INTERNATIONAL CLINICAL LEARNING ENVIRONMENT PATHWAYS TO EXCELLENCE

EXPECTATIONS TO ACHIEVE SAFE AND HIGH-QUALITY PATIENT CARE

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The Accreditation Council for Graduate Medical Education (ACGME) and ACGME International (ACGME-I) present the *International Clinical Learning Environment Pathways to Excellence: Expectations to Achieve Safe and High-Quality Patient Care*. This document is a tool for promoting discussions and actions to optimize graduate medical education (GME) and patient care. It frames each of the pathways and properties 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.

This document is an adaptation of the ACGME's *CLER Pathways to Excellence*. As such, it is similar yet not identical to the US version. This document reflects the review and input of a working group of international GME leaders from ACGME-I-accredited Sponsoring Institutions. While the majority of properties contained in this document are identical to those in the ACGME *CLER Pathways to Excellence Version 2.0*, approximately one quarter were modified, and a few were deleted to make the document more applicable and acceptable across a wide range of international contexts.

About the ACGME and ACGME International

The ACGME is an independent, 501(c)(3) not-for-profit organization that sets and monitors voluntary professional educational standards essential in preparing physicians to deliver safe, high-quality medical care to all Americans.

ACGME-I is an independent 501(c)(3) organization created by the ACGME in 2009. The Mission of ACGME-I is to improve health care by assessing and advancing the quality of resident physicians' education through accreditation. ACGME-I protects the interests of residents and improves the quality of teaching, learning, research, and professional practice, with the ultimate goal of benefiting the public that its accredited programs and graduates serve.

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Introduction

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.[1,2] The WHO recognizes the role of workforce education as one of the strategic objectives in its global patient safety action toward eliminating avoidable harm in health care.[3]

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 health care workforce needs the skills to be able to lead changes in health care organizations both large and small across the globe.

Background

This initial version of the *International Clinical Learning Environment Pathways to Excellence* document is based on a series of documents published by the ACGME.[4-6] The ACGME's 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 for improving the CLE in six 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 six 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.[7]

Globally, there is keen interest in improving the CLE. 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 six CLER Focus Areas, there is a series of pathways and properties that are framed as expectations. Currently, these are neither requirements for ACGME-I

accreditation nor are they intended to 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.

As noted above, 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 non-accredited programs, as well as learners from other professions on the clinical care team.

DEVELOPING THE *INTERNATIONAL CLINICAL LEARNING ENVIRONMENT PATHWAYS TO EXCELLENCE* DOCUMENT

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 12 countries, including Guatemala, Haiti, Jordan, Kenya, Lebanon, Oman, Pakistan, Qatar, Saudi Arabia, Singapore, the United Arab Emirates, and Vietnam.

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

USING THE PATHWAYS' FRAMEWORK

The *International Clinical Learning Environment Pathways to Excellence* provides a framework for clinical sites to use in their continuing efforts to prepare the members of the clinical care team to deliver consistently safe, high-quality patient care. Central to the document is a series of pathways for each of the six Focus Areas, which are collectively essential to creating an optimal CLE. In turn, 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.

For example, the Patient Safety Focus Area has defined pathways. The first is:

PS Pathway 1: Education on patient safety

Five properties are attached to this pathway—each designed to assess the GME connection to the structures and processes the CLE has put into place to promote safe, high-quality patient care. The first is:

The clinical learning environment:

a. Provides residents, fellows, and faculty members with interprofessional, experiential training on the principles and practices of patient safety.

In total, this first version of the *International Clinical Learning Environment Pathways* presents six Focus Areas, 34 pathways, and 137 properties.

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 the clinical site. This guidance document is a tool to assist health care organizations in prioritizing and acting on opportunities to improve the CLE for resident and fellow physicians and—ultimately—patient care outcomes.

STRIVING FOR EXCELLENCE

The *International CLE Pathways to Excellence* is intended to accelerate conversations among educators, health care leaders, policy makers, 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 GME in promoting safe, high-quality patient care.

