NCICLE

NATIONAL COLLABORATIVE FOR IMPROVING THE CLINICAL LEARNING ENVIRONMENT

NCICLE Pathways to Excellence:

EXPECTATIONS FOR AN OPTIMAL INTERPROFESSIONAL CLINICAL LEARNING ENVIRONMENT TO ACHIEVE SAFE AND HIGH-QUALITY PATIENT CARE

2021

The National Collaborative for Improving the Clinical Learning Environment (NCICLE) is pleased to present the *NCICLE Pathways to Excellence: Expectations for an Optimal Interprofessional Clinical Learning Environment to Achieve Safe and High-Quality Patient Care*. The *NCICLE Pathways* document is a tool for promoting discussions and actions to optimize the clinical learning environment (CLE). 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 CLE. This focus emphasizes the importance of the interface between learners and the medical centers, ambulatory sites, and other health care settings across the continuum of care that serve as CLEs.

TABLE OF CONTENTS

INTRODUCTION

In the late 1990s, the National Academy of Medicine (formerly the Institute of Medicine) conducted a multiyear project to identify approaches to improve the quality of health care in the United States.(1) The result of that effort was a series of reports (2,3) that highlighted serious patient safety concerns, variability in the quality of care, and continuing health care disparities. More than 25 years after the release of those reports, the overall progress in improving the nation's health care has been slow.

The health care workforce is one of the key levers to improving health care. Individuals 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. This next generation of our health care workforce needs the skills to be able to lead changes in our nation's health care organizations, both large and small.

BACKGROUND

This initial version of the *NCICLE Pathways* document is based on a series of documents published by the Accreditation Council of Graduate Medical Education (ACGME). The ACGME's Clinical Learning Environment Review (CLER) Program published the first *CLER Pathways* document in 2014.(4) At the time, they were launching a new site visit process to explore the clinical sites that host graduate medical education (GME) and provide formative feedback that identified opportunities for improving the CLE in cross-cutting areas such as patient safety and health care quality.

While the clinical learning environments (CLEs) visited understood the goals of this new ACGME site visit process and often welcomed the feedback, the visits also raised important questions such as—*What characterizes an optimal CLE? What should we be striving to achieve for our learners and patients?*

In response, the CLER program turned to its oversight body—The CLER Evaluation Committee—to create the initial and subsequent versions of the *CLER Pathways* (5,

6) to serve as guidance to promote discussions and actions to optimize the CLE for GME and patient care.

In this same time period, the leaders of the CLER program were also participating in conversations with several other organizations with a keen interest in improving the CLE. These organizations spanned the continuum of education and importantly represented a variety of health professions. Together they formed a new entity known as the National Collaborative for Improving the Clinical Learning Environment (NCICLE).

NCICLE recognizes that the clinical learning environment is a shared space where individuals from various professions are actively learning and working together in the context of providing patient care. By adapting the work of ACGME, NCICLE seeks to create a guidance document that applies across the health professions as they engage in dialog with the executive leaders of the CLEs to build or strengthen infrastructure and processes that optimize both learning and patient care.

About NCICLE

NCICLE's mission is to provide a forum for organizations committed to improving the educational experience and patient care outcomes within CLEs. NCICLE seeks to simultaneously improve the quality of learning and patient care within CLEs through shared learning and collaborative practice among its member organizations.

Its goals are to:

- Encourage a national discussion to advance the quality of educational outcomes and patient care within CLEs in healthcare settings.

- Increase educational opportunities among organizations that are focused on improving the quality of learning and delivery of patient care in CLEs.

- Promote interprofessional (both clinical and administrative) conversations across organizations on innovative strategies that enhance the quality of learning in clinical environments.

- Seek new, generalizable, knowledge on successful strategies for enhancing educational experiences and improved patient care in CLEs.

- Develop and disseminate common definitions, guiding principles, and best practices in support of improving learning within clinical environments.

NCICLE membership is open to organizations with an interest in improving the quality of educational experiences within CLEs. At the time of this publication NCICLE is composed of 35 member organizations. For more information, please visit www.ncicle.org.

