Foreword to the CLER National Report of Findings 2016

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Graduate medical education (GME) as a whole and the ACGME as an organization have been on a remarkable and accelerating path of change. In recent years alone, we have seen the implementation of a new accreditation system; the establishment of resident training milestones; a collaboration with the American Osteopathic Association and American Association of Colleges of Osteopathic Medicine to establish a single accreditation system; and the development and roll out of the Clinical Learning Environment Review (CLER) Program. GME and the ACGME are undergoing these changes concurrently with substantial transformation in the greater health care environment, including expanded access to health care under the Affordable Care Act. We are also adapting to the increasing needs of the public and private insurance market to demonstrate accountability and value in patient care, based in part on the quality and safety of that care.

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I am very excited about the advances in the transparency of our clinical and educational systems. Using aggregated data, the ACGME is increasingly facilitating the ability of the public to peer inside the delivery and education system to ensure that we practice and teach evidence-based medicine and professionalism at the highest achievable standard of quality. In this regard, I believe the CLER Program is making a significant impact that will lead to tangible positive patient outcomes.

With the release of this first National Report of Findings for the CLER Program, the ACGME is further contributing to transparency and accountability in health care. It provides the GME community and others with the first national data on how well residents and fellows, faculty members, and GME leadership are engaged with their clinical learning environments to provide specialty and subspecialty care. As with any first time inquiry it brings a wealth of new information—a baseline—upon which we will begin to shape our future understanding as to what excellence means in clinical learning environments.

This report provides us with data that identifies some aspects of resident and fellowship training in which our nation's teaching hospitals, medical centers, and clinics are achieving success at educating our future workforce across the six focus areas of CLER. The report identifies some noteworthy challenges and opportunities for improvement. It also gives us insight into how other professionals are learning in these same clinical learning environments. However, perhaps the greatest theme in this report is the large degree of variability that was reported both between and within clinical learning environments across many elements of the six focus areas. In a sense this should not be surprising; GME like all significant human endeavors develops organically at the leading edge. The findings require further investigation to determine the extent to which this variability best serves patient care and GME. Through ongoing study and collaboration with our teaching hospitals, medical centers, and clinics we will learn more about what underlies this variability, and which innovations really drive excellence in the clinical learning environment. Such knowledge will build upon ACGME's *CLER Pathways to Excellence*,[1] which was released in 2014 to provide guidance for accelerating improvements on the journey that the CLER Program has stimulated.

In reading this report, I encourage you to imagine the systemic impact of having all of our graduates across disciplines and across the health professions emerge from their training programs as experienced in the tools and methods of quality improvement and the science of patient safety as they are in their clinical specialties.

The power of integrating our residents and fellows—and other health profession trainees—into the quality and safety systems of our clinical learning environments is immeasurable. We must also be mindful of the stresses and pressures that will emerge from this wonderfully rich mix of activities and ensure that we attend to the well-being of residents, fellows, faculty members, and staff during this transition.

Our GME graduates are the leaders of tomorrow. They will take these essential skills and make the Institute for Healthcare Improvement's triple aim—improving the experience of care, improving the health of populations, and reducing per capita costs of health care[2]—a reality. These leaders, along with their interprofessional team mates, will build systems that will ensure that care is safe, timely, effective, efficient, equitable, and patient centered. If we do this and do it well, I am confident that we will help build a better future for graduate medical education, for the US health care system, and most importantly for patient care.

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[1] The Accreditation Council for Graduate Medical Education (ACGME). CLER Pathways to Excellence: expectations for an optimal clinical learning environment to achieve safe and high quality patient care. ACGME website. https://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLER_Brochure.pdf. Accessed January 25, 2016.

[2] Berwick DM, Nolan TW, Whittington J. The triple aim: care, health, and cost. *Health Aff (Millwood)*. 2008;27(3):759–769. doi:10.1377/hlthaff.27.3.759.