The Clinical Learning Environment Review (CLER) Program: Early Experiences

ACGME Webinar
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CLER Program: Early Experiences

- Part I. Background and overview of site visit
- Part II. Experience from SI perspective
- Part III. Faculty development, lessons learned
2009-2010 ACGME “Duty Hours Task Force”
“Task Force for Quality Care and Professionalism”

- Linked adherence to duty hours policies and integrity in reporting to professional responsibilities for patient safety and healthcare quality

- Established importance of educating residents/fellows on institutional Patient Safety and Quality Improvement programs

- Assigned the institution the onus of responsibility for engaging and monitoring residents/fellows across targeted areas

- Recommended assessment in the form of a “Sponsor Visit Program”

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Nasca, T.J., Day, S.H., Amis, E.S., for the ACGME Duty Hour Task Force. 
Sounding Board: The New Recommendations on Duty Hours from the ACGME Task Force. 
National Advisory Committee Recommendations

- Link to accreditation, but do not conduct an “accreditation site visit”
- Include full-time staff and volunteer peers as site visitors
- Establish a process whereby reports are:
  - drafted by the Site Visit Team
  - reviewed and finalized by an “Evaluation Committee”
  - provided to the institution as a quality improvement tool, and to the Institutional Review Committee (IRC) as a “continuous data” element
- Use first round of visits and reports solely for the collection of baseline data, and to promote learning (for all) – do not use for accreditation
Clinical Learning Environment Review (CLER) Program

- Integration of residents into institution’s **Patient Safety** programs, and **demonstration of impact**
- Integration of residents into institution’s **Quality Improvement** programs and efforts to **reduce Disparities in Health Care Delivery**, and **demonstration of impact**
- Establishment, implementation, and oversight of **Supervision** policies
- Oversight of **Transitions in Care**
- Oversight of **Duty Hours Policy, Fatigue Management and Mitigation**
- Education and monitoring of **Professionalism**

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Clinical Learning Environment Review (CLER) Program

- Site Visit Program
- Evaluation Committee
- Support of Faculty Development
CLER Program
5 key questions for each site visit

- Who and what form the hospital/medical center’s infrastructure designed to address the six focus areas?
- How integrated is the GME leadership and faculty in hospital/medical center efforts across the six focus areas?
- How engaged are the residents and fellows?
- How does the hospital/medical center determine the success of its efforts to integrate GME into the six focus areas?
- What are the areas the hospital/medical center has identified for improvement?
Early Development

• **Design and implement pilot site visit activities** *(alpha test phase)*
  - Conduct focus groups and key interviews
  - Develop and refine prototype site visit protocol
  - Test site visit protocol
    (alpha testing: summer 2012)
  - Develop and refine operations manual
  - Pilot site visit reporting tools
    (surveyor questions and report templates)
Clinical Learning Environment Review (CLER) Program

• **First cycle of visits**
  - Started September 2012; 18 months in duration
  - Entire first cycle is beta test phase
  - Used solely for feedback, learning, and establishment of baseline information for sponsoring institutions, the Evaluation Committee, and IRC
    - Exception(s): identification of potential egregious violations involving threats to patient safety or resident safety/well being
  - Planned to result in the Evaluation Committee’s dissemination of salutary practices
CLER Site Visit

- Very little advance preparation required

- Optional request to DIO to provide copies of existing documents one week prior to visit:
  - Relevant organizational charts, select committee rosters
  - Site’s organizational strategies for patient safety and healthcare quality
  - SI/participating site’s policies on supervision, transitions in care, duty hours
SCHEMATIC OF FLOW OF CLER SITE VISIT

- Resident meeting
- Core faculty meeting
- CPS/CQO meeting
- Team Huddle
- Initial meeting DIO, GMEC Chair, CEO, CMO/CNO
- Foundational Learning
- Exploration and Inquiry
- Three phases of Visit

Note: each walk around with resident host/escort, opportunity for nursing staff and patient contact (future). Also as yet not certain on role of a governance interview.
Some of the practical issues for Sponsoring Institutions

- Background documents
  - Hospital/Med Center v. System v. SI
- Short notice scheduling
  - CEO and other senior leadership of participating site
  - Peer-selected residents/fellows (broad range of core programs and larger fellowships)
- Meeting rooms
  - Multiple meetings of up to 35 persons
  - Screen or clean wall for projection
- Walk arounds
  - HIPAA/BAA agreements
  - ID badges
Clinical Learning Environment Review (CLER) Program

