

The University of Texas MD Anderson Cancer Center



Process

Plan

Institutional
Resources

Involvement

Assessment

QEP Steering Committee November 13, 2019

Steering Committee

AGENDA

DATE: SEPT 18, 2019

TIME: 11:30-1:30 PM

LOCATION: SHP DEAN'S CONFERENCE ROOM

MEETING CALLED BY	Dr. David Ford		
TYPE OF MEETING	QEP Steering Committee		
NOTE TAKER	Joanne Thomas		
ATTENDEES	<input type="checkbox"/> Chair Dr. David Ford <input type="checkbox"/> Mayank Amin <input type="checkbox"/> Mark Bailey <input type="checkbox"/> Dr. Jamie Baker <input type="checkbox"/> Dr. Ryan Beard <input type="checkbox"/> Aziz Benamar <input type="checkbox"/> Shaun Caldwell <input type="checkbox"/> Dr. Mahsa Dehghanpour	<input type="checkbox"/> Menatalla El Sharkawi <input type="checkbox"/> Catherine Evans <input type="checkbox"/> Clara Fowler <input type="checkbox"/> Laurissa Gann <input type="checkbox"/> Dr. Dyaz Godfrey <input type="checkbox"/> Dr. Brandy Greenhill <input type="checkbox"/> Dr. Jun Gu	<input type="checkbox"/> Dr. Peter Hu <input type="checkbox"/> Dr. Bill Mattox <input type="checkbox"/> Melissa Mims <input type="checkbox"/> Helene Phu <input type="checkbox"/> Melissa Robinson <input type="checkbox"/> Dr. Rey Trevino <input type="checkbox"/> Dr. William Undie

Agenda topics

5 MINUTES APPROVAL OF MINUTES DR. FORD

DISCUSSION

5 MINUTES QEP PROCESS OVERVIEW DR. FORD

DISCUSSION

10 MINUTES QEP PROJECT RUBRIC DR. FORD

DISCUSSION

5 MINUTES STUDENT PARTICIPATION DR. FORD

DISCUSSION

30 MINUTES DIVISION GOALS DR. DONNELLY/DR. TILLMAN

DISCUSSION

30 MINUTES QEP GOAL/STUDENT LEARNING OUTCOMES DR. FORD/HELENE PHU

DISCUSSION

5 MINUTES QEP PROPOSAL DRAFT TEMPLATE DR. FORD

DISCUSSION

30 MINUTES ASSESSMENT OVERVIEW DR. TREVINO

DISCUSSION

Steering Committee

AGENDA

DATE MAY 15, 2019

TIME 11:30-1:30 PM

LOCATION: SHP DEAN'S CONFERENCE ROOM

MEETING CALLED BY	Dr. David Ford		
TYPE OF MEETING	Steering Committee		
NOTE TAKER	Joanne Thomas		
ATTENDEES	<input type="checkbox"/> Chair Dr. David Ford <input type="checkbox"/> Mayank Amin (absent) <input type="checkbox"/> Mark Bailey <input type="checkbox"/> Dr. Jamie Baker (absent) <input type="checkbox"/> Dr. Ryan Beard <input type="checkbox"/> Aziz Benamar <input type="checkbox"/> Shaun Caldwell <input type="checkbox"/> Dr. Mahsa Dehghanpour	<input type="checkbox"/> Menatalla El Sharkawi (absent) <input type="checkbox"/> Catherine Evans <input type="checkbox"/> Clara Fowler <input type="checkbox"/> Laurissa Gann <input type="checkbox"/> Dr. Dyaz Godfrey <input type="checkbox"/> Dr. Brandy Greenhill <input type="checkbox"/> Dr. Jun Gu	<input type="checkbox"/> Dr. Peter Hu (absent) <input type="checkbox"/> Dr. Bill Mattox <input type="checkbox"/> Helene Phu <input type="checkbox"/> Melissa Robinson <input type="checkbox"/> Dr. Rey Trevino <input type="checkbox"/> Dr. William Undie

Agenda topics

10 MINUTES REVIEW QEP 2021 PROCESS OVERVIEW AND AGENDA DR. DAVID FORD

DISCUSSION	<ul style="list-style-type: none"> • QEP 2021 Process Overview document was distributed to all steering committee members during the meeting. Dr. Ford reviewed what we were able to accomplish this year with our meetings and gave a brief preview of what to expect next year. • The revised process model showed where we started in September which was an overview of what the process would be and the QEP requirements. Also looked at popular QEP topics of other institutions and moved into our institutional effectiveness process with each program director. • Largest part of the year was spent on institutional effectiveness research and analysis. • Research committee will be presenting their white paper on Interprofessional Education with an emphasis on team skills. • We will make a final vote and formal recommendation as a group on our topic. • During the summer, Dr. Ford will be meeting with others to put our proposal process together to launch in September. • Research committee will discuss some assessment measures to assess our project on how to measure the impact of student learning environment. • We will discuss how we want our implementation process to look like. What components do we want to include such as faculty development, resources, and student project. • During the spring, Dr. Ford will be putting drafts together to finish part of the QEP development process. • The following fall we will be ready for site visit presentation.
-------------------	--