Patient Safety (PS)

The optimal clinical learning environment continually provides experiences that residents and fellows need to engage with the clinical site's efforts to address patient safety. It is important that the clinical site has processes to identify and implement sustainable, systems-based improvements to address patient safety vulnerabilities and that such processes engage interprofessional teams as part of ongoing efforts to deliver the safest and highest quality patient care.[2]

PS Pathway 1: Education on patient safety

The clinical learning environment:

a. Provides residents, fellows, and faculty members with interprofessional, experiential training on the principles and practices of patient safety.

b. Ensures that faculty members have the knowledge and skills to practice, teach, and assess residents and fellows in patient safety.

c. Engages residents and fellows in patient safety educational activities in which the clinical site's systems-based challenges are presented and techniques for designing and implementing system changes are discussed.

d. Provides residents, fellows, and faculty members with education on the clinical site's proactive risk assessments (e.g., failure mode and effects analysis).

e. Ensures that the clinical site's patient safety education program is developed collaboratively by patient safety officers, residents, fellows, faculty members, nurses, and other members of the clinical care team.

PS Pathway 2: Culture of safety

The clinical learning environment:

a. Regularly conducts a culture of safety survey with all members of the clinical care team to identify opportunities for improvement and shares results across the organization.

b. Establishes formal risk-based mechanisms to identify hazards, monitor for potential vulnerabilities, and ensure patient safety.

c. Creates and sustains a fair and just culture for reporting patient safety events for the purposes of systems improvement.

d. Maintains mechanisms to provide second-victim support (including emotional support) and follow-up to the clinical care team involved in patient safety events.

e. Directly reaches out to residents and fellows involved in patient safety events to provide second-victim support (including emotional support).

PS Pathway 3: Reporting of adverse events, near misses/close calls, and unsafe conditions

The clinical learning environment:

a. Provides the clinical care team, including residents, fellows, and faculty members, with education on the types of vulnerabilities and range of reportable patient safety events.

b. Ensures that the clinical care team, including residents, fellows, and faculty members, understands the benefits of reporting patient safety events to improve patient care at the clinical site.

c. Ensures that residents, fellows, and faculty members know that it is their personal responsibility to report patient safety events into the clinical site's reporting system rather than delegating this responsibility.

d. Captures patient safety events reported by residents, fellows, and faculty members via any mechanism (e.g., online, telephone calls, chain of command) in the clinical site's central reporting system.

e. Provides GME leadership (routinely) and the clinical site's governing body (at least annually) with information on patient safety events reported by residents, fellows, and faculty members.

PS Pathway 4: Experience in patient safety event investigations and follow-up

The clinical learning environment:

a. Ensures that residents and fellows engage in interprofessional, experiential patient safety event investigations that include analysis, implementation of an action plan, and monitoring for continuous improvement related to patient care.

b. Provides direct feedback to members of the clinical care team, including residents and fellows, on the outcomes resulting from personally reporting a patient safety event.

c. Shares lessons learned from patient safety investigations across the organization with all members of the clinical care team, including residents and fellows.

PS Pathway 5: Clinical site monitoring of resident, fellow, and faculty member engagement in patient safety

The clinical learning environment:

a. Monitors the participation of residents, fellows, and faculty in the reporting of patient safety events.

b. Monitors resident, fellow, and faculty member participation in patient safety event investigations.

c. Uses data from monitoring resident, fellow, and faculty member patient safety reports to develop and implement actions that improve patient care.

d. Monitors resident, fellow, and faculty member participation in implementing action plans resulting from patient safety event investigations.

PS Pathway 6: Resident and fellow education and experience in disclosure of events

The clinical learning environment:

a. Provides residents and fellows with experiential training with their faculty members (e.g., simulated or authentic patient care experience) in the clinical site's process for disclosing patient safety events to patients and families.

b. Ensures that residents and fellows are involved with faculty members in disclosing patient safety events to patients and families at the clinical site.

PS Pathway 7: Resident, fellow, and faculty member engagement in care transitions

The clinical learning environment:

a. Provides residents, fellows, and faculty members with simulated or real-time interprofessional training on communication to optimize transitions of care at the clinical site.

b. Ensures that residents, fellows, and faculty members use a common clinical site-based process for change-of-duty hand-offs.

c. Ensures that residents, fellows, and faculty members use a standardized direct verbal and written communication process for patient transfers between services and locations at the clinical site.

d. Involves residents, fellows, and program directors in the development and implementation of strategies to improve transitions of care.

e. Monitors transitions of patient care managed by residents and fellows.

Health Care Quality (HQ)

The optimal clinical learning environment provides experiential and interprofessional training in all phases of quality improvement aligned with the quality goals of the clinical site.[3] In this way, it ensures that residents and fellows engage with the entire cycle of quality improvement—from planning through implementation and reassessment.

