NCICLE NATIONAL COLLABORATIVE FOR IMPROVING THE CLINICAL LEARNING ENVIRONMENT

THE ROLE OF THE CLINICAL LEARNING ENVIRONMENT IN

Preparing New Clinicians to Engage in Quality Improvement Efforts to Eliminate Health Care Disparities

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NOTE FROM THE CO-CHAIRS

Across the United States, inequities in health care persist. Differences in the quality of health care, or *health care disparities*, occur across numerous dimensions including race, ethnicity, sex, geographic location, socioeconomic status, sexual orientation, gender identity, and many others.[1,2] These disparities are complex and likely a result of numerous factors. As a result, meaningful change will require action at all levels of the health care system.

For health care organizations, action to eliminate health care disparities includes systems-based approaches to identify and address inherent biases, misguided processes, and missed opportunities to deliver optimal care to all patient populations. Such approaches start with data collection and analysis to inform focused, culturally appropriate quality improvement (QI) initiatives.

Engaging new clinicians is a key element of any systems-based approach, as new clinicians will shape the future of health care delivery. Clinical learning environments (CLEs), or the hospitals, medical centers, and ambulatory care clinics where new clinicians train, have an important role in this process. The transition from undergraduate or preprofessional training to clinical care is the optimal time to engage new clinicians as they are just beginning to develop practices that will likely be with them for decades.[3] By helping new clinicians continually monitor for equity as they care for patients and by giving them the skills to address disparities in care, CLEs have the potential to change organizational culture and shape a workforce that is prepared to engage with and treat every patient according to their needs.

The National Collaborative for Improving the Clinical Learning Environment (NCICLE) developed this document as a guide for CLEs in engaging new clinicians in QI efforts to eliminate health care disparities. As co-chairs of the work group that authored the document, we were privileged to work with an interprofessional team that brought diverse perspectives to the common goal of envisioning a set of expectations for engaging new clinicians in addressing health care disparities. Our hope is that this document will inspire and guide CLE leaders across the country as they develop and implement strategic initiatives to ensure health care equity now and into the future.

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PREFACE

NCICLE presents this guidance document to help CLEs in engaging new clinicians in QI efforts to eliminate health care disparities. This guidance document provides a framework that identifies foundational elements for CLEs as they engage new clinicians in these efforts; the role of leadership in enabling, developing, and supporting those elements; and the skills and behaviors that prepare new clinicians to eliminate disparities and provide equitable care.

Of note, this document was created by the *NCICLE Quality Improvement: Focus on Health Care Disparities Work Group* — referred to hereafter as "the NCICLE work group." The NCICLE work group uses the term *new clinicians* to include individuals transitioning from preclinical educational environments to a CLE (eg, resident physicians, nurses, pharmacists, and others who are new to practice).

EXECUTIVE SUMMARY

This document highlights several key concepts:

- To address health care disparities that are pervasive across the United States, individuals at all levels of the health care system need to commit to ensuring equity in care.

- For leaders of CLEs, a key part of this commitment is preparing and engaging their clinical workforce in efforts to eliminate disparities in health care. These efforts may include training in cultural humility and cultural competency, education about the organization's vulnerable populations, and continuous interprofessional experiential learning through comprehensive, systems-based QI efforts focused on eliminating health care disparities.

- Robust, systems-based and systems-wide approaches to QI are key to health care organizations' success in addressing health care disparities. With this infrastructure in place, organizations can begin to engage new clinicians in QI focused on health care disparities, including the steps of (1) collecting and analyzing data to identify health care disparities and the CLE's vulnerable patient populations; (2) using stratified data to develop focused, culturally appropriate QI efforts; (3) communicating QI findings to all relevant CLE staff, including new clinicians; (4) using QI findings to inform changes needed to eliminate health care disparities; and (5) conducting ongoing analyses to determine if changes resulted in the desired outcome and modifying the efforts as needed.

- Important to engaging new clinicians in addressing health care disparities is a foundation that includes: (1) a culture that promotes health equity and a commitment to ongoing QI; (2) processes to identify health care disparities and vulnerable populations at risk; (3) clinical educators prepared to engage new clinicians in QI efforts to eliminate disparities; and (4) systems-based QI processes that involve new clinicians as part of interprofessional teams to identify and implement changes to eliminate health care disparities.

