

INTERPROFESSIONAL CLINICAL LEARNING ENVIRONMENT REPORT CARD

2019-20



LEARNING ENVIRONMENT ASSESSMENT AND FEEDBACK (LEAF) COMMITTEE

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





TABLE OF CONTENTS

- 03 Working Together
- 04 Our Learners and Educators
- 05 Positive Clinical Learning Environments
- 07 Challenges and Progress
- 08 Diversity, Equity and Inclusiveness
- 09 Recommendations
- 10 What can I do?
- 11 LEAF Committee 2020
- 12 Dedication and Acknowledgements
- 13 Data Sources

Data Appendix (internal use only)

“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





WORKING TOGETHER

Clinical learning in the 2019-20 academic year did not follow the standard lesson plan. Due to the arrival of the deadly coronavirus, clinical environments had to quickly adapt to a rapidly-shifting crisis situation. As the scope of the health emergency became apparent, teams at Vanderbilt rushed toward the crisis, working together to solve the most pressing challenges.

- **Clinicians** organized quickly and worked together, as ever, in diverse teams to continue providing patients with the best possible care.
- **Researchers** turned their discovery engine toward understanding the mechanisms of spread and possibilities for controlling the disease.
- **Leadership and support staff** were ready with crisis response plans and clear communication. They continue to manage changing conditions, resources and priorities.
- **Educators** pivoted to embrace new and diverse virtual learning experiences. Course teams quickly and collaboratively reworked plans to align with changing needs.
- **Learners** also consistently rose to the test by being flexible and creative, supporting one another, and finding non-traditional ways to continue learning.

The pandemic sent waves of shock, fear and grief through our communities and organizations. But it also brought a shared resolve along with enormously caring and innovative responses. Crisis has generated a renewed commitment to working together across boundaries and silos. The triple-mission of health care delivery, research and education did not slow or disconnect during this global disaster – but has become ever more urgent and intertwined.

This past year called on our deepest reserves of energy, kindness and creativity. The most important message from this year's review of feedback on clinical learning environments is: THANK YOU! In whatever ways you contributed, whatever your role, you did something amazing in 2019-20. You taught, or learned, or supported others, or provided health care in a pandemic, while also taking care of your own well-being. You are noticed, working with your team on every shift to positively influence clinical learning environments.

The recommendations of the LEAF Committee in this report card are designed to support ongoing improvement. Everyone has the power to **ROLE MODEL** respect and speaking up. We can all regularly **REVIEW** our individual and department learning environment data. We can also work together to **REWARD** actions and people that address challenging situations in productive and collaborative ways.

With sincere gratitude,



DONALD BRADY,

MD
Senior Associate Dean for Health Sciences
Education for the School of Medicine, Executive
Vice President for Educational Affairs for
Vanderbilt University Medical Center



MAVIS SCHORN,

PhD, CNM, FACNM, FAAN
Senior Associate Dean for Academics, School
of Nursing



KYLA TERHUNE,

MD, MBA
Assoc Dean for GME for the School of
Medicine, VP Ed Affairs for Vanderbilt
University Medical Center



OUR LEARNERS AND EDUCATORS

All people working and receiving care in an academic health center should be considered both learners and educators. Everyone has something to teach others, as well as something to learn from others. Clinical environments are learning environments.