HQ Pathway 1: Education on quality improvement

The clinical learning environment:

a. Ensures that residents, fellows, and faculty members are familiar with the clinical site's priorities and goals for quality improvement.

b. Provides the clinical care team, including residents, fellows, and faculty members, with ongoing education and training on quality improvement that involves experiential learning and interprofessional teams.

c. Engages residents, fellows, and faculty members in quality improvement educational activities where the clinical site's systems-based challenges are presented, and techniques for designing and implementing systems changes are demonstrated.

d. Ensures that the clinical site's quality improvement education program is developed collaboratively by quality officers, residents, fellows, faculty members, nurses, and other members of the clinical care team to reflect the clinical site's quality program's priorities and goals.

e. Ensures the integration of quality improvement processes and lessons learned into the daily workflow of clinical care.

HQ Pathway 2: Resident and fellow engagement in quality improvement activities

The clinical learning environment:

a. Provides opportunities for residents and fellows to actively engage in interprofessional quality improvement.

b. Ensures that residents and fellows actively engage in interprofessional quality improvement that is aligned and integrated with the clinical site's priorities for sustained improvements in patient care.

c. Develops and maintains a database for all quality improvement projects, including resident- and fellow-led projects, to monitor progress and assess the quality of the projects.

d. Shares quality improvement outcomes with all members of the clinical care team, including residents and fellows, across the organization.

HQ Pathway 3: Data on quality metrics

The clinical learning environment:

a. Provides the clinical care team, including residents and fellows, with clinical site-level quality metrics and benchmarks.

b. Provides the clinical care team, including residents and fellows, with aggregated data on quality metrics and benchmarks related to their patient populations.

c. Ensures that the clinical care team, including residents, fellows, and faculty members, can interpret data on quality metrics and benchmarks.

HQ Pathway 4: Resident and fellow engagement in the clinical site's quality improvement planning process

The clinical learning environment:

a. Engages residents, fellows, and faculty members in strategic planning for quality improvement.

b. Engages residents, fellows, and faculty members in interprofessional service-line, departmental, and clinical site-wide quality improvement committees.

c. Periodically reviews resident and fellow quality improvement projects to integrate with the clinical site's quality improvement planning process.

HQ Pathway 5: Resident, fellow, and faculty member education on eliminating health care disparities*

The clinical learning environment:

a. Provides the clinical care team, including residents, fellows, and faculty members, with education on the differences between health disparities and health care disparities.

b. Ensures that residents, fellows, and faculty members know the clinical site's priorities for addressing health care disparities.

c. Educates residents, fellows, and faculty members on identifying and eliminating health care disparities among specific patient populations receiving care at the clinical site.

d. Informs residents, fellows, and faculty members on the clinical site's process for identifying and eliminating health care disparities.

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

HQ Pathway 6: Resident, fellow, and faculty member engagement in clinical site initiatives to eliminate health care disparities*

The clinical learning environment:

a. Engages residents, fellows, and faculty members in defining strategies and priorities to eliminate health care disparities among its patient population.

b. Identifies and shares information with residents, fellows, and faculty members on the social determinants of health for its patient population.

c. Provides residents, fellows, and faculty members with quality metrics data on health care disparities among specific patient populations receiving care at the clinical site.

d. Provides opportunities for residents, fellows, and faculty members to engage in interprofessional quality improvement projects on eliminating health care disparities among their patient populations.

e. Monitors the outcomes of quality improvement initiatives aimed at eliminating health care disparities among its patient population.

HQ Pathway 7: Residents, fellows, and faculty members deliver care that demonstrates cultural humility**

The clinical learning environment:

a. Provides residents, fellows, and faculty members continual training in cultural awareness and cultural humility relevant to the patient population served by the clinical site.

b. Ensures that the clinical care team, including residents, fellows, and faculty members, delivers care that incorporates the views of culturally diverse patient populations.

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

**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.

Teaming (T)

The optimal clinical learning environment supports high-performance teaming. The concept of teaming recognizes the dynamic and fluid nature of the many individuals of the clinical care team that come together in the course of providing patient care to achieve a common vision and goals.[8] Teaming recognizes the benefits of purposeful interactions in which team members quickly identify and capitalize on their various professional strengths—coordinating care that is both safe and efficient. The team members collaborate and share accountability to achieve outstanding results.

