VANDERBILT

2017-18

INTERPROFESSIONAL Clinical Learning Environment Report Card

ACADEMIC YEAR 2017-18

Learning Environment Assessment and Feedback (LEAF) Committee

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

A college or university is a habitat, a society, a community, an environment, an ecosystem. It should be judged by the quality of life that it fosters, the opportunities for experience and exploration it provides, the concern for growth, for enrichment, and for culture that it exemplifies. The question is not just "What does your machine produce?" but also "How does your garden grow?"

-C. Robert Pace, 1971

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"My capstone group was a very positive environment. I had an instructor who was an excellent model of nursing, and was so encouraging and good at teaching new skills as well as supporting our mental health."

LETTER FROM LEADERSHIP

Dear Vanderbilt Clinical Learning Community:

The clinical learning environment at Vanderbilt University (VU) and Vanderbilt University Medical Center (VUMC) is regarded as an excellent educational setting. High quality educators, clinicians and researchers across the health professions work together every day to care for patients, make discoveries and train the next generation of leaders in health care. Their clinical learning-working environments must consistently reflect best practices in education, patient care and professionalism and be deliberately organized to support the continuous learner. Leaders of these environments must intentionally monitor factors that impact learner development, reward quality role modeling and establish effective processes to address unsafe or disrespectful behaviors.

The Interprofessional Clinical Learning Environment Report Card ("report card") serves to summarize local and national clinical learning environment data and is created by a committee of students, residents, faculty and staff from VUMC, School of Medicine and School of Nursing. While data alone cannot fully represent our talent and dedication, reviewing available information can uncover our successes and the opportunities we have for improvement and innovation.

We are proud of our many accomplishments and the momentum we see building but are thoughtful of the opportunities we have for improvement. Based on the data presented in the addendum of this report card, the LEAF Committee will again recommend that focused attention be given to the **functioning of feedback systems** and the **demonstration of respect and inclusivity across groups**. A task force consisting of VU and VUMC leadership has been initiated to delve even deeper into specific aspects of the clinical learning environment and identify means for improvement. Learner-organized focus groups will also continue to deepen our understanding of the issues surrounding mistreatment and reporting.

Our clinical learners and educators are exemplary – we are individuals who not only seek to be our best selves, but also strive to influence our culture and environments in the most positive and meaningful of ways. Recognizing the relationship between providing high-caliber patient care and fostering caring learning environments, each of us has a responsibility to evaluate our influence on the clinical learning environment and broader culture of the institution. As you read this report card and the data addendum, **consider how you, your colleagues and leaders fit into this narrative and what positive changes could be made in your departments**. 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 a positive learning environment for those around you.

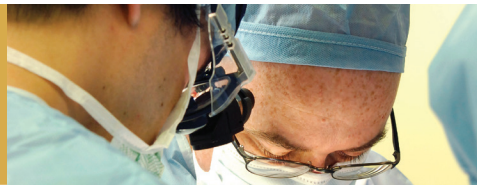
Sincerely,

BONNIE MILLER,
MD, MMHC
Senior Associate Dean for Health Sciences Education, Vanderbilt University
Executive Vice President Educational Affairs, Vanderbilt University Medical Center

DONALD BRADY,
MD
Senior Associate Dean for Graduate Medical Education and Continuing Professional Development
Senior Vice President for Educational Affairs, Vanderbilt University Medical Center

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

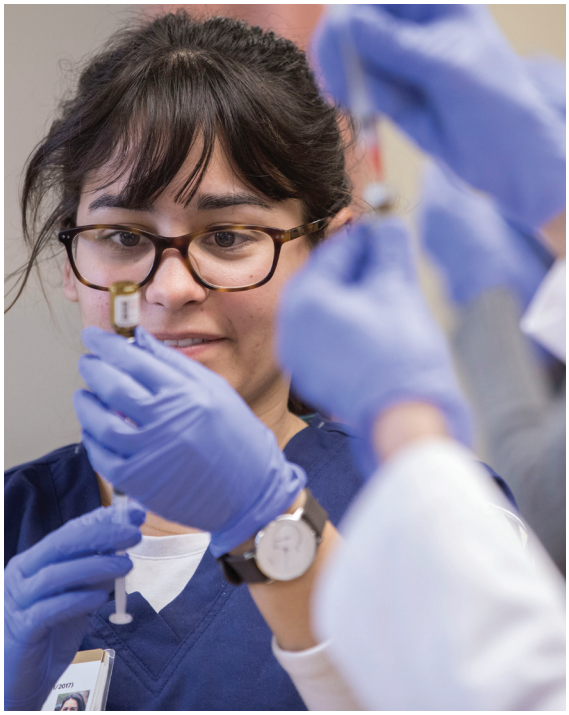
KEY DOMAINS



THE KEY DOMAINS

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.

> *"The learning environment on this rotation was incredible. Students were well integrated into the care teams and lectures were well organized by engaged faculty and residents."*



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 guide 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 teaching qualities, including commitment to the growth of learners and a humanistic style of teaching, as well as personal qualities, such as 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. Learning technologies that seamlessly integrate access to information sources, performance feedback and coaching tools can advance learning in ways previously only imagined. Clinical environments require curricula and tools available at the bedside to support learning in the workplace and approaches that can integrate learning with patient care activities.