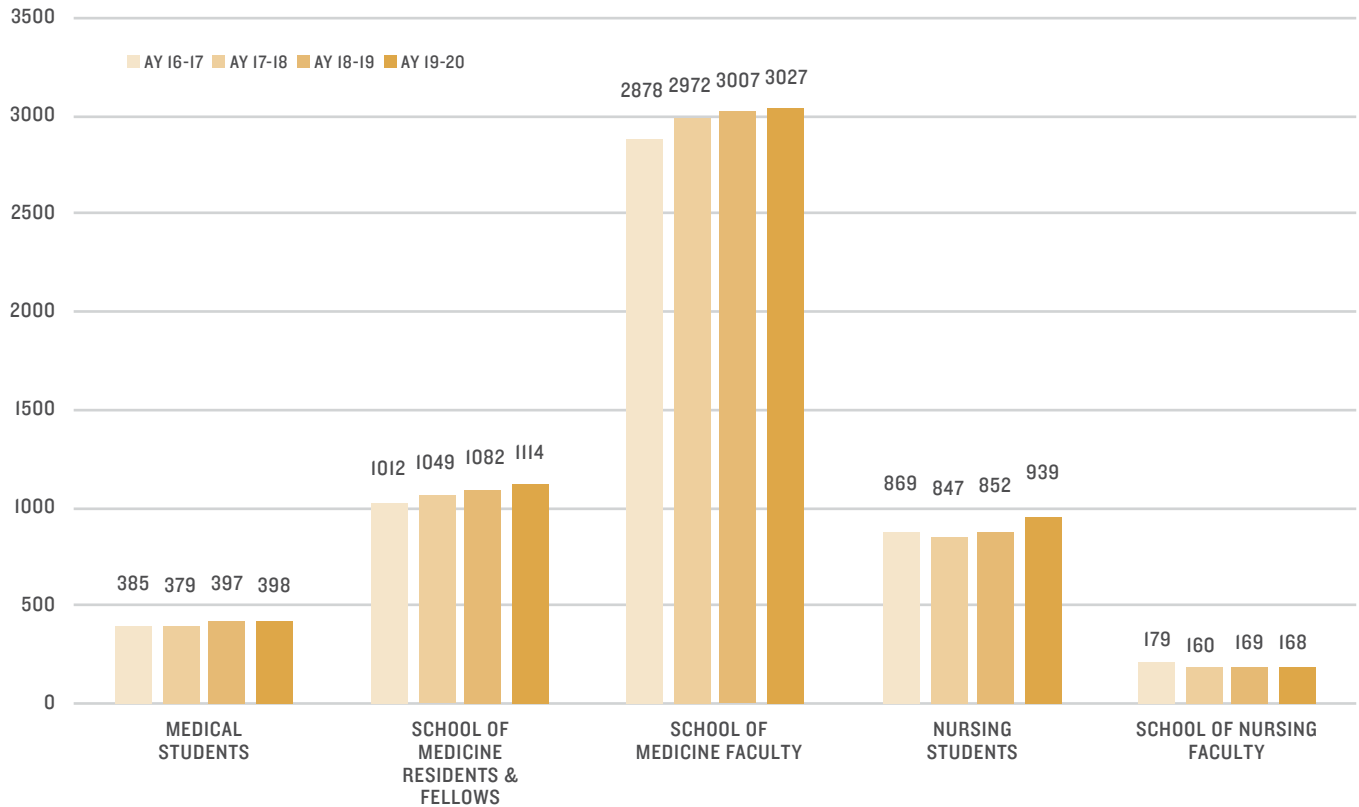
For practical purposes, the learner population for this report card is defined as students, residents, fellows, and faculty in the professional fields of medicine and graduate-level nursing enrolled or employed at Vanderbilt University and the Medical Center Academic Enterprise. There are thousands of additional clinical and administrative staff who are acknowledged to serve both formal and informal educational roles.

Each year, the increasing racial and ethnic diversity of students, residents and fellows relative to faculty is noted. These demographic changes involve necessary and focused attention on expectations and responsiveness to concerns that arise across different populations.



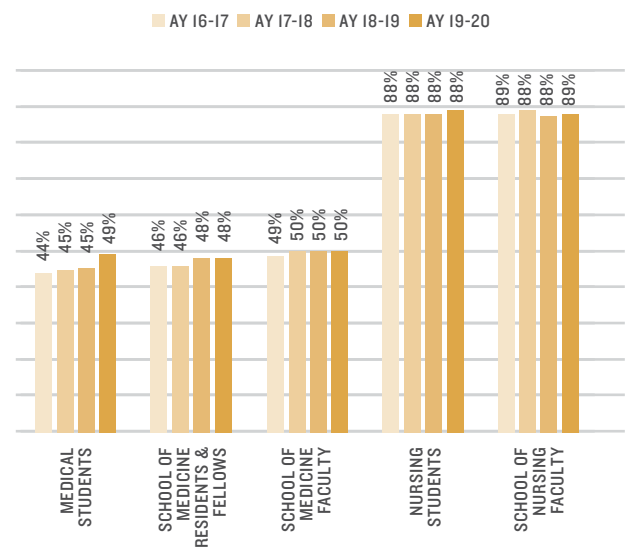
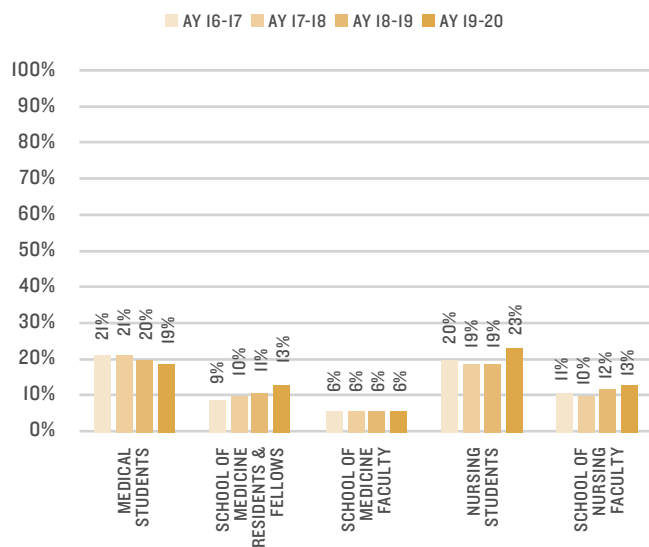
POSITIVE CLINICAL LEARNING ENVIRONMENTS

