

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

ACGME Webinar  
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# CLER Program: Early Experiences

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- 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*”

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- 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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# National Advisory Committee Recommendations

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- 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

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- 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

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- Site Visit Program
- Evaluation Committee
- Support of Faculty Development



# CLER Program

## 5 key questions for each site visit

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- 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?



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# Early Development

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- **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)



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# Clinical Learning Environment Review (CLER) Program

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- **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

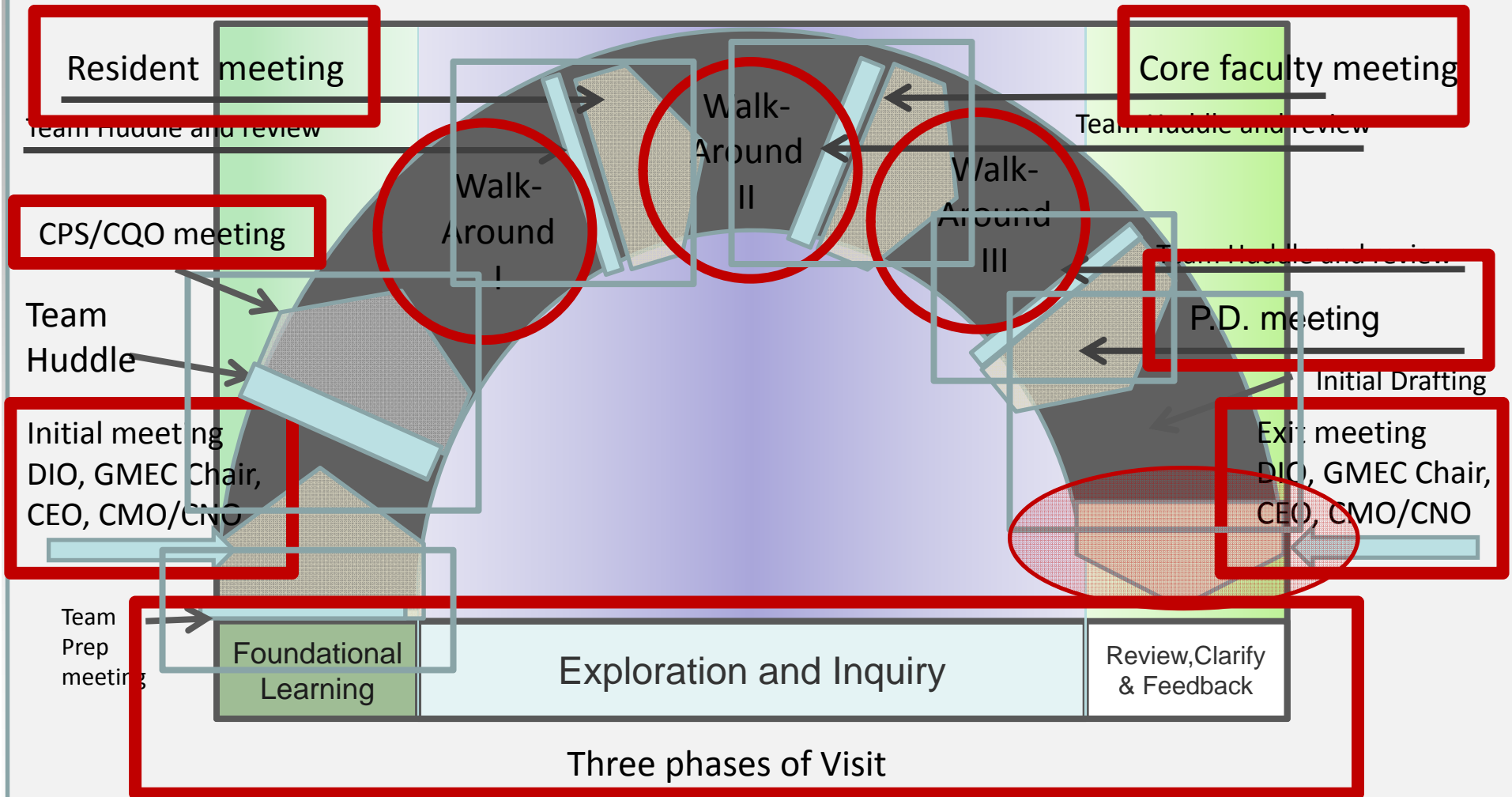
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- Very little advance preparation required
- Optional request to DIO to provide copies of existing documents one week prior to visit:
  - Relevant organizational charts, select committee rosters
  - Site's organizational strategies for patient safety and healthcare quality
  - SI/participating site's policies on supervision, transitions in care, duty hours