10 MINUTES REVIEW STEERING COMMITTEE MINUTES FROM MARCH 6, 2019 DR. DAVID FORD

DISCUSSION	MOTION: Motion by: Dr. Brandy Greenhill Seconded by: Mr. Shaun Caldwell Motion carried
-------------------	--

15 MINUTES

CALL FOR MEMBERSHIP PROPOSAL
SUBCOMMITTEE

DR. DAVID FORD

<p>DISCUSSION</p>	<ul style="list-style-type: none"> • Dr. Ford discussed an opportunity for those interested in participating on a proposal subcommittee that will be formed to focus on preparing a proposal template. Those interested should private message Dr. Ford by this Friday. • An external consultant visit with UT San Antonio was conducted this past November. They shared that they did this process with a proposal template. It included very detailed information such as goals, focus, and relevant components. A stipend was provided for the person whose proposal was adopted. • We will need approval for this in order to implement for our QEP program at SHP which we can then share with others such as the Graduate School of Biomedical Sciences.
--------------------------	---

25 MINUTES

QEP RESEARCH SUBCOMMITTEE PRESENTATION

CLARA FOWLER/HELENE PHU

<p>DISCUSSION</p>	<ul style="list-style-type: none"> • Ms. Fowler and subcommittee met at least 5 times to create white paper. The theme was Interprofessional Education. The process they went through allowed them to pull in current literature and experiences that are happening at MDA so we can align with what is going on nationally and internationally. • Ms. Phu presented a slideshow which gave a detailed overview of what is Interprofessional Education and how it fits into education and healthcare. Common definition is about teamwork for better clinical care and collaboration amongst all teams. • Ms. Phu discussed how IPE is divided into 2 parts: Curriculum and Movement. We have assessment tools for Curriculum such as TeamSTEPPS and IPEC which are collaboratives across the nation to teach IPE. As far as Movement, there is Team Science and Leadership. • Ms. Phu expressed the importance that IPE and Leadership must go together. • Ms. Fowler discussed that during their literature process review, Thistelthwaite & Moran used 88 frameworks to come up with 6 themes for learning outcomes for implementing IPE within the curriculum. They were: Teamwork, Role/Responsibilities, Communication, Learning/Reflection, the Patient, and Ethics/Attitudes. • Ms. Fowler discussed best practice examples from institutions that were leaders in the IPE efforts. University of Minnesota uses the 1Health initiative which has 3 phases which include: 1) Orientation – FIPCC course with an introduction to Interprofessional Education and teamwork skills. 2) Necessary Skills – Students prepare for rotations in the practice setting by learning communication and quality improvement skills through TeamSTEPPS modules and IHI Open School Modules. 3) Expertise in Practice – An observation and reflection activity paired with an advanced interprofessional escape room activity and a faculty-led debriefing session. • Ms. Fowler discussed another leader in the field, University of Toronto. Dr. Pisters came from this environment which he is bringing here. The Centre for Interprofessional Education (IPE) is partnered between University of Toronto and 11 health science programs and local hospitals to get real life practice. The IPE curriculum serves 11 health science programs which engage in up to 9 core learning activities. The program is based on strong student support of professional engagement. They also bring in senior leaders from healthcare to train them on how to participate in interprofessional practice. • Ms. Phu expressed that she will be going back to take their workshop to bring back leaders to SHP to offer workshops for faculty and educators. University of Toronto is 12 years ahead of us so she would like to collaborate with them. • Ms. Fowler discussed a local model at UTHealth. The CIPC provides IPE educational opportunities for students and faculty representing 6 schools of the University of Texas Health Science Center at Houston. The CIPC offers interprofessional patient simulation courses, events, and fairs. They sponsored a Poverty Simulator activity which allows participants to adapt an identity of someone in poverty and try to receive services through a series of activities to see how it impacts their healthcare. Ms. Fowler sees the opportunity of a potential partnership with UTHealth because they are local and smaller scale. • Ms. Fowler showed a video of University of Houston's recent interprofessional conference they hosted which communicated the teaching, collaboration, communication of the different health programs of the school and the importance to do so for the patient's treatment and care. • Ms. Fowler communicated the 2 IPE models often used are TeamSTEPPS and University of Toronto's Interprofessional Education Curriculum Model (model shown on last page of white paper). • Ms. Fowler discussed the final portion of the white paper which are the Assessment Tools used to validate student learning outcomes, teaming readiness, and faculty readiness to teach IPE. There are 4 standard scales being used by many programs. • Ms. Phu communicated that we have an office of IPE and Collaborative Practice inside division of Education and Training that was established last year which includes a steering committee. She communicated an overview of what their office does and how to guide activities to move in IPE direction. They have been able to consult for accreditation, quality & safety projects, and curriculum design to make it more IPE. They are a member of Texas IPE Consortium and have another committee for joint accreditation for continuing education. • Ms. Phu consulted with national experts including Eduardo Salas who is the author of Team Training Essentials about Teaming and Leadership. She presented a common framework graph about Team Effectiveness which was broken down further into detailed components to be an effective leader and team.
--------------------------	---