NUMBER OF LEARNERS AND EDUCATORS 2016-2020



UNDER-REPRESENTED* RACE/ETHNICITY

FEMALES



- Under-Represented in Medicine: Black or African American, Hispanic, American Indian or Alaskan Native, Native Hawaiian or Pacific Islander
- Under-Represented Minority in Nursing: Black or African American, Hispanic, Asian, American Indian, and Alaskan native backgrounds



POSITIVE CLINICAL 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. Additional details, descriptions and resources can be found online and in past reports. Multi-source feedback across domains is reviewed annually and available in the Data Appendix.

LEARNER DEVELOPMENT

Clinical environment provides regular and helpful feedback to learners, ensures the quality of educators, and delivers appropriate support for learning in the clinical workplace. Indicators include:



- Learner Feedback
- Educator Quality
- Learning Support

PATIENT CARE

Clinical environment pays attention to the underlying work practices that learners emulate and consistently demonstrates safe and effective patient care as well as ongoing improvement. Indicators include:



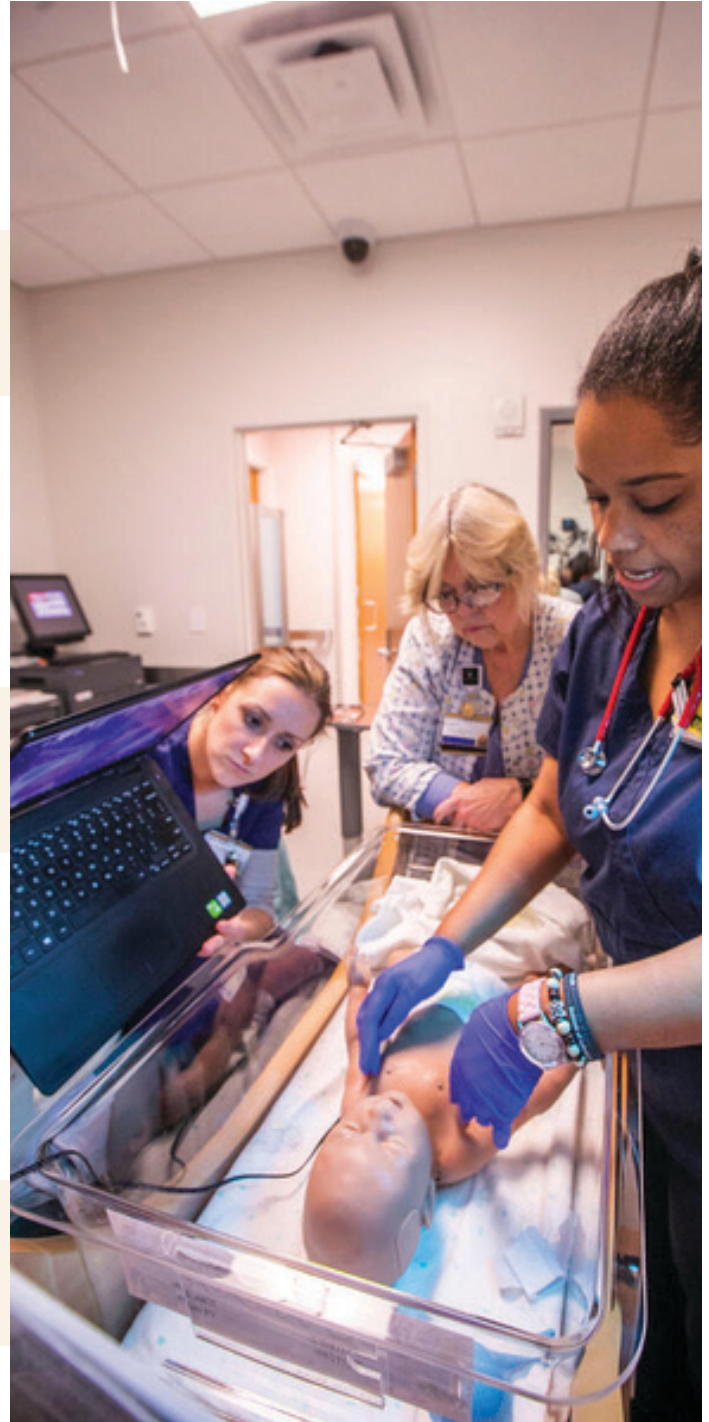
- Transitions in Care
- Patient Safety
- Quality Improvement

