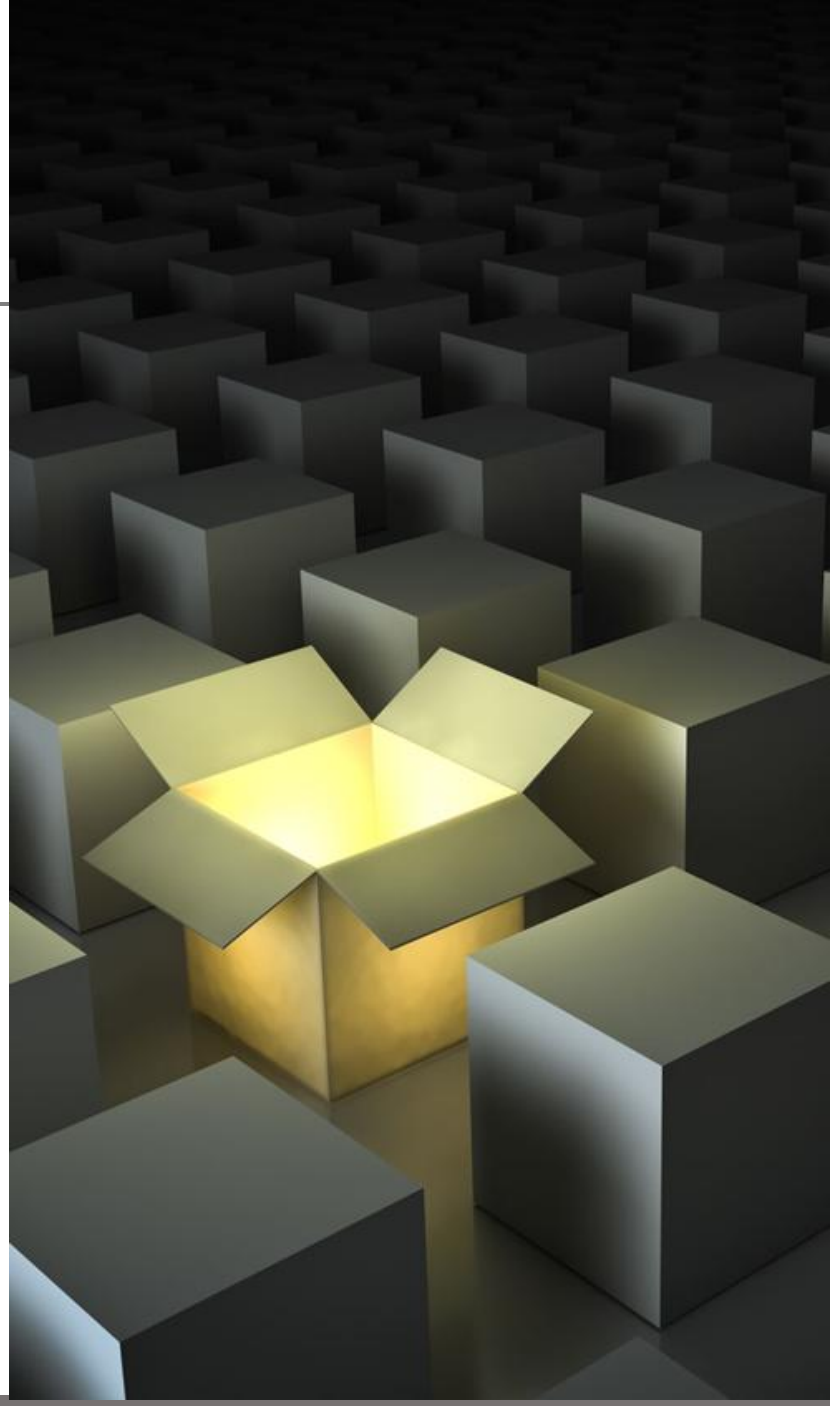
National Initiative X: Optimizing the Clinical Learning Environment for the Future

Thurs October 16, 2025

AiAMC Alliance of Independent Academic Medical Centers

START WITH THE END IN MIND

THINKING THROUGH YOUR PROJECT DATA VIA AN EVALUATION LENS



Deborah Simpson PhD

with Kelly Ussery-Kronhaus, MD & Kimberly Pierce Burke, MA

NI-X Committee on the Integration of Academics and Quality – CIAQ

Aurora Health Care

Now part of ADVOCATEHEALTH

Hackensack Meridian *Health*

WHY THIS SESSION?

