Team Meeting Guide Sheets

INTERPROFESSIONAL FACULTY DEVELOPMENT INSTITUTE FOR QUALITY IMPROVEMENT AND PATIENT SAFETY

Progressive team breakout sessions build toward strengthening an institutionally-based IPE QI/PS project. To facilitate team meeting deliberations, topical guide sheets reflect preceding presentations and allow for active application of the principles and practices addressed. A designated team recorder should capture the final consensus from each meeting that will then be used as a reference during subsequent work sessions and once the team returns to their host institution.

**DAY 1 • Monday, January 13, 2014**

11:00 AM - 12:00 PM  **Team Meeting #1**  Institutionally-based Project Goals  
Revisit your project goals and intentions. Who is the target audience? What are their learning needs? What are the institutional supports and resources needed?

3:00 PM - 4:00 PM  **Team Meeting #2**  Design Learner Experience and Assessment  
Use IPE principles to identify potential learning strategies related to the team’s educational goal and draft shared student learning experiences. When, where and how might this learning occur? Given the education plan so far, how will learning be assessed?

4:15 PM  Meeting space will be available for those interested in continued work.

**DAY 2 • Tuesday, January 14, 2014**

10:30 AM - 11:30 AM  **Team Meeting #3**  Resource Integration  
Associate specific resources and tools to support project goals and intended learning experiences.

1:30 PM - 2:30PM  **Team Meeting #4**  Goal Refinement and Program Evaluation Integration  
How will we evaluate our educational program and use the information to improve it over time? How do we model improvement in our work as educators?

3:30 PM  Meeting space will be available for those interested in continued work.

**DAY 3 • Wednesday, January 15, 2014**

8:45 AM - 9:45 AM  **Team Meeting #5**  Enlisting Support with Powerful Messaging: Action plan, Timeline, and 30 second Pitch  
Teams will have an opportunity to share their talking points with Institute cohort participants, as a test run for taking the message home.
INSTITUTIONALLY-BASED PROJECT GOALS

Develop project goals.

Refer to project description as reported on preconference team survey. (Survey responses will be emailed to the team.)

- Craft an interprofessional QI/PS education project that your team plans to implement post-institute.
  (e.g., “In time for the 2014-15 academic year, create meaningful shared learning experiences for students in our three health professions schools, using quality improvement and patient safety as the common content ‘bridge’ topic.”)

  Identify appropriate learner audiences and health profession schools to involve.
  What are their learning needs?
  What shared learning opportunities exist and/or should be created?

  Identify appropriate teaching faculty and health profession schools to involve.
  What are their teaching development needs?

- Based on your discussion so far, add specificity to your project description and develop related educational goals. Is the outcome clear?

- Discuss key elements to carry forward, required resources and partnership opportunities.
DESIGN LEARNER EXPERIENCE AND ASSESSMENT

Using the WHO definition of interprofessional education and IPE QI/PS principles, identify potential learning strategies related to your educational goal to create shared student learning experience(s).

**INTERPROFESSIONAL EDUCATION** - When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

World Health Organization, 2010

- **Learner experience:** Identify specific elements related to shared learning activity, i.e., this learning will occur:
  - Who
  - What
  - When
  - Where
  - How

Describe learner activity.

- **Student Assessment and Evaluation:** How will student learning be assessed? Consider appropriate assessment methods, learner outcomes evaluation, and organizational metrics.

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<thead>
<tr>
<th>Modified Kirkpatrick Typology</th>
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<tr>
<td><strong>Level 1 – Reaction</strong></td>
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<tr>
<td><strong>Level 2a – Modification of attitudes/perceptions</strong></td>
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<tr>
<td><strong>Level 2b - Acquisition of knowledge/skills</strong></td>
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<td><strong>Level 3 - Behavioural change</strong></td>
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<td><strong>Level 4a – Change in organisational practice</strong></td>
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<td><strong>Level 4b – Benefits to patients/clients/populations</strong></td>
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### 10 Key Aspects of Learning for Effective Teaching*

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<tr>
<th>Aspect</th>
<th>Description</th>
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| **1. Repetition/Revisit** | Revisiting from multiple perspectives  
Current: compressed coverage in limited time of a great amount of material, with little repetition, revisitation, and consolidation. Avoid perceived redundancies/overlap between classes or sections.  
Aim: reinforce material through interval repetition |
| **2. Reward and Reinforcement** | Proximal reward signals reinforce learned behaviors  
Current: multiple demands with varying degrees of priority incentive  
Aim: stimulate ongoing reward signals instead of sparsely distributed, high-stakes rewards |
| **3. Visualization** | Development and refinement of internal representations  
Current: learning considered a response to external stimuli  
Aim: engage visualization to extend mental practice and rehearsal experience |
| **4. Active Engagement** | Interactive formats stimulate optimum brain activity  
Current: trend in reducing traditional large-group lecture venues and increasing problem-based learning and small-group interactive discussion formats  
Aim: maximize full individual participation, personal accountability, and feedback |
| **5. Stress** | Modulate stress experience to enhance memory  
Current: stress associated with negative consequences, high stress deleterious effect on learning  
Aim: balance moderate ‘stress’ experience of individual accountability in interactive teaching to reinforce memory acquisition |
| **6. Fatigue** | Disrupts memory consolidation from working memory to a long-term stable form  
Current: busy schedules emblematic of contemporary student life  
Aim: facilitate downtime from intense problem-solving or detailed quantitative reasoning activities |
| **7. Multitasking** | Multiple activities/competing information streams inhibit attention state  
Current: medical learners multitasking default prompts cognitive competition that degrades performance and diminishes deep comprehension  
Aim: educational methods that integrate multimodal information relevant to the topic; encourages engagement of relevant converging informational mechanisms thus enhancing attention. |
| **8. Individual Learning Styles** | Varied types of learners and associated learning strategies  
Current: standardized learning modalities  
Aim: employ varied learning approaches and multimodal convergent strategies |
| **9. Active Involvement** | Experiential reinforcement  
Current: some ‘doing is learning’ in curriculum  
Aim: foster retention and confidence with experiential learning (laboratory and simulation) |
| **10. Multimedia/Sensory Processes** | Develop internal representations to consolidate content  
Current: information typically presented once in a single format  
Aim: repeat content through multiple modalities that prompt different sensory processes |