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# SCHEMATIC OF FLOW OF CLER SITE 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

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- 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

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



# CLER Evaluation Committee

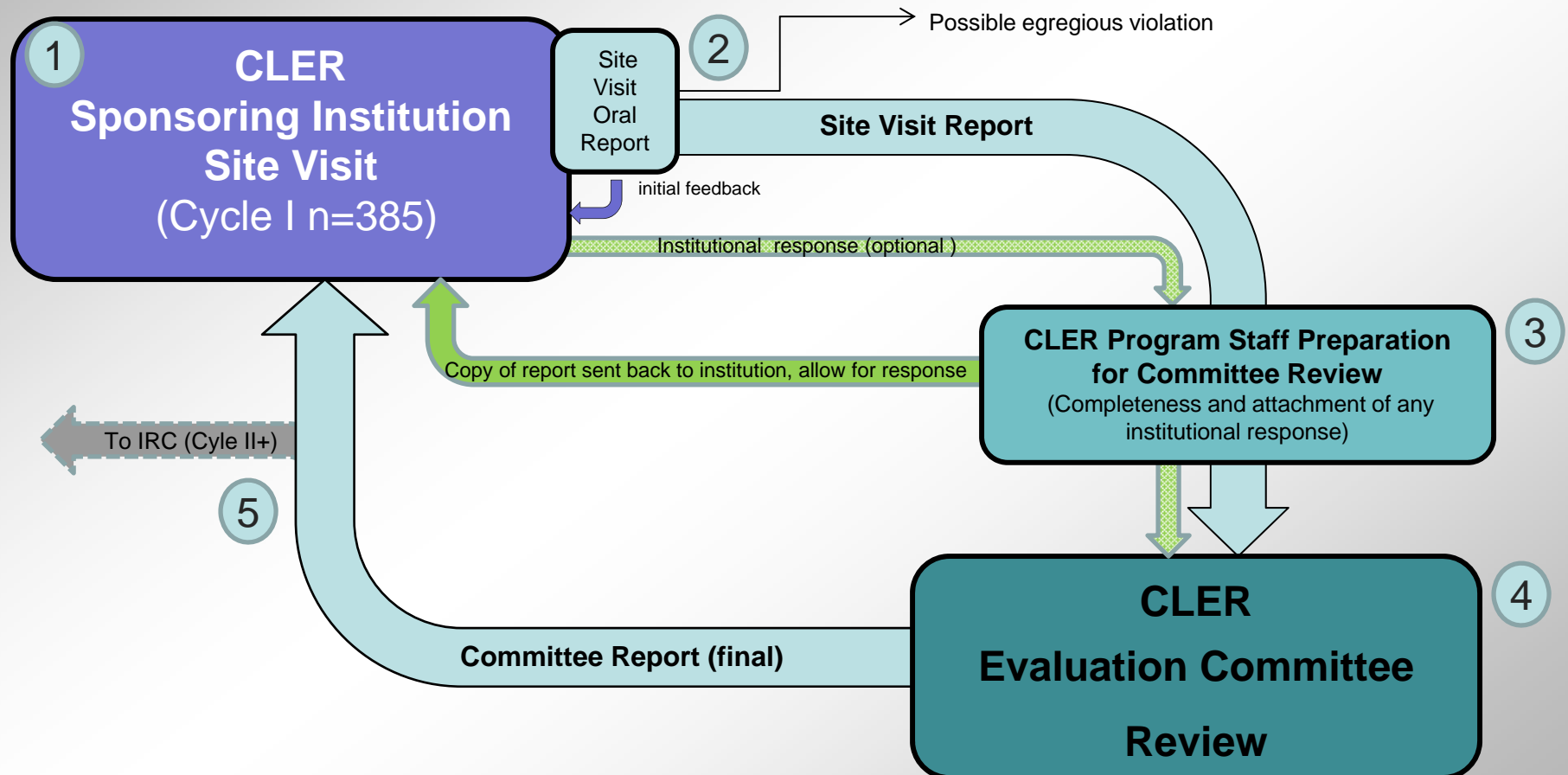
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- Board of Directors approved majority of initial committee members in June 2012
- Committee includes national expertise in GME and the six focus areas
- Currently seeking several additional members
- Meets quarterly; initial meeting Oct. 2012



