



**Boston  
Children's  
Hospital**

Until every child is well™

# GME ON-CALL

Volume 5, Issue 3 Special Edition— CLER

## The ACGME's CLER Site Visit

Alan Woolf, MD, MPH

In this special edition of our *GME On-Call* newsletter, we describe the new plans of the ACGME staff to conduct *Clinical Learning Environment Review (CLER)* site visits in hospitals throughout the country as a new initiative within the Next Accreditation System (NAS). As CLER rolls out, we wanted to share details of the site visits that have emerged with our readers. It is expected that CLER visits will occur about every 18 months.



These site visits will be conducted over a period of 1-3 days, depending on the size of the institution. Activities will include a series of meetings with senior administrative officials, training program directors, faculty and house-staff in the hospital. There will be 'huddles' of the site visitors throughout the day to evaluate their progress. Site visitors will conduct random interviews of staff and trainees and they will participate in walk-around activities, observing in various venues in the hospital, including critical care units, wards, surgical sites, and outpatient facilities. An exit interview with hospital officials will provide an opportunity for some immediate feedback on the institution's educational strengths and weaknesses.

The ACGME is interested in CLER visits to learn the institution's culture and practices with respect to seven focus areas:

1. Duty hours, fatigue management and mitigation
2. Transitions of care
3. Supervision
4. Professionalism
  - Accurate and honest reporting of information
  - Scientific integrity
  - Issues of maltreatment
5. Integration of residents and fellows into patient safety programs
6. Integration of residents and fellows into quality improvement activities
7. Reduction of disparities in health care delivery

The CLER seeks to assess the efforts of the institution in supporting its educational training programs in these areas, collect baseline information, identify weaknesses that require remediation, and offer recommendations to hospital officials and educators.

The aims of the CLER visit are to assess:

- Who/what form the institutional infrastructure design to address the 7 focus areas?
- How integrated is the GME leadership and faculty in institutional efforts across the 7 focus areas?
- How engaged are residents and fellows?

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### AGME's CLER Site Visit continued from Page 1

- How does the institution determine the success of its efforts to integrate the GME into the 7 focus areas?
- What are the areas the institution has identified for improvement?

The evaluation will be based on expectations, not ACGME requirements. The CLER visit will not grade the institution or determine its accreditation, and its findings will not be used to place an institution on probation. Rather, the ACGME sees the CLER visits as on-site “consultations” that will contribute in a positive way to the institution’s educational mission.

For more information on the C.L.E.R. program, *GME On-Call* readers can visit the ACGME’s website at [www.acgme.org](http://www.acgme.org).

### CLER & Duty Hours

CLER visitors may review hospital monitoring of the hours worked by the house-staff and how it responds to violations of the rules. BCH tracks the hours worked by trainees through their routine entries into the software “New Innovations.” This data is compiled on a regular basis and the results are compared to the ACGME regulations. Training program directors are routinely notified as to the performance of trainees in their programs. The results are also shared routinely with the hospital-wide CME Committee. Programs with a pattern of repeated violations may be selected for a ‘special program review’ by the Office for GME. Such an inquiry will determine the causes and make recommendations as to possible solutions to the program’s violations. The highlights of ACGME Duty Hours for residents and clinical fellows are given below:

- 80 hour work week (averaged over 4 weeks)
- 24 hour period free in 7 days (averaged over 7 days)
- 10 hour period in between shift duties
  - ◆ *≥10 hours for PGY-1*
  - ◆ *PGY-2 and higher must have ≥8 hours and should have ≥10 hours*
  - ◆ *Residents in their final years of training (as defined by the RRC) may be allowed to return to the hospital with less than 8 hours between the shifts under certain circumstances*
- In-house call ≤ 3rd night (averaged over 4 weeks)
- Time spent in-house during “at-home” call counts toward 80 hour work week
- ≤ 24 continuous hours (+6 hours didactic, sign out)
  - ◆ *PGY-1 ≤ 16 hours*
  - ◆ *PGY-2 or higher ≤ 24 hours + 4 hours didactic, sign out– option for 10pm-8am sleep period strongly encouraged*
- Internal moonlighting included in 80 hrs/week
  - ◆ *All moonlighting included*
  - ◆ *PGY-1 not permitted to moonlight*

