



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



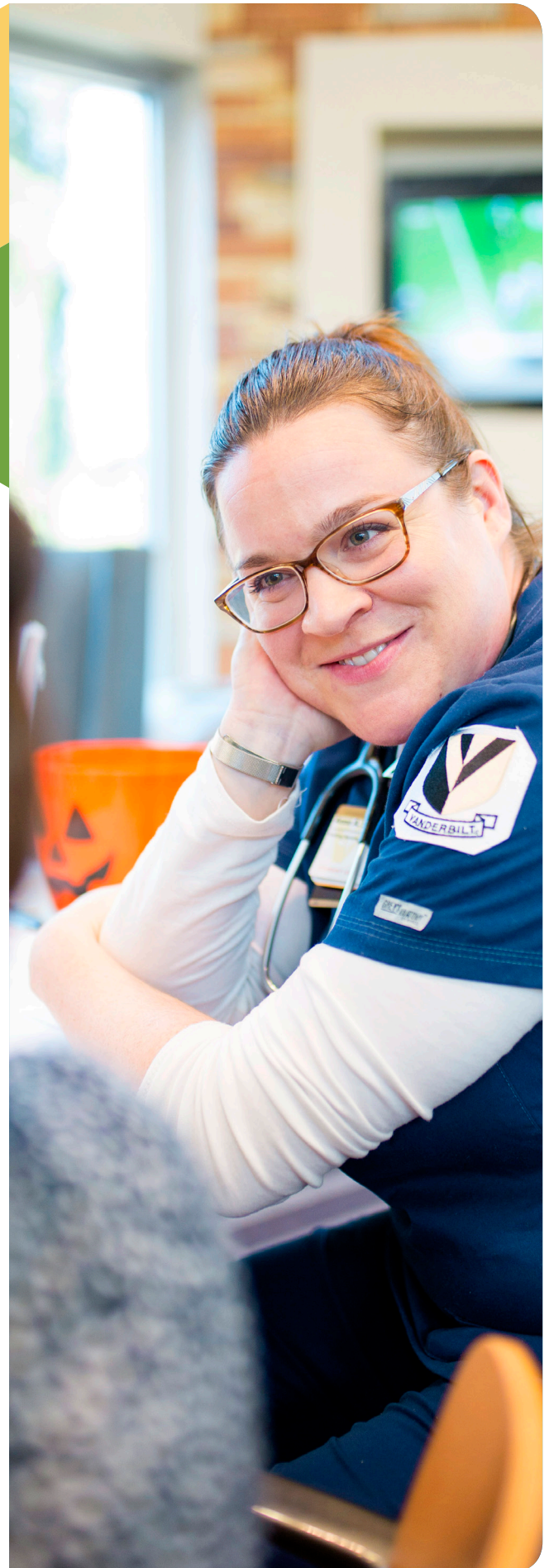
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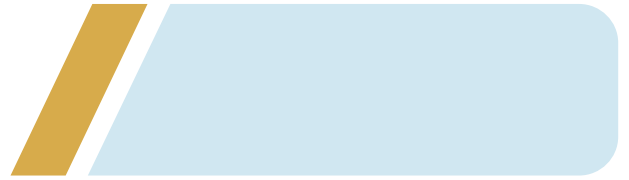
*“To achieve the goal of aligning education and health care delivery to improve the health of the public, we must focus more attention on the environments in which both learning and work occur.”*

*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.

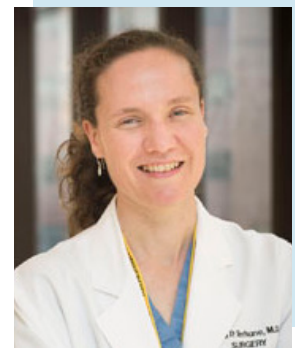
Sincerely,



**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  
Associate Dean for Graduate Medical Education, Vice President for Educational Affairs