Developing the NCICLE Pathways Document

To address the task of adapting the *CLER Pathways* to an interprofessional document, NCICLE established a working group of 14 members representing a range of health professions. One of the first tasks of this group was to develop shared definitions for several key terms utilized throughout the document— "learner," "faculty," "clinical care team," and "patient." This was not an easy task. The group recognized that, on a daily basis, all individuals are surrounded by formal and informal opportunities to teach and to learn. For all individuals, learning is a life-long process of self-improvement.

The working group also recognized that, within the health care system, there are a host of people that influence the health care experience -- from intake coordinators, to those providing clinical care, to those in environmental services, and many others both visible to the patient and behind-the-scenes.

Although the desire to define these terms as broadly as possible was strong, ultimately the working group opted to stay within the boundaries set by the original document—defining learners as those in training, faculty as those with recognized responsibilities for teaching or precepting, and the team as those actively involved in patient care.

> *Definitions:*
>
> **Learners**: Include students, new graduates, and post-graduate trainees of all professions present in the CLE.
>
> **Faculty**: All staff with any recognized teaching or precepting responsibilities for learners in the CLE.
>
> **Clinical Care Team**: Health care professionals actively involved in patient care.
>
> **Patient**: Includes the person receiving care, family members, caregivers, patient legal representatives, and others

As such, the document emphasizes the interdependence of roles and the importance of modeling optimal behaviors for early learners. It also recognizes the key role of patients and caregivers in partnering with the care team to achieve optimal outcomes.

For those CLEs aiming to build a comprehensive learning organization, the terms could be broadened and adapted as needed to encompass all who enter and or work within the CLE in an "all teach, all learn" approach to organizational

improvement that fosters a culture where lifelong learning is viewed as a manifestation of professionalism.

Using the Pathways' Framework

The *NCICLE Pathways to Excellence* provides a framework for clinical sites to use in their continuing efforts to prepare the clinical care team to deliver consistently safe, high-quality patient care. Central to the document is a series of pathways for each of six Focus Areas, which are essential to creating an optimal CLE. In turn, each pathway has a series of key properties that can be used to assess learner engagement with the CLE.

For example, the Patient Safety Focus Area has 7 defined pathways. The first is:

> *PS Pathway 1: Education on patient safety*

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

> *The clinical learning environment:*

> *a. Provides learners and faculty with interprofessional, experiential training on the principles and practices of patient safety.*

In total, the *NCICLE Pathways* document presents six Focus Areas, 33 pathways, and 128 properties. While the document is organized according to Focus Areas, it is important to note that these areas are not mutually exclusive—rather they are complementary (e.g., supervision affects patient safety; well-being affects teaming, etc).

The majority of the pathways and their properties cannot be achieved without a close partnership between those responsible for educating and precepting 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 learners and for patient care.

Striving for Excellence

NCICLE frames the pathways and properties in this document as expectations; they are not intended to serve a regulatory function for any of the NCICLE member organizations. Rather, they are a tool that can be used for informal assessment and

starting or deepening conversations with CLE executive leadership--anticipating that interprofessional CLEs will strive to meet or exceed these expectations in their efforts to provide the best care to patients and to produce the highest quality workforce.

The *NCICLE Pathways* are intended to accelerate national conversations among educators, preceptors, health care leadership, policy makers, and patients as to the importance of continually assessing and improving the environments in which the health care workforce trains, as well as the role of learners and faculty in promoting safe, high-quality patient care.

Patient Safety (PS)

The optimal clinical learning environment continually provides experiences that learners 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.[1]

PS Pathway 1: Education on patient safety

The clinical learning environment:

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

b. Ensures that faculty are proficient in the application of principles and practices of patient safety.

c. Engages learners 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 learners and faculty 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, learners, faculty, 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 emotional support to the clinical care team involved in patient safety events.

e. Directly reaches out to learners involved in patient safety events to provide emotional support.

Patient Safety CONTINUED

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 learners and faculty, with education on the types of vulnerabilities and range of reportable patient safety events.

b. Ensures that the clinical care team, including learners and faculty, knows the benefits of reporting patient safety events to improve patient care at the clinical site.

c. Ensures that learners and faculty know that it is their responsibility to report patient safety events into the clinical site's central reporting system.

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

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

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

The clinical learning environment:

a. Ensures that learners engage in interprofessional institutional patient safety event (including near misses/close calls) investigations that involve 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 learners, 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 learners.

