TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
QEP Steering Committee

Agenda

November 19, 2008
3 PM – 4 PM
Lubbock – ACB 220
Abilene – ABL 2601 VC Cart
El Paso-ELP 235
ODS - 1C12

I. Call To Order

II. Approval of Minutes

III. Old Business

A. Proposed Definitions (Attachment A - highlighted definitions need to be voted upon)

B. Modified Student Learning Outcomes (Attachment B – highlighted area indicates changes)

C. Modified IOM-Benner Student Competency Map/Model for Work in Interdisciplinary Teams Competencies (Attachment C) – Y. Masten

D. Pilot Projects (Seed Grants) S. Decker

E. Marketing Plan – deferred

F. Restructured Sub-Committees – Reports
   1. Writing (Executive Summary): Y. Masten
   2. Immersive On-Line Technologies: V. Gonzales
   3. Acquiring Baseline Data ($2,500.): T. McGovern & M. Corwin
   4. Actions to be Implemented: S. Escudier
   5. Assessment/Evaluation Strategies: K. Wood

IV. New Business

1. Materials Included with Executive Summary
   Organizational Chart (Attachment D)
   QEP Five-Year Timeline (Attachment E)
   QEP Actions to be Implemented (Attachment F)

V. Announcement – Thursday’s Luncheon (Nov. 20th) 12 – 1:15 PM Room ACB 220
VI. Adjournment
QEP Conceptual Definitions

Inter-professional
Inter-professional indicates a group of individuals from different disciplines working and communicating with each other individuals. In this environment each member provides his/her knowledge and skills to augment and support the contributions of others (Hall & Weaver, 2001).

Inter-professional Education (IPE)
“Inter-professional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (CAIPE, 2002). Effective Inter-professional education improves quality of patient care, focuses on the needs of the learners and learners are active participants in assessing, planning, delivering, and evaluating IPE.

Inter-professional Team
As defined in the Institute of Medicine’s (IOM) Report, Health Professions Education: A Bridge to Quality, (2003) an interdisciplinary (Inter-professional) team is “composed of members from different professions and occupations with varied and specialized knowledge, skills, and methods.” (p. 54) Members of an Inter-professional team communicate and work together, as colleagues, to provide quality, individualized care for patients.

Inter-professional Teamwork
As define by the IOM (2003) Inter-professional teamwork is a collaborative interaction among inter-professional teams to provide quality, individualized care for patients.

Teamwork
Teamwork is the interaction and relationships between two or more health professional who work interdependently to provide safe, quality patient care.

QEP Operational Definitions

Communication and Teamwork Skills (CATS) Assessment
The CATS Assessment was developed through rapid-cycle improvement and piloted using observation of videotaped simulated clinical scenarios including Inter-professional rounds. The CATS Assessment instrument is divided into four related categories; coordination, situational awareness, cooperation, and communication.

SBAR
SBAR is recommended by the Agency for Healthcare Research and Quality (2008) as the technique for health care professional to communicate critical information concerning a patient’s condition. Communication using SBAR is divided into four specific segments. The Situation (S) includes what is going on with the patient. The Background (B) provides any critical background or context. The Assessment (A) is a statement of what the health care provider making the call thinks is the problem. The Recommendation and Request includes that the caller would do to correct the problem.
QEP Pedagogy Definitions

Case Based Learning
Case based learning is a pedagogy that utilizes “real-life” situations to stimulate problem-based learning in small group situations. The case or simulation is developed with a problem that needs to be solved and is used to stimulate acquisition of knowledge and skills.

Fidelity
Fidelity is the extent to which a simulated experience mimics reality. Several levels of fidelity are currently recognized and vary from low (static tools and mannequins) to and high (incorporate a sophisticated, computerized mannequin or 3 D representation that mimics real life features and physiologic responses).

Low Fidelity Simulations
Simulated learning experiences that integrate both lower and medium levels of fidelity provided through Web based platforms, DVD’s, simulators that have limited degree of reality, and role playing.

High Fidelity Simulations
Simulated learning experiences that integrate high levels of fidelity provided through immersive 3D technologies, virtual reality, advanced patient simulators, and standardized patients.

Immersive On-Line Technologies (3D)
Immersive On-Line Technologies are computer-operated interactive simulations in a virtual reality (VR) environment. These simulations depict reality with physical, spatial, and visual dimensions (3D). In this 3D computer environment, the learner interacts in a way that mimics real life engagement.

