TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
QEP Faculty Champions

Agenda

November 5, 2009
2 PM – 4 PM
LBK 2C101, AMHSC 4717, EPHSC 212, ABSOP 2601

Members: Cindy Acton, Bonna Benjamin, Sharon Decker, Suzanne Escudier, Herb Janssen, Lorenz Lutherer, Carla Myers, German Nunez, Kim Powell, Rial Rolfe, Barbara Sawyer, David Straus, Irene Williams

I. Call To Order

II. Approval of Minutes

III. Old Business:
A. Pilot Projects: Updates related to Progress & Timeline
   1. Project One – C. Acton
   2. Project Two – B. Benjamin
   3. Project Three – H. Janssen
   4. Student Learning Outcomes and K, S, B, & A’s (Attachment A)

B. Projects related to:
   1. Faculty Development and Teaching
   2. Assessment Strategies
   3. Integration of concepts and competencies – curricula grid – S. Escudier
   4. Student Research Day – Criteria, advertisement, and award ($500.00) –
      L. Lutherer & D. Straus

C. Fall Symposium
   1. Review of Evaluations – S. Decker (Attachment B)

D. Interprofessional Student Organization (Clarion Project) – S. Decker
   1. CLARION Meeting – Tuesday, Nov. 10th, 12 PM CST, ACB 220, Techlink to El Paso, Amarillo, & Odessa - (Attachment C)
   2. IHI Open School – November 20th, 5–6pm, ACB 220 – (Attachment D)

E. Faculty Toolkit
   Date to go “live”

IV. New Business –
A. F.C. Workshop – Practical Research Skills for Simulation Educators (Spring 2010)
B. Faculty Development – Using Simulation to Teach Interprofessional Teamwork (August, 2010)
C. Introduction to Share Point – C. Myers

V. Adjournment
**Student Learning Outcomes.** The educational programming of the Interprofessional Teamwork (IT) initiative will be implemented in four stages. Students who participate in all four stages of IT educational programming will be expected to:

1. Describe the knowledge, skills, behaviors, and attitudes required for an individual to function as an effective member of an interprofessional team.

2. Identify the roles and diverse perspectives of IT, including responsibilities, expertise, background, knowledge, and values of IT members.

3. Demonstrate heightened awareness and appreciation of the potential benefits of IT.

4. Demonstrate evidence-based decision-making while participating collaboratively as a member of an interprofessional team.

5. Demonstrate basic group skills, including communication, negotiation, conflict resolution, delegation, time management, and assessment of group dynamics.

6. Participate as a collegial member of an interprofessional team to coordinate and individualize patient care to ensure excellence, continuity, and reliability, even when team members are in different physical locations.

### Interprofessional Teamwork Knowledge, Skills, Behaviors, and Attitudes: Core Competencies and Dimensions

<table>
<thead>
<tr>
<th>Competency</th>
<th>Dimensions</th>
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| **Knowledge** | Roles of various team members  
Responsibilities of various team members  
Components of teamwork  
Shared team mission, norms, objectives, and resources  
Benefits and obstacles of interprofessional teamwork  
Shared task models |
| **Skills** | Communication (SBAR, Closed-Loop)  
Team decision-making skills  
Negotiation skills  
Team leadership skills |
| **Behaviors** | Mutual performance monitoring (including time management)  
Shared situation awareness  
Backup behaviors and adaptability  
Conflict resolution |
| **Attitudes** | Belief in the importance of teamwork  
Mutual trust and recognition  
Team orientation (Cohesion) |
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
QUALITY ENHANCEMENT PLAN
FIRST ANNUAL FALL SYMPOSIUM
OCTOBER 16, 2009

Evaluation Results

N = 13 (with the exception of ratings)

<table>
<thead>
<tr>
<th>Criteria:</th>
<th>Frequency of following ratings:</th>
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<tbody>
<tr>
<td></td>
<td>1= poor, 3= good, 5 = outstanding</td>
</tr>
<tr>
<td>Overall presentation level</td>
<td>1 2 5 4 4.00</td>
</tr>
<tr>
<td>Quality of presentation</td>
<td>1 4 5 2 3.58</td>
</tr>
<tr>
<td>Relevance to interdisciplinary education</td>
<td>1 2 3 6 4.17</td>
</tr>
<tr>
<td>Quality of facilities, i.e. room, equipment, etc.</td>
<td>2 4 6 4.33</td>
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</tbody>
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What was most beneficial to you regarding this symposium?