- In conclusion, Ms. Fowler expressed the point is to be able to prepare students to work effectively in the increasingly collaborative environment. Based on research that integrative collaborative practice leads to effective patient care. By preparing our students early, this will help accomplish this. It will help students identify themselves as a professional and who they are as a member of a team. There is a need for IPE at a local level.
- Ms. Fowler recommends the theme of IPE for the QEP project. White paper goes into more detail.
- Ms. Gann created a collection spotlight for Teamwork in the Research Library. They created on-line sub-collections for Leadership and Teamwork resources. Sub-collections of books can also be checked out or available on-line. This is the first time through this committee that we are able to have these types of resources.
- Ms. Fowler shared that there is a bibliometric analysis which is a new way to look at trends in literature. It can show themes that are happening in Interprofessional Education and timeline of those themes based on the literature.

The following discussion points were made by committee members regarding IPE initiative:

- Dr. Godfrey commented that this will help address the marketable skills in this whole paradigm because this needs to be addressed as we move forward being a part of the accountability of the Texas Higher Education Coordinating Board.
- Dr. Undie expressed his appreciation for the communication of awareness of these activities and resources. He asked about the IPE poverty simulation activity if it is a one day, one time exercise that involves role-play. Ms. Fowler responded that she believes it is a one day simulation exercise based on the description of implementation. She further commented that it sounds like there are tables in a room and students are given an identity such as the student has to go to a bank to figure out how to get a loan with a certain amount of income given or has to go to a doctor with a particular condition and they have to figure out how to pay for that. The outcome is that the students come away with a greater empathy and understanding the realities of their patients.
- Ms. Phu commented that depending on the scope of project and budget, these activities can go into the communities and send out students, residents, and other professionals to run an interprofessionally-run clinic.

15 MINUTES

QEP 2021 RESEARCH SUBCOMMITTEE TOPIC
RECOMMENDATION

QEP RESEARCH SUBCOMMITTEE

DISCUSSION

- Dr. Ford expressed that we have spent a tremendous amount of time reviewing our institutional effectiveness data and have had several conversations focusing more towards an IPE project.
- It has been recommended by the research committee who also reviewed again for a second time that we target the topic for our QEP as Interprofessional Education with a focus on team skills for students.
- Dr. Ford opened up the floor for further discussion, a final vote, and recommendation for moving forward.

The following comments were expressed by committee members regarding our topic for our QEP:

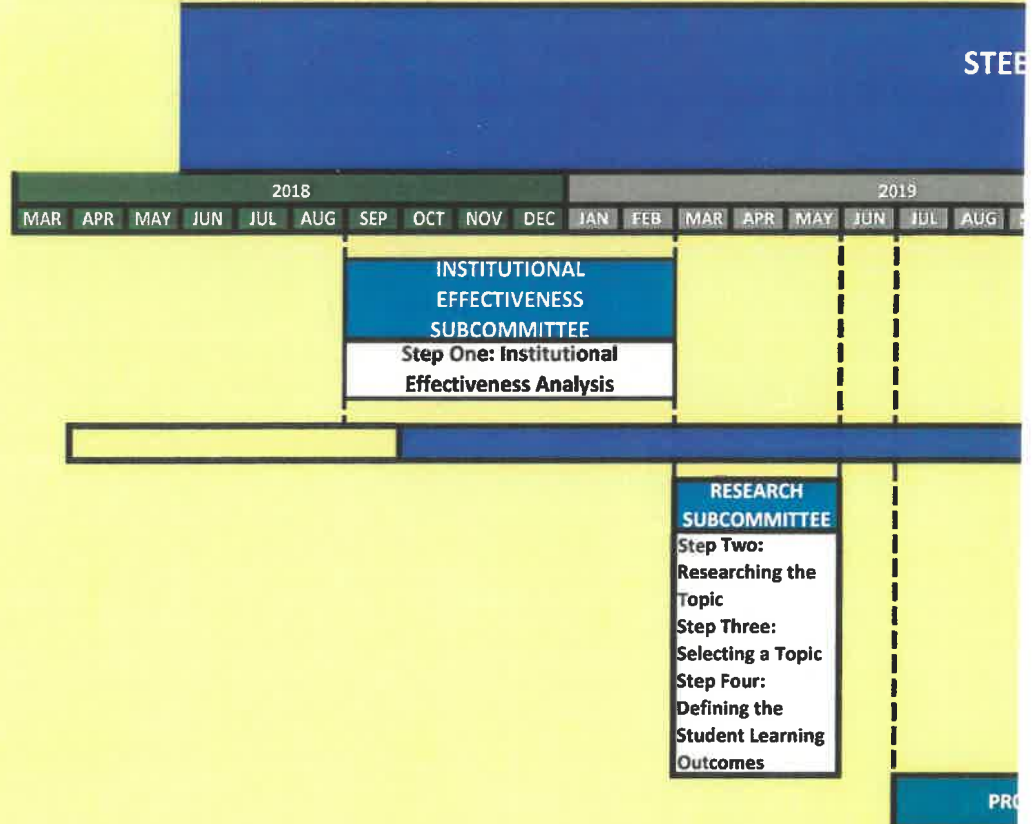
- Mr. Caldwell expressed that what Dr. Godfrey communicated it all. These are tangible skills that our students need to have and we have the opportunity to create an amazing educational event to help them truly develop these skills as team players because every one of our students are expected to work in teams amongst their peers in school as well as their clinical education which is absolutely vital.
- Playing Devil's advocate, Dr. Ford asked if those skills are currently needed in our programs. Mr. Caldwell replied that it is vital in both of his programs. He especially felt it was important in Radiation Therapy program and was excited to hear about the poverty simulator because it would be good for our Disparities, Diversity, and Advocacy students. He expressed even those students that do not have direct patient contact still must work in teams and believes it is a very absolute appropriate topic.
- Dr. Undie expressed that there are some compelling social issues out there and if we are trying to educate students to be in alignment to help transition them into the work force a little bit easier then we need to recognize this as an alignment even with us within our departments. We need to walk across other departments instead of as silos working as one.
- Dr. Ford expressed that Dr. Undie made a very good point. Dr. Ford stated he will be challenged to express that when he has to write up report to show explicitly those alignments between our institutional goals, school goals, and what we are trying to accomplish for our students as they graduate.
- Mr. Caldwell expressed that there has been a lot of criticism in higher education lately about students graduating from a university but are unable to function in the corporate environment. This gives us an opportunity to directly address those issues that students are leaving us unprepared to deal with the real world and how to behave appropriately in teams and leadership roles.
- Mr. Benamar stated he thinks with these on-line courses and cell phones that this would be perfect for the students. He stated that there are 9 areas in his department and nobody knows what the other one is doing or knows each other. This topic is a good example on how to bridge that. He wished it would have been done sooner than now but it is better we are doing it now.
- Catherine Evans stated that being an alumni coming from the Dosimetry program she went to a small cancer center from the Northeast for her first job and Interprofessional Communications was a big deal because she worked hand-in-hand with the nutritionist and radiation therapist but here we really just work in silos. Dosimetry just stays in Dosimetry. She thinks this will really help the students learn how to communicate with other different people and understand that their work will impact everyone else.