T Pathway 1: Clinical learning environment promotes teaming as an essential part of interprofessional learning and development

The clinical learning environment:

a. Maintains an organizational strategy to promote interprofessional learning on teaming.

b. Provides continual interprofessional educational programming on teaming that engages residents, fellows, and faculty members.

c. Ensures the development and maintenance of interprofessional skills on teaming that engages residents, fellows, and faculty members.

d. Ensures continual interprofessional learning on teaming that engages residents, fellows, and faculty members.

e. Engages in continual goal setting and monitoring of interprofessional learning on teaming.

T Pathway 2: Clinical learning environment demonstrates high-performance teaming

The clinical learning environment:

a. Ensures that patient care planning by residents, fellows, and faculty members (e.g., diagnostic and treatment strategies) is conducted in the context of interprofessional teams.

b. Ensures that transitions in care conducted by residents, fellows, and faculty members (e.g., change-of-duty hand-offs, transfers of patients between services and locations) involve, as appropriate, interprofessional teams.

c. Engages residents, fellows, and faculty members in interprofessional performance improvement activities, including patient safety and quality improvement, across service lines and health care settings.

d. Ensures that patient care processes are designed with interprofessional collaborative input, including the GME community.

T Pathway 3: Clinical learning environment engages patients*** to achieve high-performance teaming

The clinical learning environment:

a. Maintains a strategy to engage patients as part of its efforts to ensure high-performance teaming.

b. Ensures that patients are engaged with their clinical care team in decisions related to their care.

c. Ensures that patients are engaged, as appropriate, in resident and fellow care transitions (e.g., change of service).

T Pathway 4: Clinical learning environment maintains the necessary system supports to ensure high-performance teaming

The clinical learning environment:

a. Provides professional development resources to ensure interprofessional learning and high-performance teaming that includes residents, fellows, and faculty members.

b. Provides interprofessional resources to support teaming activities within and across service lines and health care settings.

c. Monitors the use of interprofessional resources (e.g., people, technology) to support high-performance teaming.

d. Ensures that information technology expertise is integrated into interprofessional teams and that resources are available to support high-performance teaming.

e. Demonstrates how it continually educates and engages the clinical care team, including residents, fellows, and faculty members, in integrating artificial intelligence (e.g., decision support), when applicable, to support high-performance teaming.

f. Monitors the degree of patient engagement in the design and continuous improvement of teaming.

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

Supervision (S)

The optimal clinical learning environment provides all members of the clinical care team and patients with mechanisms to raise supervision concerns. It also continuously monitors resident and fellow supervision to implement actions that enhance patient safety. For each resident and fellow, GME encompasses progressive levels of supervision throughout the educational program.

S Pathway 1: Education on supervision

The clinical learning environment:

a. Educates the clinical care team, including residents, fellows, and faculty members, on GME expectations for supervision and progressive autonomy throughout the residency and fellowship experience.

b. Educates residents, fellows, and faculty members on the clinical site's expectations on how GME provides effective supervision of patient care.

S Pathway 2: Culture of supervision

The clinical learning environment:

a. Ensures that residents and fellows receive adequate supervision as defined by the clinical site.

b. Maintains a culture of supervision such that residents and fellows feel safe and supported in requesting assistance in the delivery of patient care.

c. Fosters a supportive and nonpunitive culture of supervision for members of the clinical care team to report concerns about resident and fellow supervision.

d. Ensures that mechanisms are in place for the clinical care team, including residents and fellows, to escalate supervision concerns in real time.

e. Establishes expectations for and monitors the quality of supervision of consultative services provided by residents and fellows.

S Pathway 3: Roles of clinical staff members other than physicians in resident and fellow supervision

The clinical learning environment:

a. Ensures that clinical staff members other than physicians act on concerns related to the supervision of residents and fellows.

b. Ensures that clinical staff members other than physicians are knowledgeable about the clinical site's expectations for supervision and progressive autonomy throughout the residency and fellowship experience.

c. Periodically assesses the perceptions of clinical staff members other than physicians that the clinical site provides residents and fellows with a supportive culture for requesting assistance from supervising physicians.

d. Ensures that clinical staff members other than physicians escalate concerns when supervision policies and procedures are not followed at the clinical site.