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.

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 reporting concerns and feel confident that reports will be addressed appropriately and lead to improvement within the organization. Learners are encouraged to report events they witness or experience that undermine the learning environment.

"The strong support network provided by my peers and educators was the most positive thing that came to mind. I always felt secure in the knowledge that if I were to run into trouble, support would be close by."

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.

"My rotation was a very positive learning environment. Residents were great about teaching and letting me be involved in procedures and cases that I was interested in. I felt like I had a lot of freedom to interact with patients and direct my own learning, while also having just the right amount of teaching and supervision to help me develop my skills and identify my weaknesses."

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. However, 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	172 (45%)	78 (21%)	379
Residents/Fellows	486 (46%)	104 (10%)	1049
Faculty	1474 (50%)	170 (6%)	2972

SCHOOL OF NURSING	FEMALE	URM*	TOTAL
Students	749 (88%)	163 (19%)	847
Faculty	141 (88%)	16 (10%)	160

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

DATA SOURCES

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, Clinical Learning Environment Reviews (CLER)

Medical Faculty

- Association of Graduate Medical Education, Annual Faculty Survey, 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

KEY RECOMMENDATIONS

SPEAKING UP

Across all three 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 disruptive 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.

ONGOING REVIEW OF DEPARTMENTAL DATA

Those in leadership roles have an especially important role in speaking up and providing feedback when it is necessary but they also have a critical role in monitoring their learning environment data and feedback systems. Much of the data discussed in this report card is available at the department leadership level 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, 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.

> *"My clinical preceptors provided positive learning environments because they allowed frequent questions, hands on experience, and great feedback. They allowed time to build up to being independent and they didn't rush me."*

RECENT ACHIEVEMENTS

- The School of Nursing created the Vanderbilt Annual Learning Environment Survey (VALES) to capture data from nursing students that aligns with, and adds new dimensions to, existing national data streams in medicine
- Undergraduate Medical Education course evaluations now include questions related to speaking up in the workplace, respect, humiliation and embarrassment
- Recent university-wide strategic efforts focusing on mental health and wellbeing as well as diversity and inclusion provide additional guidance and resources to support learners and educators in these areas
- Institutions of medical education recognize the value of this type of reporting tool and are increasingly seeking our guidance on developing similar frameworks for their institutions
- Vanderbilt is participating with six other founding schools in the Kern Institute National Transformation Network which seeks to transform medical education, including clinical learning environment, by focusing on character, caring and competence

THANK YOU!

A sincere THANK YOU to all the learners, patients, faculty and staff who provided feedback used in this report card and who continually work to improve their environments.

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

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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

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Clinical Learning Environment Workgroup

DESIGN AND PHOTOGRAPHY
Micah Kandros Design
Vanderbilt Photography, Creative Services

CONTACT
Regina Russell, LEAF Committee Chair
Director, Learning System Outcomes
Office of Undergraduate Medical Education
Vanderbilt University School of Medicine
regina.russell@vanderbilt.edu
615-936-8511

2018 LEAF COMMITTEE

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Juan Pablo Arroyo, MD, PhD	Internal Medicine Chief Resident
Jesse Ehrenfeld, MD, MPH	Professor and Director for Health Sciences Education Research and LGBTI Health
Saif Hamdan	Medical Student
Jacqueline Harris	Medical Student
Katie Houghton, MBA (Development Lead)	Project Manager, Office of Health Sciences Education, School of Medicine
Kianna Jackson (Communications Lead)	Medical Student
Mary Ann Jessee, PhD, RN	Assistant Professor of Nursing, Prespecialty Level Director
Will Martinez, MD, MS	Assistant Professor of Medicine
John McPherson, MD	Vice-Chair for Education, Department of Medicine
Kendra Osborn	Nursing PhD Student
Shaunna Parker, MSN, WHNP-BC	Instructor in Nursing
Kate Payne, JD, RN, NC-BC	Associate Professor, Center for Biomedical Ethics and Society
Regina Russell, MA, MEd (Chair)	Director, Learning System Outcomes, Undergraduate Medical Education
Allison Shields, CPNP-PC	Nurse Practitioner, Department of Pediatrics
Clark Stallings	Medical Student
Rebecca Swan, MD	Assistant Dean, Graduate Medical Education
Kimberly N. Vinson, MD	Assistant Dean, Diversity Affairs, School of Medicine
Lynn E. Webb, PhD	Assistant Dean, Faculty Development, School of Medicine
Chris Wilson, MSN, RN-BC	Director, VUMC Nursing Education and Professional Development

