Well-being through the Clinical Care Continuum

A look through the lens of the ACGME Clinical Learning Environment Review (CLER) program
The Clinical Learning Environment
ACGME Clinical Learning Environment Review (CLER) Program

- Initiated in 2012
- Formative Feedback to ACGME accredited Sponsoring Institutions (>800)
- Visits approximately every 2 years
- Engage the Executive Leadership in conversations with their GME leadership on improving the quality of learning in their clinical organization
CLER Six Focus Areas

Patient Safety

Healthcare Quality

Supervision

Professionalism

Well-Being

Transitions In Care
WB Pathway 1: Clinical learning environment promotes well-being across the clinical care team to ensure safe and high quality patient care

WB Pathway 2: Clinical learning environment demonstrates specific efforts to promote the well-being of residents, fellows, and faculty members

WB Pathway 3: Clinical learning environment promotes an environment where residents, fellows, and faculty members can maintain their personal well-being while fulfilling their professional obligations

WB Pathway 4: Clinical learning environment demonstrates system-based actions for preventing, eliminating, or mitigating impediments to the well-being of residents, fellows, and faculty members
CLER visits

- Group meetings
- Walking rounds
CLER Interim Observations on Well-Being

• Selected findings based on 340 visits

• Interviews, group meetings
  ~8000 residents and fellows
  ~7000 faculty members
  ~5000 program directors
  more than 1,000 of executive leaders

• More than 1,000 walking rounds talking with clinical team

• Selected findings are also based overall impressions from field representatives
Across CLEs, most residents and fellows reported:

- that the CLE has successful systems to ensure patient safety from the risks of resident and fellow fatigue
- that they would power through to handoff when in a situation impaired by fatigue
- that they sometimes or often see signs of burnout among faculty members
CLER Interim Observations on Well-Being

Faculty and Program Directors interviews:

- Across CLES, many faculty members and program directors reported that their CLE creates an environment that promotes balance between faculty workload and their well-being.

- Across CLEs, some faculty members and program directors reported that the volume and intensity of faculty’s clinical workload adversely impact their ability to teach residents and fellows.
Well-being Leaders Meeting
Most CLEs appear to have activities and programs to promote the physical and emotional well-being of residents and fellows.

Most CLEs do not appear to have a strategy to support the well-being of the clinical care team.

Most CLEs do not appear to monitor whether faculty’s clinical workload adversely impacts teaching responsibilities.

Most CLEs appear to be engaged in reactive efforts to eliminate harm to patients due to physician burnout.

CLER Interim Observations on Well-Being
Well-being Leadership and Executive meetings

May 2019 meeting NAM
CLER Interim Observations on Well-Being

Walking rounds: Nursing and other healthcare professionals

• Focus on the individual responsibility and emphasis on resiliency

• Well-being remedies are often a benefit for which they don’t have time

• Frequently learn of nurse fatigue and burnout
Well-being commonly viewed as important: Leadership sees the problem

Programmatic Solutions directed at Individual impact and accountability (3Rs)

Commonly see workforce through productively lens such as RVUs, number of patient served.

Uncommon to see workforce through well-being lens of managing workload expectations or workforce capacity, or human potential.

Very unusual to learn of discernable efforts at building capacity through system-based solutions, and even more seldom across the professions.
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A Spectrum of Interventions to Optimize Clinician Well Being
Individual responsibility and action

Clinical environment [system-based] responsibility and action

Individual awareness and personal vigilance

‘You have a problem and we have ways to assist you’

Individual Resilience

‘You are at risk for a problem and we have ways to assist you’

Clinical Environment Resilience

‘We are creating risk in the workplace and have ways to protect workforce and patients’

Clinical Environment Prevention and Control

‘We have problems in our workplace and we are continually redesigning care to eliminate risk to patients and caregivers’
Individual responsibility and action

3 R’s
• Recognize
• Repair
• Resilience

CLER: Early Observations on the 2018-2020 Protocol
Spectrum of Interventions to Optimize Clinician Well Being
CLER: Early Observations on the 2018-2020 Protocol
Spectrum of Interventions to Optimize Clinician Well Being

Clinical environment [system-based] responsibility and action

Few apparent efforts in this area nationally

Few CLEs organized to address this issue
Individual awareness and personal vigilance

‘You have a problem and we have ways to assist you’

Individual Resilience

‘You are risk for a problem and we have ways to assist you’

Clinical Environment Resilience

‘We are creating risk in the workplace and have ways to protect workforce and patients’

Clinical Environment Prevention and Control

‘We have problems in our workplace and we are continually redesigning care to eliminate risk to patients and caregivers’
Potential lessons learned in this preliminary exploration:

1. Efforts to improve well-being are not commonly seen as interprofessional or integrated to the performance of the clinical care team as a whole.

2. Health system leadership are without clear best practices of what system-based clinical environment interventions are effective; cost effective; or sustainable.
Potential lessons learned:

3. There does not as yet appear to be a national reservoir of “successful” practices by which senior (executive) clinical leadership can steward rapid system-based responsibility and action.
Special note of thank you to the CLER program team and the CLER Evaluation Committee
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