- CLER Site Visit Program
- CLER Evaluation Committee
- Support of Faculty Development related to CLER
CLER Evaluation Committee

• Board of Directors approved majority of initial committee members in June 2012
• Committee includes national expertise in GME and the six focus areas
• Currently seeking several additional members
• Meets quarterly; initial meeting Oct. 2012
CLER Evaluation

• Evaluation based on expectations, not requirements
• CLER Evaluation Committee developing a series of expectations that are classified in order of increasing GME/institutional integration
• Initial expectations based on expert opinion; over time to be informed by data
Example of possible template for categorizing CLER expectations

<table>
<thead>
<tr>
<th>Patient Safety</th>
<th>Category A</th>
<th>Category B</th>
<th>Category C</th>
<th>Category D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident reporting of adverse events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education on patient safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning environment culture of safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident experience with safety investigations</td>
<td></td>
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</tr>
</tbody>
</table>

Increasing levels of GME engagement with participating site
CLER in the context of NAS

- CLER evaluation based on expectations
- CLER is designed as a formative learning process for both the institutions and ACGME
- Collective knowledge from CLER will likely inform future institutional requirements (raising the floor)
CLER Alpha Site Visit
One Institution’s Experience

Linda R. Archer, Ph.D.
Associate Dean, Graduate Medical Education
ACGME Designated Institutional Official
Discloser

- One Institution’s Experience
- Eastern Virginia Medical School
  - Free Standing/Community Based
  - Participating Institutions
    - Bon Secours
    - Children’s Hospital of The King’s Daughters
    - Sentara Health System
      - Sentara Norfolk General Hospital
    - Veterans Affairs Medical Center, Hampton
- Ideas from other DIOs
“Linda, this is the call”
July 2012
Next Accreditation System

- Sentara Norfolk General Hospital
  - Presentation to Med Exec Group
    - EVMS/Sentara CLER Executive Group
    - Integrated educational focus
    - Involve hospital experts
July 2012
Next Accreditation System

- NAS provided the forum to open communication
- Sentara was seeking to integrate residents into the hospital systems and initiatives
- Surprisingly good things happen when we communicate
Surprisingly Good Thing

- EVSM/Sentara CLER Executive Group
  - Vertically-Integrated Curriculum
    - Didactics
    - Committee assignments
    - Group projects
    - Scholarly activity based on hospital initiatives
  - Transitions of care policies
  - Supervision requirements
Fast Forward - August 2012

- EVMS/Sentara CLER Experience
  - Schedule
  - Focus
  - Feedback
    - Speak truth with love
  - Report reflected exit interview
  - Non-punitive
    - Not traditional site visit
    - Institutional quality improvement
Disclaimer

- EVMS/Sentara
  - Operational Definitions of the Focus Areas

- Focus
  - Integration of residents into hospital system
  - Integration of hospital administration and staff into residency education
Operational Definition

Focus Areas

- **Patient Safety**
  - Aware and participate in initiatives
  - Culture of openness to reporting errors
  - Education in these areas

- **Quality Improvement**
  - Aware and participate in initiatives
    - Quality improvement
    - Healthcare disparities
Operational Definition

Focus Areas

- Supervision
  - Positive culture for requesting supervision
  - Procedure supervision requirements

- Transitions of Care
  - Core patient information across programs
  - Use of EHR
Operational Definition

Focus Areas

- Duty Hour/Fatigue
  - Training
  - Monitoring
  - Mitigation strategies

- Professionalism
  - Culture of openness to report errors
  - Use of hospital-based system
EVMS Preparation for CLER

- EVMS Sentara Collaboration Underway
  - EVMS/Sentara CLER Executive Group

- Graduate Medical Education Council
  - Review of CLER objectives
  - Discussions on integration

- Survey of CLER focus area activities
EVMS Preparation for CLER

- Identify participants
- Meetings with participants
- Scheduling meeting space
  - 12 administrators
  - 92 Physicians
EVMS Logistics Preparation for 2014

- Identify Participants in Advance
  - Identify alternates
  - Identify alternate Resident Escorts
  - Educate participants on process in advance
    - GMEC
    - Resident/Fellow Orientation
    - Annual DIO Report to the Medical Staff
    - GME e-Newsletter
    - Posters on initiatives in call room areas
EVMS Logistics Preparation for 2014