# 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.

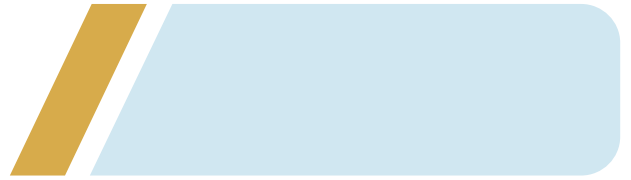
#### • WELLNESS

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



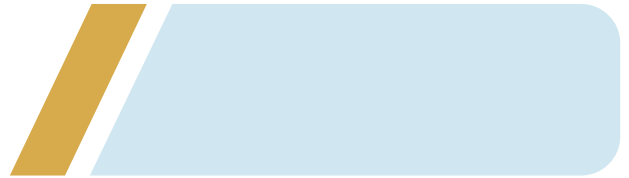
## OUR LEARNERS AND EDUCATORS

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

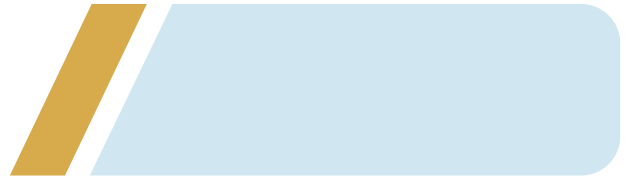
### Negative Behaviors

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





# 2019 LEAF COMMITTEE



## 2019 LEAF COMMITTEE

|                              |  |
|------------------------------|--|
| Kyle Cassling, MD            | Surgical Resident  |
| Briana Halle                 | Medical Student  |
| Saif Hamdan                  | Medical Student  |
| Celeste Hemingway, MD        | Assistant Professor of Obstetrics and Gynecology                       |
| Katie Houghton, MBA          | Project Manager, Office of Health Sciences Education (VUSM)            |
| Kianna Jackson               | Medical Student  |
| Mary Ann Jessee, PhD, RN     | Associate Professor of Nursing, Pre-specialty Level Director           |
| Karampreet 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                       |
| Kendra Osborn                | Nursing Student  |
| Shaunna Parker, MSN, WHNP-BC | Instructor in Nursing  |
| Kate Payne, JD, RN, NC-BC    | Associate Professor, Center for Biomedical Ethics and Society          |
| Daniel Pereira               | Medical Student  |
| Eric Quintana, MD            | Surgical Resident  |
| Regina Russell, PhD, MA, MED | Director, Learning System Outcomes for Undergraduate Medical Education |
| Rebecca Swan, MD             | Assistant Dean, Graduate Medical Education                             |
| Kim Vinson, MD               | Assistant Dean, Diversity Affairs (VUSM)                               |
| 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 of Neurology                                       |

## ADVISORY MEMBERS

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

## CONTACT

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Director, Learning System Outcomes  
Office of Undergraduate Medical Education  
Vanderbilt University School of Medicine  
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615-936-8511





# 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

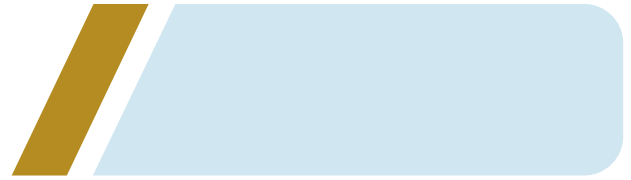
### **KERN NATIONAL NETWORK FOR CARING AND CHARACTER IN MEDICINE**

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)**



## **NUR-STU: Nursing Students**

- a VU School of Nursing, Annual Learning Environment Survey Pilot for Pre-specialty Nursing Students. Percent reported is “% agree” plus “% strongly agree.” [2017: 14%, 2018: 19%, 2019: 17% or 144 responses] ^ #
- b VU School of Nursing, Education-Related Complaints reported to the Dean’s Office.

## **MED-STU: Medical Students**

- c Association of American Medical Colleges, Graduation Questionnaire. Percent reported is “% once + % occasionally + % frequently” and “% always plus % very often.” [2017: 76%, 2018: 87%, 2019: 90% or 90 responses] #
- d VU School of Medicine, Office of Undergraduate Medical Education, Annual Learning System Survey. Percent reported is “% agree” plus “% strongly agree.” [2017: 58%, 2018: 70%, 2019: 80% or 310 responses] ^
- e VU School of Medicine, Office of Undergraduate Medical Education, Course and Clerkship Evaluations, Percent reported is “% agree” plus “% strongly agree.” [Clerkships 2017: 93%, 2018: 95%, 2019: 98% or 618 responses; Acting Internships 2019: 93% or 87 responses]

