The Clinical Learning Environment Review (CLER) Program

Staci A. Fischer, MD, FACP, FIDSA

CLER Field Representative and Team Lead

CLER Program

- 2012
- 4 cycles of site visits
  - CLER COVID protocol
  - Subprotocols: operating room, patient experience*
  - Just launched a new protocol
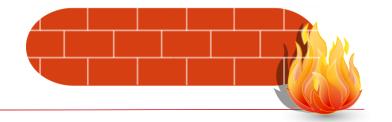 - Publish national reports at the end of each cycle

CLER Basics

Separate from accreditation

Formative feedback – no citations

Visit the medical center where the majority of training occurs; focus on how GME is integrated into improvement processes

DIO gets 10 days to 8 weeks notice

CLER Basics

- Only accreditation requirements are that the visit occurs and that the DIO and CEO of the clinical site being visited are present at the initial meeting and the closing discussion

- CLER site visit team does not have access to any accreditation data or decisions

- Accreditation field staff cannot access CLER reports

Goals for the CLER Program

- Provide CLEs where residents and fellows train with periodic feedback that addresses the 6 focus areas; GME-CLE integration

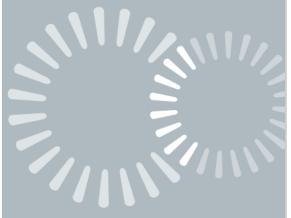- Assess the present and inform the future of clinical training

CLER Basics

- Series of group interviews with CLE senior leaders/DIO, patient safety leaders, residents/fellows, faculty members, program directors

- WALKING ROUNDS – speaking with front line staff in many professions in multiple clinical areas where residents provide care

CLER Focus Areas

- Patient safety
- Health Care Quality and Health Care Disparities
- Teaming
- Supervision
- Well-Being
- Professionalism

CLER

NATIONAL REPORT OF
FINDINGS 2022:

THE COVID-19 PANDEMIC AND
ITS IMPACT ON THE CLINICAL
LEARNING ENVIRONMENT

Virtual meetings
Sampling of 300 SIs

Impact of the pandemic on training, telemedicine

Group meetings with
Senior Leaders
Leaders in Patient Safety/Health Care
Quality/Health Care Disparities
Teaming representatives
Well-Being representatives
Residents/Fellows
Faculty members
Program Directors

Walking Rounds

Interviewing frontline staff (mostly non-physicians)

Closing Discussion in person – the rest via Zoom

Closing Discussion and Written Report

CLER Focus Areas

- Patient safety
- Health Care Quality and Health Care Disparities
- Teaming
- Supervision
- Well-Being
- Professionalism

Teaming

Individuals come and go (e.g., shift changes, patient transitions from one clinical area to another)

In providing care, staff interact with clinical care team members across the organization (e.g., radiology, the laboratory, consulting services)

The patient is also part of the clinical care team – and from their perspective, everyone in the medical center is part of the team

What to expect as a faculty member or PD

- Zoom meeting; sign in on laptop/computer and have phone/tablet available to participate in polling

- No need to prepare anything for the session

Faculty and PD sessions

- Multiple choice and discussion questions

- Focus on the CLE being visited, not your programs

  - Support of <u>you</u>, integration of residents in their work to improve clinical care

- Comments are confidential – be honest

Race/Racism

A social classification not a biological descriptor

The social interpretation of how one looks in a race conscious society this leads to inequalities in power, resources, and opportunities across racial or ethnic groups

What is health Equality ?

Social justice in healthcare

Commitment to reduce and ultimately eliminate disparities in health

Strive for the highest possible standard of health for all people, giving special attention to the needs of those at greatest risk of poor health

Neuro Disparities in the US

- Utilized more by females, older, white, nonimmigrant, higher income and more educated

- Neurology visits rates were markedly lower for blacks and Hispanics

- Higher mortality rate from heart disease and stroke in AA

- Black participants were more likely to have visited the ED, had more hospital stays, higher per capita hospitalization expenditure than white participants

- Saadi et al 2017 Neurology

Promoting Equity, Diversity & Inclusion

- Increasing/improving participation of historically underrepresented groups in research
- Supporting researchers addressing disparity issues
- Funding health equity and community oriented research
- Educating all members of organizations by including antitracisim and neurodisparites in trainee curricula
- Discussing equity topics in faculty meetings, grand rounds, national conferences and facilitating space for self reflection around bias
- Enhancing recruitment and retainment of underrepresented trainees, faculty and staff

Review of ACGME Program Director and Coordinator FTE Requirements

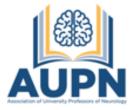Brian Copeland, MD

Erica Schuyler, MD

Program Director FTEs

- Minimum requirements set for salary support for non-clinical time for administration of the program
- Initial requirements had a minimum for the PD and a minimum for combined PD/APD(s) time based on number of residents
  - Changed to include only a minimum time based on number of residents
    - May be PD alone or combination of PD/APD(s)
  - Child Neurology PD requirements are now the same as adult programs
  - This is a *MINIMUM* requirement

