


CLER Site Visit
Instructions and Notes

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Overview

Overview

- As a component of its next accreditation system, the ACGME has established the CLER program to assess the graduate medical education (GME) learning environment of each sponsoring institution and its participating sites.
- CLER emphasizes the responsibility of the sponsoring institution for the quality and safety of the environment for learning patient care, a key dimension of the 2011 ACGME Common Program Requirements.
- The intent of CLER is “to generate national data on program and institutional attributes that have a salutary effect on quality and safety in settings where residents learn and on the quality of care rendered after graduation.”¹

¹Nasca TJ, Phibbert L, Brigham T, Flynn TC. The next GME accreditation system-rationale and benefits. N Engl J Med. 2012;366(11):1051-1056. [Epub 2012 Feb 22]. 06/10/2012 Ver. 1.0
Source: <http://www.acgme.org/acgme/web/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>

Overview

CLER provides frequent on-site sampling of the learning environment that will:

- Permit lengthening the interval for standard ACGME site visits of individual programs if other parameters of the program performance are at the expected level;
- Emphasize element of “new” competencies demanded by the public; and,
- Provide the opportunity for sponsoring institutions to demonstrate leadership in patient safety, quality improvement, and reduction in health care disparities.

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>

Overview

- The CLER program's ultimate goal is to move from a major targeted focus on duty hours to that of a broader focus on the GME learning environment and how it can deliver both high-quality physicians and higher quality, safer, patient care. Its initial phase, CLER data will not be used in accreditation decision by the Institutional Review Committee (IRC).

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Overview

CLER assesses sponsoring institutions in the following six focus areas:

1. **Patient Safety**-including opportunities for residents to report errors, unsafe conditions, and near misses, and to participate in inter-professional teams to promote and enhance safe care.
2. **Quality Improvement**- including how sponsoring institutions engage residents in the use of data to improve systems of care, reduce health care disparities and improve patient outcomes.
3. **Transitions of Care**- Including how sponsoring institutions demonstrate effective standardization and oversight transitions of care.

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CLER assesses sponsoring institutions in the following six focus areas:

4. **Supervision**- Including how sponsoring institutions maintain and oversee policies of supervision concordant with ACGME requirements in an environment at both the institutional and program level that assures the absence of retribution.
5. **Duty Hours Oversight, Fatigue Management and Mitigation**- Including how sponsoring institutions: (i) demonstrate effective and meaningful oversight of duty hours across all residency programs institution-wide; (ii) design systems and provide settings that facilitate fatigue management and mitigation; and (iii) provide effective education of faculty members and residents in sleep, fatigue recognition, and fatigue mitigation.
6. **Professionalism**- with regard to how sponsoring institutions educate for professionalism, monitor behavior on the part of residents and faculty and respond to issues concerning: (i) accurate reporting of program information; (ii) integrity in fulfilling educational and professional responsibilities; and (iii) veracity in scholarly pursuits.

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Overview

CLER assesses sponsoring institutions in the following six focus areas:

1. **Patient Safety**
2. **Quality Improvement**
3. **Transitions of Care**
4. **Supervision**
5. **Duty Hours Oversight, Fatigue Management and Mitigation**
6. **Professionalism**

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Overview

CLER consist of three related activities:

- The **CLER site visit program** is used solely for providing feedback, learning, and helping to establish baselines for sponsoring institutions, the Evaluation Committee, and IRC. The first cycle of visit findings will result in dissemination of salutary practices by the Evaluation Committee.
- The **CLER Evaluation Committee** includes a broad cross-section of individuals with expertise related to the aim of the CLER program. The Committee provides input to the design and implementation of CLER site visit activities and conducts evaluation review of sponsoring institutions that are visited during each cycle.
- The ACGME recognizes the great interest by sponsoring institutions to support **faculty development** in those areas on which the CLER program will focus (e.g., patient safety, health care quality, transitions of care, etc.). Therefore, as part of the CLER program, the ACGME will develop a program to support faculty development.

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>

Overview

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

- **Who and what form the infrastructure of a Sponsoring Institution's clinical learning environment?** What organizational structures and administrative and clinical processes do the SI and its major participating sites have in place to support GME learning in each of the six focus area?
- **How integrated is the GME leadership and faculty within the SI's current clinical learning environment infrastructure?** What is the role of GME leadership and faculty to support resident and fellow learning in each of the six areas?
- **How engaged are the residents and fellows in using the SI's current clinical learning environment infrastructure?** How comprehensive is the involvement of residents and fellows in using these structures and procedures to support their learning in each of the six areas?