S Pathway 4: Patient*** perspectives on graduate medical education supervision

The clinical learning environment:

a. Ensures that patients understand the roles and are able to identify the names of attending physicians, residents, and fellows caring for them at the clinical site.

b. Ensures that patients have adequate contact with the resident and fellow team caring for them at the clinical site.

c. Communicates to patients the mechanism for them to directly contact the attending physician in charge of their care about concerns with supervision.

d. Includes patients' perceptions in monitoring adequate supervision of residents and fellows.

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

S Pathway 5: Clinical site monitoring of resident and fellow supervision and workload

The clinical learning environment:

a. Maintains information systems, accessible by the clinical care team, to verify the level of supervision required for residents and fellows to perform specific patient procedures.

b. Monitors the use of systems to verify the level of supervision required for residents and fellows to perform specific patient procedures.

c. Ensures that mechanisms are in place to systematically monitor and expeditiously address potential patient care vulnerabilities due to resident and fellow supervision.

d. Monitors for patient care vulnerabilities due to the impact of faculty workload on resident and fellow supervision to formulate and implement strategies to mitigate the vulnerabilities.

e. Monitors and assesses faculty member supervision of resident and fellow transfers of patient care, including change-of-duty and between services and locations at the clinical site.

Well-being (WB) – SELECTED TOPICS

The optimal clinical learning environment is engaged in systematic and institutional strategies and processes to cultivate and sustain the well-being of both its patients and its clinical care team.[9] The delivery of safe and high-quality patient care on a consistent and sustainable basis can be rendered only when the clinical learning environment ensures the well-being of clinical care providers. The following pathways and properties reflect selected topics in this area.

WB Pathway 1: Clinical learning environment promotes well-being across the clinical care team to ensure safe and high-quality patient care

a. The clinical site creates a supportive clinical care community that is free of stigma; that is safe; and embraces, promotes, and supports well-being.

b. Leadership engages front-line health care providers in designing and developing priorities and strategies that support well-being.

c. The clinical site builds awareness and educates the clinical care team on the risks, signs, symptoms, and recognition of fatigue in the context of patient care specific to the clinical site.

d. The clinical site builds awareness and educates the clinical care team on the risks, signs, symptoms, and recognition of burnout in the context of patient care specific to the clinical site.

e. The clinical learning environment and GME leadership demonstrate behaviors that promote well-being, thereby serving as role models for the clinical care team.

WB Pathway 2: Clinical learning environment demonstrates specific efforts to promote the well-being of residents, fellows, and faculty members

a. Leadership engages residents, fellows, and faculty members in designing, developing, and continually stewarding priorities and strategies that support well-being.

b. The clinical learning environment demonstrates continuous effort to support programs and activities that enhance the physical and emotional well-being of residents, fellows, and faculty members.

WB Pathway 3: Clinical learning environment promotes an environment where residents, fellows, and faculty members can maintain their personal well-being while fulfilling their professional obligations

The clinical learning environment:

a. Establishes organizational expectations for resident, fellow, and faculty member workload—duration and intensity—consistent with safe and high-quality care for their patients and the educational needs of GME.

b. Identifies and monitors patient care activities by residents, fellows, and faculty members that exceed the expectations of duration and intensity (volume and complexity) set by the clinical learning environment.

c. Demonstrates continued improvement efforts to eliminate work-related activities that exceed the expectations of duration and intensity (volume and complexity) set by the clinical learning environment.

d. Seeks and implements longitudinal approaches to enhance residents', fellows', and faculty members' ability to balance their personal needs with that of their work-related responsibilities.

WB Pathway 4: Clinical learning environment demonstrates system-based actions for preventing, eliminating, or mitigating impediments to the well-being of residents, fellows, and faculty members

The clinical learning environment:

a. Promotes resilience training that is interprofessional and includes residents, fellows, and faculty members to ensure the safe and effective care of their patients.

b. Ensures that systems are in place to actively recognize and mitigate fatigue among residents, fellows, and faculty members.

c. Ensures that systems are in place to actively recognize and alleviate burnout among residents, fellows, and faculty members.

d. Identifies GME-related systems and processes that may impede well-being in the clinical learning environment and works with the Sponsoring Institution to eliminate these impediments.

e. Identifies clinical site-related systems and processes that may impede well-being in the clinical learning environment and works to eliminate these impediments.