- Meeting Space
  - Identify individual responsible for scheduling
  - Identify meeting space
  - Contingency plans for moving meetings

- Miscellaneous
  - DIO or designee host the day
  - Exchange cell phone numbers
Understanding the Outcomes

- CLER Team exit interviews
- CLER Report
- Participant anonymous survey
- EVMS/Sentara CLER Executive Group
- GMEC and Dean
EVMS Preparation for 2014

☐ EVMS/Sentara CLER Executive Group
  ☐ Oversee integration of residents into hospital systems and the hospital into academics
    ☐ Embed hospital experts into the educational programs
    ☐ Review, discuss and jointly approve policies and procedures which affect the residents in the clinical learning environment
EVMS Preparation for 2014

- Curriculum development
  - Vertically-Integrated Curriculum
- Policy review
  - Transitions of care
  - Verification of supervision for procedures
  - Care giver role identification
- Professional development
- Challenges of multiple participating sites
Parting Thoughts

- A hospital/academic group is useful
  - Planning and debriefing team
  - Reports to the GMEC

- Use CLER to identify current status
  - Preparing participants may work against you
Parting Thoughts

- CLER is a quality improvement activity
  - Use findings to create action plans

- Involve hospital experts as educators
  - Hospitals have experts
  - Systems approach enriches professionalism
CLER Early Development Lessons Learned

- General insights
- From perspective of Sponsoring Institution
- From perspective of CLER Program/ACGME
- Some of the real-time challenges ahead
CLER Lessons Learned
(alpha and early beta testing)

- Alpha testing served as successful proof of concept.
- Easily distinguished from accreditation site visit.
- Joint meetings of GME and hospital executive team is largely a new experience.
- Initial feedback, having joint Executive and GME leadership engaged essential.
CLER Lessons Learned
(alpha and early beta testing)

- From the perspective of the SI
  - Very different interaction with ACGME
  - Short notice challenge but doable and important
  - Very positive feedback on site visit protocol (meetings and “walk arounds”)…still with volunteer SIs
  - Positive feedback at exit meeting -- critical need for presence of hospital executive leadership (CEO)
  - No “gotcha’s”, a number of “aha’s” and affirmation
  - Some informal unsolicited positive feedback from both CEO/Exec and residents
CLER Lessons Learned  
(alpha and early beta testing)

- From the perspective of CLER/ACGME
  - Very workable protocol (long days)
  - Rapid learning at each site visit
  - Importance of balance of meetings (with ARS) and “walk arounds”
  - Believe we are getting good insights to institutional environments
  - Gaining baseline information to gauge impact
  - Need experienced physicians to lead these site visits
CLER Lessons Learning (from a Program Perspective)

• Meeting Common Program Requirements in CLER focus areas
• Meeting any specific program requirements in CLER focus areas
• Expect residents, faculty, PD to be part of visit
• Programs working together with DIO on inter-program or common-program solutions
• Programs working together with DIO on institutionally-directed solutions
• Started September 2012, will continue through 380+ SI’s

• Final shaping of protocol
  • Refining questions, “walk around” protocols
  • Possible patient and perhaps governance interactions

• Scaling

• Evaluation/quality control
• Build site visit team
  • Welcome first Regional Vice President: Dr. Carl Patow
  • Continue search for two additional RVP’s
  • Beginning January 2012, hiring of site visit teams
  • First quarter 2012, implementing volunteer site visitor program
Longer Term Challenges

• Sampling Multiple Participating Sites per SI

• Visits to Single Program Sponsoring Institutions

• Visits to special/unique participating sites, e.g., VA, specialty-care sponsoring institutions
Clinical Learning Environment Review (CLER) Program

- CLER Site Visit Program
- CLER Evaluation Committee
- Support of Faculty/Leadership Development related to CLER
Faculty Development

- ACGME in a convening role
- Exploring and encouraging alignments and collaborations among national efforts:
  - AAMC, AHME, AIAMC, IHI, AHA, ACPE, ACMQ, OPDA and others
- Addressing inter-professional education across the UME/GME continuum
  - Includes development of educational initiatives aimed at executive leadership
A couple of final thoughts

• Significant variability in participating site’s leadership view of the strategic value of GME in advancing patient safety and care improvement
A couple of final thoughts

- Significant variability in participating site’s leadership view of the strategic role of GME in advancing patient safety and care improvement.
Clinical Learning Environment Review (CLER) Program

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