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Overview

- **How does the SI determine the success of its efforts to integrate GME into the quality infrastructure?** From the perspective of the SI and its major participating sites, what are the measures of success in using this infrastructure and what was the level of success?
- **What areas have the Sponsoring Institution identified as opportunities for improvement?** From the perspective of the SI and its major participating sites (if different), what are seen as opportunities for improving quality and value of the current clinical learning environment infrastructure to support the six focus areas?

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Program and Institutional Accreditation | Next Accreditation System | Clinical Learning Environment Review Program

Clinical Learning Environment Review (CLER) Program

New This Year!

2015 ACGME Annual Educational Conference: Call for CLER Poster Abstracts for Two Special Facilitated Poster Sessions

The ACGME invites abstract submissions for two special facilitated poster sessions, titled "Approaches to Improving the Clinical Learning Environment," to be held Friday, February 27 at the 2015 ACME Annual Educational Conference. This is an opportunity to share some of the ways you, as GME leaders, are working with hospitals, medical centers, and ambulatory sites to improve the learning experience for resident and fellow physicians in one of the six CLER focus areas. The CLER program will host two sessions, each highlighting three of the six CLER focus areas of Patient Safety, Health Care Quality, Care Transitions, Supervision, Duty Hours/Fatigue Management and Mitigation, and Professionalism. The sessions will include presentations by the authors of the selected posters, expert panel discussion, and opportunity for questions and answers.

Note: This call for abstracts is separate from the call for abstracts for the general conference. Applicants are welcome to submit the same abstract to both venues.

To be considered for the CLER poster sessions, all abstracts must be submitted by November 20, 2014 at 5:00 p.m. CST. Click [here](#) for more details.

<http://www.acgme.org/acgmeweb/tabid/436/ProgramandInstitutionalAccreditation/NextAccreditationSystem/ClinicalLearningEnvironmentReviewProgram.aspx>

CLER Links

- > Clinical Learning Environment Review (CLER) Program main page
- > CLER Overview Printable Version
- > CLER Site Visit Instructions
- > CLER Evaluation Committee
- > Recruiting
- > Presentations and Publications
- > Opportunities to Submit "Blackout Dates" for Scheduling of CLER Site Visits
- > Contact CLER Staff

CLER Pathways to Excellence

Guidance for creating optimal clinical learning environments in the focus areas of: patient safety, health care quality, care transitions, supervision, duty hours/fatigue management, and professionalism.

- > CLER Pathways To Excellence Document
- > CLER Pathways to Excellence Executive Summary
- > January 27, 2014 — Press Release: Preparing Doctors for 21st Century Practice

Program and Institutional Accreditation > Next Accreditation System > Clinical Learning Environment Review Program

Clinical Learning Environment Review Program

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CLER Resource Page
<http://www.acgme.org/acgme/web/tahd/436/ProgramandInstitutionalAccreditation/NextAccreditationSystem/ClinicalLearningEnvironmentReviewProgram.aspx>



Preparing for the Site Visit
 "Is this the CLER visit phone call?"

Preparing for the Site Visit

Scheduling

- Option to pass on first scheduling attempt
- Short notice-no less than 10 days
- Initial call to the DIO
- Visit confirmed based on availability of both the DIO and CEO
- Length of visit 2-3 days

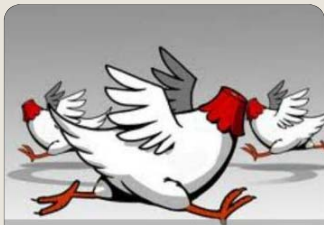
“Opportunities to submit ‘Blackout Dates’ for Scheduling of CLER Site Visits”

- On October 1, 2014, the CLER program will again offer a time-limited feature that allows designated institutional officers (DIOs) the ability to submit up to 15 dates in Calendar Year 2015 for the CLER site visitors to avoid when scheduling visits.
- This window for submitting these requests is October-December 12, 2014.
- To utilize this opportunity, DIOs should log in to ADS, and then click on “Blackout Dates” on the right navigation panel under the “Institutions” tab.

