CLER: Creating Conversations, Affecting Change

AHME Institute
May 18, 2016

Robin Wagner, RN, MHSA
Vice President, CLER
Conflicts of Interest

No conflicts to declare
Objectives

At the conclusion of this session, the participants will be able to:

- Describe key findings from the CLER National Report of findings
- Identify key stakeholders within their organization
- Identify potential levers for change
- Identify initiatives within ACGME that may assist in the journey to improving the CLE
Release of the 2016 Report of Findings

- Embargoed Pre-Publication copies mailed to DIO and CEO
- Mini-Plenary Presentation at Annual Education Conference
- JGME Supplement May 2016
The CLER 2016 National Report of Findings

• Foreword: John Duval
• Introduction: Tom Nasca
• Overview of the Program
• Overarching Themes
• Challenges and Opportunities in the Six Focus Areas
• Detailed Findings and Methods
• Technical Appendices, Selected tables, graphs, and figures

© 2016 Accreditation Council for Graduate Medical Education (ACGME)
“This baseline assessment provides us with an opportunity to begin to sort out which aspects of variability represent novel and important approaches to creating and maintaining an optimal clinical learning environment…”

Thomas Nasca, MD
The CLER 2015 report of findings

- Foreward: John Duval
- Introduction: Tom Nasca
- Overview of the Program
- Overarching Themes
- Challenges and Opportunities in the Six Focus Areas
- Detailed Findings and Methods
- Technical Appendices, Selected tables, graphs, and figures

© 2016 Accreditation Council for Graduate Medical Education (ACGME)
Clinical learning environments vary in their approaches to and capacity for addressing patient safety and health care quality, and the degree to which they engage resident and fellow physicians in addressing these areas.
Clinical learning environments vary in their approach to implementing GME. In many clinical learning environments, the approach to GME is largely developed and implemented independent of the organization’s other areas of strategic planning and focus.
Clinical learning environments vary in the extent to which they invest in continually educating, training, and integrating faculty members and program directors in the areas of health care quality, patient safety, and other systems-based initiatives.
Clinical learning environments vary in the degree to which they coordinate and implement educational resources across the health care professions.
The CLER 2015 report of findings

- Foreword: John Duval
- Introduction: Tom Nasca
- Overview of the Program
- Overarching Themes
- Challenges and Opportunities in the Six Focus Areas
- Detailed Findings and Methods
- Technical Appendices, Selected tables, graphs, and figures

© 2016 Accreditation Council for Graduate Medical Education (ACGME)
Challenges and Opportunities

- Patient Safety
- Healthcare Quality
- Supervision

- Professionalism
- Duty Hours, Fatigue Management, Mitigation
- Transitions In Care

© 2016 Accreditation Council for Graduate Medical Education (ACGME)
“Imagine the systemic impact of having all of our graduates across all disciplines and across the health professions emerge from their training programs as experienced in the tools and methods of quality improvement and the science of patient safety as they are in their clinical specialties”

John Duval
Who are the Stakeholders?

- Patients
- Residents and Fellows
- DIOs
- C-Suite, PS/Q leaders
Who are the Stakeholders?

- GME Administrators, Coordinators, Program Directors, Faculty
- Nurses, Technicians, Case Coordinators
Creating Conversations as Levers for Change
Pursuing Excellence in Clinical Learning Environments
The PEI Initiative

- Explores the variability identified in the CLER National Report

- Seeks new models to enhance integration of education and clinical care

- Facilitates dissemination and sharing of successful models and practices
Pursuing Excellence in Clinical Learning Environments

Pathway Leaders

Pathway Innovators

Shared Learning

Pathway Learners

© Copyright 2016 ACGME
Pursuing Excellence Initiative

- Spans four years
- Includes three major components
  - Innovators - engages executive/GME leadership in strategic change
  - Leaders - engages participants in identifying new models for addressing each of the six focus areas
  - Learners - broadly disseminates successful models and practices
PEI Partners

- Accreditation Council for Continuing Medical Education (ACCME)
- Alliance of Independent Academic Medical Centers (AIAMC)
- American Association for Physician Leadership (formerly ACPE)
- American Association of Colleges of Osteopathic Medicine (AACOM)
- American Board of Medical Specialties (ABMS)
- American Hospital Association (AHA)
- American Medical Association (AMA)
- American Nurses Credentialing Center (ANCC)
- American Osteopathic Association (AOA)
- American Society of Health-System Pharmacists (ASHP)
- Association for Hospital Medical Education (AHME)
- Association of American Medical Colleges (AAMC)
- Association of Osteopathic Directors and Medical Educators (AODME)
- Council of Medical Specialty Societies (CMSS)
- Health Resources and Services Administration (HRSA)
- Institute for Healthcare Improvement (IHI)
- Liaison Committee on Medical Education (LCME)
- National Patient Safety Foundation (NPSF)
- Organization of Program Director Associations (OPDA)
- The Joint Commission (TJC)
- Vizient (formerly UHC)
Pathways Innovators

Request for Proposals (RFP)

• Informed by 76 responses to a request for information and expertise from leadership at the Institute for Healthcare Improvement

• Released on February 28th at the Annual Education Conference

• Closed May 6, 2016
Request for Proposals

47 applications

- Geographic distribution

<table>
<thead>
<tr>
<th>Region</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast</td>
<td>12</td>
</tr>
<tr>
<td>Midwest</td>
<td>12</td>
</tr>
<tr>
<td>South</td>
<td>16</td>
</tr>
<tr>
<td>West</td>
<td>7</td>
</tr>
</tbody>
</table>

- Size of SI

<table>
<thead>
<tr>
<th>Program Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10 programs</td>
<td>9</td>
</tr>
<tr>
<td>51-70 programs</td>
<td>7</td>
</tr>
<tr>
<td>11-30 programs</td>
<td>8</td>
</tr>
<tr>
<td>71-80 programs</td>
<td>7</td>
</tr>
<tr>
<td>31-50 programs</td>
<td>8</td>
</tr>
<tr>
<td>81+ programs</td>
<td>8</td>
</tr>
</tbody>
</table>
Pursuing Excellence Initiative

• Innovators
  • Awards announced July 5
  • Collaborative begins Sept 19

• Leaders
  • Collaboratives in the six focus areas to begin in fall 2017
Creating Conversations as Levers for Change (discussion)
Discussion

Beyond the C-Suite, what are some examples of conversations you and your GME colleagues have started within your CLE to address one or more of the findings in the report?

- Who did you approach?
- What did you share?
- What did you learn?
- What new ideas emerged?
“The term CLE means any and all such clinical settings where residents and fellows learn to care for patients. The CLE is much more than a set of places and resources. It also includes the people, their values, and the sense of dedication to team and community.”

Clinical Learning Environment Review

A journey