CLER Pathways to Excellence, Version 3.0: Executive Summary

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The Accreditation Council for Graduate Medical Education (ACGME) Clinical Learning Environment Review (CLER) Program is pleased to announce the publication of Version 3.0 of *CLER Pathways to Excellence: Expectations for an Optimal Clinical Learning Environment to Achieve Safe and High-Quality Patient Care*.[1] The CLER Pathways, organized according to the 6 CLER Focus Areas (TABLE), serve as a tool to promote discussions and actions to optimize the clinical learning environment. The ACGME presents the CLER pathways as expectations rather than requirements, anticipating that clinical learning environments will strive to meet or exceed these expectations in their efforts to provide the best care to patients and to produce the highest quality physician workforce.

The *CLER Pathways to Excellence* is designed to continuously evolve, keeping up with the needs of dynamic clinical learning environments. The ACGME's CLER Evaluation Committee, a group that provides oversight and guidance on all aspects of the CLER Program, periodically reviews cumulative data from the CLER site visits, along with emerging research in the 6 Focus Areas, and uses the information to reassess the pathways, revise them as needed, and make recommendations, as appropriate, regarding potential changes to graduate medical education (GME) accreditation requirements. As elements of the *CLER Pathways to Excellence* migrate to the ACGME requirements, these elements are removed from future versions of the document and replaced with new areas for exploration. In this manner, the CLER Program serves as a catalyst to continually inform accreditation, while striving for excellence in patient safety and health care quality.

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The CLER Evaluation Committee and, ultimately, the ACGME Board of Directors, continually monitor the progress of the CLER Program. Success associated with the *CLER Pathways to Excellence* is assessed by tracking aggregated data over time and mapping progress along the pathways toward the goal of achieving optimal engagement.

The *CLER Pathways to Excellence* is intended to accelerate national conversations among educators, health care leadership, policy makers, and patients as to the importance of continually assessing and improving the environments in which the US physician workforce trains, as well as the role of GME in promoting safe, high-quality patient care. Version 3.0 will also serve as the foundation for the fifth CLER protocol that is planned for implementation in 2025.

Version 3.0 Introduces a New Focus Area

This version introduces a new Diversity, Equity, and Inclusion (DEI) Focus Area, which replaces the previous CLER Focus Area of Supervision. This new focus area recognizes that diverse, equitable, and inclusive clinical learning environments are essential to improve patient and learner experiences and achieve equity in health care. The DEI focus area includes 5 pathways for the clinical learning environment (see TABLE). The Supervision properties were either retired or redistributed as properties of other Focus Areas.

The optimal clinical learning environment commits to strategies, policies, procedures, and practices that are equitable and inclusive of all individuals, regardless of their race, culture, ethnicity, religion, ability, sexual orientation, gender identity, or other dimensions of diversity. To ensure an optimal patient experience and achieve better health outcomes, the clinical site develops, assesses, and monitors its strategies and efforts to promote DEI and improve interprofessional learning.

In all its activities, the CLER Program remains committed to continuous improvement toward the goal of optimizing the delivery of safe, high-quality patient care. The *CLER Pathways to Excellence* is part of the ACGME's efforts to help shape a physician workforce capable of meeting the challenges of

TABLE
CLER Pathways to Excellence[a]

CLER Focus Areas	Pathways
Patient safety	1. Education on patient safety 2. Culture of safety 3. Reporting of adverse events, near misses/close calls, and unsafe conditions 4. Experience in patient safety event investigations and follow-up 5. Clinical site monitoring of resident, fellow, and faculty member engagement in patient safety 6. Resident and fellow education and experience in disclosure of events 7. Resident, fellow, and faculty member engagement in care transitions 8. Patient safety and GME supervision
Health care quality	1. Education on quality improvement 2. Resident and fellow engagement in quality improvement activities 3. Data on quality metrics 4. Resident and fellow engagement in the clinical site's quality improvement planning process 5. Resident, fellow, and faculty member education on eliminating health care disparities and inequities in clinical outcomes 6. Resident, fellow, and faculty member engagement in clinical site initiatives to eliminate health care disparities and inequities in clinical outcomes 7. Achieving equity in health care
Teaming	1. Clinical learning environment promotes teaming as an essential part of interprofessional learning and development 2. Clinical learning environment demonstrates high-performance teaming 3. Clinical learning environment engages patients[b] to achieve high-performance teaming 4. Clinical learning environment maintains the necessary system supports to ensure high-performance teaming 5. Supervision in the context of the clinical care team
Diversity, equity, and inclusion (DEI)	1. Clinical learning environment ensures DEI inclusion across the clinical care team to optimize learning and patient care 2. Clinical learning environment creates and maintains interprofessional education and training and facilitates learning on DEI 3. Clinical learning environment maintains the necessary support systems to ensure DEI 4. Clinical learning environment creates and maintains diversity among the clinical care team to optimize learning and patient care 5. Clinical learning environment monitors the effectiveness and outcomes of its efforts to integrate and achieve DEI
Well-being	1. Clinical learning environment promotes well-being across the clinical care team to ensure safe and high-quality patient care 2. Clinical learning environment demonstrates specific efforts to promote the well-being of residents, fellows, and faculty members 3. Clinical learning environment promotes an environment in which residents, fellows, and faculty members can maintain their personal well-being while fulfilling their professional obligations 4. Clinical learning environment demonstrates systems-based actions for preventing, eliminating, or mitigating impediments to the well-being of residents, fellows, and faculty members 5. Clinical learning environment demonstrates mechanisms for identification, early intervention, and ongoing support of residents, fellows, and faculty members who are at risk of or demonstrating self-harm 6. Clinical learning environment monitors its effectiveness at achieving the well-being of the clinical care team
Professionalism	1. Education on professionalism 2. Culture of professionalism 3. Conflicts of interest 4. Patient[b] perceptions of professional care 5. Clinical site monitoring of professionalism

[a] This table lists the CLER pathways only. Readers should refer to the full *CLER Pathways to Excellence* to view the properties associated with each pathway.[1]
[b] "Patient" can include family members, caregivers, patient legal representatives, and others.
Abbreviations: CLER, Clinical Learning Environment Review; GME, graduate medical education; DEI, diversity, equity, and inclusion.

a rapidly evolving health care environment. The full document is available on the ACGME website.[1]

Reference

1. CLER Evaluation Committee. CLER Pathways to Excellence: Expectations for an Optimal Clinical Learning Environment to Achieve Safe and High-Quality Patient Care, Version 3.0. Accreditation Council for Graduate Medical Education; Accessed August 8, 2024. https://www.acgme.org/globalassets/pdfs/cler/acgme-cler-2024-pte3.pdf doi:10.35425/ACGME.0010

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