- Dr. Gu expressed that things were already happening at school, such as interdisciplinary case studies, before that event happened many years ago. Students only learned specific things with only specific groups of people. Our junior year students had more opportunity to interact with other programs' students. The case studies helped them learn from each other and interact with each other but we can expand on that at a different level and dimension.
- Dr. Undie expressed that Dr. Gu's point was interesting because when students finished from lab sciences or clinical sciences, they had awareness and the students wanted to apply for those other programs for another certification. He has seen this across disciplines.
- Dr. Godfrey stated she would want to learn more about the component with student engagement and support as it is impacted by the IPE framework because that would help us and the students move forward with it.
- Mr. Benamar thinks that for CME and CE it will be key because now we will be expanding the audience and target people. Sponsors would love to have doctors and pharmacists in the same room versus when he went to one conference and they just talked about Radiology. He can't imagine Pharmacy being like that because nobody would want to spend 3 days at a conference then come back. A lot of providers would be more interested in doing this because it would give them a bigger audience and shortened time.
- Dr. Ford asked committee is there a motion that we approve Interprofessional Education with a focus on team skills as our QEP 2021 topic. Motioned by Mr. Caldwell, Second by Mr. Benamar, All were in favor.
- In conclusion, Dr. Ford stated this summer we will be working on proposal process that will begin in the fall. He will be crafting some student goals or QEP program goals for our meeting on Sept 18, 2019. The July meeting is no longer needed because we finished ahead of schedule.
- Dr. Ford distributed Team Training Essentials book to the committee that Ms. Phu suggested would be a helpful resource for us to use. Ms. Phu briefly explained that the author, Eduardo Salas, is a nationally known expert and consultant, professor at Rice University, and scientist on TeamSTEPPS. We are using him as a consultant and if we need him, he is located at Rice University.
- Dr. Ford encourage everyone over the summer to give some thoughts to what we could do with QEP and what is not workable for your programs so we can discuss in the fall.

Core Requirement 2.12 The institution has developed an acceptable Quality enhancement Plan (QEP) that is based on **learning outcomes and/or the environment** supporting student learning and accomplishing the mission of the institution.

Comprehensive Standard 3.3.2 The institution has developed a Quality Enhancement Plan that:

- (1) demonstrates **institutional capability** for the initiation, implementation, and completion of the QEP;
- (2) includes **broad-based involvement** of institutional constituencies in the development and proposed implementation of the QEP;
- (3) identifies **goals and a plan to assess** their achievement.