## **MED-RES: Medical Residents & Fellows**

- f Accreditation Council on Graduate Medical Education, Annual Resident Survey. Percent reported is “% Program Compliant.” [2017: 92%, 2018: 87%, 2019: 92% or 916 respondents and 87 programs surveyed]

## **MED-FAC: Medical Faculty**

- g Accreditation Council on Graduate Medical Education, Annual Faculty Survey. Percent reported is “% Program Compliant.” [2017: 84%, 2018: 83%, 2019: 80% or 842 respondents and 87 programs surveyed]

## **VUMC-EMP: Employees of Vanderbilt University Medical Center**

- h Vanderbilt University Medical Center, Human Resources. Employee Engagement Survey. Percent reported is “% agree + % strongly agree.” [2019: n=14,800 responses]
- i Vanderbilt University Medical Center, Patient Safety Culture Survey. Items from: Martinez et al. Speaking up about traditional and professionalism-related patient safety threats: a national survey of interns and residents. BMJ Quality & Safety 2017; 26 859-862. Percent reported is “% positive” - interpreted as the percent of respondents with positive perception of specified speaking up climate. [2016: 2700 medical staff responses to the VUMC Medical Office Questionnaire; 2017: 12,000 medical staff responses to both the Medical Office and Hospital Questionnaires]

## **VUMC-PTS: Patients of Vanderbilt University Medical Center**

- j Vanderbilt University Medical Center, Patient Experience Surveys. Percent reported is “top box” or “% very good” for either Adult Hospital Inpatient (j-H) or Medical Practice (j-M). Comparison group is national Press-Ganey Academic Health Centers and Hospitals. [Based on 8,000 patient responses to the Adult Hospital Inpatient survey and 66,000+ patient responses to the Medical Practice survey July 1, 2018 through June 30, 2019]

## **Multiple Populations**

- k VERITAS reporting system, Center for Patient and Professional Advocacy, Vanderbilt University Medical Center.
- l Demographic & Enrollment data provided by Vanderbilt University (VU) School of Medicine Dean’s Office, Office for Diversity Affairs and Faculty Affairs; VU School of Nursing Dean’s Office; and the VU Institutional Research Group. URM is Under-Represented in Medicine or Minority in Nursing

^The Work-Life Balance scale has five items rated from strongly disagree to strongly agree that address 1) social life 2) time for extra-curricular activities 3) support system for stress 4) getting enough rest and 5) whether enjoyment outweighs stress. Reported as the average of “% agree + % strongly agree” on each item.

# Negative Behaviors include: publicly humiliated, threatened with physical harm, physically harmed (e.g., hit, slapped, kicked), required to perform personal services (e.g., shopping, babysitting), subjected to unwanted sexual advances, asked to exchange sexual favors for grades or other rewards, denied opportunities for training or rewards based on gender, subjected to offensive sexist remarks/names, received lower evaluations or grades solely because of gender rather than performance, denied opportunities for training or rewards based on race or ethnicity, subjected to racially or ethnically offensive remarks/names, received lower evaluations or grades solely because of race or ethnicity rather than performance, denied opportunities for training or rewards based on sexual orientation, subjected to offensive remarks/names related to sexual orientation, received lower evaluations or grades solely because of sexual orientation rather than performance, subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, or sexual orientation.





# LEARNER DEVELOPMENT

\*new or reworded item

## FEEDBACK

|                        |  | AY16-17                  | AY17-18                  | AY18-19                  |
|------------------------|--|--------------------------|--------------------------|--------------------------|
|                        |  | Vanderbilt<br>(National) | Vanderbilt<br>(National) | Vanderbilt<br>(National) |
| <b>MED-STU [c]</b>     | Faculty provide direction and constructive feedback      | 72% (61%)                | 65% (59%)                | 71% (62%)                |
| <b>NUR-STU [a]</b>     | "  | 81%                      | 90%                      | 83%                      |
| <b>MED-STU [d]</b>     | I receive helpful feedback from faculty                  | 84%                      | 80%*                     | 80%*                     |
| <b>NUR-STU [a]</b>     | "  | 84%                      | 90%                      | 91%                      |
| <b>MED-RES [f]</b>     | Satisfied with feedback after assignments                | 68% (72%)                | 71% (72%)                | 71% (73%)                |
| <b>MED-RES [f]</b>     | Provided data about practice habits                      | 69% (70%)                | 64% (70%)                | 66% (71%)                |
| <b>MED-FAC-GME [g]</b> | Faculty are satisfied with personal performance feedback | 85% (88%)                | 87% (88%)                | 88% (89%)                |
| <b>VUMC-EMP [h]</b>    | My direct supervisor gives me useful feedback            |                          | 79%                      | 77%*                     |