National Initiative

National Initiative X
Optimizing the Clinical Learning Environment for the Future
Pre-Work
July – September 2025

- **Past NI's 2 Challenges**

1. Data
2. Limited engagement leaders > Med Ed

TOOLKIT #1: Determining Your Project's Focus

	CRITERIA	TEAM DISCUSSION
?	**There are data sources to support the project's implementation and results**. Include several critical citations which have informed your project focus	
?	**It can be implemented – with measurements** – over the course of the 18-month Initiative	

TOOLKIT #2: C-Suite Talking Points

Win-Win Strategy addresses both gaps!

OBJECTIVES

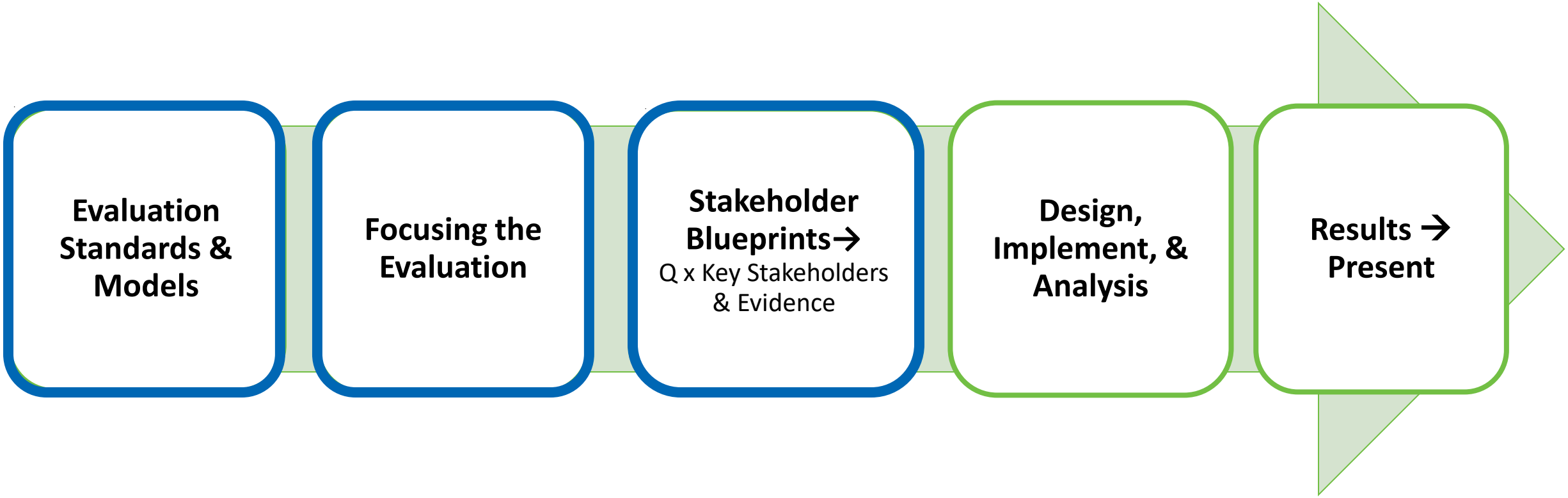
1. **Explain** when key stakeholders are key element of educational evaluation and QI project
2. **Use** key stakeholder approach to:
    - Help ensure credible and useful information
    - Improve engagement
3. **Get to know** other NI-Xers!!

WHAT IS EVALUATION? ☒ RESEARCH

- Evaluation is a systematic inquiry process that focuses on the **value or worth** of an object, program or initiative for
  - Summative decisions (d/c; funding)
  - Formative decisions (improvement)
- Make evaluation decisions every day!!

American Evaluation Association (AEA)

Systematic Process

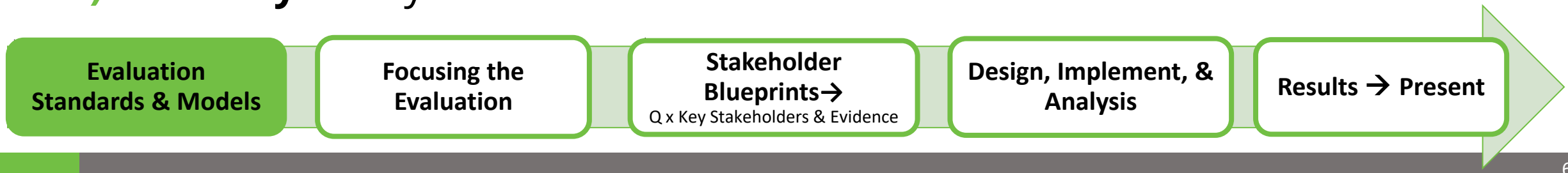


Evaluation Series Rip Outs Journal of Graduate Medical Education https://meridian.allenpress.com/jgme/pages/ripouts