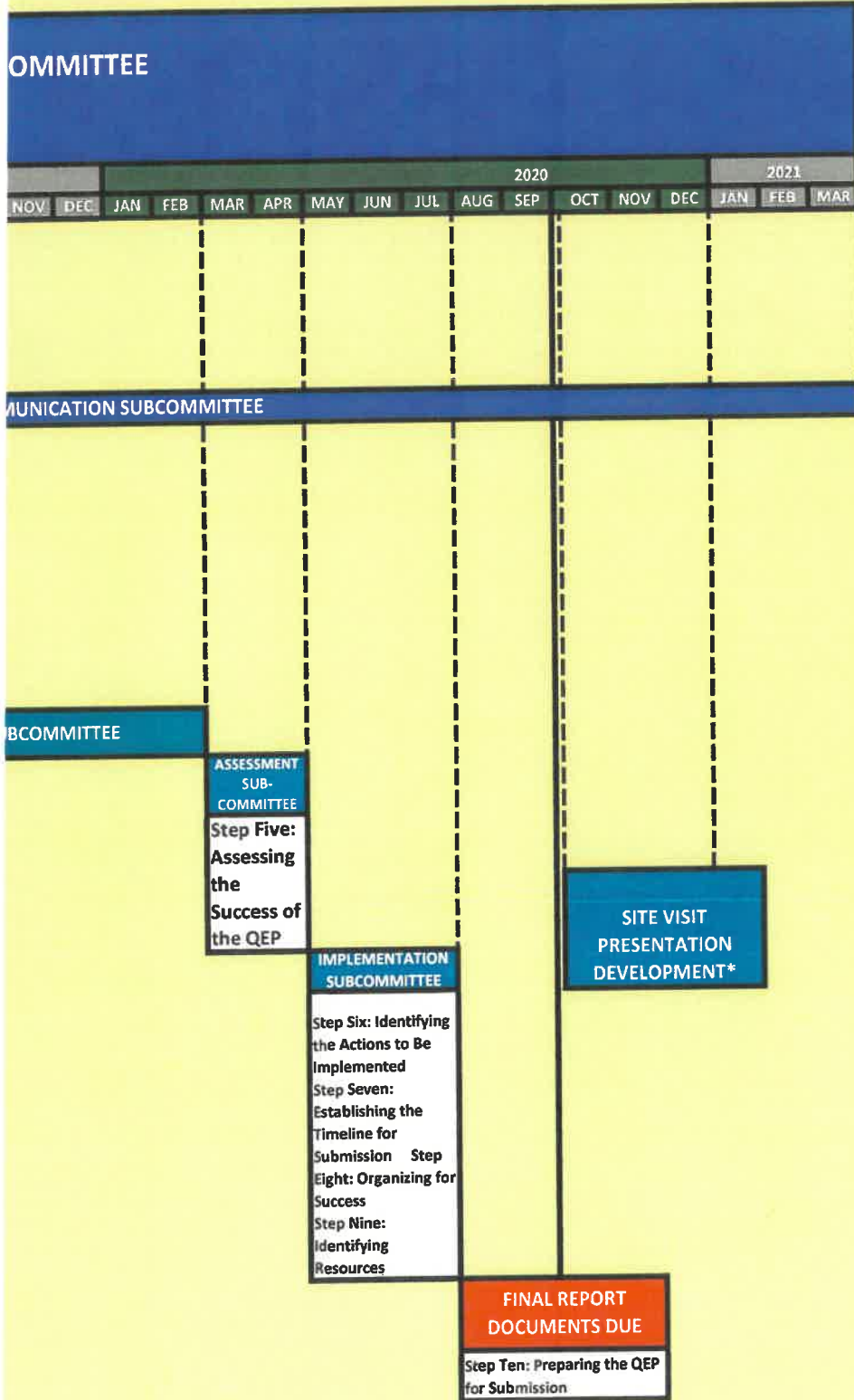


*Site visit presentation made by chairs of subcommittees

OVERVIEW

institutional process for identifying key issues emerging from institutional assessment and focuses attention.

of the QEP; and





QUALITY ENHANCEMENT PLAN GUIDELINES INDICATORS OF AN ACCEPTABLE QUALITY ENHANCEMENT PLAN

NOTE TO THE EVALUATOR: The guidelines presented below are intended to assist you in focusing and developing your professional judgment. The component parts of the matrix are not summative nor are they necessarily of equal weight. You will need to evaluate and weigh the issues when arriving at a judgment about the institution's compliance with the requirement.