ADVISORY MEMBERS

Donald Brady, MD	Senior Associate Dean, Graduate Medical Education and Continuing Professional Development and Senior Vice President for Educational Affairs, Vanderbilt University Medical Center
William O. Cooper, MD, MPH	Director, Vanderbilt Center for Patient and Professional Advocacy
William B. Cutrer, MD, MEd	Associate Dean, Undergraduate Medical Education
Amy E. Fleming, MD, MHPE	Associate Dean, Medical Student Affairs
Karen Hande, DNP, ANP-BC, CNE	Associate Professor of Nursing
Betsy Kennedy, PhD, RN, CNE	Assistant Dean for Non-tenure Track Faculty Affairs and Advancement, School of Nursing
Bonnie Miller, MD, MMHC	Senior Associate Dean for Health Sciences Education, School of Medicine and Executive Vice President Educational Affairs, Vanderbilt University Medical Center
Cathleen C. Pettepher, PhD	Assistant Dean, Medical Student Assessment
Mavis N. Schorn, PhD, CNM, FACNM	Senior Associate Dean for Academics, School of Nursing
W. Anderson Spickard, III, MD, MS	Assistant Dean, Education Design and Informatics, School of Medicine

BIBLIOGRAPHY

BIBLIOGRAPHY: IMPROVING CLINICAL LEARNING ENVIRONMENTS

Learning Environments for Health Professionals

- Accreditation Council on Graduate Medical Education (ACGME). Clinical Learning Environment Review (CLER) Program.
- American Medical Association (2009). Progress on Transforming the Medical Education Learning Environment.
- Association of American Medical Colleges (AAMC). Statement on the Learning Environment and Resources.
- Bagian, J. P., et al. (2016). The Overarching Themes from the CLER National Report of Findings 2016. J Grad Med Educ 8 (2 Suppl 1): 21-23.
- Colbert-Getz, J. M., et al. (2014). Assessing medical students' and residents' perceptions of the learning environment: exploring validity evidence for the interpretation of scores from existing tools. Academic Medicine 89(12): 1687-1693.
- Frenk, J., et al. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet 376(9756): 1923-1958.
- Josiah Macy Jr. Foundation (2018). Improving Environments for Learning in the Health Professions.
- Miller, B., Moore, D.E., & Balser, J. (2010). Beyond Flexner: A New Model for Continuous Learning in the Health Professions. Academic Medicine 85(2), 266-272.
- Nordquist, et al. (2013). "Living museums": is it time to reconsider the learning landscape for professional and inter professional education? Journal of Interprofessional Care 27(S2): 2-4.
- Soemantri, D., et al. (2010). Measuring the educational environment in health professions studies: a systematic review. Medical Teacher 32(12): 947-952.

Learner Development

- Cutrer, et al. (2017). Fostering the Development of Master Adaptive Learners: A Conceptual Model to Guide Skill Acquisition in Medical Education. Academic Medicine 92(1): 70-75.
- Hoff, T. J., et al. (2004). Creating a learning environment to produce competent residents: the roles of culture and context. Academic Medicine 79(6): 532-539.
- Karani, R., et al. (2014). How medical students learn from residents in the workplace: a qualitative study. Academic Medicine 89(3): 490-496.
- National League for Nursing. Competencies for the Academic Nurse Educator.
- Srinivasan, et al. (2011). "Teaching as a Competency": Competencies for Medical Educators. Academic Medicine 86(10): 1211-1220.

Patient Care

- Agency for Healthcare Research and Quality (AHRQ). Surveys on Patient Safety Culture.
- Henderson, A., et al. (2012). Nursing students' perceptions of learning in practice environments: a review. Nurse Educ Today 32(3): 299-302.
- Kripalani S, Jackson AT, Schnipper JL, Coleman EA. (2007). Promoting effective transitions of care at hospital discharge: a review of key issues for hospitalists. J Hosp Med. Sep;2(5):314-23.
- Sorra J, Khanna K, Dyer N, et al. (2012) Exploring relationships between patient safety culture and patients' assessments of hospital care. Journal of Patient Safety 8(3): 131-139.

Professionalism

- Association of American Medical Colleges. Diversity 3.0 Learning Series.
- Fried, J. M., et al. (2012). Eradicating medical student mistreatment: a longitudinal study of one institution's efforts. Academic Medicine 87(9): 1191-1198.
- Hafferty, F. W. (1998). Beyond curriculum reform: confronting medicine's hidden curriculum. Academic Medicine 73(4): 403-407.

Speaking Up about Unprofessional Behaviors

- Hickson, G. B., et al. (2007). A complementary approach to promoting professionalism: identifying, measuring, and addressing unprofessional behaviors. Academic Medicine. 82(11): 1040-1048.
- Martinez W., et al. (2015). Speaking up about patient safety concerns and unprofessional behaviour among residents: validation of two scales. BMJ Qual Saf. 2015 Jul 21.
- Martinez, W., et al. (2017). "Speaking up about traditional and professionalism-related patient safety threats: a national survey of interns and residents." BMJ Qual Saf 26(11): 869-880.
- Pichert, J.W., et al. (2013). An intervention model that promotes accountability: peer messengers and patient/family complaints. J Qual Patient Safety 39(10):435-46.
- Webb, L., et al. (2016). Using Coworker Observations to Promote Accountability for Disrespectful and Unsafe Behaviors by Physicians and Advanced Practice Professionals. The Joint Commission Journal on Quality and Patient Safety, Volume 42; Number 4.