The Clinical Learning Environment Review Program

Moving Along the Pathways

May 14, 2015

Kevin B. Weiss, MD
Senior Vice President, Institutional Accreditation

Robin Wagner, RN, MHSA
Vice President, CLER
The CLER Program

Objectives:

• Present a brief update on program development
• Present highlights of key findings from the first cycle of CLER visits
• Characterize how GME Sponsors utilized CLER data for their own quality/patient safety plans
• Discuss how sponsoring institutions might apply appropriate elements of these plans to their own clinical learning environments
CLER Program Updates

• March 2015 completed Cycle 1 (297 SI’s with >2 core programs)

• Currently preparing the National Report of Findings

• Preparing for Cycle 2
  • Field testing of multi-program SI protocol
  • Developing protocols for small and single program SIs
Selected Findings from Cycle 1
CLER Six Focus Areas

Patient Safety

Professionalism

Healthcare Quality

Fatigue Management

Supervision

Transitions In Care
Cycle 1: Site Visit Experience

Number of Passes

<table>
<thead>
<tr>
<th>No passes</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four</th>
<th>Five</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>158</td>
<td>97</td>
<td>30</td>
<td>11</td>
<td>2</td>
</tr>
</tbody>
</table>

Completion experience to date

- Completed or pending rescheduling: 97%
- Cancelled due to weather
- Cancelled other reasons
- Cancelled ACGME staffing

January 31, 2015, copyrighted ACGME
Characteristics of the Sponsoring Institutions (SIs) and CLEs

Sponsoring Institutions

Number of Programs

Average 28 (3-129)
Median 15
Multiple Sources of Data (3+)

1. Group interviews--primarily Audience Response System (ARS). Closed response sets with follow-up open discussion
   - Residents
   - Faculty
   - Program Directors
   Summary of individual data
   (n = est. 25,000)

2. Group interviews with structured questions, no ARS
   - CLE leadership (C-suite)
   - Safety and Quality leadership
   - DIO and some GME staff
   Summary of additional group interviews and walking rounds data
   (n= 297 sites)

3. Walking rounds--interviews structured around six focus areas
   - Both in-patient and ambulatory
   - Across many clinical service areas
   - Physicians
   Est. >7,500 encounters

N=19,770*
* Interim working dataset

N=248*

CLE site reports
National Report of Findings

January 31 2015, copyrighted ACGME
Cycle 1: Selected Preliminary ARS Data (physician groups)
Cycle 1: Selected Preliminary ARS Data (residents and fellows, n=7,832)
Focus Area: Patient Safety
Preliminary Analyses, January 2015

- Most common at orientation
- At a number of institutions, there are recent efforts to increase resident education in patient safety
Focus Area: Patient Safety
Preliminary Analyses, January 2015

For those Clinical Learning Environments where information was available:
A median of 1.2% of patient safety events were reported by residents (~60% CLEs did not or could not track)

Based on interviews with nurses and other clinical staff, residents infrequently report events; it was not unusual that the CLE’s system was used to report on individual behaviors
Residents reporting that they believed they knew the CLE’s priorities for improving Healthcare Quality

- Most common alignment around quality measures related to regulatory or value-based purchasing
- Residents and faculty knowledge often departmentally focused
Focus Area: Healthcare Quality
Preliminary Analyses, January 2015

- Commonly related to need to fulfill program requirement
- When participating in hospital/medical center project, role most common as implementer
- Occasional agent of change
Focus Area: Supervision

1. Percent of residents perceived placed in or witnessed a peer in a situation where supervision was inadequate (such as an attending unavailable)

2. In 43% of the CLEs, the safety and quality leaders recalled patient safety events related to supervision in past year.

3. In discussions with nurses, residents, and faculty most common concerns related to nights and weekends.
Based on the same scenario, percent who responded that maximally tired resident would “power through” for last two hours of their shift.
Focus Area: Professionalism

1. Percent of residents who reported while at the CLE, they had to compromise their integrity to satisfy an authority figure.