- The CLE's leaders play an essential role in ensuring that new clinicians develop the skills and behaviors that enable them to: (1) align with the organization's culture of equity and commitment to ongoing QI; (2) recognize health care disparities as a unique component of health disparities; (3) participate in analysis of health care disparities; and (4) translate and act to eliminate any identified health care disparities.

BACKGROUND

Health Care Disparities in the United States

Across the United States, health care disparities persist, while the overall quality of health care continues to improve.[1,2] These disparities occur across many dimensions, including but not limited to race and ethnicity, socioeconomic status, sexual orientation, and gender identity.[1,2] For example, the National Academy of Medicine (formerly the Institute of Medicine) 2002 report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* concluded that minority patients generally receive lower quality health care than whites in the United States, regardless of their insurance status or their ability to pay for care. The report also noted that these differences in quality of care, or *health care disparities*, were associated with more deaths among minorities than whites.[4] These studies are part of the impetus to examine how structures, processes, and behaviors within the US health care system may be contributing to disparities.

Health care disparities may be a result of (among other factors) the health care system itself (eg, resources, incentives for keeping health care costs low); patient beliefs and behaviors (eg, distrust of health care providers or refusal of treatment); and provider beliefs and behaviors (eg, conscious and unconscious biases, prejudice, or uncertainty when it comes to treating certain patient populations).[4] To address the complex nature of how these variables interact requires action at all levels of the health care system—from policy makers to health care organizations to individual members of the clinical care and administrative team.

Establishing A Culture of Equity

Research has shown that bias and discrimination—which can be tied to race, age, culture, socioeconomic status, disability, and other factors—have a substantial effect on the health of individuals and contribute to health care disparities. For example, FitzGerald and Hurst found that implicit bias was negatively correlated with quality of care indicators.[5] In addition, a 2017 study by the Harvard T.H. Chan School of Public Health, the Robert Wood Johnson Foundation, and National Public Radio showed that discrimination is an important barrier to equity in US health care.[6] Of the 3453 people polled in the study, 32% of Black Americans, 23% of Native Americans, and 20% of Latinos reported experiencing discrimination when going to a doctor or health clinic, as did 18% of the women and 16% of the lesbian, gay, bisexual, transgender, and queer individuals participating in the survey.[6]

NCICLE takes the view that actions to eliminate health care disparities that result from discrimination in care begin with establishing a culture of equity. An important component of this culture is the expectation of cultural humility. Cultural humility is defined as a lifelong process of self-reflection that can inform one's understanding of cultural differences and how such differences require sensitive approaches to health care.[7,8] From a basis of cultural humility,

health care organizations can begin to develop cultural competence—defined as "[a] set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations."[9] By focusing on culture, health care organizations can begin the work of ensuring that all patients have an equitable chance at attaining the best possible health outcomes (Box).

BOX: Health Equity, Health Disparities, and Health Care Disparities

In this document, the NCICLE work group proposes a framework for engaging new clinicians in QI efforts focused on eliminating *health care* disparities, which are a type of health disparity. Health and health care disparities are inequities among vulnerable populations linked to inadequate care and poor health outcomes.[3] The definitions below are provided as context for these concepts.

HEALTH EQUITY

Healthy People 2020 defines health equity as:

[The] attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.[10]

Health equity is the concept that every individual—regardless of factors such as ethnicity, socioeconomic status, gender, or sexual orientation—should have a fair chance at a long and healthy life. Health equity is not the same as equality, which refers to equal treatment of individuals. Whereas equality can be defined as treating each and every individual in the same manner irrespective of needs and requirements, equity can be defined as treating individuals fairly based on their needs and requirements.[11]

HEALTH DISPARITIES

Health disparities reflect differences in health that are "closely linked with social, economic, and/or environmental disadvantage."[10] For example, the high prevalence of diabetes in the Black American population is a health disparity.[12]

HEALTH CARE DISPARITIES

Health care disparities are a unique component of health disparities and reflect differences in the care delivered.[13] For example, the finding that glucose control tends to be poorer for black diabetic patients than for white diabetic patients, even when they have health insurance and access to health care, is a health care disparity.[12]