Selecting the Site:

- In the first cycle of CLER visits, they will visit one participating site per Sponsoring Institution (SI).
- The site visitors may elect to go to more than one location at that site-especially if they are ambulatory clinics or specialty facilities (such as a children’s hospital or cancer center) on campus and within walking distance.

Source: <http://www.acgme.org/acgme/web/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>



Getting Started

Pre-Visit Background Materials

Pre-Visit Background Materials(Optional):

- The following information, while not required, will be helpful in providing the site visitors with background on the site's clinical learning environment.
- **Forward the information to cler@acgme.org by the date indicated on the announcement letter. Do not e-mail these materials directly to the site visitors.**

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>

Pre-Visit Background Materials(Optional):

- **Organizational charts:** Sponsoring Institution, the participating site that is being visited, and quality and safety departments within the participating site (if not included in site chart)
- **Sponsoring Institution's supervision policy** (and participating site's policy if different)
- **Sponsoring Institution's duty hour policy** (and participating site's policy if different)
- **Sponsoring Institution's care transitions policy** (and participating site's policy if different)

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>

Pre-Visit Background Materials(Optional):

- **Participating Site's patient safety protocol/strategy** (approved by its Board)
- **Participating Site's quality strategy** (approved by its Board)
- **Participating Site's quality and safety committee membership roster(s)** (identifying resident members, if relevant)
- **Designated Institutional Official (DIO)'s most recent annual report to the Sponsoring Institution's governance** (or minutes of the meeting if the report was given orally)

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>



Meetings

Breakdown of the CLER Meetings, Walking Rounds & Room Logistics

Example: CLER Site Visit Schedule

Day 1

7:30am-8:00am: Meet with DIO and Staff

Attendance: DIO, Manager of Medical Education, & GME Specialist

8:00am-9:00am: Meet with Senior Leadership

Attendance: CEO, CMO, CNO, DIO/GMEC Chair, & GMEC Resident Member

9:00am-9:30am: Meeting with Chief Patient/Quality Officers

Attendance: Co-Chair of the Patient Safety Committee, Patient Safety Representative, Clinical Safety Risk Manager, Quality Control Representative

9:30am-10:00am: Team Huddle

Attendance: Lead Site Visitor, Site Visitor

10:00am-11:30am: Meet with Residents

Attendance: Approx. 2-4 peer-selected PGY2 or higher residents from each core and fellowship

11:30am-12:30pm: Team Huddle--Lunch

Attendance: Lead Site Visitor, & Site Visitor

Example: CLER Site Visit Schedule

Day 1 Cont.

12:30pm-2:00pm: Walk Around with Guides (floors/units)

Attendance: PGY-3 resident or above

2:00pm-2:30pm: Team Huddle

Attendance: Lead Site Visitor & Site Visitor

2:30pm-4:00pm Meet with Core Faculty

Attendance: Approx. 1-2 from each core and fellowship program

4:00pm-4:30pm: Team Huddle

Attendance: Lead Site Visitor & Site Visitor

4:30pm-5:00pm: Meet with DIO and Staff

Attendance: DIO, Manager of Medical Education, & GME Specialist

5:00pm-6:30pm: Walk Around with Guides (floors/units)

Attendance: PGY-3 resident or above

Example: CLER Site Visit Schedule

Day 2

7:30am-9:00am: Walk Around with Guides (floors/units)

Attendance: PGY-3 resident or above

9:00am-9:30am: Meet with DIO and Staff

Attendance: DIO, Manager of Medical Education, & GME Specialist

9:30am-10:30am: Meet with Chief Patient Safety/Quality Officers

Attendance: Co-Chair of the Patient Safety Committee, Patient Safety Representative, Clinical Safety Risk Manager, & Quality Control Representative

10:30am-12:00pm Meet with Program Directors

Attendance: Program Directors from each department

12:00pm-2:00pm: Team Huddle--Lunch

Attendance: Lead Site Visitor & Site Visitor

2:00pm-3:00pm: Meet with Senior Leadership

Attendance: CEO, CMO, CNO, DIO, GMEC Chair, & GMEC Resident Member

Scheduling the Group Meetings:

- The CLER site visitors attempt to cover a lot of ground in a very short amount of time. Our experience to date has shown that the meetings are most productive when participation is limited to certain key stakeholders.
- For each type of meeting listed on the following slides, they are very specific outlining the participants and other logistical instructions. Additional questions should be directed at the lead site when you are contacted to schedule the visit.
- **Forward a roster of the names and titles of the senior leadership and safety and quality improvement leadership meeting attendees to the lead site visitor several days in advance of the site visit.**

Source: <http://www.acgme.org/acgme/web/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>



Senior Leadership Meetings

Scheduling the Group Meetings:

Senior Leadership Meetings: The following individuals attend both the initial and exit meetings

- Chief Executive Officer (required)
- DIO (required)
- Chief Medical Officer
- Chief Nursing Officer
- Chair, Graduate Medical Education Committee (GMEC; if different from the DIO)
- Resident Member of GMEC
- Chief Operating Office (optional)
- Chief Financial Officer (optional)
- Dean of affiliated Medical School (optional)

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>

Scheduling the Group Meetings:

Senior Leadership Meetings:

NOTE:

- The CEO and DIO must be present for the entire duration of both the initial and exit meeting. If either the CEO or the DIO becomes unavailable prior to or during the course of the site visit, the visit will likely become canceled.
- For those other than the CEO and DIO listed above, attendance is strongly recommended, but not required. If necessary, these individuals may elect to send a designee on their behalf.

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>

Scheduling the Group Meetings:

Senior Leadership Meetings:

NOTE:

- Some clinical sites are part of larger health systems or consortiums, and that lead positions have varying titles (e.g. CEO, President, Executive Director)-sometimes making identification of the "CEO" more complicated. In these circumstances, focus on the individual who has responsibility for both the strategic and financial decisions for the participating site.
- Do not invite any other individuals to attend the senior leadership meetings. Attendance is limited to those listed on previous slide.

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>



DIO Meetings

Scheduling the Group Meetings:

DIO Meetings: The site visit agenda has built in touch points with the DIO at the beginning and end of each day. The agendas for these meetings are somewhat less formal, providing opportunity for open discussion.

NOTE:

- Other GME leadership (e.g., Associate DIOs, GME directors, coordinators) are welcome to attend these meeting at the discretion of the DIO.

Source: <http://www.acgme.org/acgme/web/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>



Quality and Patient Safety Leadership Meetings

Scheduling the Group Meetings:

Quality and Patient Safety Leadership Meetings: The following individuals to attend these meetings:

- Chief Quality Officer
- Chief Patient Safety Officer
- Chief Medical Information Officer
- Director, Risk Management (potential attendee-see note on next slide)

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>

Scheduling the Group Meetings:

Quality and Patient Safety Leadership Meetings:

NOTE:

- Often the Chief Medical Officer (CMO) serves the dual role of Chief Safety or Quality Officer. In these situations, as the CMO is part of the senior leadership meetings, identify alternative individuals to attend the quality and safety leadership meetings- the CMO should not attend both sets of meetings.
- In these meetings it is helpful to include the individual who tracks patient safety event reporting for the selected hospital or medical center. In some organizations, this activity is the responsibility of the Chief Patient Safety Officer. In others, it is a function of the Office of Risk Management.

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>

Scheduling the Group Meetings:

Quality and Patient Safety Leadership Meetings:

NOTE:

- Many organizations have multiple Patient Safety Officers or Quality Officers-often assigned at the department level. In these situations, limit the invitation to the one or two individuals to whom these various officers report.
- With regard to quality leadership, it is recommended that the most appropriate person to represent the hospital or medical center is the individual who is most closely associated with quality indicators and data reporting-working with physicians on measuring, monitoring, and improving system processes.

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>



Resident and Fellow Group Meeting

"Peer Selected Residents"

Scheduling the Group Meetings:

Resident and Fellow Group Meetings: Invite residents and fellows who will provide broad representation of the programs at the selected participating clinical site.

NOTE:

- With the exception of transitional year residents, limit attendance to those at the PGY-2 level or higher.
- The attendees should be peer-selected. The ACGME defines "peer selected" as residents voted on by their peers [other residents/fellows] and not chosen by a chief resident or other program representative.
- Aim for broad representation across all of the SI's programs rotating at the selected participating clinical site. It is also appropriate to include proportionally more individuals from the larger programs.

Source: <http://www.acgme.org/acgme/web/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>

Scheduling the Group Meetings:

Resident and Fellow Group Meetings:

NOTE:

- Select residents and fellows for the group meetings who are **not** attending other CLER activities, such as the senior leadership meetings and the walking rounds.
- If two group meetings are requested, invite different individuals to attend each meeting.

