



VANDERBILT®



2018-19

INTERPROFESSIONAL  
**Clinical Learning  
Environment  
Report Card**



**Learning Environment Assessment  
and Feedback (LEAF) Committee**

- Vanderbilt University Medical Center
- Vanderbilt University School of Medicine
- Vanderbilt University School of Nursing



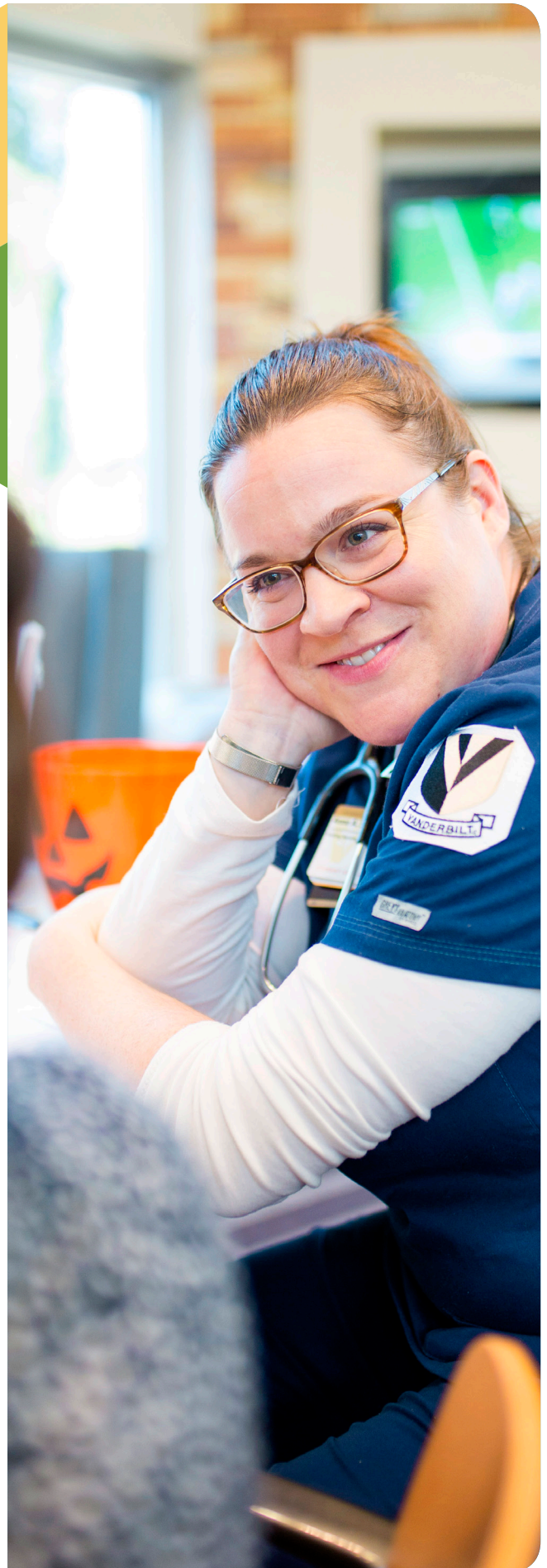
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*“To achieve the goal of aligning education and health care delivery to improve the health of the public, we must focus more attention on the environments in which both learning and work occur.”*

*Improving Environments for Learning in the Health Professions, Macy Foundation 2018*





# LETTER FROM LEADERSHIP



Dear Vanderbilt Clinical Learning Community:

Building and maintaining positive clinical learning environments is an ongoing community effort at Vanderbilt. Clinicians, researchers and educators across the health professions work together every day to care for patients, make discoveries and train the next generation of health care leaders. Their clinical learning-working environments must reflect best practices in education, excellence in patient care and high standards of professionalism. Additionally, their environments must be tuned for innovation and deliberately organized to support continuous learning by diverse learners.