PROFESSIONALISM

Clinical environment prioritizes psychological safety and speaking up, has effective mechanisms to address concerns, promotes a shared recognition of the importance of diversity and inclusion, and has a culture that prioritizes wellness. Indicators include:



- Addressing Concerns
- Diversity and Inclusion
- Wellness





CHALLENGES & PROGRESS

The challenges of the coronavirus pandemic are immense and ongoing. Patient care is clearly the domain that has been most impacted. Attention must be laser-focused on protecting health care teams, supporting the sick and limiting spread of the virus. Students continue to learn patient care by absorbing the lessons from their clinical supervisors, monitoring assigned patients and participating in learning and improvement activities, but many experiences have been converted from face-to-face to virtual.

In addition to the challenges in patient care, three related areas from the LEAF Framework were greatly impacted this past academic year. First, maintaining *wellness* for learners and educators can be difficult in normal times. The pandemic pressures have made this a top priority for individuals, families and organizations. Second, *diversity and inclusion* efforts have taken on added power in the past year as overlapping events, including the unnecessary killings/murders of Black and Brown Americans and the racial and ethnic disparities of the coronavirus pandemic, have intensified calls for racial justice and health care equity. Finally, new types of *learner support* have been required to transition effectively to virtual learning environments.

Still, Vanderbilt learners, educators, staff and leaders continue to move forward together. The Interprofessional Clinical Learning Environment Report Card was used to support accreditation reviews at both the Schools of Nursing and Medicine. Progress and opportunities for addressing diversity, equity and inclusiveness in clinical learning environments are detailed below.





DIVERSITY, EQUITY AND INCLUSIVENESS

If you are at Vanderbilt, you belong here. This community is committed to advancing diversity and to striving for equity and inclusiveness in education, research and health care delivery. Each of us has an obligation to continue learning, to speak up and to stand up in ways that support our diverse colleagues, learners and patients. We also have the responsibility to value our own mental and physical health, and to reach out when we need support.



LEARN

- Take advantage of the many opportunities to learn about diverse cultural histories, the importance of diversity to teams, recognizing and reducing personal biases, and managing interpersonal conflict.
- The VUSN Office of Equity, Diversity and Inclusion continues to provide a comprehensive approach to promoting a more inclusive environment through education, training, and lectureships. The VUSN diversity and inclusion statement was expanded to include the school's rejection of racism and commitment to racial equity and equality.
- The VUMC Office of Health Equity has been established and is leading research, education and advocacy efforts. A Racial Equity Task Force, co-led by LEAF member Peety Kaur, is seeking to address racial inequities embedded in the Vanderbilt health system and School of Medicine that are affecting our staff, faculty, learners and patients.



STAND UP

- Negative biases and discrimination can be even worse when witnessed and ignored by others. Health care learners and educators need to develop competency in bystander intervention. Seek out a local workshop opportunity or participate in a national training course.
- LEAF members Michelle York and Dr. Celeste Hemingway led training in Becoming Active Bystanders for medical students and the Obstetrics and Gynecology department.