### By the Numbers

CLER, ACGME

1-3

Days

The length of time a CLER visit might last

CLER Program Development Involvement

>2800

Residents

>2200

Faculty

>1600

Program Directors

>120

CEO/Executive Directors

were interviewed by CLER site visitors

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### By the Numbers

Patient Safety in the  
U.S.– Joint  
Commission

44,000

to

98,000

Number of  
deaths/year due  
to medical errors

180,000

Number of  
deaths/year due  
to adverse  
events

90,000

Number of  
deaths/year  
from adverse  
effects that  
could be  
preventable

### Transitions of Care

One of the important facets of clinical care is the transition of responsibilities for a patient from one health care provider to another with the change of a shift. Many avoidable errors in patient care can be avoided by the routine provision of efficient, effective communications between trainees, nurses, attending physicians, and other health care providers. Here at BCH, we have developed a novel tool to facilitate transitions of care by a robust handoff process, known as I-PASS, which stands for:

- I:** Illness Severity
- P:** Patient Summary
- A:** Action List
- S:** Situational Awareness & Contingency Planning
- S:** Synthesis by Receiver



In the process of developing the I-PASS intervention, a curriculum in teamwork training and tools for faculty to evaluate resident handoffs was developed. Resident and faculty workshops and online information, handoff simulations and interactive materials promote institutional adoption of I-PASS. All of these materials are now available free of charge at:

[www.ipasshandoffstudy.com](http://www.ipasshandoffstudy.com)

Transitions of care will be one focus of the CLER visit, and the ACGME site visitor will shadow teams of house-staff as they sign out patients to one another, to insure that these handoffs emphasize models of teamwork, proper supervision, integration of trainees into patient care activities, and the highest standards of patient safety.

### CLER & Supervision of Trainees

The ACGME's CLER visit seeks to understand how trainees at BCH are supervised in various clinical venues. Do residents know when and who to call for back-up or help in decision-making? Are they aware of institutional policy outlining when an attending physician must be notified of a changing patient care situation? Here is a summary of BCH scenarios requiring attending physician notification:

#### 4 patient-related transfers

1. Hospital admission
2. Transfer to ICU
3. Transfer to Complex Care Service (CCS)
4. Delay in transfer to a higher level of care after ICU/ICP consult has been obtained

#### 3 medication-related patient issues

1. Medication error requiring clinical intervention
2. Significant increase in oxygen requirement
3. Uncontrollable pain despite pain medications

#### 4 procedures-related patient issues

1. Any significant clinical problem that will require an invasive procedure/operation
2. Development of major wound complications
3. Need for intubation or ventilatory support
4. Access issues

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### CLER & Supervision Continued from Page 3

#### 6 patient-related staff issues

1. Need for a 'patient care huddle'
2. Increased nursing concerns
3. Increased parental concerns
4. Any criteria determined by an attending physician at morning or evening rounds
5. Lack of response from the clinical team
6. Lack of reassuring response/concern not being addressed by the clinical team

#### 7 additional changes in patient's clinical status

1. Cardiac arrest or significant change in hemodynamic status
2. New arrhythmia
3. Panic laboratory value or new positive blood culture
4. Anuria or change in urine
5. Development of significant neurological changes
6. Red CHEWS score >5
7. Marked change in fluid balance

## CLER & Professionalism

Jennifer Kesselheim, MD, M.Ed, MBE, Katharine Garvey, MD, MPH

The CLER visit includes study of the success of the hospital in making professionalism and humanism the cornerstone of a culture of patient-centered care. Trainees have the opportunity from day one of their training to observe attending physicians and other mentors and to emulate their qualities of compassion, respect, and empathy. We take great pride in the role-models we provide to our trainees even as we acknowledge that role-modeling, while necessary, is insufficient to teach humanism and professionalism. BCH also has put into place policies that reinforce the highest standard of professionalism that it expects of all of the staff. But in addition to sound policy, medical educators and leaders at BCH recognize that humanism and professionalism are domains that must be explicitly taught through formal curricula intended to inspire reflection on and continual commitment to these core values.