PS Pathway 5: Clinical site monitoring of learner and faculty engagement in patient safety

The clinical learning environment:

a. Monitors learner and faculty reporting of patient safety events.

b. Monitors learner and faculty participation in patient safety event investigations.

c. Uses data from monitoring learner and faculty patient safety reports to develop and implement actions that improve patient care.

d. Monitors learner and faculty participation in implementing action plans resulting from patient safety event investigations.

PS Pathway 6: Learner education and experience in disclosure of events

The clinical learning environment:

a. Provides learners with experiential training with their faculty (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 learners are involved with faculty in disclosing patient safety events to patients and families at the clinical site.

PS Pathway 7: Learner and faculty engagement in care transitions

The clinical learning environment:

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

b. Ensures that learners and faculty use a common clinical site-based process for change-of-duty handoffs.

c. Ensures that learners and faculty use a standardized direct verbal communication process for patient transfers between services and locations at the clinical site.

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

e. Monitors transitions of patient care managed by learners.

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.[2] In this way, it ensures that learners 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 learners and faculty are familiar with the clinical site's priorities and goals for quality improvement.

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

c. Engages learners and faculty 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, learners, faculty, 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: Learner engagement in quality improvement activities

The clinical learning environment:

a. Provides opportunities for learners to actively engage in interprofessional quality improvement.

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

c. Maintains a central repository for all quality improvement projects, including learner-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 learners, across the organization

HQ Pathway 3: Data on quality metrics

The clinical learning environment:

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

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

c. Provides the clinical care team, including learners, with data on quality metrics and benchmarks specific to the patients for whom they provide direct patient care.

d. Ensures that the clinical care team, including learners and faculty, can interpret data on quality metrics and benchmarks.

HQ Pathway 4: Learner engagement in the clinical site's quality improvement planning process

The clinical learning environment:

a. Engages learners and faculty in strategic planning for quality improvement.

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

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

HQ Pathway 5: Learner and faculty education on reducing health care disparities

The clinical learning environment:

a. Provides the clinical care team, including learners and faculty with education on health disparities and health care disparities.

b. Ensures that learners and faculty know the clinical site's priorities for addressing health care disparities.

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

d. Maintains a process that informs learners and faculty on the clinical site's process for identifying and eliminating health care disparities.

HQ Pathway 6: Learner and faculty engagement in clinical site initiatives to eliminate health care disparities

The clinical learning environment:

a. Engages learners and faculty in defining strategies and priorities to eliminate health care disparities among its patient population.

b. Identifies and shares information with learners and faculty on the social determinants of health among its patient population.

c. Provides learners and faculty with quality metrics data on health care disparities grouped by its patient population.

d. Provides opportunities for learners and faculty to engage in interprofessional quality improvement projects focused on eliminating health care disparities among its patient population.

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

HQ Pathway 7: Learners and faculty deliver care that demonstrates cultural humility

The clinical learning environment:

a. Provides learners and faculty continual training in cultural humility relevant to the patient population served by the clinical site.

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

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. (7) 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 learners and faculty.

c. Ensures the development and maintenance of interprofessional skills on teaming that engages learners and faculty.

d. Ensures continual interprofessional learning on teaming that engages learners and faculty across the continuum of patient care and at all care delivery sites.

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 learners and faculty (e.g., diagnostic and treatment strategies) is conducted in the context of interprofessional teams.

b. Ensures that transitions in care conducted by learners and faculty (e.g., change-of-duty handoffs, transfers of patients between services and locations) involves, as appropriate, interprofessional teams.

c. Engages learners and faculty 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 by interprofessional teams.

Teaming CONTINUED

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 effort to ensure high-performance teaming.

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

c. Engages patients in the development and revision of the clinical site's policies and procedures on patient care.

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 learners and faculty.

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

c. Ensures that technology resources are available to support high-performance teaming and that information technology personnel are integrated into interprofessional teams.

d. Monitors the use of interprofessional resources to support high-performance teaming.

e. Demonstrates how it engages the clinical care team, including learners and faculty, in integrating artificial intelligence (e.g., decision support) to support high-performance teaming.

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

Supervision (S)

The optimal clinical learning environment provides all members of the clinical care team with expectations for learner supervision. It also continuously monitors learner supervision to implement actions that enhance patient safety[4] and provides the clinical care team and patients mechanisms to raise supervision concerns.