Problem Based Learning
Problem based learning is a pedagogy that emphasizes problem solving and critical thinking skills in small-group work. The goal of this pedagogy is to facilitate the learning in the development of his/her learning process. The facilitator is not necessary a content expert and does not teach the content. Instead the facilitator listens to the learners’ discussion and intervenes only when learners are “stuck or are off track” and then refocuses the groups by asking probing questions.

Simulated Learning Experiences (Simulation)
Simulated learning experiences are designed to replicate a “real-world” setting with enough realism and fidelity to serve a desired purpose. The specific purpose is dependent on the objectives of the experience and the learners’ expertise. Fidelity is generated through the integration of live models, advanced patient simulators, authentic supplies, and equipment or through the use of immersion technology such as virtual reality. Simulation is posed as a compliment to (not a substitute for) actual patient care for promoting the learners’ ability to integrate theory into a patient care situation in a controlled environment without risks to patients.

TeamSTEPPS
TeamSTEPPS is an evidence-based framework developed by the Agency for Healthcare Research and Quality (2006) to optimize team performance across the healthcare delivery system. Thus TeamSTEPPS fits well with the IOM (2003) work in interdisciplinary teams competency and Benner’s Novice to Expert theory (1984).

Work Based Learning
Work based learning occurs in the actual clinical (patient care) environment. The learning in the actual clinical environment is often difficult to structure and can constitute a complex system in which roles and priorities can be variable.
The theoretical basis for improvement in student learning outcomes via Inter-professional Teamwork is the mapping of IOM Competencies (2003) with Benner’s Novice to Expert theory (1984) for creation of the Inter-professional Teamwork theoretical model (see Appendix C: IOM-Benner Model). Measurement of improved SLOs occurs via pre- and post-testing, self-assessments, case scenario and simulation experience outcome assessments, and assessment rubrics to assess progression from the novice knowledge, behaviors, and skills toward higher levels of expertise. Electronic tools, e.g., CATS and SBAR (see Appendix A for definitions) and in-house developed tools will be used in the assessment process. While the learner is not expected to achieve the knowledge, behavior, and skill of an expert until after graduation and professional experience, each learner is expected to progress beyond the novice level to the advanced beginner, competent professional, or potentially proficient professional by graduation. The IOM (2003) recommended that the leadership of academic health centers encourage coordination across disciplines to “remove internal barriers to interprofessional education” (p. 116) and “prepare students to work as a team driven by the health needs of patients” (p. 48). According to the IOM, an effective team requires members to understand and respect other members’ expertise, knowledge, and values. Therefore, students participating on inter-professional teams will be able to

- Describe/Define team member roles, processes, expertise, background, knowledge, and values.
- Demonstrate basic group skills, including communication, negotiation, conflict resolution, delegation, time management, and assessment of group dynamics, as well as evidence-based decision-making.
- Communicate accurate, timely information to other team members at the appropriate time using a shared language, even when members are in different locations.
- 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.
### IOM-BENNER STUDENT COMPETENCY MAP/MODEL FOR WORK IN INTERDISCIPLINARY TEAMS COMPETENCIES