SPEAK UP

- LEAF member Dr. Mary Ann Jessee led publication of VUSN Annual Learning Environment Survey in Nurse Educator. This survey gathers feedback about clinical learning experiences and provides a regular channel for gathering learner suggestions for system improvement.
- LEAF Advisory Member Dr. Betsy Kennedy led publication of a paper on speaking up culture in academic nursing and empowering junior faculty to address incivility in the workplace.
- The School of Medicine launched a new reporting system called: Reporting Issues in Striving for Excellence (RISE). RISE allows MD, MSTP, and MIDP students to report both accolades and incidents of unprofessional behavior in the learning environment.



TAKE CARE

- The Medical Center made updates to Patient Rights and Responsibilities and Workplace Violence Policies to more fully address discrimination and bullying. Everyone has the right to be respected and protected at work.
- In collaboration with the Kern National Network, the School of Medicine is exploring how the demonstration of character and caring in clinical learning environments can provide a positive response to mistreatment, support well-being and prevent negative events.
- If you are in crisis, please reach out to a teammate or a leader. There are many support resources at Vanderbilt. You can always call the **National Suicide Prevention Lifeline** at 1-800-273-8255



RECOMMENDATIONS

The LEAF Committee monitors feedback from multiple data streams for the identified topics. The following recommendations are based on data review and discussion and intended to guide ongoing efforts to improve clinical learning environments.

ROLE MODEL

Respect, professionalism and speaking up

Interactions with peers, patients, staff, and learners should exhibit the same standard of reciprocal professional behavior. Across all domains, the individual action of speaking up can make a significant difference in the clinical learning environment. Learn how to respond professionally to negative behaviors and challenging situations. Actively examine personal and systemic biases, respectfully engage with all members of the learning community, and speak up when harmful biases are impacting the learning environment and clinical care.

REVIEW

Individual and departmental data

Department-specific learning environment data is available to department leaders and should be reviewed on a regular basis. This report card provides a framework and a high-level organizational snapshot. Department-specific data and individual-performance assessments can help pinpoint specific strengths and weaknesses for celebration or remediation. Attach targeted action plans to learning goals and cyclical reviews.

REWARD

Excellence and innovation

Many individuals and groups consistently role model positive and inclusive clinical learning environments. They should be acknowledged and rewarded for their excellence. Additionally, innovative approaches to supporting learner development during the pandemic should be recognized, supported and expanded where appropriate.





WHAT CAN I DO?

STUDENTS

Everybody can be a role model for others. New students look to more advanced students for guidance and norms. You can learn about your biases and techniques for bystander intervention, so that you feel comfortable speaking up when something doesn't feel right. Actively participate in opportunities and processes for addressing concerns that arise in learning environments. Learn about reporting tools, provide timely feedback when invited, and ask question about how how your feedback is used to make improvements.

RESIDENTS AND FELLOWS

This unique role makes you both a learner and an educator simultaneously. Students are learning from your role modeling about respect across groups and prioritization in clinical care. You have an additional responsibility to speak up about things that affect your patients, your students and yourself. You may be able to lead a review of learning environment data or develop an educational response plan in your area. Provide regular feedback to learners and administration and ask how that information is used.

EDUCATORS

Being a clinical educator means you will set the tone for your learning environment. You should consistently role model professional interactions and create boundaries that support psychological safety so that all team members feel comfortable speaking up. Clinical performance data helps to drive improvements when monitoring and response processes are in place. Consider how data from your area about support for learners, speaking up, respect and role-modeling can be used in learning activities.

LEADERS AND ADMINISTRATORS

As an organizational leader, you have the ability to create reward structures for those who are excellent role models and for those that speak up about concerns. Working with administrative teams, you are also responsible to effectively address those who are modeling poor behavior or diminishing team efforts through their negative actions. You are expected to organize regular reviews of data streams for trends, accomplishments and ongoing concerns. Your active leadership is needed in efforts to diversity the workforce and support initiatives from diverse students, residents, learners and educators seeking to improve clinical learning environments.





