

Foreword to the CLER National Report of Findings 2018

Rowen K. Zetterman, MD, MACP, MACG

Approximately 7 years ago, the Accreditation Council for Graduate Medical Education (ACGME) Board of Directors enhanced its focus on the clinical learning environment. It established a national advisory panel to help design an ACGME effort to improve the resident and fellow learning experience and patient care in ACGME-accredited Sponsoring Institutions (SIs). That advisory group recommended to the ACGME Board of Directors that each ACGME-accredited SI be required to participate in a formative assessment focused on patient safety, health care quality, and 4 other important topics, contributing to the development of the ACGME's Clinical Learning Environment Review (CLER) Program.

The first *CLER National Report of Findings*¹ for the CLER Program, released in 2016, provided the ACGME Board, the US graduate medical education community, and the public with insights into the quality of clinical learning environments. Findings included variability in how residents and fellows were exposed to addressing patient safety, health care quality, and other important areas during their training. This report also provided input regarding considerations of the clinical learning and working environment during the subsequent revision of the ACGME Common Program Requirements.²

This second report provides a follow-up look at the nearly 300 larger SIs in which ACGME accredits residency and fellowship training across the United States. It includes the first evidence of trends and the possible impact of this formative learning experience on the clinical learning environment. The report continues to note the large degree of variation in how residents and fellows engage with hospitals, medical centers, and ambulatory sites to improve patient safety, health care quality, and the other areas of focus. It also highlights positive findings for important aspects of the environment, such as residents' and fellows' high degree of confidence that there is appropriate supervision. Additionally, the report identifies the vital role of other members of the clinical team, specifically nurses, in helping ensure high-quality supervision.

One new finding in this report is particularly worth noting for these larger SIs: in nearly 90% of the CLER visits, residents and fellows perceived that faculty members and program directors were experiencing burnout. Other published work and additional efforts of the ACGME, including its collaboration with the National Academy of Medicine, have noted burnout to be a deep-rooted problem needing immediate attention to improve the well-being of individuals affected and to prevent the associated risk to high-quality patient care.

Perhaps the most important message contained in this report is that evidence of improvement was noted within several of the focus areas—especially resident and fellow engagement in patient safety and quality improvement. Although it is not possible to demonstrate a direct causal relationship, the findings support that the CLER visits contributed to these improvements.

With the publication of this second *CLER National Report of Findings*, the ACGME Board of Directors can be assured that the ACGME, the graduate medical education community, and the public have a way of better understanding and improving the nation's clinical learning environments. We look forward to the ongoing work of the CLER Program with its evolving focus on well-being and teaming.

Reference

¹Wagner R, Koh NJ, Patow C, Newton R, Casey BR, Weiss KB; CLER Program. Detailed findings from the CLER National Report of Findings 2016. *J Grad Med Educ*. 2016;8(2 suppl 1):35–54.

²Accreditation Council for Graduate Medical Education. Common program requirements. http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf. Updated February 2017. Accessed May 17, 2018.