1. Keynote speaker extremely knowledgeable and provided great information. Would suggest 1-hour presentation plus 20 minutes for Q&A -- (2 hours too long for keynote).
2. Keynote speaker
3. Listening/opportunity to hear from faculty across the HSC – not just the SoN.
4. Ideas for incorporating IT into curriculum. Presentation by Dr. Seddon was great.
5. Time to really learn about simulation learning and the outcomes associated with it. The opportunity to present and to dialogue with others concerning interprofessional teamwork learning – I believe it solidified, to some, who we (faculty champions) were and what we were doing.
6. I found Dr. Seddon’s presentation to be most beneficial. I had previously purchased her book. It was great to hear her explanation of the points made in the book and the importance of CRM training. I also very much enjoyed the opportunity to visit with her regarding the importance of including diversity in the interprofessional team. I think it is difficult to compare the medical professional to the airline industry. In medicine the patient is the central reason the team exists and is an active participant in the team’s activity. In aviation, the passenger is a passive participant at best. If we ask the passengers to take turns flying the plane – I suspect their safety ratings would go down! Despite this – CRM is a valuable tool if developed in a way that includes the patient. Improving operating room outcome is important – but working on how to improve patient safety when THEY are required to maintain compliance is more difficult. This includes the need to include the patient as an integral team player – and while they are not part of the interprofessional team – the team of professionals must incorporate the patient’s values, etc.
7. Excellent speaker. Thank you Sharon!!! I saw a few people (scrub tech, nurses) at the conference who were not a part of the committee. They told me that they were extremely excited about this program. I find this very encouraging.
8. Appreciate the potential this has in our work.
9. The entire program was beneficial to me. I learned a great deal and will use much of what was discussed with regards to a successful training program -- in my casework towards maintaining and constantly improving our residency program.
10. It was helpful to hear again, we are all on the same team and people need to put egos aside so we can all work together for greater good of the project, patients, or whatever fits.
11. Keynote speaker – professional and interesting.
12. Seeing the various QEP proposals.
13. I thought Dr. Seddon’s talk was very helpful in illustrating how teamwork is essential for quality.

What addition to the symposium would you recommend?
1. I would recommend less time for the symposium (1/2 day).
2. Enjoyed this overall – but I think seminars like this are best held earlier in the week!
3. Need more participation from actual faculty who teach medical students/residents/other students in the HSC. Need student’s participation from all schools.
4. Better attendance during faculty champion’s presentation – (I can dream). A dare to dream campaign in which attendees throughout the symposium submit ideas they feel are important to them and are willing to work on over the next year. Through a chance drawing or selection process one or a couple of the ideas would be supported with a small seed grant and be led by a faculty champion and the winner, to be implemented for the next year.
5. Inviting outside participants to present posters and give presentations. Publish the proceedings of the meeting. Extend the meeting to two days and include workshops.
6. We need more faculty to attend. Continuing education credits might encourage them to come. Also, it would be helpful if the administration of each school would send the faculty members the invitation.
7. Getting better attendance from those who are to implement this concept.
8. I would like for all Residency Program Directors and Student Clerkship Directors to collaborate with each other on possible ways of making our programs more appealing to our current TT students. It would be nice if they could put together a presentation outlining each specialty at TT. A nice presentation can also be put together by Chief Residents in all departments, if faculty does not have the time to do so. Our GME and Student Affairs support staff should also be encouraged to participate with their input and putting together a presentation of their roles.
9. I would expect to see/hear from a better mix of physicians and nurses, PAs and NPs, laboratory professionals, etc. In other words, people who are in the position to interact in a clinical setting. Grass-roots, types of professionals. I would look for panel discussions among such “grass-roots” professionals of ways to incorporate/enhance interdisciplinary collaboration w/regard to patient care.
10. It would have been very nice to be able to see Dr. Seddon and the other speakers during their talk instead of just seeing their handouts. This is my biggest complaint with the seminar, NOT being able to see the speaker.
11. Shorter keynote address, incentives for attendance (e.g. door prizes).
12. None.
13. This is not an addition but rather a recommendation that they keynote speaker either speak for a shorter period of time or break up the talk into sections so that the audience’s attention is held.