Many resources are available throughout the institution to emphasize the importance of humanism and professionalism to trainees.

For example:

- Drs. Kate Garvey and Jennifer Kesselheim direct a curriculum for the Boston Combined Residency Program in Pediatrics entitled Humanism and Professionalism in Pediatrics. This curriculum allows small groups of residents to convene monthly, along with trained faculty-facilitators, to explore topics related to humanism and professionalism through case-based discussion.



Similar interventions are happening in numerous fellowship programs including cardiology and hematology-oncology.

## By the Numbers

Root Causes of  
Sentinel Events– U.S.  
(Joint Commission)

70%

Human Error

65%

Communication

61%

Leadership

11%

Continuum of  
Care

\*\* Based on data  
Jan.– June, 2013  
N=446

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### By the Numbers

I-PASS

Focus Group

Participants

39 people

10 institutions

67% of

sites lacked consistent faculty supervision of handoffs

8% of U.S.

Medical Schools provide formal training of handoffs

70% of

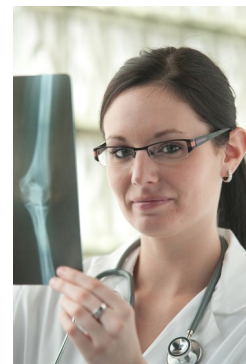
U.S. Medical Students report a lack of formal training on handoffs

(N=152, 2 Schools, 2011)

### CLER & Professionalism continued from Page 4

- BCH is affiliated with the Institute for Professionalism & Ethical Practice (IPEP) which offers outstanding continuing education seminars and workshops that include role-playing with trained actors, case-based materials, and other resources. Topics include giving bad news, approaching difficult conversations with families, and more.
- Drs. Debra Boyer, Jennifer Kesselheim, Ted Sectish, and Cynthia Stein direct a curriculum for BCH fellows entitled Strategies for Academic Success, which includes a module dedicated to ethics and professionalism. During this 3-hour workshop, participants engage with case vignettes about professionalism challenges encountered during fellowship training and receive teaching on principles of research ethics.
- The fellowship in Pediatric Anesthesia has developed an innovative approach to teaching by devising a novel curriculum on trainee wellness. The curriculum allows fellows to reflect on mindfulness and personal wellness and to explore how these impact medical professionalism.
- Dr. Elizabeth Rider has created a unique fellowship for faculty who seek advanced skills in teaching humanism and professionalism. This course is helping faculty, who serve as both teachers and role models to our trainees, cultivate deeper skills and heightened expertise in these domains.

The list above is in no way comprehensive but demonstrates a sampling of interventions that signify the institution's deep commitment to teaching professionalism to trainees and to building a culture in which values like professionalism and humanism are celebrated and explicitly fostered across the continuum of medical education.



### CLER & Patient Safety

The CLER site visit includes as its focus issues related to trainee integration into the hospital's systems for preventing errors in clinical care. The CLER teams will ask whether residents and clinical fellows know what clinical situations constitute an error or a 'near miss' and do they know the hospital mechanisms in place to report such events.

They will query the diagnostic pathway to short-cycle change to prevent errors and whether the trainee is included in any hospital teams or committees dedicated to forestalling such occurrences.

Boston Children's Hospital has a robust system in place, SERS— Safety Event Reporting System, for reporting medical errors or near-miss events. Such reports are welcomed from trainees and any other health care providers in the Hospital. Reports generated in SERS are reviewed by the joint PPSQ/GME Education

Subcommittee and referred to quality improvement triads for new approaches and remedies. SERS reports are also reviewed by trainees in their Mortality & Morbidity conferences, which are held periodically throughout the year. Residents and clinical fellows are involved as members of the Education Subcommittee. At the institutional level, clinical quality metrics involving trainees are tracked annually and reported to the Medical Staff Executive Committee.