2. In 63% of the CLEs, hospital senior leadership recalled a professionalism incident related to GME in past year.

3. In 75% of the CLEs, interviews revealed multiple clinical areas with interviewee reports of disruptive or disrespectful behavior; many of these reported to be issues that were chronic and persistent.
Some Background Observations

- Overall an extremely talented GME community
- CEOs and their leadership teams are very focused on navigating the complex health care environment
- High degree of interest in training the best possible physicians
- Lots of feedback from nursing and other clinical staff on the value of GME presence
Residents and fellows generally report having completed educational programs related to patient safety, quality, and professionalism.

There has been progress in the nearly 15 years since the IOM publications on quality and patient safety.
Impressions From Cycle 1

It is the tension between creativity and skepticism that has produced the stunning and unexpected findings of science.

(Carl Sagan)
“I don’t time for this quality and patient safety stuff; I came to this program to become the best surgeon in the world.”

A quote from a senior surgical resident in a resident group meeting at one of the well known large teaching hospitals.
“I worked hard to get the hospital to readmit my patient with a pressure ulcer and no health insurance. The ulcer developed during a prior hospitalization and we were responsible. I finally was able to present my case to the CEO, who allowed the admission. I come from South Africa and didn’t think the US health care system acted like this.”

A quote from a senior medicine resident at large Midwestern medical center
“I wouldn’t know the CEO of this hospital if I ran into him on this staircase.”

A fourth year orthopedic resident in an approximately 500 bed academic teaching hospital
“Did we get an A-?...... How about a B+”

A CEO of a large west coast academic university hospital
“I know we have these problems. You are the experts, tell us how to fix them.”

A CEO of an east coast community teaching hospital
“You didn’t tell us anything that we didn’t know and that you couldn’t have done with an internet survey.”

GME leader of sponsoring institution with more than 800 residents
What the CLER team finds exciting

1. Active and interested engagement of CEO with the DIO
2. Reports of CEO and C-suite taking direct interest in resident/fellow and faculty development
3. Efforts to engage residents in patient safety event investigations
4. Inter-professional (nurses and other clinical staff) quality projects
5. Resident quality projects leading to sustainable improvements
What the CLER team finds exciting

6. Observing a really good resident to resident patient care transition
7. Nurses engaging with residents in transitioning patient care
8. CLEs demonstrating intolerance of disrespectful behavior
9. Multi-cultural training that goes beyond language translation
10. Program directors working on collaborative efforts around one or more of the six CLER focus areas
11. PS/QI leadership engaging with GME community
What are the best practices?
Just tell us what to do and we will get it done.
Building Clinical Learning Environment

Clinical Learning Environment Review (CLER)

CLER Pathways to Excellence

Expectations for an optimal clinical learning environment to achieve safe and high quality patient care
Residents not perceiving there is value or personal safety in reporting Patient Safety Events

Residents do not see it is their obligation to report through the hospital system

Residents do not see evidence of actions and improvements from reporting

Residents do not know how investigations are done

Residents uncertain about who evaluates their reports

Residents do not know how investigations are done

Residents and faculty confuse peer-review with patient safety event investigation

Residents not sure what is a patient safety event, near miss or unsafe condition

Unsafe environments persist; work-arounds develop

Hospital system also used as incident system to report on individual behavior
How to advance on the pathways?

• Local
  • How are you engaging your GMEC?
  • How are you engaging the CLE’s leadership?

• Community
  • How are you engaging other Sponsoring Institutions like yours?
  • How are you engaging with organizations such as AHME to leverage new national knowledge? New partnerships?
  • How are you engaging social networking to build community on CLE discussions?
What might be a value-added approach to improving my Clinical Learning Environment?
ACGME Contributions towards solutions

- Pathways Document
- CLER report of findings and Issue Briefs
- Partnering:
  - National Collaborative for Improving the Clinical Learning Environment (NCICLE)
- Developing and testing new educational resources
  - Annual Education Conference CLER “track”
  - CLER Conversations
  - More to come
Patient Care  GME
Clinical Learning Environment Review

A journey