<table>
<thead>
<tr>
<th>STUDENT LEARNING OUTCOMES</th>
<th>NOVICE</th>
<th>ADVANCED BEGINNER</th>
<th>COMPETENT</th>
<th>PROFICIENT</th>
<th>EXPERT</th>
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<tbody>
<tr>
<td><strong>Work in Interdisciplinary Teams (IOM Competency). Goal: Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable (IOM, 2003, p. 4)</strong></td>
<td>Learning Skills (Benner Competency)</td>
<td>Demonstrating Skills (Benner Competency)</td>
<td>Sense of Mastery through Planning and Predictability (Benner Competency)</td>
<td>Sees Whole Picture; Demonstrates Intuitive Grasp of Situations (Benner Competency)</td>
<td>Sees the Unexpected; “Knows” the Client Situation (Post-Grad) (Benner Competency)</td>
</tr>
<tr>
<td>• Describe/Define team member roles, processes, expertise, background, knowledge, and values (*SLO).</td>
<td>Demonstrate basic team dialogue skills.</td>
<td>Demonstrate basic team decision-making skills.</td>
<td>Demonstrate competent team decision-making skills.</td>
<td>Demonstrate proficient team decision-making skills.</td>
<td>Demonstrate expert team decision-making skills.</td>
</tr>
<tr>
<td>• Demonstrate basic group skills, including communication, negotiation, conflict resolution, delegation, time management, and assessment of group dynamics, as well as evidence-based decision-making (*SLO).</td>
<td>Demonstrate beginning • group interaction skills • evidence-based decision-making skills</td>
<td>Demonstrate basic • group dynamic skills • evidence-based decision-making skills</td>
<td>Demonstrate competent • group dynamic skills • evidence-based decision-making skills</td>
<td>Demonstrate proficient • group dynamic skills • evidence-based decision-making skills</td>
<td>Demonstrate expert • group dynamic skills • evidence-based decision-making skills</td>
</tr>
<tr>
<td>• Communicate accurate, timely information to other team members at the appropriate time using a shared language, even when members are in different physical locations (*SLO).</td>
<td>Demonstrate communication of accurate, basic information using a shared professional language across locations.</td>
<td>Provide accurate and timely basic information using a shared professional language across locations.</td>
<td>Provide competent and accurate information in an appropriate time frame using a shared professional language across locations.</td>
<td>Provide proficient, accurate, timely, role-based information using a shared professional language across locations.</td>
<td>Provide expert, accurate, timely, role-based information using a shared professional language across locations.</td>
</tr>
<tr>
<td>• Integrate coordinated and individualized care processes, including management of smooth transitions across settings and over time, even when the team members are in entirely different physical locations to ensure excellence, continuity, and reliability (*SLO).</td>
<td>Identifies basic processes to coordinate and integrate care processes and timely “hand-off” information.</td>
<td>Demonstrates basic coordination and integration of care processes and “hand-off” information.</td>
<td>Demonstrates planning of competent, coordinated, integrated team-based care processes and “hand-off” information.</td>
<td>Demonstrates proficient, coordinated, integrated, role-specific care and communication of accurate, timely “hand-off” information.</td>
<td>Demonstrates expert, coordinated, integrated, role-specific care processes, including communication of “hand-off” information.</td>
</tr>
</tbody>
</table>

* SLOs are measured by pre- and post-testing, self assessments, case scenario and simulation experience outcomes, and assessment rubrics.
**Benner’s Competency Level Definitions** (Tomey & Alligood, 2006)

**Novice** stage of skill acquisition is demonstrated by the person who has no background experience of the situation (Tomey & Alligood, 2006, p. 145).

**Advanced Beginner** stage is demonstrated by the person who provide a marginally acceptable performance having coped with enough real situations to note, or to have pointed out by a mentor, the recurring meaningful components of the situation. Individuals operating at the advanced beginner level are guided by rules and are orientated by task completion and have difficulty grasping the current patient situation in terms of the larger perspective. The situation is viewed by the participant as a test of individual abilities and the demands of the situation/encounter rather than focused on patient needs and responses. (Tomey & Alligood, 2006, p. 145)

**Competent** stage is demonstrated by the person who by considerable conscious and deliberate planning determines the important and unimportant aspects of the current and future situation/ client encounter. Consistency, predictability, planning, and time management are considered important. Mastery is achieved through planning and predictability. New rules and reasoning procedures are devised for planning, while learned rules for action are the basis for determining the relevant facts of the situation/encounter. (Tomey & Alligood, 2006, pp. 145-146).

**Proficient** stage is demonstrated by the person who perceives the situation as a whole (total picture) rather than in terms of aspects of the situation/encounter, and performance is guided by maxims (recognizes the most salient aspects of the situation/encounter and has an intuitive grasp of the situation/encounter based on background understanding). A new ability to see changing relevance in a situation/encounter, including recognition and implementation of skilled responses to the situation/encounter as the situation evolves is demonstrated. Preset goals for organization are relied upon and increased confidence in one’s knowledge and skills is demonstrated. Much more involvement with the client and family is demonstrated. (Tomey & Alligood, 2006, p. 146).

**Expert** stage is demonstrated by the person who no longer relies on analytical principle (rule, guideline, maxim) to connect his/her understanding of the situation/encounter to the appropriate action. An intuitive grasp of the situation/encounter as the ability to identify the region of the problem without losing time by considering a range of alternative diagnoses and solutions is demonstrated. Key aspects of expert performance are as follows:

- “Demonstrating a clinical grasp and resource-based practice”
- “Possessing embodied know-how”
- “Seeing the big picture”
- “Seeing the unexpected” (Tomey & Alligood, 2006, p. 146)

The expert meets the client’s/family’s actual concerns and needs even if doing so means planning and negotiating for a change in the plan of care (Tomey & Alligood, 2006, p. 146).
Appendix E

Texas Tech University Health Sciences Center
Quality Enhancement Plan Timeline

Phase 1:
QEP Campaign & Selection

Phase 2:
Evidence-Based Practice Review, Best Practices, & Planning

Phase 3:
Planning & Implementation
   Phased in over stages
   Stage 1 Initiates Academic Year 2009-2010
   Stage 2 Initiates Academic Year 2010-2011

