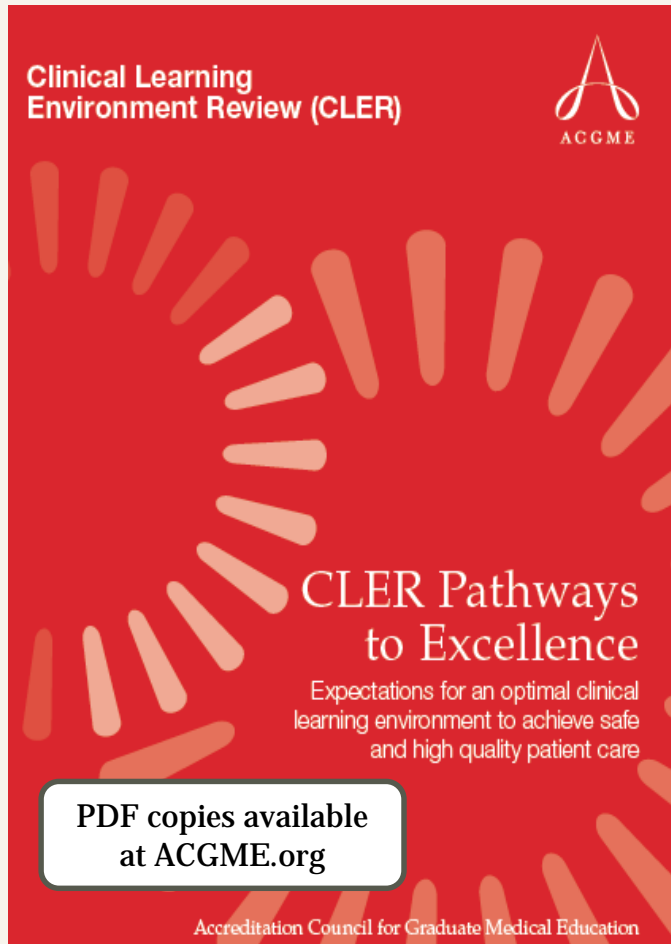
Network of
support

Tools & resources

Properties



CLER Pathways to Excellence



Pathways

Pathways are designed as **expectations** to creating the optimal clinical learning environment in each of the focus areas.

Properties

Each pathway has a set of properties that are **specific guidance statements**.



Pathway 1: CLE promotes well-being across the clinical care team to assure safe and high quality patient care

Pathway 2: CLE demonstrates specific efforts to promote the well-being of residents, fellows, and faculty members

Pathway 3: CLE promotes an environment where residents, fellows, and faculty members can maintain their personal well-being while fulfilling their professional obligations

Pathway 4: CLE demonstrates system-based actions for preventing, eliminating, or mitigating impediments to the well-being of residents, fellows, and faculty members

Pathway 5: CLE demonstrates mechanisms for identification, early intervention, and ongoing support of residents, fellows, and faculty members who are at risk of or demonstrating self-harm or harm to others

Pathway 6: CLE monitors its effectiveness at achieving the well-being of the clinical care team



GROUP ACTIVITY

- Each table has been assigned a **property** from one of the well-being pathways
- Discuss in your groups how the **property** could be operationalized at your institution



Property 1a: The clinical site creates a supportive clinical care community that is free of stigma, safe, and embraces, promotes, and supports well-being

Property 2b: CLE demonstrates continuous effort to support programs and activities that enhance the physical and emotional well-being of residents, fellows, and faculty members

Property 3b: CLE identifies and monitors patient care activities by residents, fellows, and faculty members that exceed the expectations of duration and intensity (volume and complexity) set by the CLE

Property 4c: CLE ensures systems are in place to actively recognize and alleviate burnout among residents, fellows, and faculty members

Property 5c: CLE establishes systems or processes that provide residents, fellows, and faculty members at risk of or demonstrating self-harm confidential access to treatment and other related services that is commensurate with occupational and personal needs

