CLER INTERIM REPORT OF FINDINGS 2021:

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

"[The CLER COVID site visit] protocol seeks to identify challenges and opportunities for patient care and graduate medical education (GME) that may persist into the coming years as clinical sites recover from the pandemic's acute phases and look toward the future."

INTRODUCTION

In 2020, the ACGME's Clinical Learning Environment Review (CLER) Program developed, tested, and initiated a special year-long CLER COVID site visit protocol to assess the impact of the COVID-19 pandemic on the clinical learning environments (CLEs) of ACGME-accredited Sponsoring Institutions. Specifically, the protocol seeks to identify challenges and opportunities for patient care and graduate medical education (GME) that may persist into the coming years as clinical sites recover from the pandemic's acute phases and look toward the future.

In developing this protocol, the CLER Program recognized that, due to the dynamic nature of the pandemic, the findings are likely to evolve over time. As such, the CLER Program committed to issuing several interim reports to provide CLE and GME leaders with periodic national views of ways in which changes in the health care environment impact the intersection of learning and patient care. During the second and third quarters of 2021, the CLER Program shared its first set of findings, "Early Impressions," through a variety of formats, including forums and an article in the *Journal of Graduate Medical Education*.[1] These initial impressions were informed by visits conducted early in the protocol (October 19, 2020 through April 9, 2021).

This interim report provides the next look at information from two-thirds of visits to the 300 Sponsoring Institutions in the protocol sample, inclusive of visits through August 2021. It presents selected findings for a broad range of stakeholders. The results are presented as cross-sectional information; the final report will examine how the findings evolved over time.

METHODOLOGY

The selected findings presented in this interim report were informed by site visits conducted between October 19, 2020 and August 27, 2021 to the major CLEs of 182 ACGME-accredited Sponsoring Institutions. The majority of the CLEs (76.4 percent) were non-government, not-for-profit organizations; 15.9 percent were government, non-federal; 6.0 percent were investor-owned, for-profit; and 1.6 percent were government, federal. Table 1 provides additional information on selected characteristics of the CLEs visited.

ACGME
Accreditation Council for Graduate Medical Education

CLER
Clinical Learning Environment Review

Table 1. Selected Characteristics of CLEs Visited

Characteristic	Percent (N=182)
Region	
Northeast	26.4
Midwest	25.8
South	32.4
West	15.4
Fully Accredited Core Programs	
<2	30.8
2-3	22.0
4-9	24.2
>9	23.1
Number of Residents and Fellows	
<31	22.5
31-73	24.2
74-226	30.2
>226	23.1

During this time, 62 of the 182 Sponsoring Institutions that were visited were classified with Emergency categorization status due to significant and sustained disruption of GME operations resulting from the COVID-19 pandemic.

Sponsoring Institutions declaring Emergency categorization (N = 62):

- Before the visit – 51
- After the site visit – 6
- Both before and after the site visit – 3
- Both before and during the site visit – 1
- Before, during, and after the site visit – 1

Recognizing the significant stress that the COVIID-19 pandemic placed on CLEs, the CLER COVID site visit protocol was designed to minimize the level of burden associated with the site visit. The site visits were limited to seven hours of total time and were conducted remotely to protect the safety of both the CLEs and the CLER Field Representatives. The CLER Program also avoided contacting any Sponsoring Institution that was actively in the Emergency categorization status.

The CLER COVID site visit protocol included (1) a group interview with the chief executive officer, members of the executive leadership team (e.g., chief medical officer, chief nursing officer), the designated institutional officer, and a resident/fellow representative; (2) a group interview with patient safety and quality leaders; (3) a group interview with residents and fellows; and (4) a group interview with program directors. To conduct the group interviews, CLER Field Representatives used a structured questionnaire that included both closed-and open-ended questions.

For the site visits included in this interim report, the CLER teams interviewed more than 1,000 members of executive leadership (including chief executive officers), 3,312 residents and fellows, 1,304 program directors, and hundreds of CLE leaders in patient safety and health care quality.

The findings were determined in two stages. First, during debriefing sessions, CLER Program staff members asked CLER Field Representatives to identify key findings in each topic area based on their summative experiences. Second, CLER Program staff members reviewed the information gathered during the debriefing sessions to discern common themes and note salient concepts.

SELECTED FINDINGS

A. Impact of COVID-19 on Business and Clinical Operations

1. When asked to characterize the overall impact of COVID-19 on the finances of the CLE over the next two years, executive leaders in 21.3 percent of the CLEs indicated the impact was large and negative.

2. Some CLEs anticipated establishing financial stability and recovering from the initial revenue decline and negative operating margins. Other CLEs anticipated greater financial challenges depending on the uncertain trajectory of COVID-19 over the next two years.

3. Executive leaders in many CLEs noted that the mounting expenses associated with caring for greater numbers of high-acuity patients who required longer hospital stays, more supplies and personnel costs, and more resources overall could further complicate business and clinical operations.

B. Accelerated and Increased Use of Telemedicine during COVID-19 and Implications for Patient Safety and GME

1. Within CLEs, there was variability in use of technology and software platforms to operationalize telemedicine.

2. Across CLEs, there was variability in patient access to, familiarity with, and skills in use of telemedicine and CLE approaches to addressing these challenges.

3. Within CLEs, there was inconsistent recognition of the breadth of patient safety risks associated with expanded use of telemedicine among patient safety and quality leaders and residents, fellows, and program directors.

4. CLEs lacked robust training for residents, fellows, and members of the clinical care team in the clinical application of telemedicine to address different patient settings, patient populations, and health and medical conditions.

5. Across CLEs, there were challenges associated with supervising resident and fellow telemedicine visits.

C. Impact of COVID-19 on the Well-Being of the Clinical Care Team and Implications for Ensuring Patient Safety and Health Care Quality

1. Multiple contributing factors related to the pandemic's progression and evolution created persistent stress and unstable working environments that negatively impacted the overall well-being of the members of the clinical care team.

2. Uncertainties regarding readiness for independent practice and future professional opportunities were reported as additional stressors that affected the well-being of residents and fellows.

3. Across CLEs, there was increased faculty workload and stress associated with continuing increases in patient volume and acuity due to factors including but not limited to deferred patient care, workforce shortages, faculty attrition, and increased needs to develop education and closely supervise residents and fellows whose clinical experiences were limited by COVID-19.

D. Lingering Workforce Disruptions due to COVID-19 and Implications for GME

1. Across CLEs, there were ongoing, often accelerating, workforce shortages and financial strain associated with recruiting and retaining adequate staffing.

2. CLEs varied in how they were addressing short- and long-term staffing needs, including, in some cases, changes to care team configurations and adjustments to roles and responsibilities within and across professions.

3. Across CLEs, there were challenges to the efficiency and effectiveness of clinical care teams (and the resident and fellow roles within those teams) resulting from ongoing and varied approaches to solving short- and long-term staffing needs.

E. The CLER Focus Area of Patient Safety

1. Across many CLEs, executive leaders did not describe formal goals for resident and fellow participation in interprofessional patient safety event investigations.

2. Across CLEs, a limited number of residents and fellows had participated in interprofessional, systems-based improvement efforts, such as patient safety event reviews and analyses.

Next Steps

As noted earlier, these selected findings present the latest look at some of the issues CLEs confront as they seek to optimize learning and patient care into the near future. The CLER COVID protocol will conclude during the first quarter of 2022. A final report is anticipated in mid-2022.

Email questions regarding the CLER COVID site visit protocol to cler@acgme.org.

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[1] Anticipated for publication in the *Journal of Graduate Medical Education* in December 2021.