

ACGME Next Accreditation System (NAS) Clinical Learning Environment Review (CLER) Visits

The Accreditation Council for Graduate Medical Education (ACGME) recognizes the public's need for a physician workforce capable of meeting challenges of a rapidly evolving health care environment. ACGME has responded to this need by implementing a CLER Program as part of its accreditation system. It is designed to provide teaching hospitals with ACGME-accredited institutions with periodic feedback addressing the six focus areas below, and is designed to improve how hospitals engage Residents* in learning to provide safe, high quality patient care. In late January, a CLER Pathways document was released to promote discussion & specific actions that will optimize the clinical learning environment. It is anticipated that hospitals will strive to meet & exceed them to provide the best care to patients & produce the highest quality physician workforce. In its initial phase, CLER data will not be used in accreditation decisions by the Institutional Review Committee (IRC).

CLER assesses sponsoring institutions in the following six focus areas:

- **Patient Safety** – including opportunities for Residents to report errors, unsafe conditions, & near misses, & to participate in inter-professional teams to promote & enhance safe care.
- **Healthcare Quality (QI)** – including how sponsoring institutions engage Residents in the use of data to improve systems of care, reduce health care disparities & improve patient outcomes
- **Transitions in Care** – including how sponsoring institutions demonstrate effective standardization & oversight of transitions of care.
- **Supervision** – including how sponsoring institutions maintain & oversee policies of supervision concordant with ACGME requirements in an environment at both the institutional & program level that assures the absence of retribution.
- **Well-Being (Formerly called Duty Hours Oversight, Fatigue Management & Mitigation)** – The optimal clinical learning environment is engaged in systematic and institutional strategies and processes to cultivate and sustain the well-being of both its patients and clinical care team. The original focus area called “Duty Hours, Fatigue Management, and Mitigation” has evolved into “Well-Being,” addressing four interrelated topics:
 - Work and life balance
 - Fatigue
 - Burnout
 - Support of those at risk or demonstrating self-harm. This new focus area recognizes the important role of clinical learning environments in designing and implementing systems that monitor and support physician well-being.
- **Professionalism**—with regard to how sponsoring institutions educate for professionalism, monitor behavior on the part of Residents & Faculty & respond to issues concerning:
 - accurate reporting of program information
 - integrity in fulfilling educational & professional responsibilities
 - veracity in scholarly pursuits.

The **CLER site visit program** is used solely for providing feedback, learning, and helping to establish baselines for sponsoring institutions, the Evaluation Committee, and the IRC. All sponsoring institutions will undergo a first CLER Visit, hopefully by the end of 2014. Then we can expect CLER Visits every 18-24 months. The first cycle of visit findings resulted in dissemination of salutary practices and findings by the CLER Evaluation Committee called “CLER Pathways to Excellence. On May 15, 2017, the ACGME published “CLER Pathways to Excellence Version 1.1, primarily revising Duty Hours, Fatigue and Mitigation to include overall physician Well-Being.

The initial round of CLER evaluations sought answers to the following central questions:

- **Who & what form the infrastructure of a Sponsoring Institution’s clinical learning environment?** What organizational structures & administrative & clinical processes do the SI & its major participating sites have in place to support GME learning in each of the six focus areas?
- **How integrated is the GME leadership & Faculty within the SI’s current clinical learning environment infrastructure?** What is the role of GME leadership & Faculty to support Resident learning in each of the six areas?
- **How engaged are the Residents in using the SI’s current clinical learning environment infrastructure?** How comprehensive is the involvement of Residents in using these structures & processes to support their learning in each of the six areas?
- **How does the SI determine the success of its efforts to integrate GME into the quality infrastructure?** From the perspective of the SI & its major participating sites, what are the measures of success in using this infrastructure & what was the level of success?
- **What areas have the Sponsoring Institution identified as opportunities for improvement?** From the perspective of the SI & its major participating sites (if different), what are seen as the opportunities for improving the quality & value of the current clinical learning environment infrastructure to support the six focus areas?

Website for more information: <https://www.acgme.org/initiatives/clinical-learning-environment-review-cler/>

The UTHSC College of Medicine - Chattanooga’s CLER Visits:

- First CLER Visit: April 15-16, 2014
- Second CLER Visit: July 19-20, 2016
- Third CLER Visit: May 1-2, 2018
- Fourth CLER Visit: Anytime during 2024-2024

*The term “Resident” refers to both Resident and Fellow trainees.

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