CR 2.12: *The institution has developed an acceptable Quality Enhancement Plan (QEP) that includes an institutional process for identifying key issues emerging from institutional assessment and focuses on learning outcomes and/or the environment supporting student learning and accomplishing the mission of the institution. (Quality Enhancement Plan)*

INDICATOR	UNACCEPTABLE	WEAK	ACCEPTABLE	EXCEPTIONAL
1.A. An institutional process	No evidence provided of process used for developing QEP topic, etc., or a top-down approach used and only narrow involvement of university staff, faculty.	A core group of institutional representatives develop topic and plan. Some attempt is made to tie topic/plan to prior institutional planning.	Topic is directly related to prior institutional planning which had involved a broad-based effort. Plan then developed by key individuals/groups on campus.	Plan is directly related to institutional planning efforts. Topic selection involved process that generated information and specific ideas from a wide range of constituents. Selection of topic determined by representative process that considered institutional needs and viability of plan.
1.B. Key issues identified that emerge from institutional assessment	No evidence of relationship of QEP to institutional data/analysis/assessment. Plan seems to be an isolated topic unrelated to institutional needs and/or never tied to those needs.	General institutional needs addressed, but no clear linkage to QEP topic in terms of how needs would be addressed by successful QEP implementation.	A direct relationship established between QEP topic and institutional needs. QEP may indirectly affect needs.	A direct and strong relationship of QEP topic to institutional needs; clear how accomplishment of QEP would directly improve institutional/student performance.
2.A. Focus on learning outcomes and accomplishing the mission of the institution	Plan focuses only on establishing processes and strategies with no clear identification of outcomes directly related to mission. If outcomes present, they are not related directly to improving student learning.	Some outcomes focus on student learning, but many represent process/strategies with no clear outcomes identified. Those that address student learning may not be clearly related to institutional mission and needs.	Outcomes are generally related to student learning and reasonably address the accomplishment of mission-specific goals.	Detailed student learning outcomes tied directly to institutional needs.
2.B. Focus on the environment supporting student learning and accomplishing the mission of the institution	No relationship of QEP activities/processes to the support of student learning. Student learning left undefined or poorly defined.	Activities of QEP to some extent are related to improvement of student learning; no relationship established institutional needs.	Activities of QEP focus, generally, on the improvement of student learning, with some that may not be directly tied to that effort.	A clear relationship between activities of QEP and the improvement of student learning, all tied to established institutional needs.

FIVE COMPONENTS OF QEP REVIEW FRAMEWORK:

- 1** = An Institutional Process. The institution uses an institutional process for identifying key issues emerging from institutional assessment.
- 2** = Focus of the Plan. The institution identifies a significant issue that (i) focuses on learning outcomes and/or environment supporting student learning and (ii) accomplishes the mission of the institution. *Cross-referenced to Component 5.*
- 3** = Institutional Capability for the Initiation, Implementation, and Completion of the Plan. The institution provides evidence that it has sufficient resources to initiate, implement, sustain, and complete the QEP.
- 4** = Broad-Based Involvement of Institutional Constituencies. The institution demonstrates the involvement of its constituencies in the development and proposed implementation of the Plan.
- 5** = Assessment of the Plan. The institution identifies goals and a plan to assess the achievement of those goals. *Cross-referenced to Component 2.*

CS 3.3.2: The institution has developed a Quality Enhancement Plan that (1) demonstrates institutional capability for the initiation, implementation, and completion of the QEP; (2) includes broad-based involvement of institutional constituencies in the development and proposed implementation of the QEP; and (3) identifies goals and a plan to assess their achievement. (Quality Enhancement Plan)

INDICATOR	UNACCEPTABLE	WEAK	ACCEPTABLE	EXCEPTIONAL
3.A. Capability to initiate the plan	No attention given to personnel, budget, other support needed to implement and complete the plan.	While some basic information on budgetary, personnel and other needs are presented, some or all of that support is "soft" and not committed to by the institution. Often vague details about personnel, organizational control, and budget needs.	Yearly, overall, budget, with basic descriptions of personnel needs including organizational structure needed to carry out the plan.	Very detailed budget information, institutional commitment of funds clearly indicated. If individuals are not yet identified, detailed job descriptions provided that indicate the specific skills and abilities needed for key personnel. Organizational structure shows clear reporting responsibilities and oversight structures.
3.B. Capability to implement and complete the plan	No timetable is provided for year by year activities including specific actions, budgetary expenditures and assessment processes.	Sketchy timetable is provided for year by year activities including specific actions, budgetary expenditures and assessment processes.	Detailed timetable is provided for year by year activities including specific actions, budgetary expenditures and assessment processes.	Very detailed timetable is provided for year by year activities including specific actions, budgetary expenditures and assessment processes. Timetable indicates clearly that QEP can be realistically implemented and completed in five years.
4.A. Broad-based involvement of institutional constituencies in the development of the plan	QEP developed by one individual or small group of individuals not representative of key constituencies.	QEP developed by one individual or small group; some attention given to obtaining input from others on campus, but no real involvement.	Process used to develop plan involved representative of key constituencies.	Process used ensured input from all relevant constituencies in developing the plan.
4.B. Broad-based involvement institutional constituencies in the proposed implementation of the plan	No indication of how relevant constituencies will be involved in implementation.	Implementation of plan will involve some representative of key constituencies, but carried out by only a few individuals or a single group on campus.	All relevant constituencies involved in implementation, either directly or indirectly.	All relevant constituencies have direct involvement in implementation.
5.A. Identified goals for the quality enhancement plan	Goals not present or those stated are not goals but, rather, processes that will be implemented.	Goals include mix of process and expected accomplishments.	Goals deal with expected accomplishments.	Goals are clearly stated, lead to specific, measurable outcomes.
5.B. A plan to assess the achievement of the goals of the quality enhancement plan	Assessment plan not present or is not clear in determining expected outcomes and means of assessment.	Assessment plan present; outcomes are often processes that are to be implemented. Assessment of goals not directly related to outcomes.	Assessment plan is based on clear outcomes; assessment methods related to outcomes.	Assessment is based on clear outcomes, assessment methods related to outcomes, and are direct measures of those outcomes.
Overall Evaluation of Acceptability of the Quality Enhancement Plan	When looked at as a whole, the plan clearly does not meet the requirements for an acceptable QEP. While one or more of the components may be acceptable, those that are not acceptable make the overall plan inappropriate.	X		While there may be weaknesses in one or more of the components, overall the plan is acceptable due to the strength of a number of the components.
				All components of the plan are acceptable or exceptional; no weaknesses.

