

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

QEP Advisory Committee

Agenda

May 28, 2009

3 PM – 4 PM

- I. Call To Order
- II. Old Business
 - A. SACs Report/Recommendations R. Rolfe
 - B. Seed Grants Update – S. Decker
 - C. Sub Committee Reports
 - 1. Faculty Champions - S. Decker
 - 2. Annual Conference – T. Gustafson
 - 3. Immersive On-Line Technologies – V. Gonzales
 - 4. Assessment/Baseline Data – K. Wood
 - 5. Writing – S. Decker
- III. New Business
 - A. Establishment of a QEP Executive Council
Membership and Purpose – S. Decker
- IV. Adjournment

Attachment A

**Commission on Colleges
Southern Association of Colleges and Schools**

- 2.12** The institution has developed an acceptable Quality Enhancement Plan (QEP) that (1) includes a broad-based institutional process identifying key issues emerging from institutional assessment, (2) focuses on learning outcomes and/or the environment supporting student learning and accomplishing the mission of the institution, (3) demonstrates institutional capability for the initiation, implementation, and completion of the QEP, (4) includes broad-based involvement of institutional constituencies in the development and proposed implementation of the QEP, and (5) identifies goals and a plan to assess their achievement. **(Quality Enhancement Plan)**

Comment:

The administration, faculty, and staff of the Texas Tech University Health Sciences Center put together a thoughtful and bold Quality Enhancement Plan with a focus on interprofessional teamwork across their six schools. The QEP addressed each of the five areas of Core Requirement 2.12. A complete report on the QEP follows on page 38 of this report.

The Committee found the QEP to be acceptable. The Committee identified two recommendations and made several observations to support the institution in the successful implementation of the plan.

The recommendations are:

Recommendation #1 -- The Committee recommends that the university further develop and focus its assessment plan to demonstrate that it has the means for determining success of the QEP in a methodologically rigorous application of appropriate metrics. This requires a broader focus on improved patient care and patient outcomes rather than improved IT, and it requires that opportunities for scholarly work be incorporated more explicitly.

Recommendation #2 -- The Committee recommends that the university further support faculty champions through additional training, funding, and interdisciplinary collaboration opportunities. If faculty champions are to be true agents of change, their roles and resources should be given more prominence, milestones of progress should be celebrated, and opportunities for advancement should be made more explicit.

Additional Comments on the Quality of the Plan

Observation: *the focus of the plan on IT often fails to emphasize the ultimate goal of improving patient care through better IT, such that measuring IT garners more focus than measuring the impact of improved IT on quality of care.*

Observation: *To the extent that distance learning activities involve ongoing assessment, it would be potentially quite powerful to incorporate those metrics into the assessment of IT so as to allow for comparisons across different efforts.*

Observation: *Faculty and students appear to assess extent IT as more than adequate, and expect the QEP to validate their positive assessments. As faculty and staff learn more about the nature of teamwork, conflict resolution, speaking up, and asking questions to clarify ambiguities, they will likely recalibrate their perspective to be significantly less positive. This is the norm in similar situations outside of TTUHSC, so expecting validation of existing excellence may be met with some surprisingly disappointing results in the near future. That said – it is your strength that you begin this journey with IT vigor rather than being disaffected, burned-out curmudgeons. Indeed it is why with appropriate metrics and methods, you will likely succeed where others have not.*

Observation: *The assessment plan of the QEP should be simpler such that the metrics used across the schools are relevant to each school and comparable across schools. Sustainability of these efforts hinges upon good data generated by annual assessments of faculty, students, alumni, preceptors and faculty champions.*

Observation: *While very useful in the process of developing the QEP, there appears to be an over-reliance on nursing literature, nursing models, and work done by doctorally prepared nurses. The Committee noted that the inclusion of literature from other disciplines would enhance the sustainability of the initiative as well as dissemination efforts. In particular, a university-level physician champion who fully shared in the trials and tribulations of this challenging project would greatly enhance the likelihood that the QEP will have an impact on the quality of patient care.*

Part III. Assessment of the Quality Enhancement Plan

A. Brief description of the institution's Quality Enhancement Plan

The administration, faculty, and staff of the Texas Tech University Health Sciences Center put together a thoughtful and bold Quality Enhancement Plan with a focus on interprofessional teamwork across their six schools. The QEP intends to establish an institutional culture committed to IT which sufficiently prepares graduates to be leaders in modern healthcare settings through effective communication, collaboration, and coordination. To this end, the IT initiative intends to create administrative infrastructure supportive of interprofessional education, provide faculty development opportunities, establish a culture of interprofessional education, and to provide the technical expertise and infrastructure necessary for interconnectivity across sites. The QEP is thoughtful, timely, forward-thinking, and bold. The appropriateness of the QEP to this particular institution is remarkable, given the geographic, professional, and cultural diversity of TTUHSC.