*Adapted from What Can Medical Education Learn From the Neurobiology of Learning? Academic Medicine, 86:4. 2011*
RESOURCE INTEGRATION

Identify specific resources and tools to support project goals and intended learning experiences.

Compiled by Mary Dolansky, Ph.D., RN, Case Western Reserve

Resources and Tools for Faculty Development and Teaching

Teaching Strategies
1. Quality and Safety Education for Nurses (QSEN.org)
3. IPE PORTAL www.mededportal.org/ipe/

Online Modules/Resources
1. Department of Health and Human Services Health Resources and Services Administration – modules on quality improvement (pdfs on Bb) or go to www.hrsa.gov/quality/toolbox/methodology/index.html
   a. Glossary
   b. Quality Improvement
   c. Improvement Teams
   d. Managing Data for Performance Improvement
   e. Performance Management and Measurement
   f. Developing and Testing A QI Plan
   g. Redesigning a System of Care to Promote QI
   h. Testing for Improvement
2. George Mason University, Process Improvement course on Health Care Quality Improvement (modules on specific topics) http://gunston.gmu.edu/healthscience/708/default.asp

Training Programs in Quality Improvement and Patient Safety

Online Courses for Developing competence in QI/PS
1. Mayo Clinic continuous Professional Development QI/PS
2. Duke Patient Safety- Quality Improvement Online Modules
3. Open School Institute for Healthcare Improvement www.ihi.org/offerings/IHIOpenSchool/Pages/default.aspx
Courses for Developing Competence in QI/PS

6. **Advanced Improvement Methods (AIM) Course**  Cincinnati Children’s Hospital [http://www.cincinnatichildrens.org/service/j/anderson-center/education/additional-programs/](http://www.cincinnatichildrens.org/service/j/anderson-center/education/additional-programs/)

Courses for Developing Educators in QI/PS

1. **Faculty Development Program in Healthcare Quality and Patient Safety**  Northwestern University Feinberg School of Medicine [http://www.feinberg.northwestern.edu/sites/chs/](http://www.feinberg.northwestern.edu/sites/chs/)
3. **Quality and Safety Educators Academy (QSEA)**  Society of Hospital Medicine and Alliance for Academic Internal Medicine [http://sites.hospitalmedicine.org/qsea/](http://sites.hospitalmedicine.org/qsea/)
4. **Interprofessional Education Institute**  Interprofessional Education Collaborative (IPEC) [https://ipecollaborative.org/](https://ipecollaborative.org/)

Masters Programs/Fellowships

1. **Master of Science in Healthcare Quality and Patient Safety**  Northwestern University Feinberg School of Medicine [http://www.feinberg.northwestern.edu/sites/chs/](http://www.feinberg.northwestern.edu/sites/chs/)
3. **Master of Science in Health Care Quality**  George Washington University School of Medicine [http://www.gwu.edu/colleges-schools](http://www.gwu.edu/colleges-schools)
4. **Master of Science in Patient Safety Leadership**  University of Illinois at Chicago College of Medicine [http://www.uic.edu/sscs/patient-safety/faculty.html](http://www.uic.edu/sscs/patient-safety/faculty.html)
5. **Fellowship in Patient Safety and Quality**  Harvard Medical School [http://www.hms.harvard.edu/hfpsq/](http://www.hms.harvard.edu/hfpsq/)
GOAL REFINEMENT AND PROGRAM EVALUATION INTEGRATION

- How will we evaluate our educational program and use the information to improve it over time?

- How do we model improvement in our work as educators and administrators?

  Look outside health professions literature for insights into process improvement.

- Consider opportunities to include additional health professions.

- Revist project description and goals for refinement and specificity.
COMMUNICATION AND MESSAGE DEVELOPMENT

Sketch action steps with timeline elements.

Now that your team has a project action plan, how will you share it with institutional leadership, and secure leadership and organizational support in the form of tangible resources, as well as public endorsement?

- What's the post-conference message to leadership and peers about your team’s implementation project?
- What are the ‘asks’ you’ll need to make it happen?
- Where/When are opportunities to share the message about your team’s work? (i.e., university publications, electronic posts, alumni newsletters)

Craft your 30-60 second elevator pitch.

Use language that is compelling, unique, engaging. Highlight return on investment and value to care delivery. Explicitly align with specific organizational priorities.

- Title your team’s work product
- 1-2 sentences about your team work product/why you put it together