Phase 4:
Total Integration of Stages 1-2

Phase 5:
Expansion & Sustainability
   Stage 3 Initiates Academic Year 2014-2015
   Stage 4 Initiates Academic Year 2014-2015

Ongoing Assessment, Evaluation, & Continuous Quality Improvement
Appendix F

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
QUALITY ENHANCEMENT PLAN

Actions to be Implemented

July, 2007 – Academic Year 2007-2008

Phase 1: QEP Campaign and Selection

• Introduction of campaign
• Solicited QEP Topic recommendations
• Determined thematic areas
• Solicited QEP proposals based on three thematic areas

June
• Selection of QEP Proposal (Inter-professional Education) by Executive Leadership Team

Phase 2: Evidence Based Practice, Best Practices, and Planning

July
• Designation of QEP Steering Committee

August
• Initial charge to QEP Steering Committee
• Designation of Subcommittees for exploration of best practices related to initial topics of Inter-professional Education and identified pedagogies of Problem Based Learning, Simulation, and Virtual-on-line Learning (Immersive-on-line Technologies)
• Begin planning based on best practices

Academic Year 2008-2009

Fall Semester (2008)
September
• Approved budget for year one
• Reviewed best practices related to initial topics [Inter-professional Education (IPE) and identified pedagogies]
• Continued planning based on best practices

October
• Completed review of Best Practices related to identified pedagogies
• Designated central focus of QEP as Interdisciplinary Teamwork (IT)
• Approved Student Learning Outcomes
• Discussed proposed marketing strategies
• Approved initial definitions
• Approved pilot projects (seed grants) call for abstracts to be announced in November
• Approved the Inter-professional Teamwork (IT) Theoretical Model
• Engaged in telephone conferences and presentations related to Immersive on-line Technologies
• Restructured QEP Subcommittees for exploration of evidence based practices and best practices specific to Inter-professional Teamwork (IT) and Assessment

November
- Published call for Abstracts for Pilot Projects (Seed Grants)
- Completed and submitted Executive Summary
- Provided in-service related to Immersive on-line Technologies
- Review of best practices by subcommittees continues
- Approve additional definitions
- Identify external QEP evaluator
- Develop and approve strategic plan for QEP process

December
- Selection of Seed Grant recipients
- Provide in-service related to Immersive on-line Technologies
- Continue Review related to best practices by subcommittees
- Review feedback from SAC’s representatives
- Revise plan of action based on feedback
- Complete review related to best practices by subcommittees

Spring Semester (2009)

January
- Announce Seed Grants (pilot projects) recipients
- Provide faculty in-service related to Inter-professional Teamwork (IT)
- Initiate QEP Awareness Campaign related to Inter-professional Teamwork (IT)
- Designate strategic plan for integration of Inter-professional Teamwork (IT)
- Determine and initiate plan for obtaining base-line data using TeamSTEPPS Assessment Tool (Pre Test)

February
- Plan and initiate pilot projects supported through seed grants to be completed by July
- Submit QEP to SACS

March
- Provide faculty in-service related to facilitation of Inter-professional Teamwork (IT) using Simulation

April
- Continue QEP Awareness Campaign
- Identify and approve strategies for collection of base-line data
- SAC’s on-site visit

May
- Propose and select strategies for initial (Stage 1) integration
- Review report from on-site SAC’s Team visit
- Respond to report from on-site SAC’s Team visit
- Acquire post-test base-line data using TeamSTEPPS Assessment Tool

Summer Semester (2009)
- Continue to obtain and analyze base line data (second round) from the multiple schools admission classes (Focus Groups, and other identified measures related to learner satisfaction, skills, knowledge, and behaviors)
- Initiate campaign for Inter-professional Teamwork (IT) Champions and Mentors
- Identify and engage faculty Inter-professional Teamwork (IT) Champions and Mentors
- Design, develop, and validate Inter-professional Teamwork (IT) learning experiences for Stage 1 (related to Inter-professional Teamwork skills for the novice and advanced beginner using strategies combining problem based learning with lower fidelity technology (such as, asynchronous group work via distance supported by technology such as WebCT and other 2D platforms)
• Provide faculty in-service related to “Inter-professional Approach to Healthcare Education”
• Revise measurement tool for obtaining data related to student learning outcomes

Phase 3: Planning and Implementation

(Academic Year 2009-2010)