**How will this symposium impact your teaching and practice?**
1. Good information, however, will make minimal impact on practice.
2. Actually, I did all my good brainstorming for a seed grant on simulation, and the keynote was a great addition to add perspective. Thanks for lunch.
3. Incorporation of IT into courses.
4. Stimulating for ideas for IT.
5. I am hot on the train to incorporate more simulation into my teaching role. Inspired that those who attended, were more verbal about how important “IT” was, and more willing to participate in future activities.
6. We are developing workshops for students, faculty, residents, and hospitals.
7. I am already a supporter. This type of publicity will hopefully make my audience more receptive to interprofessional education.
8. If a presentation on our residency and clerkship programs is put together, I’m sure it will be of great importance and beneficial to all residency and clerkship programs. I can guarantee there will be high attendance by all residency and clerkship coordinators and possibly students. High school students within our community interested in the medical field could be invited to attend as well. If research day is mandatory a “Student Clerkship/Residency” Symposium at all campuses should be mandatory.
9. Honestly, I don’t see the content of THIS particular symposium impacting either of these at this time.
10. The seminar reinforces we should all be working together.
11. It will allow me to see how the other disciplines at the TTUHSC function.
12. I am not a teacher/clinician but I may be involved in assessing programs in the future so understanding how interprofessional teamwork is intended to work and be implemented is very important to me.

**Additional comments:**
1. Would recommend shortening symposium to ½ day.
2. Provide brief synopsis of current projects. Presentations were too long and drawn out.
3. Great day – we needed more faculty participation.
5. Seeing ONLY the PwrPt file (never the actual speaker) was distracting. It would be very helpful to move back and forth from the speaker to the content of the presentation, and back to the speaker periodically. I found Dr. Seddon’s content, while on the surface, relevant, went on far too long to be meaningful to me in terms of the objective of the symposium.
6. I did not fill out a survey because I was in on the planning stage/facilitator end and my comments would be more understandable here in an email. First, I feel like the staff/student event before the QEP is not necessary in the future. Most students came just for the giveaways and try as we might, they still don’t quite understand QEP. The funds spent and the time involved was not productive on the Amarillo campus. We had absolutely no staff or faculty stop by, even with advertising the event. Maybe working through Student Services Dept. in Lubbock would be a better approach. Also, I was only able to be at the registration
of the symposium and part of the morning event. We had a very low turnout, with only about half the registered people attending. I had ordered box lunches that were not eaten. I did sit in on a portion of the talk by the astronaut and there was no video of her, just of a power point. Even during the Q & A session, we only saw a still photo of the shuttle. Maybe that was a technical issue but it made it extremely boring not to get to see her face at least part of the time during the presentation. Another comment I heard was that the time of day and the length of the seminar was not good. If this had been a program during the noon hour or just half a day, attendance may have been up. I hope you don’t think I am being negative about this, but just wanted to send some food for thought for next year.

SZB:szb
11/4/09
Need Scholarship Money?
Interested in representing the TTUHSC in Minneapolis?

What: CLARION Case Competition

A competition where interprofessional student teams from across the country compete for prize money by preparing presentations on a root cause analysis of a case-based fictional sentinel event.

The QEP will host a TTUHSC system-wide competition to select the one team that will go on to represent our school at the national competition in Minneapolis, Minnesota.

When: Tuesday, November 10

Come find out more about the CLARION Case Competition and how to get involved – the rules, deadlines, format, etc.

Where:

Lubbock – ACB 220 @ noon
Amarillo – HSC 4714 @ noon
Odessa – HSC 2C13 @ noon
El Paso – HSC 235 @ 11:00 am
NEW COURSE! Leadership 101: So You Want To Be a Leader in Health Care?

The IHI Open School — including all of our online tools and resources, and our online courses — is open and free for students of all health care professions. During this limited prototyping phase, we are also making these resources available for free to non-students.

We currently offer seven online courses in the areas of quality improvement, patient safety, and leadership, and we’re adding more all the time. Each course takes roughly an hour to complete and consists of several lessons taking 15-20 minutes each.

You’ll take a quiz at the end of each lesson. To pass, you need to answer at least 75% of the questions correctly.