Guided by Evaluation Standards

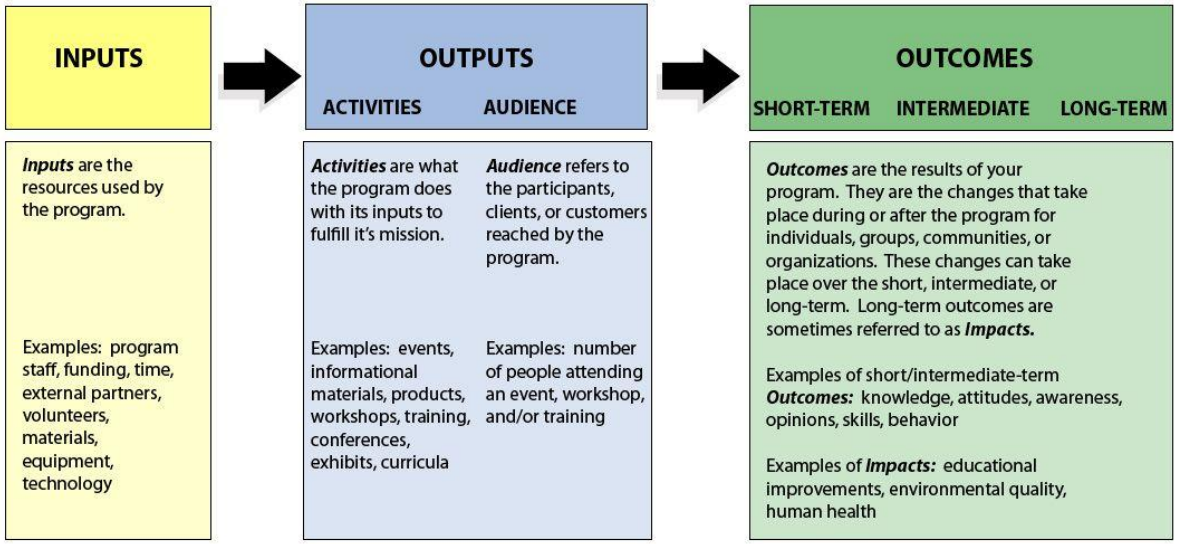
American Evaluation Association (AEA)

- **PROCESS:** Evaluation involves assessing the strengths and weaknesses of ***programs, policies, personnel, products, and organizations*** to improve their effectiveness
- Member of Joint Committee on Standards for Educational Evaluation
  1) **Utility:** Evaluation processes & products meet **stakeholder** needs
  2) **Feasibility:** Can do it within budget/resources
  3) **Propriety:** Proper, fair, legal, right, and just (Ethical)
  4) **Accuracy:** Can you trust it – based decisions on it…



