INTERPROFESSIONAL

CLINICAL LEARNING ENVIRONMENT REPORT CARD

2022

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

WORKING TOGETHER

At the close of another academic year, we are all heartened that life is returning to more normal rhythms. Sickness, hospitalizations, and deaths due to Covid19 in middle Tennessee and throughout the US have slowed dramatically. There are hopeful signs from shared reflection on our difficult journey together. There is renewed commitment to work across silos to create even more effective, human-centered, and just healthcare organizations.

The data and recommendations in this year's Interprofessional Clinical Learning Environment Report Card are intended to spur reflection and action. Key insights from LEAF Committee data review and discussions are:

• Just as effective healthcare does not occur in silos, none of the domains in the report card are truly separate. Some of the most important opportunities to improve fall at the intersections of multiple areas in clinical learning. For example, as learner diversity increases, the need for inclusive and equitable practices increases in parallel. Increasingly diverse learners repeatedly speak to the need for more attention to diversity, equity, and inclusion. The reduction of learner mistreatment is captured in the professionalism domain; nevertheless, because psychological safety is foundational to the learner support domain, we must remain diligent in addressing negative behaviors and incivility. It is critical to consider the ways that trends in one area can reinforce or counteract trends in another.

• Review and remediation processes should be guided by developmental thinking. Provide learners and professionals with information about their performance as well as clear expectations and most of them will rise to the occasion. This is the same for departmental and program-level performance reviews. Ideally, for both individual and program-level feedback, there are specified levels of poor performance

that will trigger automatic leadership review. Organizational processes should be clearly described in each work area. Everyone is encouraged to learn about and contribute to improvement initiatives and performance monitoring activities.

• It is critical that learners know how to formally report concerns, but also that they feel empowered and capable of addressing challenging situations directly in the moment. The Vanderbilt University Medical Center (Veritas), School of Medicine (RISE), and School of Nursing (Origami) each use different reporting tools capable of anonymous reports. The use of all these reporting systems has increased in this year's report. Though we are working toward decreasing negative experiences, it is considered a positive development for leadership to learn more of what is happening in real time. This provides better opportunities to intervene and adjust environments more rapidly. All our educational programs continue to encourage training in bystander intervention as well as awareness and mitigation of harmful bias.

We sincerely hope that the information in this report can be helpful to improvement efforts in your specific clinical learning environment. Although everything cannot be changed at once, we are very proud of the ways our staff, students, residents, fellows, faculty, and leadership consistently work together to make priority improvements a reality.

THANK YOU for the ways you contributed to clinical learning and the environments in which we provide it in the past year! The overwhelming feedback from learners is that they feel supported by excellent educators and find learning environments rich with development opportunities. We hope this report card will encourage you to reflect on how you create positive clinical learning environments. Please consider sharing your insights and this report card with others in your area.

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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. Vanderbilt University Medical Center and School of Medicine recently released a Racial Equity Plan that includes a road map for the recruitment, promotion, and retention of diverse learners and employees.

POPULATIONS IN ACADEMIC YEAR 2020-21

	FEMALE	URM*	TOTAL
Medical Students	51%	20%	409
Residents/Fellows, Graduate Medical Education	50%	14%	1082
Faculty, School of Medicine & Medical Center	51%	6%	1159
	FEMALE	**URM***	**TOTAL**
Nursing Students	89%	25%	1021
Faculty, School of Nursing	87%	13%	169

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

ASSESSMENT FRAMEWORK

POSITIVE CLINICAL LEARNING ENVIRONMENTS

The assessment 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, equity, and inclusion, and has a culture that prioritizes wellness. Indicators include:

- Addressing Concerns
- Diversity, Equity, and Inclusion
- Wellness
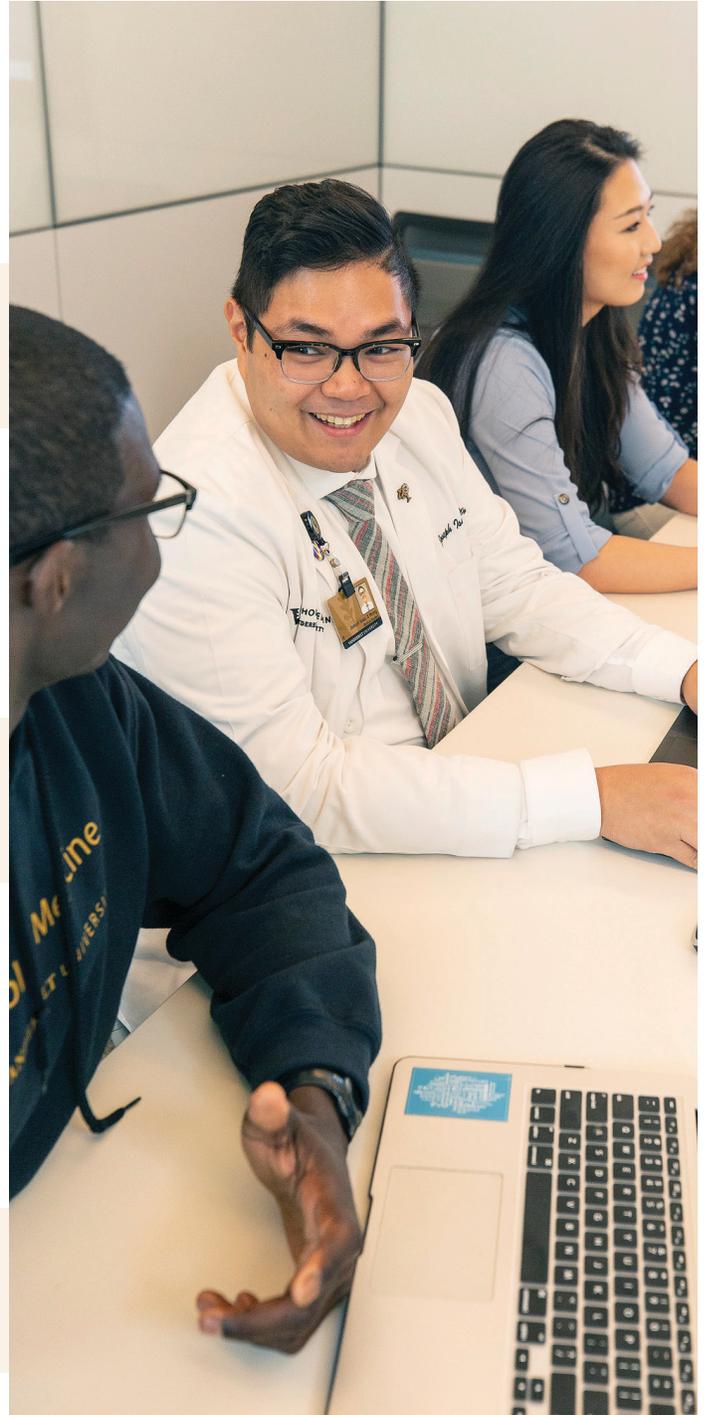
RECOMMENDATIONS

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 behaviors that create 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.

APPRECIATION

Thank you to all the learners, patients, faculty, and staff who provided the 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 report card:

VANDERBILT UNIVERSITY MEDICAL CENTER

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

VANDERBILT UNIVERSITY SCHOOL OF MEDICINE

Office of Health Sciences Education
Office of Faculty Affairs
Office of Undergraduate Medical Education
MD Program Evaluation Team

VANDERBILT UNIVERSITY SCHOOL OF NURSING

Office of Academics
Nursing Program Evaluation Team

VANDERBILT UNIVERSITY

Office of Risk Management

KERN NATIONAL NETWORK FOR CARING AND CHARACTER IN MEDICINE

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DATA APPENDIX

WHAT ARE THE DATA SOURCES?

Survey items are selected based on their alignment with priority 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 distributed to 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 appendix.

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)

RESIDENTS AND FELLOWS, GRADUATE MEDICAL EDUCATION
- Accreditation Council for Graduate Medical Education, Annual Resident/Fellow Surveys and Clinical Learning Environment Reviews (CLER)

FACULTY, GRADUATE MEDICAL EDUCATION
- Accreditation Council for 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, Patient Experience Surveys

NEGATIVE BEHAVIORS
- Center for Patient and Professional Advocacy (Veritas), School of Nursing Dean's Office, School of Medicine Dean's Office (RISE), VU Office of Risk and Insurance Management (Origami)