B. Analysis of the Acceptability of the Quality Enhancement Plan

1. Broad-based Process

TTUHSC's process for developing the QEP is clearly documented and demonstrated a comprehensive approach to incorporating the University community in development of the plan. The QEP development process included extensive outreach to and opportunity for involvement by faculty, students, board members, staff and administrators. Both the QEP Topic Selection Committee and the QEP Steering Committee are broadly composed from members of the University community. Outreach and marketing to and opportunity for involvement by alumni, employers of graduates, and other members of the external community were more limited. No community members or alumni served on the initial or final QEP Steering Committee. One community member but no alumni served on the QEP Topic Selection Committee.

2. Focus of the Plan

*The Quality Enhancement Plan is a natural outgrowth of TTUHSC's strategic plan, showing clear alignment with institutional intent. The QEP supports two of the university's six overarching goals and the university's more specific strategy of increasing the interdisciplinary nature of the university's activities. The institution undertook a sound process to ensure that the QEP topic is both internally and externally relevant, e.g., conducting student satisfaction surveys, employer surveys, and focus groups, reviewing the foci of specialized accrediting agencies, and ensuring alignment with national trends in health professions education. For example, the university references the Institute of Medicine's 2003 publication, *Health Professions Education: A Bridge to Quality*, more specifically, its identification of interprofessional education as a core competency needed for health professionals to be effective in the 21st century. TTUHSC also*

cites research that has established that teamwork is a critical factor in the provision of safe, high quality health care.

Observation: the focus of the plan on IT often fails to emphasize the ultimate goal of improving patient care through better IT, such that measuring IT garners more focus than measuring the impact of improved IT on quality of care.

Identification of Goals and Assessment Plans

TTUHSC articulates a both a long-term vision and specific student learning outcomes for the QEP. Additionally, the university identifies operational goals for implementation to ensure the creation of an environment that facilitates the achievement of intended outcomes. But while the university uses overarching concepts of patient safety, improved patient outcomes, and reduced health care costs to frame the selection of interprofessional teamwork as the topic of the QEP, these outcomes are not addressed in the QEP's assessment plan. In a meeting with the SACS on site review team, Dr. Baldwin noted that the TTUHSC community wants the interprofessional teamwork initiative to be transformational and that "the inherent value of the approach will be evident." The Committee suggests that TTUHSC ensure that assessment activities address not only the student learning outcomes and the enabling institutional goals but also the overarching purpose of the initiative as articulated by the university – to prepare graduates to be leaders in the dynamic health care environment by promoting knowledge, skills, behaviors, and attitudes required to provide quality, safe, and individualized care for patients as a member of an interprofessional team. This focus on the higher-level purpose of the initiative will ensure that the university's activities are focused on interprofessional teamwork to improve patient care, not simply interprofessional teamwork for the sake of interprofessional teamwork. Overt recognition of improved patient care and patient outcomes as the common goals may provide an easier unifying framework within and between the schools for this ambitious but worthwhile project.

The key to the successful implementation and assessment of the interprofessional teamwork initiative is better data. Given that the president spoke eloquently about the critical importance of benchmarks for interpreting success, much better metrics and analytical plans are needed. For example, the questions included in the baseline surveys for students and faculty (Appendix H and Appendix I) are inadequate to provide unbiased insight into the true impact of the IT initiative on students and faculty. The lack of psychometric guidance in creating and interpreting surveys of faculty and students is a significant weakness that renders the baseline assessment completely inadequate as a benchmark against which subsequent progress can be gauged.

According to these baseline survey results, the high level of satisfaction with current IT among faculty and students could suggest that a focus on IT as a QEP is unwise, as it would be unnecessary. However, this appears to be a methodological flaw in the use of self-reported assessments through quickly constructed and inappropriate survey instruments. This is a common mistake, but it requires a significant effort to replace existing flawed baseline data with new baseline data which better serve the intentions of the QEP and the ability of faculty champions to publish their efforts in the peer reviewed literature.