Note: For purposes of this document, the term supervision encompasses many forms of overseeing learners of various professions including clinical mentors, preceptors, and faculty supervisors. These expectations for the CLE are guidelines for oversight of patient care and not intended to outline or replace the regulatory requirements for supervision within the various professions.

S Pathway 1: Education on supervision

The clinical learning environment:

a. Educates the clinical care team, including learners and faculty, on learner's training program expectations for supervision and progressive autonomy throughout the learning experience.

b. Educates the clinical care team, including learners and faculty, on the clinical site's expectations for effective supervision of learners in the delivery of patient care.

S Pathway 2: Culture of supervision

The clinical learning environment:

a. Ensures that learners receive appropriate supervision as defined by the clinical site and learner programs to promote effective, high-quality interprofessional learning and practice.

b. Maintains a culture of supervision such that learners 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 learner supervision.

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

Supervision

S Pathway 3: Patient perspectives on supervision

The clinical learning environment:

a. Ensures that patients understand the roles and responsibilities of the members of their clinical care team, including learners and faculty.

b. Communicates to patients the mechanism for them to report concerns with supervision of learners.

c. Includes patients' perceptions in monitoring adequate supervision of learners.

S Pathway 4: Clinical site monitoring of learner supervision and workload

The clinical learning environment:

a. Ensures that mechanisms are in place to systematically monitor and expeditiously address potential patient care vulnerabilities due to learner supervision.

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

c. Monitors and assesses faculty supervision of learner transfers of patient care across time and location within the clinical learning environment.

Well-being (WB)

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—including learners.(8) 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 physical, mental, and emotional well-being of the clinical care team.

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, 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 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 learners and faculty

a. Leadership engages learners and faculty 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 learners and faculty.

Well-being CONTINUED

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

The clinical learning environment:

a. Establishes organizational expectations for duration and intensity of learner and faculty workload consistent with safe and high-quality care for patients and educational program needs.

b. Identifies and monitors patient care activities by learners and faculty 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 learners and faculty's 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 learners and faculty

The clinical learning environment:

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

b. Ensures that systems are in place to actively recognize and mitigate fatigue among learners and faculty.

c. Ensures that systems are in place to actively recognize and alleviate burnout among learners and faculty.

d. 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 learners and faculty 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 learners and faculty at risk of or demonstrating self-harm.

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

d. Effectively addresses the emotional needs of its learners and faculty 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)

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.

PR Pathway 1: Education on professionalism

The clinical learning environment:

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

b. Educates the clinical care team, including learners and faculty, 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 learners and faculty 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.

c. Ensures a culture of professionalism in which learners 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').

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

e. Ensures that learners and faculty 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 learners on its conflicts of interest policies and potential issues related to patient care, including the clinical site's conflicts of interest.

b. Educates learners on how the clinical site supports learners in managing conflicts of interests they encounter.

c. Ensures that learners and faculty disclose potential conflicts of interest throughout learner education and patient care.

d. Maintains databases on learner and faculty potential conflicts of interest (e.g., research funding, commercial interests) that are accessible to the clinical care team.

e. Assesses patient safety events for issues related to learner and faculty conflicts of interest.

PR Pathway 4: Patient perceptions of professional care

The clinical learning environment:

a. Educates learners and faculty on how patient experience survey data on professionalism are used to improve patient care.

b. Routinely provides learners and faculty with patient experience survey 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 learner and faculty 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 learner work hours.

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

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ACKNOWLEDGMENTS

ACKNOWLEDGMENTS (CONTINUED)

Kathryn Rugen, PhD, FNP-BC, FAAN, FAANP
Veterans Health Administration

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Accreditation Council for Continuing Medical Education

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Association of Post Graduate APRN Programs

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Quality and Safety Education for Nurses Initiative

The American Red Cross

The Joint Commission

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NCICLE

NATIONAL COLLABORATIVE
FOR IMPROVING THE CLINICAL
LEARNING ENVIRONMENT

The National Collaborative for Improving the Clinical Learning
Environment (NCICLE) provides a forum for organizations committed
to improving the educational experience and patient care outcomes
within clinical learning environments. NCICLE seeks to simultaneously
improve the quality of learning and patient care within clinical learning
environments through shared learning and collaborative practice among
its member organizations.

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