The Role of Data and Quality Improvement in Eliminating Health Care Disparities

DATA

For hospitals, medical centers, and clinical care providers, a key part of ensuring health equity is to have a systematic approach to identifying and eliminating health care disparities related to the care provided by their organization. The National Academy of Medicine recommends that providers collect and stratify data on the access and use of health care by factors such as patients' race, ethnicity, socioeconomic status, primary language, sexual orientation, and gender identity.[4,14] Health care leaders can then use these stratified data to identify vulnerable populations at risk of or experiencing inadequate care or poorer health care outcomes.[15] In addition to the categories noted above, health care organizations may also elect to collect or stratify data according to various subpopulations at risk—such as migrant populations or patients with disabilities—that help to further distinguish or identify disparities in care, especially in situations when the majority of the patient population is deemed vulnerable. Equipped with this information, organizations can develop and implement focused, culturally responsive QI efforts to address the identified disparities.[16]

The focus of this document is … to identify undesirable variations in care delivery or outcomes once individuals from the community enter the health care system.

Of note, many health care organizations have well-established processes for conducting and responding to community health needs assessments. These assessments provide important information on the overall health of the community and opportunities for outreach and collaboration with community partners to provide needed services.

QUALITY IMPROVEMENT

The Agency for Healthcare Research and Quality defines health care QI as "the framework we use to systematically improve the ways care is delivered to patients."[17] QI is different from quality assurance, which focuses more on identifying and addressing individual errors. QI acknowledges human fallibility and recognizes that, often, negative outcomes are the result of poorly designed systems.[17,18]

Health care disparities are often a systems-level issue that, to be addressed effectively, necessitate a commitment to continuous QI throughout all areas of the organization. A systems-level approach to QI recognizes the dynamic nature of health care delivery and the value of interprofessional input and teamwork to identify and address opportunities for improvement, implement solutions, and conduct ongoing review.[17]

A FRAMEWORK FOR ENGAGING NEW CLINICIANS

Hospitals, ambulatory care sites, and other CLEs in which new clinicians train have an important role in preparing and supporting the clinical workforce to provide high-quality care for vulnerable populations. With new clinicians, CLEs have the opportunity to instill principles and imprint behaviors that potentially lay a foundation for how these clinicians will practice throughout their careers.[3] By engaging clinicians in systems-level approaches to identifying and addressing health care disparities early in their clinical training, CLEs can foster a commitment to equity and continuous improvement that extends beyond their organization to wherever these individuals may practice in the future.

Engaging new clinicians in systems-based QI early in their careers benefits both the new learners and the organization. New clinicians serve a key role in implementing systems-level process changes. However, they often do so absent the context of key components of QI such as planning and evaluation. By engaging new clinicians in comprehensive and systematic QI efforts, CLEs can help these new learners recognize and understand the complexity of factors that contribute to health care disparities—some of which are individual (eg, explicit or implicit biases) and some of which are systems based (eg, ineffective processes, breakdowns in communication). Exposing new clinicians to systems-based QI also provides them with the opportunity to see how well-informed, culturally appropriate QI projects have the potential to effect change and improve care across the organization. Furthermore, as frontline providers who care for vulnerable populations on a daily basis, new clinicians are ideally positioned to provide valuable input to both identify populations at risk and contribute to solutions to eliminate disparities in care and outcomes.

To guide CLEs in engaging new clinicians in systems-based QI efforts to eliminate health care disparities, the NCICLE work group developed a framework that includes foundational elements, the role of leadership in supporting these foundational elements, and important skills and behaviors that prepare new clinicians to participate as members of interprofessional teams to eliminate health care disparities and provide equitable care.

Of note, this framework is not designed to propose a specific curriculum or to suggest regulatory action. Rather, it is intended to serve as a resource that leaders of CLEs may find useful in designing their approach to optimizing learning and care for patients at risk for health care disparities.

Foundational Elements for Engaging New Clinicians in Quality Improvement to Eliminate Health Care Disparities

The NCICLE work group identified the following elements as key to providing a solid foundation for engaging new clinicians in efforts to identify and eliminate health care disparities:

A culture of equity and a commitment to ongoing improvement through QI. CLEs with a culture of equity prepare their entire workforce (including new clinicians) to practice cultural humility and to engage in a continuous process of reflection, learning, and

improvement that promotes culturally sensitive care. Optimal CLEs recognize that achieving equity in health care is an ongoing process that requires a system-wide commitment to QI and continuous learning and improvement.