To this end, methodologically superior data collection efforts would integrate alumni and preceptors as part of the baseline assessment effort. In line with the strategic goals of the TTUHSC of serving West Texas through the large proportion of graduates who stay in West Texas (over half), surveying local alumni that have been in practice for at least a year and for as long as 7 years would provide invaluable and highly publishable benchmarking data. The ability to survey this powerful and unusually concentrated convenience sample of "West Texas Alumni" is a unique opportunity afforded to TTUHSC, and such data would provide a sound basis upon

which a baseline needs assessment should be based, and against which post IT initiative results can be compared.

These surveys would be greatly enhanced by adding an “undecided” category, and by using a five-point Likert scale. Level of neutrality among the TTUHSC community as it relates to interprofessional teamwork will be an important data point in assessing the institution’s progress in transforming the institutional environment for the education of future health providers.

Statistical guidance in general, and psychometric guidance in particular, are lacking in the QEP as submitted. Other specific concerns about the assessment plan include the following:

- As background for the development of the QEP assessment plan, TTUHSC conducted an inventory of potential tools but has not articulated the manner in which the tools will be utilized to assess and subsequently improve student learning. And while the institution has established a timeline for assessing the QEP’s operational goals, no such timeline exists for the student learning outcomes, which are the heart of the IT initiative.
- The assessment plan includes reference to a number of existing institutional tools that will be modified, but those modifications are not yet in place.
- Table 10 illustrates key performance indicators and assessment tools. The on-site review committee suggests that the assessment team “cross-walk” these items to ensure that the tools are adequate to capture data about (and subsequently inform improvement efforts) each performance indicator. For example, the last performance indicator under goal 2 is “increased awareness and expertise related to IT among TTUHSC community and among broader academic community.” The assessment tools as described are inadequate to capture data and provide insight as it relates to the “broader institutional community.” Three of the four tools identified are for faculty use only.
- The institution is developing a rubric to assess progressive achievement of the student learning outcomes, the key outcomes that will be used to determine the success of the QEP. That rubric is not yet complete.
- Details regarding the specific assessment tools and processes to be used are not yet identified, a data collection process is not yet in place, and the Assessment Coordinator position, a key staff role in this initiative, is an unfilled position and one that will report to the director of the QEP, as opposed to being integrated into the institution’s existing infrastructure for assessment and effectiveness.
- The assessment plan relies heavily on the completion of IT Activity Logs. Completion of an activity, e.g., attendance at a required training course, is not in itself sufficient to demonstrate that the institution has established a culture of interprofessional education. The institution should take great care to ensure that the assessment plan is constructed in a manner that truly “demonstrates” a cultural shift.
- TTUHSC has identified specific actions and the expected impact of those actions through spring 2014 (see Table 5.1). In many cases, the action and expected impact are too simplistically correlated. For example, strategy 1B is to establish a data management system and processes for the IT initiative. The expected impact is that data will be available. Strategy 2A involves the recruitment and training of faculty champions to lead the development and implementation of IT instruction modules. The expected impact is that faculty champions will be identified. The university must take the extra step to

clearly identify and articulate the true intended impact of each action outlined in this plan, a result that goes beyond that action simply being completed.

As written, the university's approach to assessing the QEP is an unnecessarily complex and fragmented plan that lacks clarity, integration, and sound mechanisms for capturing relevant data. Without the right metrics in place, sustainability of this initiative highly doubtful, because the current level of enthusiasm is likely to fade over time. The Committee has full confidence in the institution's ability to "do IT" but lacks confidence that the assessment plan provided an appropriate structure within which the transformational change that is hoped for by the TTUHSC community can be sufficiently evaluated and guided over time. Methods of assessment already exist that could be incorporated into such an assessment. Evaluation of teamwork, by definition, relies upon the assessment of group-level constructs. For example, the evaluation of group climate (the way we do things around here), and individual and group level behaviors in the presence of others (speaking up, resolving conflicts, collaborating), are much better metrics than self-reported self assessments. In addition to group-level metrics, the success of this IT initiative should be determined in part by the extent to which IT knowledge, skills, attitudes, behaviors, and tools are incorporated as content and honed as mechanisms to deliver better patient care and patient outcomes. TTUHSC already has both a standardized patient program and simulation center which can be brilliantly incorporated into the assessment process, but much more thoughtful deliberation is still needed to fully utilize these tools in a way that is practical, interdisciplinary, sustainable, and simultaneously provides opportunities for scholarly work.

The Committee recommends that the university further develop and focus its assessment plan to demonstrate that it has the means for determining success of the QEP in a methodologically rigorous application of appropriate metrics. This requires a broader focus on improved patient care and patient outcomes rather than improved IT, and it requires that opportunities for scholarly work be incorporated more explicitly.