Source: <http://www.acgme.org/acgme/web/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>



Faculty Member Group Meetings

Scheduling the Group Meetings:

Faculty Member Group Meetings: Invite core faculty members who will provide broad representation of the residency and fellowship programs at the selected participating clinical site.

NOTE:

- Program directors will be asked to attend a separate meeting and should not attend the faculty member meetings.
- There should be broad representation of all the site's programs, it is also appropriate to include proportionally more individuals from the larger programs.
- If two group meetings are requested, invite different individuals to attend each meeting.

Source: <http://www.acgme.org/acgme/web/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>



Program Director Group Meetings

Scheduling the Group Meetings:

Program Director Group Meetings: Invite the program director of each ACGME-accredited core and fellowship program at the selected participating clinical site.

NOTE:

- If the program director is unavailable, he/she may send an associate program director as a designee.
- In cases where the DIO is also a program director, have the associate program director or other designee attend the group meeting.
- If two group meetings are requested, invite different individuals to attend each meeting.

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>



Group Meetings Logistics

Scheduling the Group Meetings:

Group Meetings:

- The discussions occurring in the group meetings focus solely on the hospital or medical center being visited. As such, invite only individuals who spend time and are familiar with the resident experience at that particular site.
- **The number of meetings will vary by the size of the sponsoring institution (SI). In general, if the SI has 30 programs or less, one meeting each of residents/fellows, faculty members and program directors is requested. If the SI has more than 30 programs, two separate meetings for each group (with different participants in each meeting) is requested.**

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>

Scheduling the Group Meetings:

Group Meetings:

- Each meeting will be capped at 30 attendees.
- Not everyone may be able to turn off or surrender pagers for the duration of the meeting, anything you may be able to provide to minimize disruptions would be appreciated.

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>

Walking Rounds

Select one chief or senior resident (PGY-3 or higher) to guide each of the walking rounds on the floors- a different individual for each of the walking rounds; preferably each should be from a different specialty.

NOTE:

- If possible, select residents and fellows who have not participated in the group meeting.
- Select residents who are not participating in the meeting with senior leadership.

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>

Meeting Room Logistics

- The ideal situation is to arrange for a single conference room (that can accommodate up to 35 individuals) for all the meetings. They recognize that with short notice this is not always possible. If the meetings will be held in several rooms, the site visitors will need access to the room where the resident, faculty, and program directors group meetings will take place at least 30 minutes before and following the scheduled meeting time in order to set up and break down the audience response system.
- Avoid large auditoriums
- The site visitors do not need a separate room for the team huddles; ideally they would prefer to use the room scheduled for the following meeting if possible.

Source: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLERSiteVisitInstructions.pdf>

Meeting Room Logistics

- The site visit involves the use of an audience response system, which is installed on the site visitor's laptop. Therefore, the laptop must be plugged into an on-site video projection system in order for it to be used during the site visit.
- The conference room(s) provided for the resident, faculty, and program director group meetings should have a screen or blank wall on which PowerPoint slides can be projected. If possible, a projector should be made available; if not, the site visitors will come prepared with their own projector.

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Meeting Room Logistics

- If possible, the room for the group meetings should be configured in a U-shaped or board room set-up, rather than theater style, so as to facilitate discussion.
- The site visitors will need help in identifying a secure place to leave their equipment and personal belongings during the walking rounds (e.g., a locked conference room or office, the hospital security desk, or a room with a monitor posted outside).

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Miscellaneous

Security Badging and Accommodations for Site Visitors

Miscellaneous Items:

Security badges:

- The site visitors all have ACGME picture ID badges. Let the lead site visitor know at the time of the scheduling call if the hospital to medical center being visited has additional requirements, and arrange to have visitor badges prepared in advance, if additional time is necessary (e.g., for photographs) let the lead site visitor know in order to facilitate this process.

Meals and snacks:

- Providing a simple lunch (sandwiches or salads) for the site visitors would be appreciated, but is not required. The site visitors use the scheduled lunch time to “huddle” and debrief among themselves and so will politely decline any invitations for others to join.
- Avoid providing lunch for the group meetings as it detracts from valuable discussion time.

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Questions?

Thank you.