Number of Approved Resident Positions	Minimum support required (FTE)
1-6	0.2
7-10	0.4
11-15	0.5
16-20	0.6
21-25	0.7
26-30	0.8
31-35	0.9
36-40	1.0
41-45	1.1
46-50	1.2
51-55	1.3
56-60	1.4
61-65	1.5
66-70	1.6

Fellowship Director FTEs

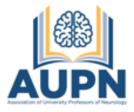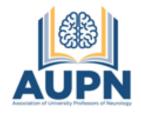| Number of Approved Fellow Positions	Minimum support required (FTE)
1-3	0.1
4-6	0.15
7-9	0.2
10-12	0.25
13-15	0.3

Poll

Program Coordinator FTEs

- Minimum requirements set for dedicated time and salary support for administration of the program

- Minimum FTE requirements based on number of trainees

- PC can support more than one program
  - FTE Requirements are *CUMULATIVE*

- Child Neurology PD requirements are now the same as adult programs

- This is a *MINIMUM* requirement

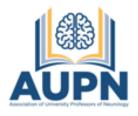| Number of Approved Resident Positions	Minimum FTE
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51-55	1.6
56-60	1.7

Fellowship Coordinator FTEs

Number of Approved Fellow Positions	Minimum FTE
1-3	0.2
4-6	0.2
7-9	0.2
10-12	0.25
13-15	0.3

Poll

Update on Fellowship Application Timelines

Erica A. Schuyler, MD, FAAN, FANA

January 20, 2023

AUPN Chair/PD forum

AAN Fellowship Timeline Workgroup

- AAN Graduate Education Subcommittee Workgroup
  - Zachary London (chair)
  - Jaffar Khan
  - Abhimanyu Mahajan
  - Raymond Price
  - Erica Schuyler
- 2019 AAN position statement for fellowship recruitment to start no earlier than March 1 of PGY3 (PGY4 child) and offers/match no earlier than August 1 of final year of training.
- Based on input from PDs, chairs, resident input—all overwhelmingly in favor.   IM and most other specialties with fellowship recruitment in final year of training, IM in December of final year.
- Surveyed residents who participated in 20-21 fellowship applications, manuscript published in Neurology in 2022.

The Neurology Fellowship Application Conundrum

Finding Common Ground

Zachary N. London, MD, Abhimanyu Mahajan, MD, Carolyn Cahill, BA, Jaffar Khan, MD, Erica A. Schuyler, MD, and Raymond S. Price, MD

Correspondence
Dr. London
zlondon@med.umich.edu

Abstract

For many neurologic subspecialties, the fellowship application process begins early in the first half of the second year of neurology-specific training (PGY3 for adult neurology residents and PGY4 for child neurology residents). In 2019, the American Academy of Neurology (AAN) published a position statement recommending communication between fellowship candidates and training programs begin no sooner than March 1 of the penultimate year of training and that programs offer fellowship positions no sooner than August 1 of the final year of training. A few pilot subspecialties adopted this timeline for 2021 recruitment for positions beginning in 2022. All United States–based AAN-affiliated neurology and child neurology residents who recently completed the fellowship application process received a survey about their fellowship application experience. Of the 291 residents who responded to the survey, 96% agree that applications should not be submitted before March 1 of the penultimate year of training and 72% believe that August 1 of the final year is a reasonable time to begin offering positions. Nearly half (49%) of residents believe that there is too little time for subspecialty/clinical exposure before applying for fellowship and 88% feel the current process and timeline are stressful. Residents who applied to programs in pilot subspecialties report more time to choose, less stress, and a lower number of time-pressured offers. A large majority of residents (89%) prefer to submit a single application through a centralized system. The survey results suggest that residents who just completed the fellowship application process agree with the AAN recommended timeline for all subspecialties and that all neurology subspecialties should consider adopting a fellowship match. Programs can help facilitate a better fellowship application experience by providing earlier exposure to a broad range of neurologic subspecialties and ensure that residents are given opportunities to attend national meetings and participate in appropriately scoped scholarly endeavors.

Sub-Specialty	Applications Submitted	Offers	Match
Clinical Neurophysiology CNP-EMG CNP-EEG	August/September PGY3 Optional March PGY3 with NM Nov/Dec PGY3 w/epilepsy	Rolling June PGY3 May PGY3	No Yes-AANEM YES, NRMP
Neuromuscular	March PGY3-AANEM portal	June PGY3	No YES-AANEM
Epilepsy	August/September PGY3 Dec PGY3	Rolling May PGY3	No YES NRMP
Neurocritical care	October PGY3 January PGY3	June PGY3 August PGY3	SF Match
Neuro-oncology	October PGY3	June PGY3	SF Match
Vascular neurology	December PGY3	May PGY3	YES-NRMP
Headache	March PGY3	August PGY4	YES NRMP
Movement disorders	March PGY3	August PGY4	SF Match
Sleep	July PGY4	October PGY4	NRMP
Cognitive neurology	Variable	Rolling	No
Sports	Variable	Rolling	No
NeuroIR	Variable	Rolling	No
Neuroimmunology	???	???	SF Match
Neuro-opthalmology	???	???	SF Match
Neurohospitalist	Feb/March PGY3	May 1 PGY3	No

Black-2020/21 recruitment
Red-updates for 2021/22
Blue-updates for 2022/23
Green-updates for 2023/24