>> Course Catalog

Find out about current offerings and start taking courses

>> Upcoming Courses

Learn about courses to be published in Fall 2009

>> IHI Certificates of Completion and Continuing Education Credits (Coming Soon)

Get information on gaining credit for completing IHI Open School courses

NOTE: When accessing the IHI Open School courses, you must first log in to IHI.org. Here’s what to do:

1. Go to IHI’s online learning system and choose “Log In/Register” in the top right corner.
2. If you’re already registered with IHI.org, log in. If not, please register. Once you’re done, you’ll be directed back to the online learning page.
3. Take a course!
2009-2010 QEP Grants for Interprofessional Teamwork

In April 2009, the Texas Tech University Health Sciences Center (TTUHSC) Interprofessional Teamwork Quality Enhancement Plan (QEP) was accepted by the Southern Association of Colleges and Schools Reaffirmation On-Site Review Committee. This topic was chosen to prepare TTUHSC graduates to work in teams as new health care professionals. During the summer of 2009, Seed Grants were awarded to create materials and to conduct research related to interprofessional teamwork. Subsequently, requests for additional funding projects were received as the QEP activities promoted interest for interprofessional teamwork throughout the TTUHSC. This document provides guidelines for making requests for funding projects for the 2009-2010 academic year based on the

Interdisciplinary Teams Objectives Developed by the Institute of Medicine of the National Academies as follows:

- Learn about other team members’ expertise, background, knowledge, and values.
- Learn individual roles and processes required to work collaboratively.
- Demonstrate Basic group skills, including communication, negotiation, delegation, time management, and assessment of group dynamics.
- Ensure that accurate and timely information reaches those who need it at the appropriate time.
- Customize care and manage smooth transitions across settings and over time, even when the team members are in entirely different physical locations.
- Resolve conflicts with other members of the team.
- Communication with other members of the team in a shared language, even when the members are in entirely different physical locations.


Student Learning Outcomes for the TTUHSC QEP, Interprofessional Teamwork, are based on the IOM “work in interdisciplinary team objectives, stated below:

Students on Interprofessional teams will be able to:

- Describe/Define team member roles, processes, expertise, background, knowledge, and values.
• Demonstrate basic group skills, including communication, negotiation, delegation, time management, and assessment of group dynamics.

• Deliver accurate, timely information to other team members at the appropriate time.

• Integrate coordinated and individualized care processes, including management of smooth transitions across settings and over time, even when team members are in entirely different physical locations to ensure excellence, continuity, and reliability.

• Resolve conflicts through communicating with team members in a shared language, even when members are in different locations.

Request for Proposals

The Quality Enhancement Plan (QEP) Faculty Champions of the Texas Tech University Health Sciences Center (TTUHSC) invite proposal abstracts for interprofessional teamwork faculty grants which will be awarded during the 2009-2010 academic year. The purpose of these grants is to integrate interprofessional teamwork concepts into the curricula. Abstracts for blind review will be submitted to Dr. Sharon Decker at Sharon.decker@ttuhsc.edu by __________. The Faculty Champions will review the grants and make the awards by ___________. Awardees will be expected to present a summary of the results of their project at a QEP sponsored workshop/event in Fall 2010. The grant must include faculty and students from at least two different schools.

Step One: Cover page to include

- Primary team members’ names (must represent at least two schools)
- Credentials and e-mail addresses
- A short statement from each primary team member indicating any relevant experiences related to the chosen topics/subject
- Signature of Department Chair/Supervisor from each school
- Signature of mentor for each student participating in the grant

The names of primary team members and/or faculty mentor should only appear on the face page to allow for blind review of the abstracts.

Step Two: Application for 2009-2010 QEP Grants

Complete the Application for QEP 2009-2010 Grants with proposed QEP Grant title, the focus of your proposal, all Student Learning Outcomes to be addressed, and what resources will be created, planned and/or assessed.
Step Three: Develop a one page abstract that includes the following information:

- The importance of your project to the TTUHSC community
- Goals for the grant activities that are aligned with at least one student learning outcome of Stage One:
  - Learn about other team members’ expertise, background, knowledge, and values.
  - Learn individual roles and processes required to work collaboratively.
  - Demonstrate Basic group skills, including communication, negotiation, delegation, time management, and assessment of group dynamics.
- Describe grant activities and assessment
- Timeline for Spring through Summer 2010
- Anticipated resources required (QEP funds limited to $2,500)