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# CLER Evaluation Process\*



# CLER Evaluation


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- 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

Increasing levels of GME engagement with participating site 

<b>Patient Safety</b>	<b>Category A</b>	<b>Category B</b>	<b>Category C</b>	<b>Category D</b>
Resident reporting of adverse events				
Education on patient safety				
Learning environment culture of safety				
Resident experience with safety investigations				

# CLER in the context of NAS

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- 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)



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# **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

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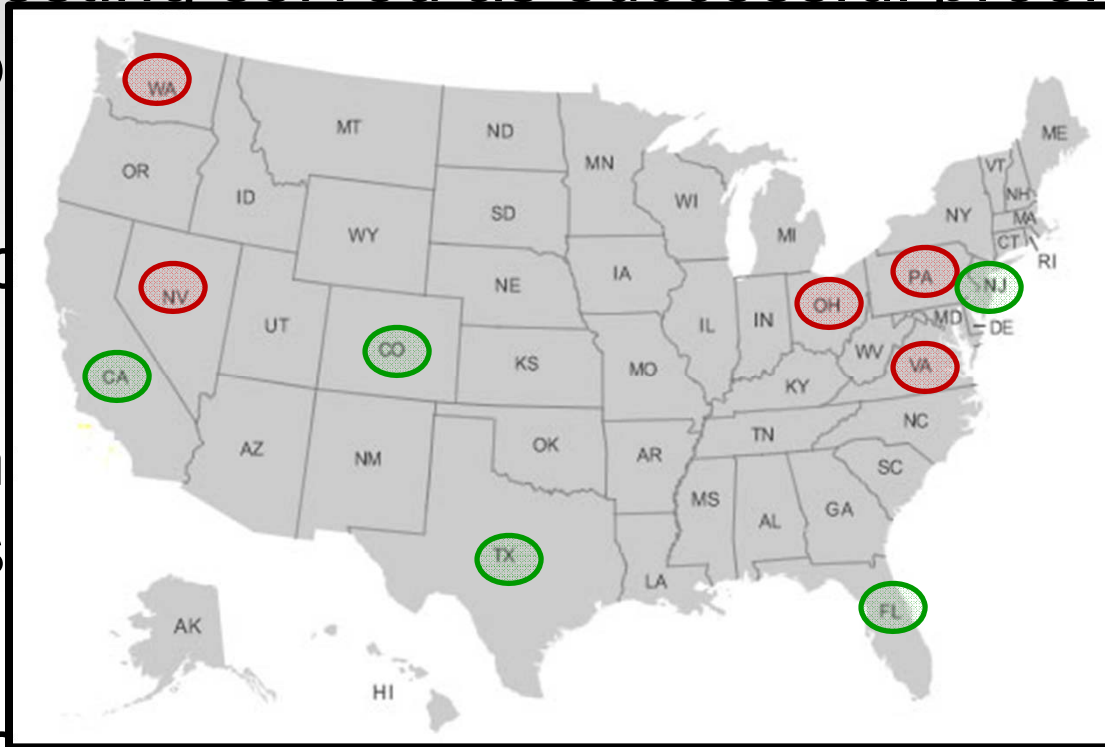
- General insights
- From perspective of Sponsoring Institution
- From perspective of CLER  
Program/ACGME
- Some of the real-time challenges ahead



# CLER Lessons Learned

(alpha and early beta testing)

- Alpha testing served as successful proof of concept



- Easily done with site visit
- Joint management team is effective
- Initial feedback, having joint Executive and GME leadership engaged essential



# CLER Lessons Learned

(alpha and early beta testing)



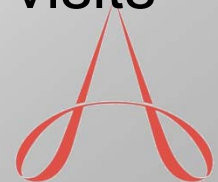
- From the perspective of the SI
  - Very different interaction with ACGME
  - Short notice challenge but doable and important
  - Very positive feedback on site visit protocol (meetings and “walk arounds”)...still with volunteer SIs
  - Positive feedback at exit meeting -- critical need for presence 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)

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- 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



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# CLER Lessons Learning

## (from a Program Perspective)

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- 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

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- 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



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# Clinical Learning Environment Review (CLER) Program

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



# Faculty Development

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- 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



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# A couple of final thoughts

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- 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

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- Significant variability in participating site's leadership view of the strategic role of GME in advancing patient safety and care improvement



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# Clinical Learning Environment Review (CLER) Program

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