Building Excellence in our Clinical Learning Environments for GME

Webinar
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• Disclosures:
  • Full time employee of ACGME
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  • No conflict of interests to disclose
The Clinical Learning Environment

“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.”

Brief summary of Accreditation and CLER

- **Accreditation**
  - Summative assessment
  - High stakes outcome
  - Regulates minimum required standards
  - Integrated sets of requirements
    - IRC
    - Common Program
    - Specialty-Based

- **CLER**
  - Formative assessment
  - Non-accreditation
  - Focus on expectations in CLEs
  - Create a national conversation
CLER Six Focus Areas

Patient Safety

Healthcare Quality

Professionalism

Duty Hours, Fatigue Management, Mitigation

Supervision

Transitions In Care

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The CLER Program

- Approved by ACGME Board of Directors in 2011
- First CLER site visits Sept 2012
- Completed first round of nearly 300 visits, April 2015
- Began second round visits June 2015
- Began first round visits to smaller SI’s, July 2015
- New ACGME learning collaboration announcement, 11/3/15
- Release of pre-publication draft technical report of findings, January 2016 (JGME supplement early May)
- Release of Pursuing Excellence RFP February 2016
Release of the 2016 Report of Findings

- Embargoed Pre-Publication copies mailed to DIO and CEO
- Mini-Plenary Presentation at Annual Education Conference
- JGME, in print

February 2016
The CLER 2016 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

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The CLER 2016 Report of Findings

- Four Overarching Themes

- Challenges and Opportunities in the Six Focus Areas (28)

- Detailed Findings and Selected Tables, Figures, and Graphs
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.
Overarching Theme II

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.
Patient Safety

Percent of residents and fellows within CLEs who reported patient safety event through the reporting system (n=5,768)
CLER Report and Six Focus Areas

Example of information in report

• Supervision

Percent of residents and fellows within CLEs who have been placed or witnessed one of their peers placed in situation of inadequate supervision. (n=8,542)
Pursuing Excellence in Clinical Learning Environments
“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
CLER 2016 National Report of Findings
Current Integration of GME and Patient Care in most Teaching Hospitals, Medical Centers, and Ambulatory Care Sites

Educational Curricula, Faculty, Educational Outcomes

Clinical Care Processes, Staff, Clinical Outcomes

Learner Patient
Opportunity for Improving Integration of GME and Patient Care

Clinical Outcomes

Educational Outcomes

Learner

Faculty

Clinical Microsystem

Training Program

Patient

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The Pursuing Excellence 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

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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
Pursuing Excellence Partners

- Accreditation Council for Continuing Medical Education (ACCME)
- Alliance of Independent Academic Medical Centers (AIAMC)
- American Association for Physician Leadership
- 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, Inc. (formerly UHC)
Pursuing Excellence in Clinical Learning Environments
Pursuing Excellence Initiative

Pathway Innovators

• Collaborative of 8-10 teams

• Supported through ACGME awards and matched funding

• Currently accepting Proposals
Ultimately,

*Pursuing Excellence* is designed as a shared learning experience to support a national community focused on the CLE and what it means to patient care
What take home messages should we as hospital or health systems consider regarding the CLER findings to date?
Some Suggestions

• Have someone read the report, summarize for your institution, and meet to discuss
• Try to avoid self-congratulatory approach
• Not good to treat as a check-off list
• Avoid boiling the ocean
• Solutions isolated to GME are not likely to move the needle
Some Suggestions

• Pick one of the overarching themes and work on it
• Pick a few (2-5) challenges and opportunities in the six focus areas and work on them
• Think strategically over tactically
• Engage interprofessional teams
• Include Program Directors in discussion
• Commit to enhancing the GME/CLE conversations, with accountable actions
What begins to describe the value of investing time to improve my hospital or health system as a clinical learning environment?
CLE Perspectives: Two Views Along a Spectrum

- Addresses the educational mission
- Contributes to our public image
- Provides additional service capacity, albeit inefficient

- Enhances our patient care (success at triple aim)
- Ensures our future capacity for well trained medical staff
- Improves our business case
Increase in Physician Accountability
The Impact of Health Information Technology
IOM defines a learning health system as:

“… one in which progress in science, informatics, and care culture align to generate new knowledge as an ongoing, natural by-product of the care experience, and seamlessly refine and deliver best practices for continuous improvement in health and health care.”
“If I have the belief that I can do it. I shall surely acquire the capacity to do it, even if I may not have it at the beginning.”
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