FIVE COMPONENTS OF QEP REVIEW FRAMEWORK:

- 1** = An Institutional Process. The institution uses an institutional process for identifying key issues emerging from institutional assessment.
- 2** = Focus of the Plan. The institution identifies a significant issue that (i) focuses on learning outcomes and/or environment supporting student learning and (ii) accomplishes the mission of the institution. *Cross-referenced to Component 5.*
- 3** = Institutional Capability for the Initiation, Implementation, and Completion of the Plan. The institution provides evidence that it has sufficient resources to initiate, implement, sustain, and complete the QEP.
- 4** = Broad-Based Involvement of Institutional Constituencies. The institution demonstrates the involvement of its constituencies in the development and proposed implementation of the Plan.
- 5** = Assessment of the Plan. The institution identifies goals and a plan to assess the achievement of those goals. *Cross-referenced to Component 2.*

QEP Steering Committee Student Membership

Program Director	Student Nominee
Peter Hu	
William Undie	
Catherine Bammert	
Jun Gu	
Brandy Greenhill	
Mark Bailey	
Mahsa Dehghanpour	
Shaun Caldwell	

QEP Steering Committee Meeting Dates:

September 18, 2019 from 11:30 am - 1:30 pm

November 13, 2019 from 11:30 am - 1:30 pm

January 15, 2020 from 11:30 am - 1:30 pm

March 4, 2020 from 11:30 am - 1:30 pm

May 13, 2020 from 11:30 am - 1:30 pm

July 15, 2020 from 11:30 am - 1:30 pm



THE UNIVERSITY OF TEXAS
MD Anderson
~~Cancer Center~~
Making Cancer History®

Division of Education & Training

August 2019 Town Hall



“First comes thought; then organization of that thought, into ideas and plans; then transformation of those plans into reality. The beginning, as you will observe, is in your imagination.”

-- Napoleon Hill, author

Agenda

1. Strategy Update
Dr. Diane Bodurka
2. Feedback from learners
Dr. Mickey Donnelly
Dr. Bob Tillman
3. Our accomplishments together
Directors and Deans
4. Q&A

Five themes emerging from strategy development process

1. **Faculty and staff educators need skill development** to take advantage of the growing and powerful use of technology and adapt to the learning modalities expected from the next generation of cancer care providers. We understand the content quite well, but need to improve how we convey that content.
2. **Need to develop ways to share content across professional groups** and opportunities for joint accreditation of continuing education programs. Interprofessional education is becoming a requirement.
3. **Learner experience needs improvement** we need to improve their ability to access and participate in learning seamlessly within their workflow.
4. **An ongoing relationship with our alumni is critical** mentors to the next generation, ambassadors of our brand and collaborators in building a larger learning community.
5. **Need to increase awareness, of available educational offerings and facilitate collaboration and sharing of learning content**

Three Priorities

1. Enhancing the experience and competence of our educators
2. Designing and deploying educational programs that are designed from the learner's perspective
3. Creating relationships within and external to our walls

Institutional strategic themes

MAXIMIZE
VALUE/PREP
FOR PAYMENT
DISRUPTION

▼
VALUE

Optimizing the value equation to ensure sustainability and accessibility.

EXPAND
ACCESS TO
EVERY TEXAN/
HOUSTONIAN

▼
REACH

Having a greater impact on Texans and Houstonians by broadening the reach of our knowledge and care.

ACCELERATE
THE RATE
OF
DISCOVERIES

▼
BREAKTHROUGHS

Focusing our efforts to accelerate discoveries and novel solutions.