Evaluation Models

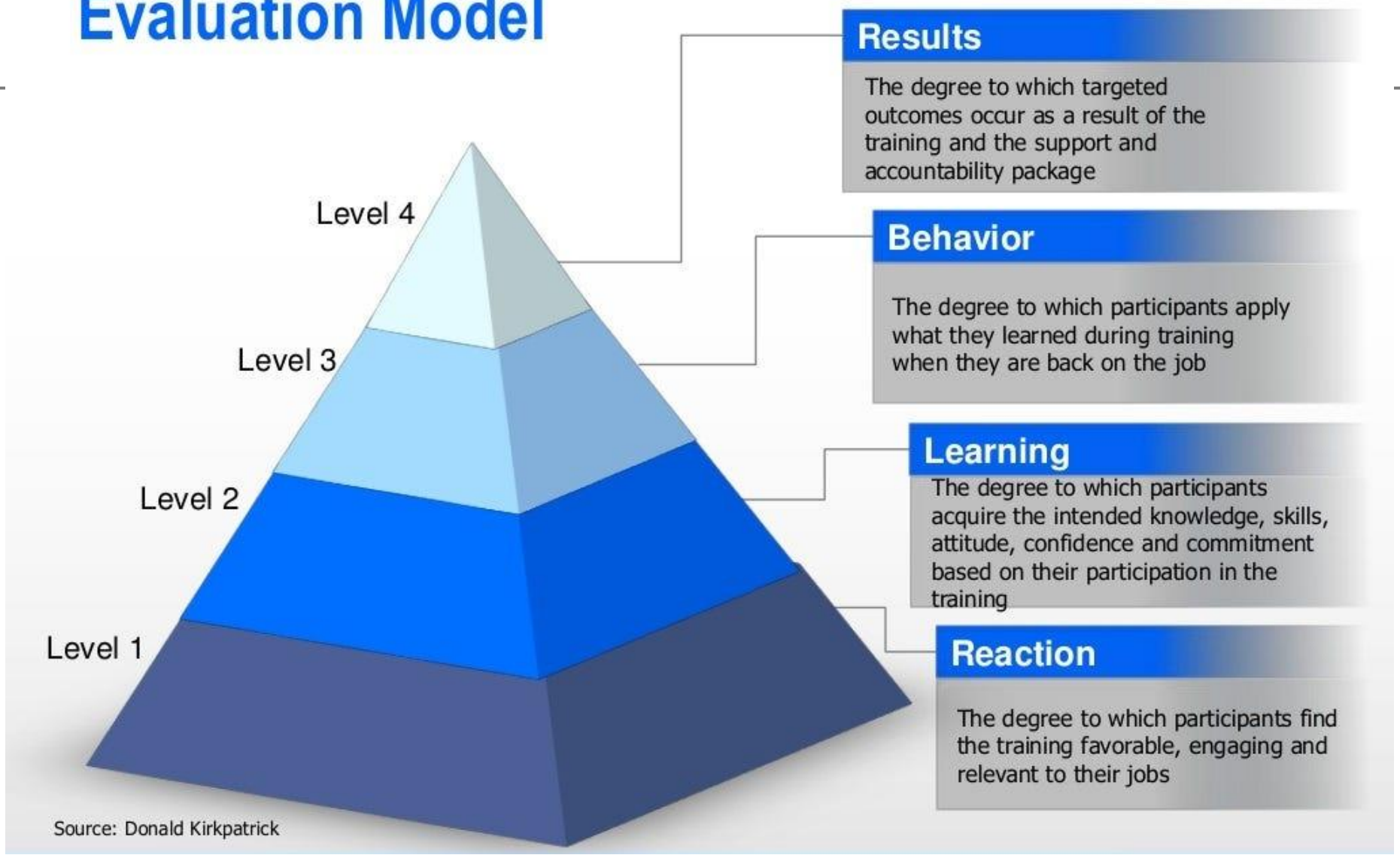
- Each provides a different **vantage point**
  - **Process:** to inform development & implementation of NI
  - **Outcome:** to judge the value or effectiveness of an NI
- **Models Galore:** 3P, Appreciative Inquiry, **Logic,** utilization-focused evaluation, developmental evaluation, **CIPP,** realist evaluation, **Kirkpatrick**, etc.



CIPP Component	Stakeholder Role
Context	Define needs, goals, and priorities
Input	Shape plans, assess resources, suggest alternatives
Process	Monitor implementation, provide feedback
Product	Evaluate outcomes, interpret results, guide decisions

Evaluation Standards & Models → **Focusing the Evaluation** → **Stakeholder Blueprints→** Q x Key Stakeholders & Evidence → **Design, Implement, & Analysis** → **Results → Present**