Processes to identify health care disparities occurring at the organization and the patient populations who are at risk for those disparities. Optimal CLEs have robust processes to identify health care disparities and to prioritize QI efforts to address these disparities. Of note, these efforts are separate from any community-based efforts resulting from community health needs assessments. Whereas community-based efforts are focused on partnering with others to address issues in the community at large, efforts to address health care disparities are specifically focused on improving processes and outcomes in the health care organization where the patient receives care. In CLEs with a systems-based approach to eliminating health care disparities, the entire workforce (including new clinicians) is knowledgeable about groups of patients who are using the CLE's services and who may be at risk for inequitable care (ie, vulnerable populations).

Prepared clinical educators. CLEs need to ensure they have clinical educators across professions in place to effectively teach and model efforts to eliminate health care disparities.

Established QI processes focused on eliminating health care disparities. An optimal CLE has a system-wide approach that engages interprofessional staff, clinical educators, and new clinicians in ongoing QI that includes data collection and analysis to inform focused, culturally appropriate QI efforts. Steps to this approach include (but are not limited to):

- Collecting and analyzing data to identify health care disparities and the CLE's vulnerable patient populations
- Using stratified data to develop focused, culturally appropriate QI efforts
- Communicating QI findings to all relevant CLE staff, including new clinicians
- Using QI findings to inform changes needed to eliminate health care disparities
- Conducting ongoing analyses to determine if changes resulted in the desired outcome and modifying the efforts as needed

The Role of Leadership in Supporting the Foundational Elements

At all levels of the CLE, leaders play a central role in developing and sustaining the foundational elements noted above and ensuring they remain a priority throughout the organization.

For the purposes of this document, the NCICLE work group identified and categorized responsibilities according to 3 types of leaders (ie, executive, QI, and clinical education) who are central to setting organizational priorities, establishing a QI culture, and ensuring optimal training for new clinicians (*Table 1*). The NCICLE work group also recognizes that leadership is contextual and a shared responsibility. Specific leadership responsibilities among these groups may vary according to the needs of the organization.

TABLE 1: EXAMPLES OF CLINICAL LEARNING ENVIRONMENT LEADERSHIP RESPONSIBILITIES

Type of CLE Leadership	Examples of Responsibilities
Executive Leaders	• Develop a clear strategy for eliminating health care disparities occurring within the organization that includes investment in infrastructure and resources at all levels of the organization to prioritize and support initial efforts and to sustain successful ones. • Continually demonstrate commitment to eliminating health care disparities (eg, role modeling, priority setting, supporting QI projects focused on health care disparities, ongoing communication, continuous learning and improvement, integration of new clinicians).
QI Leaders	• Foster partnership with clinical C-suite to inform strategic goals in the area of health care disparities. • Convert QI data on health care disparities into actionable information to be used by clinical educators, staff, and new clinicians.
Clinical Education Leaders	• Work closely with the QI leadership to design and implement programs for optimal clinical learning across professions in the area of QI focused on eliminating health care disparities. • Prioritize training that will help new clinicians develop cultural humility and awareness of implicit and explicit bias at the individual and institutional level. • Educate new clinicians about the CLE's vulnerable patient populations, outcomes data, and planned or needed improvements to eliminate health care disparities within the CLE. • Mentor new learners in systems-based, interprofessional QI efforts focused on eliminating health care disparities.

Abbreviations: CLE, clinical learning environment; QI, quality improvement.

New Clinician Skills and Desired Behaviors

With foundational elements in place, CLEs are better positioned to prepare new clinicians with the skills and desired behaviors needed to effectively engage in systems-based QI to identify and eliminate health care disparities. The NCICLE work group suggests that, to effectively contribute to the organization's efforts to eliminate health care disparities, new clinicians need to learn how to:

- Align with the organization's culture of equity and commitment to ongoing QI
- Recognize health care disparities as a unique component of health disparities
- Participate in the analysis of health care disparities
- Translate and act to eliminate identified health care disparities

Each of these skills are supported by a set of desired behaviors, which are outlined in *Table 2*.