## EDUCATOR QUALITY

|                        |   | Y16-17                   | AY17-18                  | AY18-19                  |
|------------------------|---|--------------------------|--------------------------|--------------------------|
|                        |   | Vanderbilt<br>(National) | Vanderbilt<br>(National) | Vanderbilt<br>(National) |
| <b>MED-STU [d]</b>     | There is an atmosphere of collaboration among students and faculty            | 94%                      | 91%                      | 86%                      |
| <b>NUR-STU [a]</b>     | "   | 76%                      | 90%                      | 89%                      |
| <b>MED-RES [f]</b>     | Faculty and staff create environment of inquiry                               | 86% (80%)                | 87% (79%)                | 87% (80%)                |
| <b>MED-STU [c]</b>     | Observe faculty having respectful interactions with students                  | 86% (74%)                | 81% (74%)                | 79% (74%)                |
| <b>NUR-STU [a]</b>     | "   | 83%                      | 92%                      | 87%                      |
| <b>MED-STU [d]</b>     | Educators treat me with respect   | 96%                      | 93%                      | 91%                      |
| <b>NUR-STU [a]</b>     | Faculty treat me with respect   | 87%                      | 93%                      | 94%                      |
| <b>VUMC-EMP [h]</b>    | My director supervisor treats me with respect                                 | 89%*                     |                          |                          |
| <b>MED-RES [f]</b>     | Faculty and staff interested in residency education                           | 88% (85%)                | 91% (85%)                | 89% (86%)                |
| <b>MED-FAC-GME [g]</b> | Interest of faculty and Program Director in education                         | 97% (96%)                | 98% (97%)                | 97% (97%)                |
| <b>MED-FAC-GME [g]</b> | Satisfied with faculty development to supervise and educate residents/fellows | 96% (96%)                | 96% (96%)                | 96% (96%)                |
| <b>MED-STU [d]</b>     | Overall, my experiences with educators at Vanderbilt have been positive       | 86%                      | 93%*                     | 89%                      |
| <b>NUR-STU [a]</b>     | "   |                          | 95%                      | 92%                      |

## LEARNING SUPPORT

|                        |  | AY16-17                  | AY17-18                  | AY18-19                  |
|------------------------|--|--------------------------|--------------------------|--------------------------|
|                        |  | Vanderbilt<br>(National) | Vanderbilt<br>(National) | Vanderbilt<br>(National) |
| <b>MED-STU [c]</b>     | Good job of fostering and nurturing my development as a person               | 90%                      | 85% (72%)                | 82% (72%)                |
| <b>MED-STU [c]</b>     | Good job of fostering and nurturing my development as a future physician     | 97% (92%)                | 97% (92%)                | 95% (92%)                |
| <b>NUR-STU [a]</b>     | Good job of fostering and nurturing my development in my future nursing role |                          | 91%                      | 86%                      |
| <b>MED-STU [d]</b>     | There is a positive culture for individual improvement                       | 94%                      | 91%*                     | 88%                      |
| <b>NUR-STU [a]</b>     | "  | 85%                      | 91%*                     | 88%                      |
| <b>MED-STU [d]</b>     | I have opportunities to pursue individual learning goals                     | 88%                      | 85%                      | 83%                      |
| <b>NUR-STU [a]</b>     | "  | 76%                      | 87%                      | 87%                      |
| <b>VUMC-EMP [h]</b>    | [Employer] provides career development opportunities                         |                          |                          | 64%*                     |
| <b>MED-STU [d]</b>     | Learning technologies are well-integrated in my medical school training      | 78%                      | 75%                      | 70%                      |
| <b>NUR-STU [a]</b>     | Learning technologies are well-integrated in my nursing training             | 80%                      | 92%                      | 94%                      |
| <b>MED-RES [f]</b>     | Appropriate balance for ed and other clinical demands                        | 81% (80%)                | 82% (80%)*               | 85% (81%)                |
| <b>MED-FAC-GME [g]</b> | Sufficient time to supervise residents/fellows                               | 94% (95%)                | 94% (95%)                | 94% (96%)                |