3. Institutional Capacity for Initiation and Implementation of the QEP

Texas Tech University Health Sciences Center provided evidence suggesting that it has sufficient resources to implement, sustain, and complete its QEP of improving Interprofessional Teamwork. On-site observations, reviews, and conversations conducted by the Committee confirmed this capacity. Faculty champions, though early in this process, appear to have significant enthusiasm, but lack the research experience/infrastructure, protected time, and ongoing and systematic engagement of academic administrators to incentivize their role for academic advancement. This is in addition to the evidence we saw of support from deans across the board. This is the equivalent of program development responsibilities for faculty champions, so substantial protected time is necessary and successful faculty champions will need to be sufficiently rewarded. The basic training or experience relevant for successful faculty champions appears to be unclear, and the opportunities for frequent meetings to participate in the design, improvement, administration, analysis, and interpretation of faculty, student, and alumni data are not addressed. Similarly, preceptors need to have better representation in the design, administration, analysis and interpretation of survey data. Significantly more budget is needed, especially regarding protected time for faculty champions and for grants to do research that uses teamwork as a route to improve patient outcomes with the intent to publish in the peer reviewed literature.

The Committee recommends that the university further support faculty champions through additional training, funding, and interdisciplinary collaboration opportunities. If

faculty champions are to be true agents of change, their roles and resources should be given more prominence, milestones of progress should be celebrated, and opportunities for advancement should be made more explicit.

Additional fiscal resources beyond the \$250,000 a year will be required for this major undertaking to bring about a real cultural change among six professional schools and their faculty, students, and administrators. Setting aside some reserve dollars may prevent delays in implementation. Endorsement by the Texas Tech University Chancellor and Board of Regents would lend importance to the QEP. Successful QEP implementation probably will require regular reinforcement from the President, the Vice Presidents, and the Deans. The front line leaders of the QEP will require bolstering. Full implementation of the QEP's Stages 1 – 4 is to involve 600 of the 2904 students in the six schools of the Health Sciences Center. Since Interprofessional Teamwork is deemed important, a plan for extension to all students is needed, and a comprehensive strategy for using current students, current faculty, preceptors, and alumni is a significant methodological improvement.

4. Broad-based Involvement of the Community

TTUHSC's process for developing the QEP is clearly documented and demonstrated a comprehensive approach to incorporating the University community in development of the plan. The QEP development process included extensive outreach to and opportunity for involvement by faculty, students, board members, staff and administrators.

The Review Committee noted that greater inclusion of local alumni, preceptors and employers, while not required for a QEP, would be particularly helpful for development and refinement of the particular topic selected by TTUHSC. Also, the use of local alumni to gauge the progress of the QEP presents a uniquely qualified group for evaluation purposes.

5. Identification of Goals and Assessment Plans

The assessment plan for the QEP identifies the program goals and student learning outcomes that are to be assessed, as well as assessment methods, implementation, performance criteria and assessment schedule. The Committee suggests the following additional steps to enhance the QEP assessment plan:

The student learning outcomes need to be mapped to the elements of the QEP (i.e., mentored research, research-supportive curriculum, department-wide initiatives and college-wide initiatives) such that it is clear which undergraduate students will be assessed on each outcome since not all undergraduate students will engage in the same research experiences.

Terms such as "adequate or advanced proficiency," "expert proficiency," "advanced critical thinking skills," "competency," "improved skills" need to be restated in quantifiable terms so that actual performance can be compared to the performance criteria and improvements can be made on the basis of such comparisons. New assessment instruments need to be developed (or existing ones identified) for each student learning outcome.

Additional Comments on the Quality of the Plan

Observation: *To the extent that distance learning activities involve ongoing assessment, it would be potentially quite powerful to incorporate those metrics into the assessment of IT so as to allow for comparisons across different efforts.*

Observation: *At Odessa you have Medicine, Nursing, PTs and PAs in close proximity and their small numbers afford good opportunities to use Odessa as a learning lab in these efforts.*

Observation: *Faculty and students appear to assess extent IT as more than adequate, and expect the QEP to validate their positive assessments. As faculty and staff learn more about the nature of teamwork, conflict resolution, speaking up, and asking questions to clarify ambiguities, they will likely recalibrate their perspective to be significantly less positive. This is the norm in similar situations outside of TTUHSC, so expecting validation of existing excellence may be met with some surprisingly disappointing results in the near future. That said – it is your strength that you begin this journey with IT vigor rather than being disaffected, burned-out curmudgeons. Indeed it is why with appropriate metrics and methods, you will likely succeed where others have not.*

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