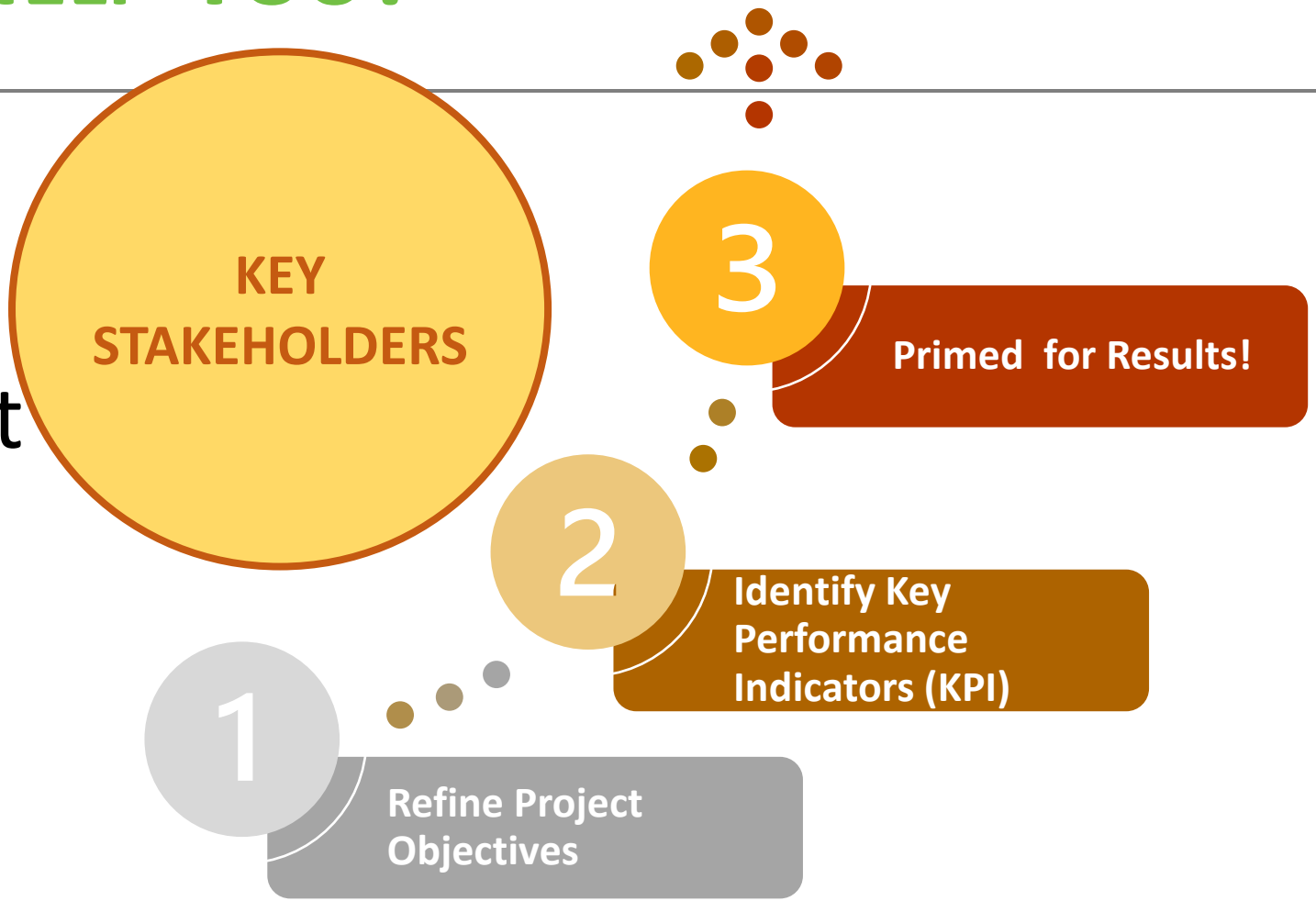
Overview of Kirkpatrick's Four-Level Training Evaluation Model



So How Does This Help You?

- **Past NI's 2 Challenges**
  1. Data
  2. Limited engagement leaders > Med Ed

How Do You Get RIGHT DATA?



Evaluation Standards & Models | **Focusing the Evaluation** | Stakeholder Blueprints→ Q x Key Stakeholders & Evidence | Design, Implement, & Analysis | Results → Present

EX: IDENTIFY NI X STAKEHOLDERS

Kelly/Kimberly: Identify Key Stakeholders for Optimizing the Clinical Learning Environment for the Future – 3 levels

1. Think Internal to Med Ed
2. Health Care System (from those on ground floor to the C-Suite)
3. External

Stakeholders →	INTERNAL TO MED ED				HEALTH CARE SYSTEM						EXTERNAL		
	Faculty	Learners Students Res/Fell	Dir UME-CME	Enrollees	Clin Unit Staff	Clin Org Leaders	DE&I	Leader VPs CMOs HR, QUIPS	Med Grp Acad Com		Com/Pt	School	Accred Bodies

Kelly/Kimberly: Pick a stakeholder role and identify the KPI (the key evidence that would convince you this project was a success)

YOUR TURN – Work as Table Evaluation Blueprint Worksheet

Key Stakeholders!!!