Educational and clinical leaders are charged with monitoring learner development, rewarding quality role modeling and establishing effective processes to address negative behaviors. The Learning Environment Assessment and Feedback (LEAF) Committee supports the review of organizational data and communication about clinical learning environment priorities. Committee members include students, residents, staff, faculty and administrative leaders from the Vanderbilt University Medical Center, School of Medicine and School of Nursing.

This Interprofessional Clinical Learning Environment Report Card is created yearly by the LEAF Committee and summarizes data across clinical learning environments. We can all be proud of feedback from learners that shows consistently high satisfaction with educators and educational experiences at Vanderbilt. There continue to be challenges, however, related to 1) the functioning of feedback systems and 2) the demonstration of respect and inclusivity across groups. Additionally, support for individual well-being continues to be a high priority across the health professions. Organizational progress reports and key recommendations are listed below.

Each of us has the responsibility to consider our influence on our learning environments and the broader organizational culture. As you read this report card and the data addendum, please consider positive changes that could be made in your area. We encourage you to ask for department-specific data, speak up about what you see and hear, and advocate for an open dialogue about what makes for positive clinical learning environments.

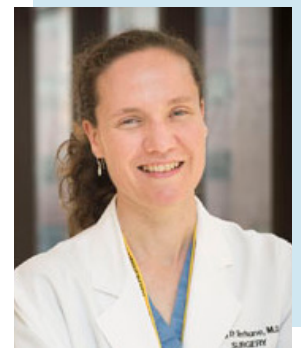
Sincerely,



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# PROGRESS REPORTS



VUMC convened a Learning Environment Task Force of students, residents, faculty and organizational leaders to review feedback and recommend action steps. Priorities are addressing bias, improving approaches to reporting concerns, bystander intervention training and more communication about improving learning environments. Recent actions include:

- Moving the reporting and oversight of gender-based concerns to Human Resources
- Delivering unconscious bias workshops to clinical departments through the Office of Diversity and Inclusion
- Developing a policy to prevent and respond to disrespectful and violent behavior by patients/visitors
- Planning for a system-wide roll-out of bystander intervention training

School of Medicine and Medical Center collaborative efforts include:

- Targeted department-based interventions based on learner feedback
- Joining national educational consortium to address gender bias
- Launching a new feedback system for medical students with options for both accolades and incidents
- Providing bystander intervention training for all phases of the MD program and the OB/GYN department
- LEAF Committee student-led focus groups to better understand humiliation in clinical learning settings

The School of Nursing continues to evolve a survey instrument to measure learning environments for nursing students: the Vanderbilt Annual Learning Environment Survey (VALES). Items are aligned with national medical student and resident surveys to provide corollary data for the interprofessional report card. Faculty are pursuing collaborations with other nursing schools to generate national comparative data.

The Kern National Network for Caring and Character in Medicine continues to provide support for the LEAF Committee and clinical learning environment improvement efforts. This consortium of seven medical schools has a priority focus on learner well-being and is working together to generate and share improvement resources for clinical learning environments in the spring of 2020.

*“I enjoyed interacting with my classmates and being able to provide/receive feedback. All were able to give supportive, yet constructive, feedback and was given (both by faculty and students) in a way that never felt punitive but instead felt dedicated to my improvement.”*





# KEY RECOMMENDATIONS



## ROLE MODELING

The learning environment provides unique opportunities to foster professional development in our learners through their interactions with each other as well as with members of the faculty and staff. All members of interprofessional healthcare teams must recognize their status as role models, mentors and coaches. Interactions with peers, patients, staff, and learners should exhibit the same standard of reciprocal professional behavior. In order to model continuous improvement of clinical learning environments, we can consistently demonstrate respect and inclusivity in all interactions, mentor and support diverse learners, and openly seek and respond thoughtfully to feedback.

