

A Call to Action

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The Accreditation Council for Graduate Medical Education's Clinical Learning Environment Review (CLER) Program has opened an important set of optics for the executive leaders of the hospitals and medical centers that serve as clinical learning environments for residents and fellows in training and has provided insights into the important issues of patient safety, supervision, and clinical care. The supplement to this month's issue of the *Journal of Graduate Medical Education* presents the latest findings from the CLER Program.¹ For the first time, these findings offer a look at comparative data from repeat visits to the larger hospitals and medical centers that are the training environments of the future physician workforce. The report notes modest progress in addressing important areas of focus such as patient safety.² It also reveals significant opportunities to achieve the full potential of a strategic asset that remains, in many settings, a largely untapped resource—the residents and fellows who are training within these organizations. From the perspective of executive leadership, this report is a call to action.

One important takeaway of this report—and of the CLER Program overall—is that residents and fellows can be invaluable assets to hospitals and medical centers in advancing their strategic and operational goals while better serving their communities. Their value lies not only in the clinical services they provide but also in their ability to help the organization meet and exceed performance metrics, identify systems-level problems and solutions, and create new models of interprofessional collaborative care. The most recent CLER findings indicate that, to fully potentiate the strategic value of graduate medical education, executive leaders in health care organizations would benefit from:

1. **Ensuring that learners are fully integrated into their organization's patient safety and quality infrastructure.** The current report of findings indicates some progress in this area—with increased efforts to educate residents and

fellows on the principles of patient safety and modest increases in resident and fellow reporting of patient safety events.² However, most organizations still have a long way to go to fully engage new learners in a culture that is constantly vigilant, actively encourages open communication across professions, and is dedicated to systems-based approaches to improving patient care.

2. **Adopting and supporting a forever training model for all learners, faculty, and staff.** The CLER report indicates that, to date, few clinical learning environments have robust programs in place to ensure that faculty members have the knowledge and skills to both practice and teach patient safety and quality improvement.³ Addressing workforce development and turnover is a significant, ongoing challenge for many hospitals and medical centers. All too often, health care organizations invest in educational initiatives to improve performance on certain metrics only to find that, some interval later, performance is slipping due to turnover or the natural course of shift and drift that happens over time. Other industries, such as aviation and nuclear power generation, engage in forever training models. These industries have systematized their approach to education and reshaped how people think about the workplace. For these workers, training is not something that is one and done; rather, it is continual. For the industry, it requires an ongoing investment in workforce development: for the worker, a lifelong commitment to learning.
3. **Ensuring that new clinicians acquire the skills needed to optimize interprofessional learning and collaborative practice.** The CLER report also identifies opportunities to improve learning and patient care by taking a comprehensive approach that considers the clinical care team as a whole—whether addressing issues of patient safety, care transitions, or other focus areas.³ In today's world of increasingly complex care, it is not enough to simply assemble teams of health care professionals. Clinicians need training on how to be strong team members—how to interact efficiently and effectively so as to

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consciously maximize the skills and talents of everyone involved toward the common goal of providing optimal patient-centered care. In addition, executive leaders would benefit from creating environments that are actively focused on fostering the collective learning that occurs in the context of delivering patient care. This type of learning lends itself to identifying systems-based opportunities for improvement that can have a significant impact on organizational performance and patient outcomes.

Over the past decade, the majority of hospitals and medical centers have made a formal commitment to providing safer, higher-quality patient care—responding to regulatory requirements and performance metrics, setting high standards for quality improvement through methods such as Lean Six Sigma, and/or embracing the concept of a high-reliability organization. With the right approach and investment of resources, the subset of organizations that serve as graduate medical education training environments has the potential to provide double value. They can foster and enrich their own workforce and capacity to achieve the goals of safer, higher-quality patient care, and they can produce a future workforce that disseminates this talent and commitment to all clinical settings, both teaching and nonteaching.

Executive leaders of hospitals and medical centers have an opportunity to join the Accreditation Council for Graduate Medical Education and other organizations that are dedicated to improving the clinical learning environment and accelerating change in fully reaching their potential for delivering optimal care.

References

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