Round Table Tasks!!
Channel Kelly & Kimberly

Work with several project teams to draft →

1. **Pick 1 Project to Work On First**
   - Give 90 sec project pitch / elevator speech about project
2. **Table Members**
   - Pick a 'stakeholder role' from sheet on table
   - If don't see key role - fill it in
3. **Starting to right of Project Pitch Person**
   Each stakeholder in < 90 sec
   - **Explains** why they (in that role) are a **KEY** stakeholder
   - ***What evidence would convince you*** *(in your stakeholder role) that this NI project was a success?*
4. **Project Pitch – Take notes on Stakeholder Worksheet**
   - Project team should take notes too

Key Stakeholder Roles

Internal to Medical Education

- Residents/Fellows (in your program or rotators
- Medical Students
- Other Learners (RN, PA, NPs, Pharm)
- Program Director/APD
- Program Staff
- Faculty (in your program or rotators)
- DIO
- GME Office
- Statistical Support
- _____
- _____
- _____
- _____

External to Your Organization

- Patients
- Family
- Community
- Faith-Based Groups
- Payers (Insurance, Medicare, Medicaid)
- Local, State, Federal Leaders
- ACGME Accreditors
- Hospital Accreditors
- _____
- _____
- _____
- _____

In Your Health Care System

- Clinical Staff in **Your** Clinic/on Your Hospital Service (eg, Pharmacists, Nursing, Social Work)
- Other Staff - Housekeeping / Transport

NI-VIII Evaluation Data Blueprint Worksheet

Project Title: _____ **NI-VIII Project Team:** _____

#1: Identify Your Project's Stakeholders → / #2: Evidence ↓ "X" by Stakeholder ↘	Internal		Health Care System			External			#3 Data Sources [If Time]			

For EXAMPLE →

EXAMPLE: PROFESSIONALISM

NI Evaluation Blueprint Key Stakeholder – Evidence - (Data Sources)

Project Title: _____

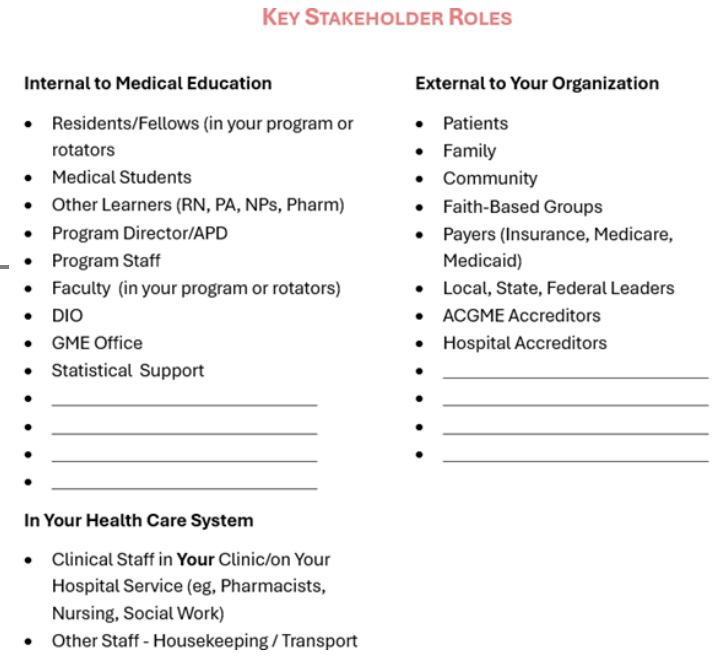
#1: Identify Your Project's Stakeholders → / #2: Evidence ↓ "X" by Stakeholder ↘	INTERNAL MED ED					YOUR HEALTH CARE SYSTEM						EXTERNAL			
	Residents MS's Recruit	Faculty	Staff	Prog Dir		Clinic Hosp Staff	Service Line Leader	Leader in Target Area eg (QUIPS)	C-Suite	BoD		Pt	Com Leader	Payers $ Accreditation ACGME	
Reaction Data from Fac & Residents	x	x		x				x							
# of Incident Reports		x							x						

Notes:

Round Table Tasks!!
Channel Kelly & Kimberly

Work with several project teams to draft →

1. **Pick 1 Project to Work On First**
   - Give 90 sec elevator speech about project
2. **Table Members**
   - Pick a 'stakeholder role' card from the table
   - If don't see key role - use a blank card
3. **Start to right of Project Pitch Person and each stakeholder in < 90 seconds**
   - **Explain** why they (in that role) are a **KEY** stakeholder
   - ***What evidence would convince you*** *(in stakeholder role) that this NI project was a success?*
4. **Project Pitch – Take notes on Stakeholder Worksheet**
   - Project team should take notes too
5. **Repeat steps 1-4 with another NI Project**
6. **Debrief Surprises?** Lessons? Take Homes