2020 LEAF COMMITTEE

COMMITTEE MEMBERS

Katherine Anderson, MA	Project Manager, Health Sciences Education (VUSM)
Kyle Cassling, MD	Surgical Resident
Luke Finck, EdD, MA	Assistant Professor, Medical Education and Administration
Briana Halle	Medical Student
Saif Hamdan	Medical Student
Celeste Hemingway, MD	Assistant Professor, Obstetrics and Gynecology
Mary Ann Jessee, PhD, RN	Assistant Dean for Academics, Generalist Nursing Practice
Karampreet “Peety” Kaur	Medical Student
LeAnn Lam	Medical Student
Will Martinez, MD, MS	Assistant Professor of Medicine
John McPherson, MD	Vice-Chair for Education, Department of Medicine
Gwen Moore, MLS, MTS	Assistant to the Dean, Undergraduate Medical Education
Kendra Osborn	Nursing Student
Shaunna Parker, MSN, WHNP-BC	Instructor in Nursing
Kate Payne, JD, RN, NC-BC	Associate Professor, Biomedical Ethics and Society
Daniel Pereira	Medical Student
Eric Quintana, MD	Surgical Resident
Regina Russell, PhD, MA, MEd	Assistant Professor, Medical Education and Administration
Rebecca Swan, MD	Assistant Dean, Graduate Medical Education
Ivana Thompson, MD MSCI FACOG	Assistant Professor, Obstetrics and Gynecology
Lynn Webb, PhD, MBA	Assistant Dean, Faculty Development (VUSM)
Chris Wilson, MSN, RN-BC	Director, VUMC Nursing Education and Professional Development
Olivia Wreford	Nursing Student
Michelle York	Medical Student
Eli Zimmerman, MD	Assistant Professor, Neurology

ADVISORY LEADERS

Donald Brady, MD	VUSM Senior Associate Dean for Health Sciences Education
Bill Cooper, MD, MPH	VUMC Executive Vice-President for Educational Affairs
Bill Cutrer, MD, MEd	VUMC Director, Center for Patient and Prof Advocacy
Amy Fleming, MD, MHPE	VUSM Associate Dean, Undergraduate Medical Education
Betsy Kennedy, PhD, RN, CNE	VUSM Associate Dean, Medical Student Affairs
Bonnie Miller, MD, MMHC	VUSN Associate Dean, Non-Tenure Track Faculty Affairs
Cathy Pettepher, PhD	VUMC Vice President for Educational Affairs
Anderson Spickard III, MD, MS	VUSM Assistant Dean, Medical Student Assessment
Kyla Terhune, MD	VUSM Assistant Dean, Education Design and Informatics
Mavis Schorn, PhD, CNM, FACNM	VUSM Associate Dean for Graduate Medical Education
Kim Vinson, MD	VUMC Vice President for Educational Affairs
	VUSN Senior Associate Dean for Academics
	VUSM Associate Dean, Diversity Affairs



2020 LEAF COMMITTEE



IN MEMORY OF KATE PAYNE

Kate Payne, JD, RN, NC-BC joined the LEAF Committee in 2016. She introduced herself as a “nurse named Payne” with a chuckle and a twinkle in her eye. Kate was also a lawyer and educator with expertise in medical ethics and complex end-of-life decision-making. She contributed her unique and nuanced perspective to the LEAF Committee over the past five years, always encouraging us to reach for our highest ideals while treating those around us with care and respect. We were fortunate to work with and learn from Kate, a genius of kindness and practical wisdom. Her legacy echoes through this interprofessional clinical learning environment report card. The memory of Kate Payne reminds us to cultivate our common values, to try to lift up those around us, and to speak confidently for what we feel is right.

APPRECIATION

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 2019-20 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
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

DATA VISUALIZATION

Peter Busienei, MEd, VU Data Science Institute Graduate Student

CONTACT

Regina Russell, PhD
LEAF Committee Chair
regina.russell@vanderbilt.edu

Eli Zimmerman, MD
LEAF Communications Team Leader
eli.zimmerman@vumc.org



DATA APPENDIX

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 are 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 (GQ), Vanderbilt School of Medicine Course/Clerkship Evaluations and Annual Learning System Survey (ALSS)

NURSING STUDENTS

- Vanderbilt Annual Learning Environment Survey (VALES)

MEDICAL RESIDENTS AND FELLOWS

- Accreditation Council for Graduate Medical Education, Annual Resident/Fellow Surveys and Clinical Learning Environment Reviews (CLER)

MEDICAL FACULTY

- Accreditation Council for Graduate Medical Education, Annual Faculty Survey and Clinical Learning Environment Reviews (CLER)

MEDICAL CENTER EMPLOYEES

- VUMC Human Resources, Press Ganey 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, School of Medicine Dean's Office