TABLE 2: NEW CLINICIAN SKILLS AND ASSOCIATED DESIRED BEHAVIORS NEEDED FOR ENGAGING IN QUALITY IMPROVEMENT EFFORTS TO ELIMINATE HEALTH CARE DISPARITIES

New Clinician Skills	Desired Behaviors
Align With Culture of Equity and Commitment to Ongoing QI	• Demonstrates a commitment to the CLE's culture of equity through learning, skill development, practice, and reflection to provide equitable, high-quality health care in the context of cultural humility. • Recognizes the CLE's systems-based strategies and goals toward continuously improving its patient care. • Understands how the CLE continually identifies health disparities and health care disparities among its patient population.
Recognize Health Care Disparities as a Unique Component of Health Disparities	• Understands health care disparities as a unique component of health disparities and understands the potential factors contributing to such disparities. • Is aware of the CLE's systems and processes to collect and analyze data on health outcomes and health care use by specific populations. • Identifies health care disparities occurring within the CLE, including patient populations at risk for these disparities.
Participate in Analysis of Health Care Disparities	• Understands the QI tools and methods employed by the CLE for analyzing health care disparities among its patient population. • Uses the CLE's QI data to analyze issues leading to inequitable health care delivery within the CLE.
Translate and Act to Eliminate Any Identified Health Care Disparities	• Engages in systems-based QI efforts that involve interprofessional teams to eliminate health care disparities within the CLE. • Participates in CLE processes to continuously monitor its efforts to identify and eliminate health care disparities. • Uses a systems- and evidence-based approach to determine how patient safety events can guide system improvement.

Abbreviations: CLE, clinical learning environment; QI, quality improvement.

STRATEGIES FOR CLINICAL LEARNING ENVIRONMENTS TO SUPPORT NEW CLINICIAN ENGAGEMENT IN QUALITY IMPROVEMENT TO ELIMINATE HEALTH CARE DISPARITIES

In developing a systems-based approach to engaging new clinicians in QI to eliminate health care disparities, CLE leaders may consider using tools—such as a driver diagram—to create a shared vision of their aims and the actions needed to achieve those aims. These tools also serve as useful guides for monitoring and assessing progress toward the aims.[19]

The *Figure* provides an example of how CLEs might organize the guidance offered in this document into a set of aims, primary drivers, and secondary drivers.

FIGURE: DRIVER DIAGRAM OUTLINING THE CLINICAL LEARNING ENVIRONMENT'S ROLE IN SUPPORTING NEW CLINICIAN ENGAGEMENT IN QUALITY IMPROVEMENT TO ELIMINATE HEALTH CARE DISPARITIES

Abbreviations: CLE, clinical learning environment; QI, quality improvement.

CONCLUSION

National efforts have substantially raised the visibility of health care disparities in the United States.[1,2,4,9] Regardless of this visibility, disparities in care continue to persist throughout the US health care system, leading to poorer health outcomes for vulnerable patient populations. To better understand and ultimately eliminate health care disparities, our nation's health care organizations will need to systematically assess and address the inequities affecting their patient populations. In their role as organizations that host clinical training, CLEs have the additional responsibility of preparing and supporting new clinicians to engage in systems-based QI efforts to eliminate health care disparities — instilling skills and supporting behaviors that clinicians can build throughout their careers. By shaping the behaviors of tomorrow's health care workforce, CLEs can help pave the road towards equity throughout the US health care system.

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Liaison Committee on Medical Education

National Board of Medical Examiners

Organization of Program Director Associations

Quality and Safety Education for Nurses Initiative

The Joint Commission

Veterans Health Administration

Vizient, Inc.

GLOSSARY

Clinical learning environment. A hospital, ambulatory care clinic, or other health care environment in which new clinicians train.

Clinical educators. Faculty and others within the clinical learning environment who participate in training new clinicians.

Cultural competence. "A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations."[9]

Cultural humility. A lifelong process of self-reflection and self-critique that can inform one's understanding of cultural differences and how such differences require sensitive approaches to health care.[7,8]

Equality. Treating individuals in the same manner irrespective of their needs and requirements.

Equity. "[The] attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."[10]

Health care disparity. Differences between groups in health insurance coverage, access to and use of care, and quality of care received.

Health disparity. "A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage."[10]

New clinician. Students training in a clinical setting as well as individuals transitioning from a health profession's education environment to a clinical learning environment (eg, physician residents, nurses, pharmacists, etc, who are new to practice).

Quality improvement. The frameworks used to systematically improve the ways care is delivered to patients.[17]

Vulnerable patient population. A population at risk for health care disparities.

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NCICLE NATIONAL COLLABORATIVE FOR IMPROVING THE CLINICAL LEARNING ENVIRONMENT

The National Collaborative for Improving the Clinical Learning Environment (NCICLE) provides a forum for organizations committed to improving the educational experience and patient care outcomes within clinical learning environments. NCICLE seeks to simultaneously improve the quality of learning and patient care within clinical learning environments through shared learning and collaborative practice among its member organizations.

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