## GME ON-Call

### Residents & Fellows Reminded of Mandatory Quality Improvement & Patient Safety Training

The Office of GME, in partnership with the Program in Patient Safety & Quality (PPSQ) at Boston Children's Hospital and officials at the independent Institute for Healthcare Improvement (IHI) Open School for Health Professions, has developed a novel way to help individual programs satisfy the dual ACGME competencies of practice-based learning & improvement and systems-based practice. This educational tool consists of mandatory online educational modules intended for all residents and clinical fellows covering 8 different modules in 4 different themes. Each of the modules takes about 15-20 minutes to complete. The trainee must achieve a 75% test score to pass the module.

The curricular content is as follows:

**Theme 1: Human Factors in Complex Systems**

Understanding the Science of Human Factors

**Theme 2: Medical Errors and Patient Harm**

To Err is Human

Errors can Happen Anywhere and to Anyone

**Theme 3: Communication Among Individuals and Teams**

Why Are Teamwork and Communications Important?

Basic Tools and Techniques

Communication During Times of Transition

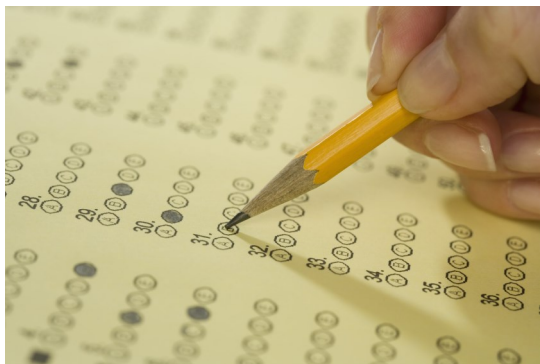
**Theme 4: Adverse Event Reporting and System Improvement**

Identifying & Reporting Errors

Overview for the Model of Improvement

Although some individual training programs have elected to offer their own QI curriculum and their residents and fellows can waive participation in the IHI modules, this online course offers a high-quality, standardized method of fulfilling, in part, compliance with ACGME requirements in practice-based learning and improvement. Since its inception at Boston Children's Hospital in 2011, more than 800 physician trainees have completed the series.

[Note: These mandatory QI training modules can be found at the Graduate Medical Education Program area of the internal website of Boston Children's Hospital under "Practice-Based Learning & Improvement".]



### By the Numbers

I-PASS

Serious medical errors are reduced by

30%

when interns work less than

16 hour shifts

Since RHB (Resident Handoff Bundle)-I-PASS,

Medical errors have decreased

46%

& preventable adverse effects have decreased

56%

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### By the Numbers

90 to  
40 per  
1000  
patients

(The drop in rates of adverse effects at one participating hospital after the adoption of I-PASS)

Sources:

[The I-PASS Handoff Process: Teaching & Evaluating Standardized Approaches to Transitions of Care](#)

[The Joint Commission](#)

[Closing the Gap: A Needs Assessment of Medical Students & Handoff Training](#)

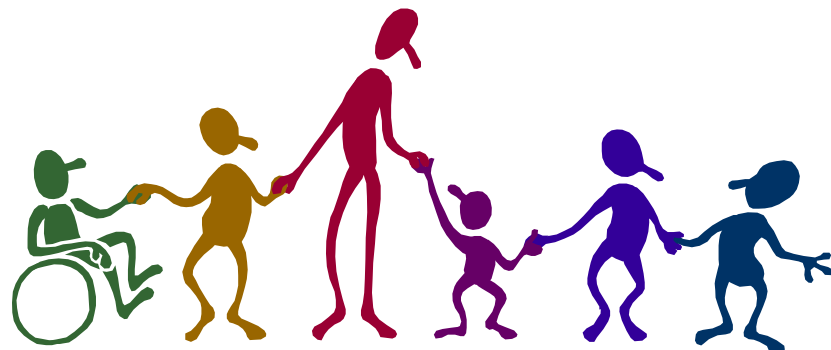
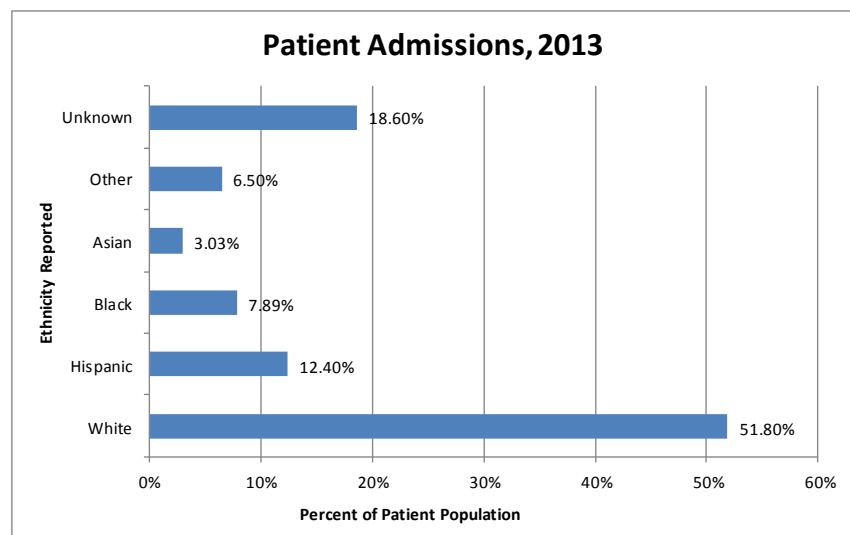
### CLER: Training in Diversity & Cultural Competence

