

ACGME Accreditation and CLER visits

Integrating Trainees into QI and Safety



Accreditation Council for
Graduate Medical Education

GME programs structure

Institution

Hospital/Medical School

Core
Programs

Radiology

Emergency
Medicine

OB Gyn

Surgery

Anesthesia

Medicine

Neurology

Pathology

F

F

F

F

F

F

F

F

Fellowships

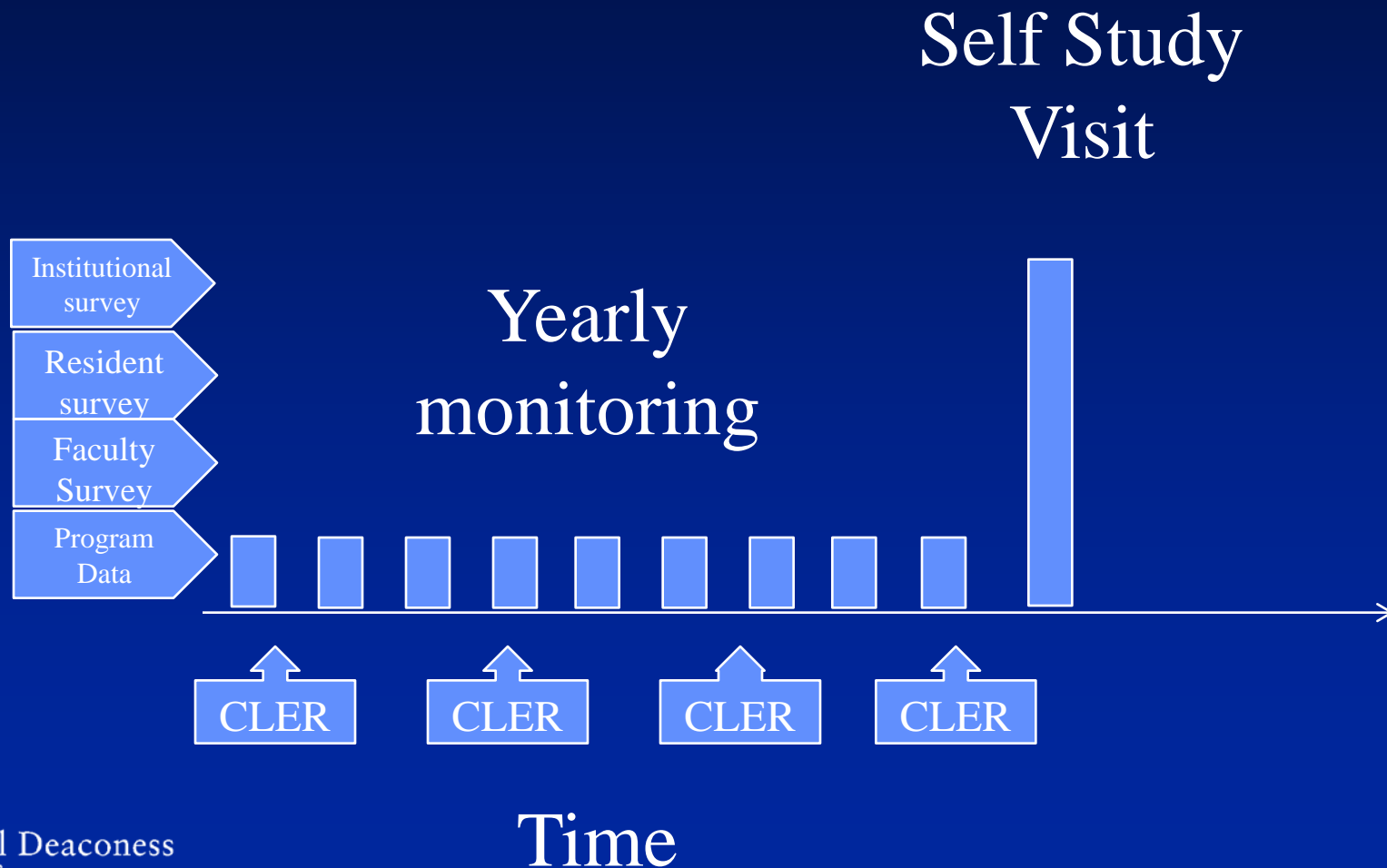


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Accreditation Timeline



Clinical Learning Environment Review Visit

- Integration of residents into **Patient Safety** programs of the institution
- Integration of residents into **Quality Improvement** programs of the institution,
- Establishment, implementation, and oversight of **Supervision** policies
- Oversight of **transitions in care**
- Oversight of **duty hours** standards
- Honesty and **Professionalism** in all work



Anatomy of the CLER visit



CLER Pathways: Expectations for Safety

- 1: Reporting of adverse events, near misses
- 2: Education on patient safety
- 3: Culture of safety
- 4: Experience in investigations and follow up
- 5: Clinical site monitoring of reporting
- 6: Engagement of faculty member
- 7: Experience in error disclosure



Patient Safety Properties

- Error Reporting
 - Role, where, how, how many, what happens afterwards, feedback, faculty
- Education
 - Training, hands-on activities,
- Culture
 - Perceptions, support
- Disclosure
 - Training, participation



CLER Pathways: Expectations for Quality

- 1: Education on quality
- 2: Engagement in QI activities
- 3: Receipt of data on quality metrics
- 4: Engagement in planning for QI
- 5: Education on healthcare disparities
6. Engagement in healthcare disparities initiatives



Quality Properties

- Education
 - Training, institution priorities, hands-on activities,
- Data
 - Specialty specific data on own patient population
- Healthcare Disparities
 - Training, clinical site's initiatives



CLER Pathways: Expectations for Care Transitions

1. Education on care transitions
2. Engagement in change of duty hand-offs
3. Engagement in patient transfers between services/locations
4. Faculty assessment of resident practice
5. Communication between primary teams and consultants
6. Site monitoring of care transitions



Care Transitions Properties

- Education
 - Awareness of policies, simulated or real time training, faculty aware and assess
- Engagement
 - Common process, interprofessional, patients
- Patient transfers
 - Common process, interprofessional
- Consultation
 - Direct communication



How do you use this information?

- Think about what your DIO needs
- Make sure your curricula/programs also meet ACGME needs
- Think about what elements can cross specialties
 - Aim to become the best practice!
- Details are in the toolkit section on National Mandates