Key Stakeholder Roles

Internal to Medical Education

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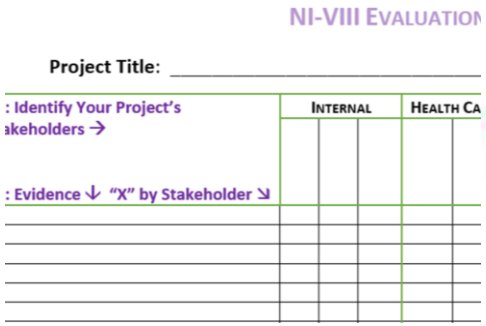


NI-VIII Evaluation

Project Title: _____

: Identify Your Project's akeholders →	Internal			Health Ca	
: Evidence ↓ "X" by Stakeholder ↘					

Welcome Back!!
Let's Hear from Some Tables

1. **90 sec project 'elevator'**
2. **Examples of Key Stakeholders x KPI's**
3. **Anything Surprise you/your table?**

** **Normally actually talk with Key Stakeholders & probe for what data/evidence**

Stakeholders → / Evidence ↓	INTERNAL TO MED ED				HEALTH CARE SYSTEM						EXTERNAL		
	Faculty	Learners Students Res/Fell	Dir UME-CME	Enrollees	Clin Unit Staff	Clin Org Leaders	DE&I	Leader VPs CMOs HR, QUIPS	Med Grp Acad Com		Com/Pt	School	Accred Bodies
Inclusive Learning Environment – ratings (respect, ideas heard, psych safety)	x	x	x		x			x	x		x		
Upstanders are valued	x	x	x	x			x						
Unprof Incident reports (microaggression; exclusion; rude; demeaning)		x	x										
Align w Accred Req			x										
Align with system priorities							x	x	x				
Decrease Disparities Gap													
Approach Sustain			x						x				

- Once filled out- see where there are priorities – lots of x's..
- Eval Value - Feasible

Add Data Sources: Consider Utility, Feasibility, Propriety (Ethical), Accuracy

Stakeholders → / Evidence ↓	Internal to Med Ed				Health Care System						External			Data Sources [w Benchmark, Comparison]						
	Faculty	Learners Students Res/Fell	Dir UME-CME	Enrollees	Clin Unit Staff	Clin Org Leaders	DE&I	Leader VPs CMOs HR, QUIPS	Med Grp Acad Com		Com/Pt	School	Accred Bodies	Educ	System Data	Team Members	Accred Standards	Stature	Clinic	
Inclusive Learning Environment – ratings (respect, ideas heard, psych safety)	x	x	x		x			x	x		x			Learning Eval Ratings (Rotation) DE&I Fac Competence Self Assess	Items: SOPS, Engage	CLEQS	ACGME Survey	> Org or Nat Mean		
Upstanders are valued	x	x												Debrief Trained ↑ #s seek training						
Unprof Incident reports (microaggression; exclusion; rude; demeaning)		x												PDs, Directors, Rotation Leaders	"Midas"					
Align w Accred Req																	AAMC ACGME CME Part IV			
Align with system priorities							x	x	x							DE&I leaders		Com Recog External Awards		
Decrease Disparities Gap																			x	
Approach Sustain			x						x					Eval Items						
Learners Req Letters of Rec		x																		

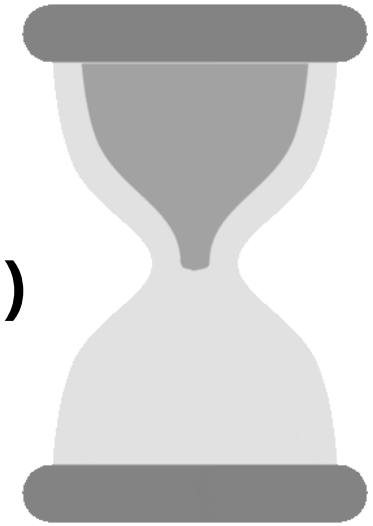
Frame by a model Organize the Evidence by

- Logic Model? (Input, Outputs, Outcomes)
- Kirkpatrick Level?
- IHI Process, Outcome, Balancing Measures
- Another Model

A model → more options/evidence!!