# PATIENT CARE

\*new or reworded item

## TRANSITIONS IN CARE

|                        |  | AY16-17                  | AY17-18                  | AY18-19                  |
|------------------------|--|--------------------------|--------------------------|--------------------------|
|                        |  | Vanderbilt<br>(National) | Vanderbilt<br>(National) | Vanderbilt<br>(National) |
| <b>MED-RES [f]</b>     | Information (not) lost during shift changes or patient transfers | 98% (97%)                | 97% (97%)                | 97% (97%)                |
| <b>MED-FAC-GME [g]</b> | "  | 92% (92%)                | 92% (92%)                | 92% (93%)                |
| <b>VUMC-PTS [j-H]</b>  | Extent to which you felt ready to be discharged                  | 62% (63%)                | 63% (63%)                | 65% (64%)                |
| <b>VUMC-PTS [j-H]</b>  | Instructions given about how to care for yourself at home        | 67% (65%)                | 65% (66%)                | 68% (66%)                |

## PATIENT SAFETY

|                       |   | AY16-17                  | AY17-18                  | AY18-19                  |
|-----------------------|---|--------------------------|--------------------------|--------------------------|
|                       |   | Vanderbilt<br>(National) | Vanderbilt<br>(National) | Vanderbilt<br>(National) |
| <b>VUMC-EMP [h]</b>   | Patient safety is a priority in this organization                                 |                          | 91%                      |                          |
| <b>VUMC-EMP [h]</b>   | This organization makes every effort to deliver safe, error-free care to patients |                          | 89%                      |                          |
| <b>VUMC-PTS [j-H]</b> | How well staff worked together to care for you                                    | 74% (72%)                | 73% (73%)                | 76% (74%)                |
| <b>VUMC-PTS [j-M]</b> | "   | 83% (81%)                | 83% (81%)                | 84% (78%)                |
| <b>VUMC-PTS [j-M]</b> | How well staff protected your safety (washing hands, wearing gloves)              | 82% (80%)                | 83% (80%)                | 84% (78%)                |
| <b>VUMC-PTS [j-M]</b> | Care provider talked with you using words you could understand                    | 87% (85%)                | 88% (85%)                | 89% (82%)                |
| <b>VUMC-EMP (i)</b>   | Speaking Up Climate for Patient Safety Concerns (composite measure)               | 53%                      | 71%*                     |                          |

## QUALITY IMPROVEMENT

|                     |  | AY16-17                  | AY17-18                  | AY18-19                  |
|---------------------|--|--------------------------|--------------------------|--------------------------|
|                     |  | Vanderbilt<br>(National) | Vanderbilt<br>(National) | Vanderbilt<br>(National) |
| <b>VUMC-EMP [h]</b> | This organization provides high-quality care and service   | 89%                      | 88%                      | 86%                      |
| <b>PROPOSED</b>     | Items to measure learner engagement with quality improvement   |                          |                          |                          |
|                     | <i>If I thought of something that could improve the work environment, my feedback would be welcome</i> |                          |                          |                          |
|                     | <i>My team is encouraged to look for ways to improve the workflow</i>                                  |                          |                          |                          |
|                     | <i>I feel that my quality improvement efforts will make a difference</i>                               |                          |                          |                          |



