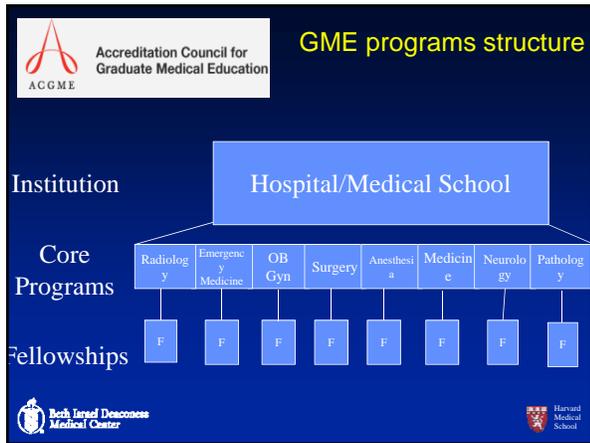
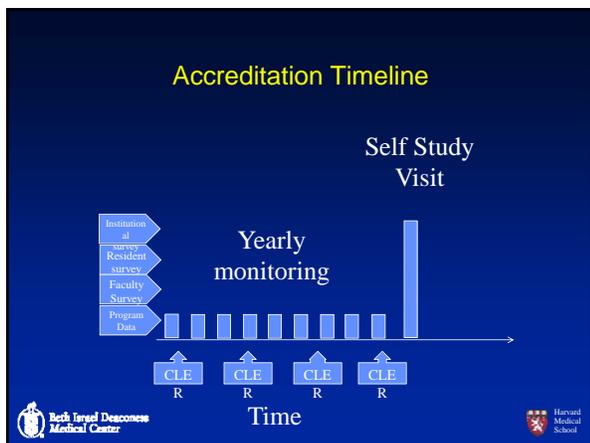


ACGME Accreditation and CLER visits

Integrating Trainees into QI and Safety





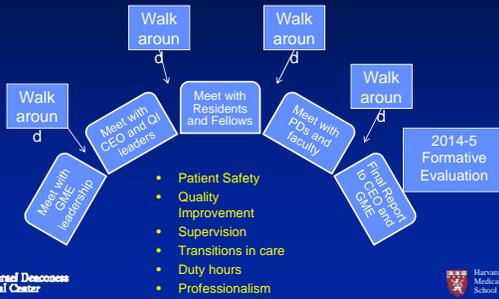


Clinical Learning Environment Review Visit

- 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

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



Assessing Milestones in Patient Safety and Quality Improvement in NAS

See it to believe it!

Cheryl W. O'Malley, MD



Objectives

- Compare Assessment in Traditional vs Competency Based Medical Education
- Define the role of the clinical competency committee, semi-annual reporting and annual program evaluations ACGME's Next Accreditation System(NAS)
- Discuss the SHM Patient Safety assessment table and review examples of incorporating it into existing assessment systems.

Case

- 5 years from now, a close friend is admitted to the hospital following a diagnosis of leukemia.
- Despite being in another state, you are surprised when a new graduate from your program walks in as their hospitalist.
- Unfortunately, you developed amnesia following Mefloquine for an African safari (another story) and can't remember how she performed...

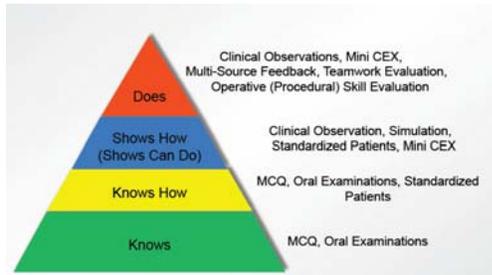
Traditional vs CBME Assessment

	TRADITIONAL TIME/PROCESS BASED	COMPETENCY BASED MEDICAL EDUCATION
Assessment tool	Proxy	Authentic (mimics real tasks of profession)
Setting for evaluation	Removed (gestalt)	Direct observation
Evaluation	Norm-referenced	Criterion-referenced
Timing of assessment	Emphasis on summative	Emphasis on formative

Carraccio, et al. 2002.