*“I really think working to improve our culture of inclusivity is essential to promoting a more welcoming environment.”*

## SPEAKING UP

Across all domains, the individual action of speaking up can make a significant difference in the clinical learning environment. Providing feedback is necessary to help others improve, but requires time and effort to speak up about what you observed and provide suggestions for improvement. Reporting unsafe or disrespectful behaviors can reduce negative patient care experiences and outcomes, but clinical professionals and learners may not speak up for a variety of reasons. Positive learning environments reduce barriers to communication and ensure the psychological safety of participants by providing many opportunities and clear pathways for learners to speak up about patient safety, quality improvement, individual wellness needs and any concerns about inclusivity or treatment. Clinical role models speak up for others and learn effective techniques for bystander intervention.

## ONGOING REVIEW OF DEPARTMENTAL DATA

Those in leadership roles have especially important responsibilities for role modeling and speaking up when necessary. They also have a critical role in monitoring their learning environment data and feedback systems. Department-specific learning environment data is available to department leaders and should be reviewed on a regular basis. The data discussed in this report card provides a high-level organizational snapshot, but department-specific data can help pinpoint specific strengths and weaknesses for celebration or remediation. Common reasons that learners don't speak up about negative behaviors are that they didn't think the incident was important enough; that they didn't think anything would be done about it; or they feared reprisal. Leaders can create positive cultures for speaking up by ensuring that learners know what behaviors are expected and how to proactively address any concerns that might arise, but most importantly by maintaining respectful and collaborative environments.



# FRAMEWORK FOR POSITIVE LEARNING ENVIRONMENTS

The framework for this report card was created by the Vanderbilt LEAF Committee and is based on local clinical and educational expertise, reviews of published best evidence, and prioritization through group consensus. Organizational performance in the domains of 1) learner development 2) patient care and 3) professionalism emerged as critical to the creation and maintenance of positive clinical learning environments. Data sources used to assess performance in these domains are reviewed and updated annually.

*“Overall, I had an incredible year learning here and I am incredibly thankful for the professors and classmates I’ve worked with. There is a lot of room for growth, but I feel confident that there are people invested in this program and willing to make necessary changes.”*



## WHAT ARE THE KEY DOMAINS?



### LEARNER DEVELOPMENT

- Learner Feedback
- Educator Quality
- Learning Support



### PATIENT CARE

- Transitions in Care
- Patient Safety
- Quality Improvement



### PROFESSIONALISM

- Addressing Concerns
- Diversity and Inclusion
- Wellness





## LEARNER DEVELOPMENT

- Learner Feedback
- Educator Quality
- Learning Support

### LEARNER DEVELOPMENT:

One fundamental characteristic of positive clinical learning environments is that they have high-functioning systems for guiding learner development. This requires providing regular feedback to learners, ensuring the quality of educators and role models, and providing appropriate support for learning in the clinical workplace.

#### • LEARNER FEEDBACK

Specific, timely, supportive and challenging feedback is critical for learner development. Quality feedback takes time and effort and can come from many different sources. Learners consistently request more detailed and specific feedback about their knowledge, performance and progress. Support for providing feedback includes training, simplified processes, recognition and incentives.

#### • EDUCATOR QUALITY

Educators can create positive learning environments through respectful interactions and supportive approaches. Trainees learn essential professional competencies by observing role models. Positive role models are commonly described as being excellent, experienced clinicians who have empathy for patients and positive interactions with patients, patients' families, and other health care workers. Positive role models are also frequently described as displaying commitment to the growth of learners, a humanistic style of teaching, and enthusiasm.

#### • LEARNING SUPPORT

Learning environments should provide support for the learning process of self-directed health professionals. In addition to frequent feedback and access to quality educators, learners need opportunities that address their own development goals and educational resources to support self-directed learning. Ideally, learning technologies facilitate seamless access to information sources, performance feedback and coaching tools. Clinical environments benefit from curricula and tools available at the bedside to support learning in the workplace and approaches that combine learning with patient care activities.