# PROFESSIONALISM

\*new or reworded item

## ADDRESSING CONCERNS

|                        |  | AY16-17                  | AY17-18                  | AY18-19                  |
|------------------------|--|--------------------------|--------------------------|--------------------------|
|                        |  | Vanderbilt<br>(National) | Vanderbilt<br>(National) | Vanderbilt<br>(National) |
| <b>MED-STU [c]</b>     | Know procedures to report mistreatment of medical students                           | 95% (86%)                | 74% (88%)                | 71% (88%)                |
| <b>NUR-STU [a]</b>     | Know procedures to report mistreatment of nursing students                           | 57%                      | 72%                      | 68%                      |
| <b>MED-STU [c]</b>     | Observe faculty resolving conflicts in ways that respect the dignity of all involved | 84%                      | 76% (77%)                | 85% (78%)                |
| <b>NUR-STU [c]</b>     | "  |                          | 92%                      | 89%                      |
| <b>MED-FAC-GME [g]</b> | Satisfied with process to deal with residents/fellows' problems and concerns         | 93% (94%)                | 94% (94%)                | 95% (94%)                |
| <b>MED-RES [f]</b>     | Satisfied with process to deal with problems and concerns                            | 87% (81%)                | 86% (81%)                | 86% (81%)                |
| <b>MED-RES [f]</b>     | Residents can raise concerns without fear  | 86% (82%)                | 87% (82%)                | 87% (82%)                |
| <b>MED-STU [c]</b>     | Experienced any listed negative behaviors during medical school ^^                   | 44% (39%)                | 52% (42%)                | 46% (40%)                |
| <b>MED-STU [c]</b>     | Been subjected to offensive sexist remarks or names during medical school            | 19% (15%)                | 17% (16%)                | 19% (16%)                |
| <b>MED-STU [c]</b>     | Experienced public humiliation at least once during medical school                   | 31% (22%)                | 30% (22%)                | 24% (23%)                |
| <b>MED-STU [e]</b>     | Experienced public humiliation in clerkships and acting internships this year        |                          |                          | 4%                       |
| <b>NUR-STU [a]</b>     | Experienced any listed negative behaviors in prior year ^^                           | 22%                      | 14%*                     | 17%                      |
| <b>NUR-STU [a]</b>     | Subjected to offensive remarks related to gender at least once in prior year         |                          | 7%                       | 5%                       |
| <b>NUR-STU [a]</b>     | Experienced public humiliation at least once in prior year                           | 10%                      | 4%                       | 3%                       |
| <b>MED-STU [e]</b>     | I can raise concerns without fear in Acting Internships                              |                          |                          | 94%                      |
| <b>VUMC-EMP (i)</b>    | Speaking Up Climate for Professionalism Concerns (composite measure)                 | 43%                      | 49%*                     |                          |

## DIVERSITY & INCLUSION

|                     |  | AY16-17                  | AY17-18                  | AY18-19                  |
|---------------------|--|--------------------------|--------------------------|--------------------------|
|                     |  | Vanderbilt<br>(National) | Vanderbilt<br>(National) | Vanderbilt<br>(National) |
| <b>MED-STU [d]</b>  | People I learn with on a daily basis are diverse   | 73%                      | 64%                      | 65%                      |
| <b>NUR-STU [a]</b>  | "  | 61%                      | 74%                      | 78%                      |
| <b>MED-STU [c]</b>  | Observe faculty respecting diversity   | 85% (82%)                | 79% (82%)                | 84% (81%)                |
| <b>NUR-STU [a]</b>  | "  | 85%                      | 92%                      | 91%                      |
| <b>MED-STU [c]</b>  | Observe faculty being respectful of other health professions                             | 72% (77%)                | 75% (78%)                | 76% (78%)                |
| <b>NUR-STU [a]</b>  | "  | 90%                      | 94%                      | 93%                      |
| <b>MED-STU [d]</b>  | Caring for diverse patients is effectively role modeled in the learning environment      | 83%                      | 75%                      | 73%                      |
| <b>NUR-STU [a]</b>  | "  | 84%                      | 91%                      | 93%                      |
| <b>MED-STU [e]</b>  | Clinical environment sensitive to culture, gender, race, religion, orientation, identity | 94%                      | 91%                      | 93%                      |
| <b>MED-STU [d]</b>  | The learning environment is inclusive of all learners                                    | 90%                      | 81%                      | 78%                      |
| <b>NUR-STU [a]</b>  | "  | 82%                      | 90%                      | 86%                      |
| <b>VUMC-EMP [h]</b> | This organization values employees from different backgrounds                            | 86%                      | 86%                      |                          |

