

International Clinical Learning Environment Pathways to Excellence: Executive Summary

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The Accreditation Council for Graduate Medical Education (ACGME) and ACGME International (ACGME-I) are pleased to announce the publication of *International Clinical Learning Environment Pathways to Excellence: Expectations to Achieve Safe and High-Quality Patient Care*.¹

The *International Clinical Learning Environment Pathways to Excellence* document is intended to accelerate conversations among educators, health care leaders, policymakers, and patients regarding the importance of continually assessing and improving the environments in which resident and fellow physicians learn and train, as well as the role of graduate medical education (GME) in promoting safe, high-quality patient care. This publication reflects the review and input of a working group of international GME leaders from ACGME-I-accredited sponsoring institutions. As a tool to promote discussions and actions to optimize GME and patient care, this document frames each pathway and property from the health system's perspective, recognizing that health care organizations create, and are therefore primarily responsible for, the clinical learning environment (CLE). This focus emphasizes the importance of the interface between GME and the hospitals, medical centers, ambulatory sites, and other health care settings across the continuum of care that serve as CLEs.

Background

The World Health Organization (WHO) has long recognized inequities in patient safety and quality of care as challenges to achieving the goal of better health care for all.^{2,3} More recently, the WHO recognized the role of workforce education as one of the strategic objectives in its global patient safety action toward eliminating avoidable harm in health care.⁴

The physician workforce is one of the key levers to improving health care. Resident and fellow physicians

who work on the front lines of patient care need to be prepared to recognize patient safety events and intervene when appropriate, to champion performance improvement efforts, and to work effectively in interprofessional teams on systems-based issues. The next generation of the physician workforce needs the skills to contribute to systems improvement in health care organizations globally.

In 2013, the ACGME publicly introduced the concept of the CLE to the GME community in the United States.⁵ The initial version of *International Clinical Learning Environment Pathways to Excellence* is based on a series of documents subsequently published by the ACGME.⁶⁻⁸ The ACGME's Clinical Learning Environment Review (CLER) Program published the first *CLER Pathways to Excellence* document in 2014. At the time, the CLER Program launched a site visit process to explore the clinical sites that host US GME and provide formative feedback to improve the CLE in 6 cross-cutting Focus Areas, including Patient Safety and Health Care Quality. The CLER Program created the initial and subsequent versions of the *CLER Pathways to Excellence* to serve as guidance to promote discussions and actions in these 6 cross-cutting Focus Areas to optimize the CLE for GME and patient care. Additionally, in the United States, the National Collaborative for Improving the Clinical Learning Environment noted that CLEs are shared educational experiences and developed a similar document to address learners across the health care professions.⁹

Since the inception of the CLER Program, there has been international interest in the concept and practice of high-performing CLEs. By adapting the work of the CLER Program, this document provides guidance that can resonate internationally as educational leaders engage in dialogue with the executive leaders of their CLEs to build or strengthen infrastructure and processes that optimize both learning and patient care.

In each of the 6 CLER Focus Areas, a series of pathways and properties are framed as expectations (TABLE). Currently, these are neither requirements for ACGME-I accreditation, nor are they intended to

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TABLE

CLER International Pathways to Excellence^a

CLER Focus Areas	International 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
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^b 6. Resident, fellow, and faculty member engagement in clinical site initiatives to eliminate health care disparities^b 7. Residents, fellows, and faculty members deliver care that demonstrates cultural humility^c
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^d to achieve high-performance teaming 4. Clinical learning environment maintains the necessary system supports to ensure high-performance teaming
Supervision	1. Education on supervision 2. Culture of supervision 3. Roles of clinical staff members other than physicians in resident and fellow supervision 4. Patient^d perspectives on graduate medical education supervision 5. Clinical site monitoring of resident and fellow supervision and workload
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 where residents, fellows, and faculty members can maintain their personal well-being while fulfilling their professional obligations 4. Clinical learning environment demonstrates system-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^d perceptions of professional care 5. Clinical site monitoring of professionalism

^a This table lists the CLER pathways only. Readers should refer to the full *International Clinical Learning Environment Pathways to Excellence* to view the properties associated with each pathway.^{1,8}

^b Health care disparities reflect unintended differences in the care delivered to and the health outcomes experienced by patients receiving care at the clinical site.

^c Cultural humility is defined as a lifelong process of self-reflection that can inform one's understanding of cultural differences and how such differences require sensitive approaches to health care. As part of cultural humility, there is no presumption that one knows enough about anyone else's culture, identity, or how they experience the world.

^d "Patient" can include family members, caregivers, patient legal representatives, and others.

Abbreviation: CLER, Clinical Learning Environment Review.

serve a regulatory function. They are a framework that can be used to initiate or deepen conversations among GME leaders and health care executives as they strive to optimize the clinical site's ability to provide high-quality education and safe patient care.

CLEs are shared by many learners—both within medicine and across the health care professions. As such, the guidance within this document can be broadened to encompass resident and fellow physicians in nonaccredited programs, as well as learners from other professions on the clinical care team.

Development of *International Clinical Learning Environment Pathways to Excellence*

To adapt the *CLER Pathways to Excellence* for the international community, the leaders of the CLER Program and ACGME-I convened a working group composed of GME leaders (designated institutional officials or their designees) and organizational leaders in patient safety and health care quality improvement from sponsoring institutions accredited by or in dialogue with ACGME-I.

Collectively, the document was informed by inputs from more than 40 participants from 22 sponsoring institutions/organizations across multiple countries, including (in alphabetical order) Guatemala, Haiti, Jordan, Kenya, Lebanon, Oman, Pakistan, Qatar, Saudi Arabia, Singapore, the United Arab Emirates, and Vietnam, as well as the United States.

To begin this work, the participants reviewed Version 2.0 of the *CLER Pathways to Excellence* to determine if each property in the 6 Focus Areas needed modification to be more applicable internationally. Participants responded to an initial survey review of the *CLER Pathways 2.0* document (ie, pathways and properties) by reviewing each property and marking it “keep as written,” “modify,” or “delete.” Results of the initial review were then collated and used to inform small- and large-group discussions held both in-person and online via video-conference. Overall, most properties in Version 2.0 of the *CLER Pathways to Excellence* were determined to be applicable and were not modified. Several rounds of iterative discussions and revisions were required to modify approximately one quarter of the properties, and participants reached consensus on the final version.

Using the Pathways' Framework

Central to the *International Clinical Learning Environment Pathways to Excellence* is a series of pathways for each of the 6 Focus Areas, which are collectively important to create an optimal CLE.

Each pathway presents a series of key properties that CLEs, in collaboration with their GME leadership, can implement to optimize resident and fellow physicians' engagement.

The pathways and their properties cannot be achieved by GME leaders alone. To be successful, a close partnership is needed between GME leadership and the highest level of executive leadership at a clinical site. This guidance document is a tool to help health care organizations prioritize and act upon opportunities to improve the CLE for resident and fellow physicians and—ultimately—patient care outcomes.

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