WB Pathway 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

The clinical learning environment:

a. Builds awareness and educates the clinical care team on the risks, signs, symptoms, and recognition of those who are at risk of or demonstrating self-harm.

b. Ensures confidentiality and actively facilitates early detection of residents, fellows, and faculty members at risk of or demonstrating self-harm.

c. Establishes systems or processes that provide residents, fellows, and faculty members at risk of or demonstrating self-harm confidential access to treatment and other related services that are commensurate with occupational and personal needs.

d. Effectively addresses the emotional needs of its residents, fellows, and faculty members in relation to catastrophic work-related events (in the course of patient care or among the members of the clinical care team).

WB Pathway 6: Clinical learning environment monitors its effectiveness at achieving the well-being of the clinical care team

The clinical learning environment:

a. Actively monitors and assesses the effectiveness of its efforts to promote the optimal integration of work with personal needs related to self, family, friends, and community.

b. Actively monitors and assesses the effectiveness of its efforts to eliminate harm to patients due to clinician fatigue.

c. Actively monitors and assesses the effectiveness of its efforts to eliminate harm to patients due to clinician burnout.

d. Actively monitors and assesses the effectiveness of its efforts to assess and provide care for those who are at risk of or demonstrating self-harm.

Professionalism (PR) – SELECTED TOPICS

The optimal clinical learning environment recognizes that attitudes, beliefs, and skills related to professionalism directly impact the quality and safety of patient care. It has mechanisms in place for reporting concerns around professionalism, periodic assessment of concerns and identification of potential vulnerabilities, and the provision of feedback and education related to resulting actions.[10] The following pathways and properties reflect selected topics in this area.

PR Pathway 1: Education on professionalism

The clinical learning environment:

a. Educates the clinical care team, including residents, fellows, and faculty members, on the clinical site's expectations for professional conduct in an interprofessional environment.

b. Educates the clinical care team, including residents, fellows, and faculty members, on clinical site, regional, and national issues of professionalism (e.g., appropriate use of copyrighted material, documentation practices).

PR Pathway 2: Culture of professionalism

The clinical learning environment:

a. Promotes a culture of professionalism that supports honesty, integrity, and respectful treatment of others.

b. Ensures that residents and fellows follow the clinical site's policies, procedures, and professional guidelines when documenting (e.g., work hours, moonlighting, Case Log reporting).

c. Ensures that residents, fellows, and faculty members follow the clinical site's policies, procedures, and professional guidelines when documenting in the electronic medical record—with special attention to documentation of clinical information that is based on direct assessment or appropriately attributed information.

d. Ensures a culture of professionalism in which residents and fellows immediately report any unsafe conditions in patient care, drawing the clinical care team's attention to unsafe events in progress (e.g., "stop the line").

e. Provides mechanisms for members of the clinical care team, including residents, fellows, and faculty members, to report concerns about professionalism without retaliation.

f. Ensures that residents, fellows, and faculty members engage in timely, direct, and respectful communication in the development of patient care plans among primary and consulting teams.

PR Pathway 3: Conflicts of interest

The clinical learning environment:

a. Educates residents and fellows on its conflicts of interest policies and potential issues related to patient care, including the clinical site's conflicts of interest.

b. Educates residents and fellows on how the clinical site supports residents and fellows in managing conflicts of interest that they encounter.

c. Ensures that residents, fellows, and faculty members disclose potential conflicts of interest throughout resident and fellow education and patient care.

d. Develops and maintains databases on resident, fellow, and faculty member potential conflicts of interest (e.g., research funding, commercial interests) that are accessible to the clinical care team, when applicable.

e. Assesses patient safety events for issues related to resident, fellow, and faculty member conflicts of interest.

PR Pathway 4: Patient*** perceptions of professional care

The clinical learning environment:

a. Educates residents, fellows, and faculty members on how patient experience data on professionalism are used to improve patient care.

b. Routinely provides residents, fellows, and faculty members with patient experience data on professionalism at the clinical site.

PR Pathway 5: Clinical site monitoring of professionalism

The clinical learning environment:

a. Routinely assesses the culture of professionalism and uses that information to continuously improve the clinical site.

b. Monitors documentation practices related to resident, fellow, and faculty member use of the electronic medical record and other sources of patient health information.

c. Monitors for the appropriate use of copyrighted material available to the public as part of education efforts around in-service and board examinations.

d. Monitors for accurate reporting of resident and fellow work hours.

e. Effectively addresses reported behaviors of unprofessionalism and ensures that the clinical site is absent of chronic, persistent unprofessional behavior.

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

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