Reflections on the ACGME CLER Survey

Recently, I participated in my second Accreditation Council for Graduate Medical Education (ACGME) Clinical Learning Environment Review (CLER) site visit. This experience, and the questions in the survey, raised a few concerns that I would like to discuss.

The ACGME asks if residents are comfortable requesting faculty members for help. It is my opinion that today too many residents are looking for help from their faculty, and want to be told what to do, rather than have a faculty member reply, "What do you think?" The pressure of the Socratic teaching process can be uncomfortable, particularly when a faculty member asks a resident, "Do you think we should solve this patient's problem by sticking a knife into him?" Yet, I would argue that, independent of the learning involved in the process of how to actually do it, the process of learning when to fearlessly cut open another human being should be an uncomfortable process. However, it appears that the residency education community no longer wants residents to feel uncomfortable.

Indeed, there may be a major patient safety issue overlooked by the CLER survey: many institutions now have a lengthy mentorship period for newly graduated attending staff. It is my opinion that this likely is due to the (over)-supervision implemented in many institutions, in response to the ACGME requirements. Our CLER site surveyor informed the audience that a resident operating without an attending in the room is grounds to shut down a program. How, then, can a hospital hire a new graduate and expect him or her to operate without a mentor in the room? Our private practice colleagues bear the brunt of completing the training of the current generation of physicians, who appear to no longer be taught what it means to be fully responsible for the life of another human being.

While work hours are important, attention to fatigue may leave new graduates unprepared for the harshest lesson of private practice: these are no longer the hospital's patients; they are your patients. Even when a colleague takes over the care of a patient, there is value in saying, "I'm not going home until my patient is safely brought to the ICU."

Another concern developed after the CLER site visitor asked if anyone was aware of physicians copying information from other notes into a patient chart, rather than directly eliciting this information from the patient. There are instances when physicians appropriately copy information in the history rather than directly elicit it from the patient. That happens with any trauma patient admitted with a low Glasgow Coma Scale score or for any patient who is intubated, delirious, or demented. Electronic health records are intended to make it easy to get access to the prior records of patients who cannot provide their own history.

In short, the ACGME CLER site visit might be asking some questions that may be doing a disservice to the process of physician professional development.

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