# Vanderbilt University School of Medicine

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Vanderbilt University School of Medicine's Curriculum 2.0 aims to create master adaptive learners—physicians who learn, engage in guided self-assessment and adapt to the evolving needs of their patients and the health care system throughout their careers.

All students are embedded in the health care workplace beginning with the earliest phases of their undergraduate medical education. These early clinical experiences provide them with opportunities to participate in a variety of clinical settings, assuming increasing responsibilities as they acquire new competencies.

Other educational innovations produced at Vanderbilt include integrated science courses in the 3rd and 4th year of medical school and milestone-based student assessments for the core clerkships and all clinical rotations.

This paper by authors from the Vanderbilt University School of Medicine explains the process undertaken by one medical school to design, implement and improve competency milestones for medical students. Experience to date indicates that milestone-based assessment has significant potential to guide the development of medical students.

Competency milestones for medical students: Design, implementation, and analysis at one medical school

Vanderbilt is continuously improving the logistics of its educational portfolio and is currently developing a GPS to further assist students in navigating the curriculum.

## 2019 spring consortium meeting

Poster presented: Measuring the Clinical Learning Environment (PDF)

- Improving the quality of the clinical learning environment is a major concern for all institutions and organizations involved in medical education. The LCME reaccreditation processes and ACGME’s Clinical Learning Environment Review visits have pressed medical schools and sponsoring institutions to appropriately address negative experiences and promote more positive cultures for clinical learning.

- In addition, overlaps exist between the characteristics of environments that are safe for learners and those that are safe for patients, such as “speaking up” culture. Finally, our clinical learning environments are shared by multiple stakeholder groups, including medical students, nursing students, residents and fellows, faculty, staff and patients, all of whom measure their experiences with a variety of national and local surveys.
- With this in mind, a group of faculty, staff, students, and residents began meeting five years ago to build a framework for measuring the clinical learning environment that would take into account multiple perspectives and create a holistic vision for positive learning environments. The group spent the first year defining the vision and determining the key domains based on a comprehensive literature review, expert opinion and educational enterprise priorities.
- The core principles for measurements are to use existing data sources, prioritize sources with national or longitudinal benchmarking and those that could map to the identified domains. The second and third years were spent identifying specific items that matched each sub-domain and building additional measurement where needed. For example, the School of Nursing created an annual survey for their students with items aligned with the AAMC Graduation Questionnaire and ACGME Annual Resident and Faculty surveys. Also, we added questions to medical school course evaluations to allow the identification of hotspots. Items about speaking up are particularly important given its centrality to improvement in all domains,
- A fully populated I-CLERC has been created for the past two years and shared with leaders across the medical and nursing schools as well as the medical center. Each year, we use this data to identify the most critical areas of needed improvement. This year, the medical center charged a taskforce to review these reports and recommend actions to address ongoing areas of concern.

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