## PATIENT CARE

- Transitions in Care
- Patient Safety
- Quality Improvement

### PATIENT CARE:

A focus on clinical learning environments requires careful attention to the underlying work practices that learners emulate. Because much of clinical learning is ad hoc and opportunistic, positive environments must consistently role model safe and effective patient care as well as ongoing improvement. Organizational data on transitions in care, patient safety, and quality improvement provide insights on the informal and hidden curriculum in clinical education.

#### • TRANSITIONS IN CARE

Organizational attention to transitions in care teaches learners they have an ongoing responsibility for the wellbeing of patients as they move between care settings and providers.

#### • PATIENT SAFETY

Role-modeling safe practices in patient care is one of the most critical, and often informal, lessons in the clinical learning environment. Individuals, teams and organizational units that consistently reflect best practices in patient safety are ideal places for learners to develop patient care skills.

#### • QUALITY IMPROVEMENT

High quality learning environments pay attention to quality improvement in patient care and education. The goal is to maintain an organizational culture that encourages all participants in clinical care to identify opportunities for improvement and supports the implementation of positive changes. Specifically, clinical learning environments should engage and empower learners around quality on a continuous basis.







## PROFESSIONALISM

- Addressing Concerns
- Diversity and Inclusion
- Wellness



### PROFESSIONALISM:

People and social relationships are at the core of all clinical learning environments. In order to have positive clinical learning environments and build supportive learning relationships, there must be effective mechanisms to address concerns, a shared recognition of the importance of diversity and inclusion, and a culture that prioritizes wellness.

#### • ADDRESSING CONCERNS

All learners should understand the process for addressing concerns and feel confident their feedback will be handled appropriately and lead to improvement within the organization. Learners are encouraged to report incidents they witness or experience that undermine the learning environment. Negative behaviors include: public humiliation; being subjected to offensive remarks; loss of opportunities or lower grades due to personal characteristics such as race, ethnicity, gender or sexual orientation; sexual harassment; physical harm or threat of physical harm; requests to perform personal services.

#### • DIVERSITY AND INCLUSION

A continuous process to review and enhance diversity and inclusiveness is fundamental to effective learning environments. All learners should feel comfortable participating in every learning environment and know that their unique characteristics and contributions will be respected and valued.

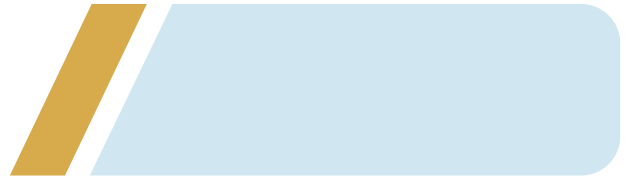
#### • WELLNESS

As we work together to continuously improve the learning environment, it is also critical to work together toward a culture of wellness. Many stressors can negatively impact the health and satisfaction of educators and learners. These include pressures to perform at a high level across multiple domains, as well as personal stressors outside the learning environment. Therefore, it is important for individual learners and professional communities to pay attention to personal and professional wellness. Educators and learners should be encouraged to reflect on their own goals for work-life balance and develop a sustainable approach to maintaining wellness.

*Note: Metrics on the physical environment (such as availability and suitability of learning spaces and resources for learning) are not included here. Those elements are clearly important to creating and sustaining vibrant and effective learning communities. Learning spaces that encourage interprofessional collaboration can enhance the transfer of information across groups and the quality of interprofessional care teams.*



# OUR LEARNERS AND EDUCATORS



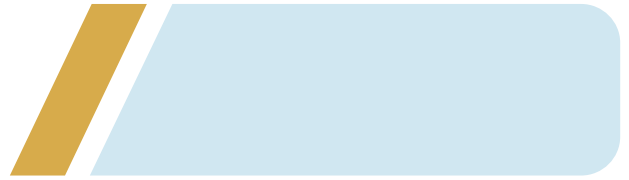
## OUR LEARNERS AND EDUCATORS

All people working and receiving care in an academic health center should be considered learners and educators. For practical purposes, the learner population for this report card is defined as students, residents, and faculty in the professional fields of medicine and nursing enrolled or employed at Vanderbilt University and the Medical Center Academic Enterprise. There are thousands of additional clinical and administrative staff who are acknowledged to serve both formal and informal educational roles.