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Miller's Pyramid of Clinical Competence



Miller, GE. Assessment of Clinical Skills/Competence/Performance Academic Medicine (Supplement) 1990. 65. (S63-S67) van der Vleuten, CPM, Schuwirth, LWT. Assessing professional competence: from Methods to Programmes. *Medical Education* 2005; 39: 309-317

Etc.

360 Evaluation

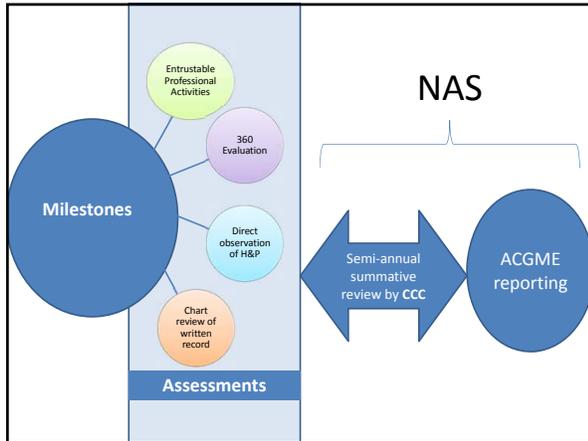
Direct observation of H&P

Chart review of written record

Assessments

"Next, we must join together to develop a portfolio of **meaningful work-based evaluations of learners** that can support direct observation of their behaviors on specific educational rotations and in other learning experiences."

Caverzagie K, et al "The Internal Medicine Reporting Milestones and the Next Accreditation System", Ann Int Med Feb 2013, <https://annals.org/article.aspx?articleid=1567230>



The Internal Medicine “Reporting” Milestones

The Internal Medicine Milestone Project

A Special Section of
The Accreditation Council for Graduate Medical Education
and
The American Board of Internal Medicine



American Board
of Internal Medicine®

Full document accessible at: <http://www.acgme-nas.org/assets/pdf/Milestones/InternalMedicineMilestones.pdf>

13. Learns and improves via performance audit (PBLI2)

Critical deficiencies	Ready for unsupervised practice	Aspirational
Disregards own clinical performance data Demonstrates no inclination to participate in or even consider the results of quality improvement efforts	Analyzes own clinical performance data and identifies opportunities for improvement Effectively participates in a quality improvement project Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients	Actively monitors clinical performance through various data sources Actively engages in improvement initiatives Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients
Limited use of or failure to review own clinical performance data Minimally participates in quality improvement projects Not familiar with the principles, techniques or importance of quality improvement	Analyzes other than clinical performance data and actively monitors own performance Actively engages in improvement initiatives	Actively monitors clinical performance through various data sources
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid red; padding: 5px;">13. Learns and improves via performance audit (PBLI2)</div> <div style="border: 1px solid red; padding: 5px;">ACGME reporting Milestones</div> </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> <div style="border: 1px solid blue; border-radius: 50%; padding: 10px; background-color: #e0e0ff; margin-right: 20px;">“Sub-competency”</div> </div>		

SHM Patient Safety Assessment Table

Task 1	Patient safety principles and techniques (PBL1, SBP2)
Task 2	Act upon possible/actual patient safety risk (SBP1, SBP2, PROF3)
Task 3	Inter-professional collaborationL: Performing Tasks (PROF1, ICS2, SBP1)
Task 4	Inter-professional collaboration: Communication (SBP1, PROF1,ICS2)
Task 5	Engage local health institution / local system (SBP2, PBLI2)
Task 6	Critical Reflection (PBLI1, PBLI2)

Task 1: Patient safety principles and techniques

Tasks	Observed behavior 1	Observed behavior 2	Observed behavior 3	Observed behavior 4	Observed behavior 5
Patient safety principles and techniques (PBL1, SBP2)	Endorses that providing safe care is a core physician skill and will be part of his/her future practice	Defines the general principles and approaches to patient safety	Using the language and principles in real-world settings	Appropriately applies techniques to analyze a patient safety event	Teaches and disseminates basic strategies and techniques to ensure patient safety