Strong Evaluations that Make a Difference

Evaluation Standards & Models | **Focusing the Evaluation** | **Stakeholder Blueprints→** Q x Key Stakeholders & Evidence | Design, Implement, & Analysis | Results → Present



Evaluations are strengthened when they are

1. Systematically conducted
   - **Get stakeholder input now (continue to update them)**
   - **Identify cross-cutting evidence -- high priority**
2. Informed by an evaluation model
3. Consistent with accepted standards of accuracy, utility, integrity and *feasibility* (AEA)

References & Resources

Journal of Graduate Medical Education

1. **Program Evaluation**: Getting Started and Standards
2. **Getting the Evaluation Focus Clear**: A Shared Understanding of What Is Being Evaluated
3. **Blueprinting** Program Evaluation Through the Lens of Key Stakeholders
4. **Blueprinting** Evaluation Evidence: Data Sources and Methods
5. **Implementing** the Evaluation Plan and Analysis: Who, What, When, and How
6. **Effective Presentation** of Your Evaluation Results: What, So What, Now What

https://meridian.allenpress.com/jgme/pages/ripouts

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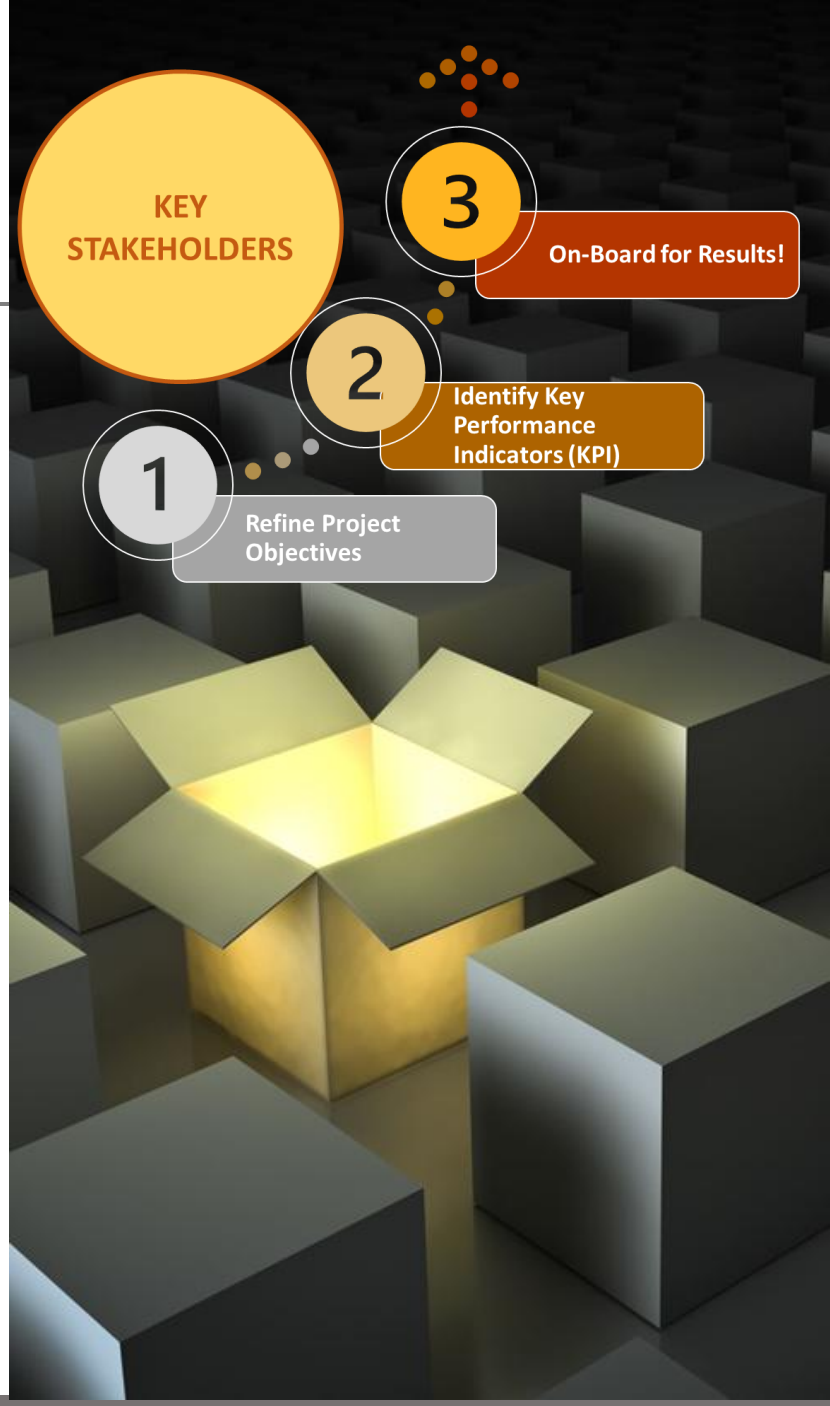
Final Comments

START WITH THE END IN MIND

THANK YOU!!



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St Luke's
UNIVERSITY HEALTH NETWORK