SCHOOL OF MEDICINE	FEMALE	URM*	TOTAL
Students	188 (47%)	79 (20%)	397
Residents/Fellows	520 (48%)	119 (11%)	1082
Faculty	1501 (50%)	172 (6%)	3007
SCHOOL OF NURSING	FEMALE	URM*	TOTAL
Students	749 (88%)	163 (19%)	852
Faculty	149 (88%)	20 (12%)	169

\*Member of a racial or ethnic group that is under-represented in Medicine and Nursing





## WHAT ARE THE DATA SOURCES?

Survey items are selected based on their alignment with selected learning environment topics. Sources with regular data collection mechanisms and those with longitudinal and/or national comparative data were prioritized. Data is collated and shared for internal improvement purposes. It should not be shared with external audiences and selected metrics should not be interpreted as an overall measure of organizational effectiveness. When available, national comparison data is listed in (parentheses) next to Vanderbilt data in the data addendum.

### Medical Students

- Association of American Medical Colleges Graduation Questionnaire, Course and Clerkship Evaluations, Annual Learning System Survey

### Nursing Students

- Vanderbilt Annual Learning Environment Survey

### Medical Residents

- Association of Graduate Medical Education, Annual Resident Surveys and Clinical Learning Environment Reviews (CLER)

### Medical Faculty

- Association of Graduate Medical Education, Annual Faculty Survey and Clinical Learning Environment Reviews (CLER)

### Medical Center Employees

- VUMC Human Resources, Annual Climate and Pulse Surveys

### Medical Center Patients

- VUMC Patient Experience, Press Ganey Patient Experience Surveys

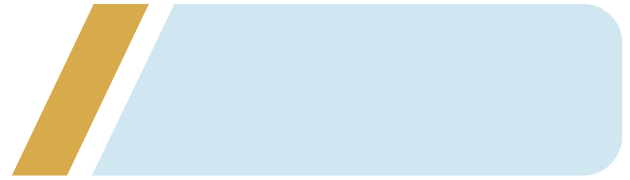
### Negative Behaviors

- Center for Patient and Professional Advocacy Veritas reporting, School of Nursing Dean's Office





# 2019 LEAF COMMITTEE



## 2019 LEAF COMMITTEE

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# APPRECIATION



## THANK YOU!

Thank you to all the learners, patients, faculty and staff who provided feedback used in this report card and who continually work to improve Vanderbilt clinical learning environments. Special acknowledgement to the following groups and individuals for their contributions to the 2018-19 report card:

### **VANDERBILT UNIVERSITY MEDICAL CENTER**

Office of Human Resources  
Patient Experience Team  
Center for Patient and Professional Advocacy

### **VANDERBILT UNIVERSITY SCHOOL OF MEDICINE**

Office of Health Sciences Education  
Office of Faculty Affairs  
Office of Graduate Medical Education  
Office of Undergraduate Medical Education  
Gwen Moore (Assistant to the Dean)  
MD Program Evaluation Team

### **VANDERBILT UNIVERSITY SCHOOL OF NURSING**

Office of Academics  
Nursing program evaluation team

### **KERN NATIONAL NETWORK FOR CARING AND CHARACTER IN MEDICINE**

Clinical Learning Environment Workgroup

### **DESIGN AND PHOTOGRAPHY**

Micah Kandros Design  
Vanderbilt Photography, Creative Services

**For more information and resources please visit Vanderbilt University School of Medicine Office of Health Sciences Education Learning Environment Assessment and Feedback website: [www.vumc.org/ohse/leaf](http://www.vumc.org/ohse/leaf)**