ACGME Clinical Learning Environment Review (CLER) Visit

Anticipated Questions for Residents/Fellows

**Patient Safety**

Do residents, fellows know how to report patient safety events at the clinical site?

Do residents/fellows report patient safety events via the clinical site’s preferred system?

Can residents/fellows describe the disposition and actions resulting from the reporting of an event at the clinical site?

Do residents/fellows perceive that the clinical site provides a supportive culture for reporting patient safety events?

Are residents/fellows engaged in quality improvement educational activities where the clinical site’s systems-based challenges are presented, and techniques for designing and implementing systems changes are discussed?

Do residents/fellows participate as team members in real or simulated interprofessional clinical site-sponsored patient safety investigations (such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions)?

Are residents/fellows involved in disclosure of patient safety events to patients and families at the clinical site?

**Health Care Quality**

Are residents/fellows familiar with the clinical site’s priorities for quality improvement?

Do residents/fellows know the clinical site’s priorities for addressing health care disparities?

Are residents/fellows actively involved in the quality improvement activities at the clinical site?

Do residents/fellows participate in departmental and clinical site-wide QI committees?

Are residents/fellows engaged in QI activities addressing health care disparities for the vulnerable populations served by the clinical site?

Do residents/fellows participate in simulated or real-time interprofessional training on communication to optimize transitions of care at the clinical site?
**Care Transitions**

Do residents/fellows, know the clinical site’s transitions of care policies and procedures?

Do residents, fellows use direct communication in the development of patient care plans among primary and consulting teams?

Do resident/fellow transfers of patients between services and locations at the clinical site involve, as appropriate, interprofessional staff members (e.g. nurses)?

Do residents/fellows use a common clinical site-based process for change of duty hand-offs?

Do residents/fellows change of duty hand-offs involve, as appropriate, interprofessional staff members (e.g. nurses) at the clinical site?

Do residents/fellows use a standardized direct verbal communication process for patient transfers between services and locations at the clinical site?

**Supervision**

Do residents/fellows perceive that they are receiving adequate supervision at the clinical site?

Do residents/fellows perceive that the clinical site provides a supportive culture for requesting assistance?

**Duty Hours/Fatigue Management & Mitigation**

Do residents and fellows perceive that there is honest reporting of duty hours at the clinical site?

Do residents/fellows believe that their program and the clinical site has a culture that supports fatigue management and mitigation?

**Professionalism**

Do residents/fellows perceive that the clinical site provides an environment of professionalism (including authority figure and supervisor role-modeling) that supports honesty and integrity and respectful treatment of others?

Are residents/fellows aware of and, if needed, would use the clinical site’s process(es) for reporting possible mistreatment?

Do residents/fellows follow the clinical site’s professional guidelines when documenting in the electronic medical record?