The CLER site visit will inquire as to how well residents and fellows are educated about disparities of clinical care and whether they are engaged in attaining cultural competency regarding the diverse populations of children and their families under their care. Do trainees have ample opportunities to develop their interpersonal communication skills with people who come from diverse ethnic and cultural backgrounds and who may hold very different beliefs about healthcare than their own?

Boston Children’s Hospital has made a major commitment to diversity on all fronts:

- Enhancing access to the best health care
- Promoting and cultivating a diverse workforce
- Instilling a welcoming environment
- Bolstering respect for cultural differences in the delivery of care
- Reducing differences in health outcomes among different racial and ethnic groups
- Advancing our community outreach
- Developing further student and residency outreach

While progress has been made in many areas, much work remains. Implementing a successful diversity and cultural competency program is a complex undertaking. At Boston Children’s Hospital, we recognize that diversity efforts require dedicated time, attention and resources. We are devoted to making those investments so we can provide the best medical care to all children in need— children who are changing the face of Boston, Massachusetts and beyond.



## GME ON-Call

### Mission, Vision, & Values in GME

#### MISSION STATEMENT from the CHB website

**Leaders of tomorrow:** Set the standard for training pediatric caregivers by offering new and innovative curriculum and systems to support trainees in learning how to deliver the high-quality and safest care, especially to our patients with the most complex medical needs.

#### VISION

Boston Children’s Hospital will shape, inspire, and accelerate educational activities that will profoundly improve the educational outcomes of every resident and set the standard for innovation approaches to pediatric training that will serve as a model for other institutions.

#### CORE VALUES

**Excellence:** We are committed to achieving and maintaining a standard of excellence in all we do. First and foremost, we consistently strive to make the patient experience a model of quality care through advanced treatment, compassionate support, and full family participation and communication. We will pursue graduate medical educational activities of the highest quality.

**Spirit of Collaboration:** We will treat others with respect, listen to diverse views with open minds, and foster discussions where participants can comfortably offer opposing opinions.

**Accountability:** We will develop objectives aligned with the Hospital’s educational mission, its funding priorities, and the interests of both residents and faculty, and develop systems for evaluation and course corrections.

**Leadership:** As an academic medical center devoted to the practice of pediatrics, Boston Children’s Hospital fosters an environment of innovation and discovery, and of individual and team contributions to advancing pediatrics in all areas of our mission.

#### Questions? Contact the GME Office

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#### Upcoming Events

### GME DAY

Wednesday,  
April 30th

9:00 AM

Interactive Morning  
Seminar

10:00 AM

Senior Rounds

12:00 PM

Grand Rounds

1:00– 4:45 PM

Lunch & Workshops

**4th Annual  
Advancing  
Quality  
Improvement  
Science for  
Children’s  
Healthcare**

May 2nd, 2014

Vancouver

[www.academicpeds.org](http://www.academicpeds.org)