## WELLNESS

|                    |  | AY16-17                  | AY17-18                  | AY18-19                  |
|--------------------|--|--------------------------|--------------------------|--------------------------|
|                    |  | Vanderbilt<br>(National) | Vanderbilt<br>(National) | Vanderbilt<br>(National) |
| <b>MED-STU [d]</b> | Work-Life Balance (composite measure)                | 80%                      | 72%                      | 68%                      |
| <b>NUR-STU [a]</b> | "  | 60%                      | 64%                      | 65%                      |
| <b>MED-STU [d]</b> | Experience with work-life balance over the last year | 79%                      | 71%*                     | 69%                      |
| <b>NUR-STU [a]</b> | "  | 57%                      | 70%*                     | 75%                      |

GME response choices for wellness items changes 17Y to 18Y (how often to agreement)





# PROFESSIONALISM, CONT.

\*new or reworded item

## WELLNESS

|                        |  | AY16-17                  | AY17-18                  | AY18-19                  |
|------------------------|--|--------------------------|--------------------------|--------------------------|
|                        |  | Vanderbilt<br>(National) | Vanderbilt<br>(National) | Vanderbilt<br>(National) |
| <b>MED-RES [f]</b>     | Provided a way to transition care when fatigued                            | 84% (81%)                | 84% (81%)                | 83% (82%)                |
| <b>MED-RES [f]</b>     | I work in a supportive environment   |                          |                          | 98%*                     |
| <b>MED-RES [f]</b>     | Felt the amount of work you were asked to complete in a day was reasonable |                          | 79%*                     | 95%*                     |
| <b>MED-FAC-GME [g]</b> | I work in a supportive environment   |                          |                          | 95%*                     |
| <b>MED-FAC-GME [g]</b> | Felt the amount of work you were asked to complete in a day was reasonable |                          | 72%*                     | 91%*                     |
| <b>VUMC-EMP [h]</b>    | This organization supports me in balancing my work life and personal life  | 71%                      | 68%                      | 68%                      |

## FORMAL INTERNAL REPORTS

|                    |   | AY16-17                  | AY17-18                  | AY18-19                  |
|--------------------|---|--------------------------|--------------------------|--------------------------|
|                    |   | Vanderbilt<br>(National) | Vanderbilt<br>(National) | Vanderbilt<br>(National) |
| <b>MED-STU [k]</b> | Formal Professionalism Reports by or on behalf of medical students      | 9                        | 9                        | 11                       |
| <b>MED-RES [k]</b> | Formal Professionalism Reports by or on behalf of medical residents     | 20                       | 41                       | 60                       |
| <b>MED-STU [k]</b> | Formal Patient Safety Reports by or on behalf of medical students       | 16                       | 13                       | 26                       |
| <b>MED-RES [k]</b> | Formal Patient Safety Reports by or on behalf of medical residents      | 154                      | 380                      | 501                      |
| <b>NUR-STU [b]</b> | Formal Education-Related Complaints by or on behalf of nursing students | 4                        | 4                        | 5                        |

NOTE: 30% of Professionalism reports through the Veritas system are anonymous

## POPULATIONS

|                    |   | AY16-17                  | AY17-18                  | AY18-19                  |
|--------------------|---|--------------------------|--------------------------|--------------------------|
|                    |   | Vanderbilt<br>(National) | Vanderbilt<br>(National) | Vanderbilt<br>(National) |
| <b>MED-STU [l]</b> | 2016: Female 44% URM 21% 2017: Female 45% URM 21%<br>2018: Female 47% URM 20% | 385                      | 379                      | 397                      |
| <b>MED-RES (l)</b> | 2016: Female 46% URM 9% 2017: Female 46% URM 10%<br>2018: Female 48% URM 11%  | 1012                     | 1049                     | 1082                     |
| <b>MED-FAC (l)</b> | 2016: Female 49% URM 6% 2017: Female 50% URM 6%<br>2018: Female 50% URM 6%    | 2878                     | 2972                     | 3007                     |
| <b>NUR-STU (l)</b> | 2016: Female 88% URM 20% 2017: Female 88% URM 19%<br>2018: Female 88% URM 19% | 869                      | 847                      | 852                      |
| <b>NUR-FAC (l)</b> | 2016: Female 89% URM 11% 2017: Female 88% URM 10%<br>2018: Female 88% URM 12% | 176                      | 160                      | 169                      |