Fall Semester (2009)
• Approve budget for year
• Presentation of Pilot Projects Outcomes
• Provide faculty/student in-service related to Inter-professional Teamwork (IT)
• Initiate Stage 1 Inter-professional Teamwork (IT) experiences
• Collect and analyze data related to student learning outcomes from Stage 1
• Modify Stage 1 Inter-professional Teamwork (IT) experiences as appropriate reflecting data analysis
• Design and develop Inter-professional Teamwork (IT) learning experiences for Stage 2 combining higher fidelity simulation [advanced patient simulators (APS) and/or standardized patients (SP)] with case based and team based learning for the competent learner

Spring and Summer Semesters (2010)
• Formulate Strategic Plan for Continuation and Sustainability of QEP
• Validate Inter-professional Teamwork (IT) learning experiences for Stage 2

(July, 2010 F. Marie Hall SimLife Center Completed)

(Academic Year 2010-2011)
• Approve budget for year
• Continue integration of Stage 1 Inter-professional Teamwork (IT) learning experiences
• Continue data collection and analysis related to Stage 1 Inter-professional Teamwork (IT) learning experiences
• Integrate Stage 2 Inter-professional Teamwork (IT) learning experiences combining higher-fidelity simulations with APS and/or SP for the competent learner
• Collect and analyze data related to student learning outcomes from Stage 2 Inter-professional Teamwork (IT) learning experiences
• Modify Stage 2 Inter-professional Teamwork (IT) learning experiences as appropriate based on data analysis
• Modify Stage 2 Inter-professional Teamwork (IT) learning experiences as appropriate based on data analysis
• Review Strategic Plan for continuation and sustainability of QEP

(Select Immersive-On-Line 3D Technology Platform for Stage 4 integration)

Phase 4: Total Integration of Stages 1 – 2

(Academic Year 2011-2012)
• Approve budget for year
• Continue integration and analysis of Stage 1 Inter-professional Teamwork (IT) experiences
• Continue integration and analysis of Stage 2 Inter-professional Teamwork (IT) experiences
• Develop infrastructure for continuation and sustainability of QEP

(Immersive-On-Line 3D Technology Platform available for orientation)

(Academic Year 2012-2013)
• Approve budget for year
• Continue integration and analysis of **Stage 1** Inter-professional Teamwork (IT) experiences
• Continue integration and analysis of **Stage 2** Inter-professional Teamwork (IT) experiences
• Begin development of infrastructure for Institute for Inter-professional Scholarship in Practice, Innovation, Research, and Education (I.N.S.P.I.R.E.)

**Phase 5: Expansion and Sustainability**

**(Academic Year 2013-2014)**

• Approve budget for year five
• Demonstrate full integration of learning (**Stages 1 and 2**) related to Inter-professional Teamwork (IT) using multiple innovative pedagogies through out TTUHSC campuses and schools
• Continue analysis of student learning outcomes (**Stages 1 and 2**) related to Inter-professional Teamwork (IT) using innovative pedagogies through out TTUHSC campuses and schools
• Establish Institute for Inter-professional Scholarship in Practice, Innovation, Research, and Education (I.N.S.P.I.R.E.)
• Explore endeavors to expand related to Inter-professional Education (IPE)
• Explore additional avenues of Inter-professional Scholarship

**(Endeavors based on data driven decision making to begin Academic Year 2014-2015)**

• Demonstrate full integration of learning (**Stages 1 and 2**) related to Inter-professional Teamwork (IT) using multiple innovative pedagogies through out TTUHSC campuses and schools
• Continue analysis of student learning outcomes (**Stages 1 and 2**) related to Inter-professional Teamwork (IT) using innovative pedagogies through out TTUHSC campuses and schools

**Expanded Student Learning Outcome for Stage 3 & $**

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

**ACTIONS RELATED TO IMPLEMENTATION**

• Investigate, design, develop and validate **Stage 3** Inter-professional Teamwork (IT) work based learning experiences (such as; Inter-professional clinical rounds in the patient care setting) for the competent and possibly proficient learner
• Investigate, plan, design, and validate **Stage 4** Inter-professional Teamwork (IT) learning experiences combining team based learning with Immersive-On-Line 3D Technology Platform for the competent and possibly proficient learner
• Collect and analyze data related to student learning outcomes from **Stage 3** Inter-professional Teamwork (IT) learning experiences
• Collect and analyze data related to student learning outcomes from **Stage 4** Inter-professional Teamwork (IT) experiences
• Modify **Stage 3** Inter-professional Teamwork (IT) experiences as appropriate based on data analysis
• Modify **Stage 4** Inter-professional Teamwork (IT) experiences as appropriate based on data analysis