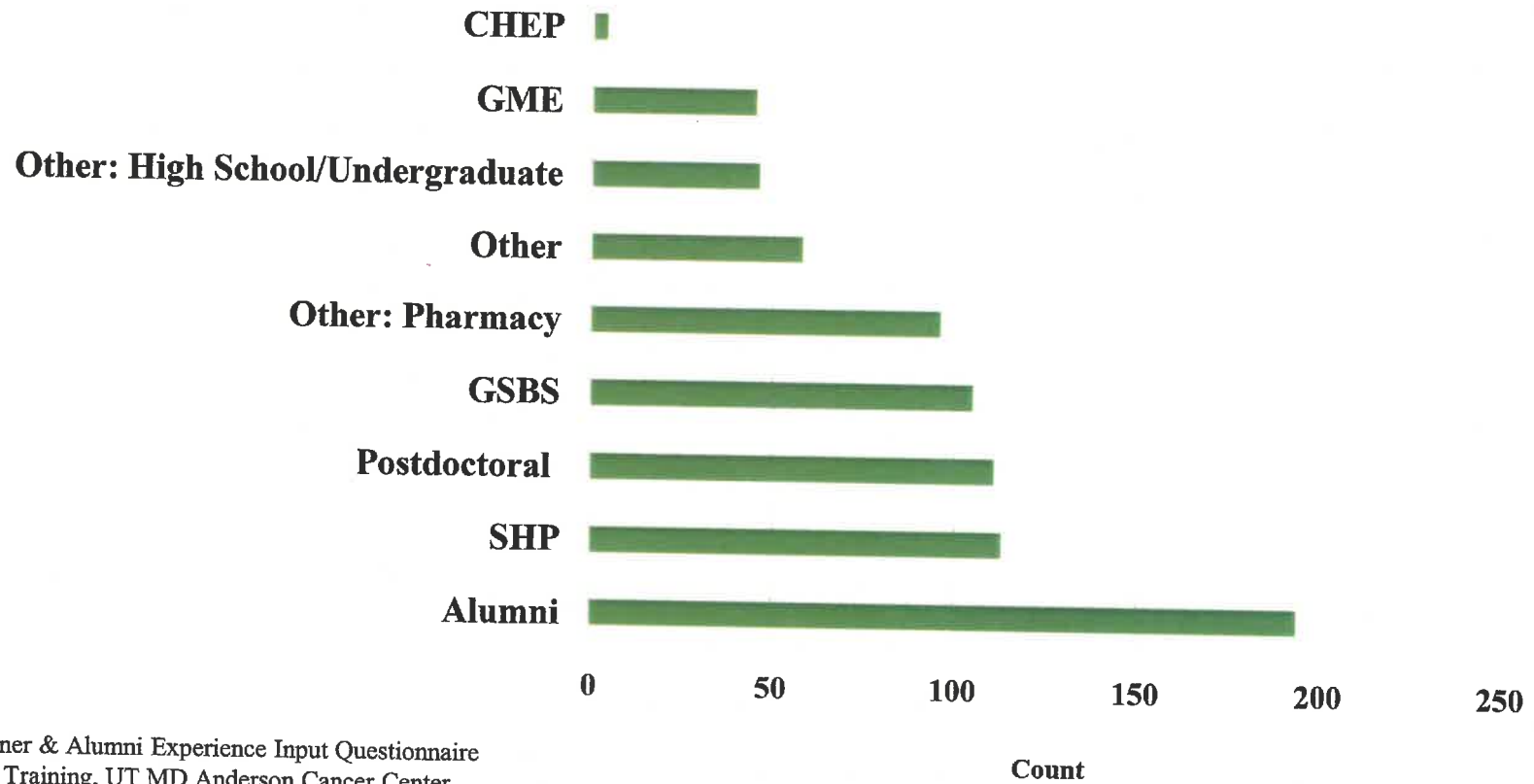
Sharing insights from the **Learner & Alumni Experience Input Questionnaire**

Responses from July 31, 2019 – August 20, 2019

Conducted by the Learner Experience Focus Group

Mena El-Sharkawi	Martha Skender	Pierre McCrea
William Undie	Mickey Donnelly	Charlotte Fuselier
Bill Mattox, Bill	Zera Harden	Gale Kennebrew
Deborah Mouton	Victoria McDonnell	Ravi Ponnappalli
Marites Melancon	Diane Hecht	Bob Tillman
Dawn Chalaire	Peter Hu	
Shirley Roy	Clara Fowler	
Alex Gomez	Stephanie Kim	

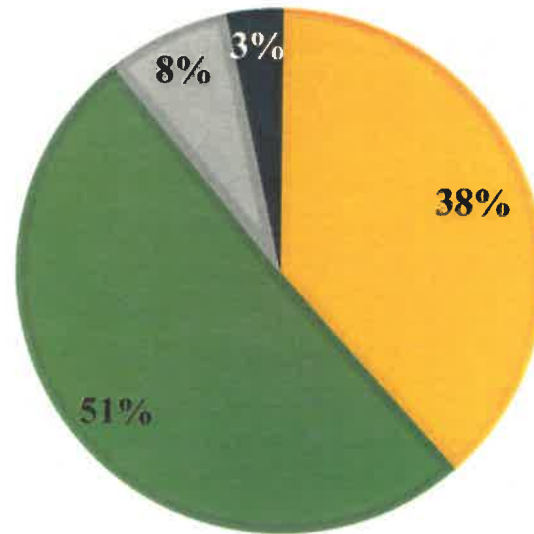
Primary Affiliation Status of Those Responding n=772



Source: Learner & Alumni Experience Input Questionnaire
Education & Training, UT MD Anderson Cancer Center

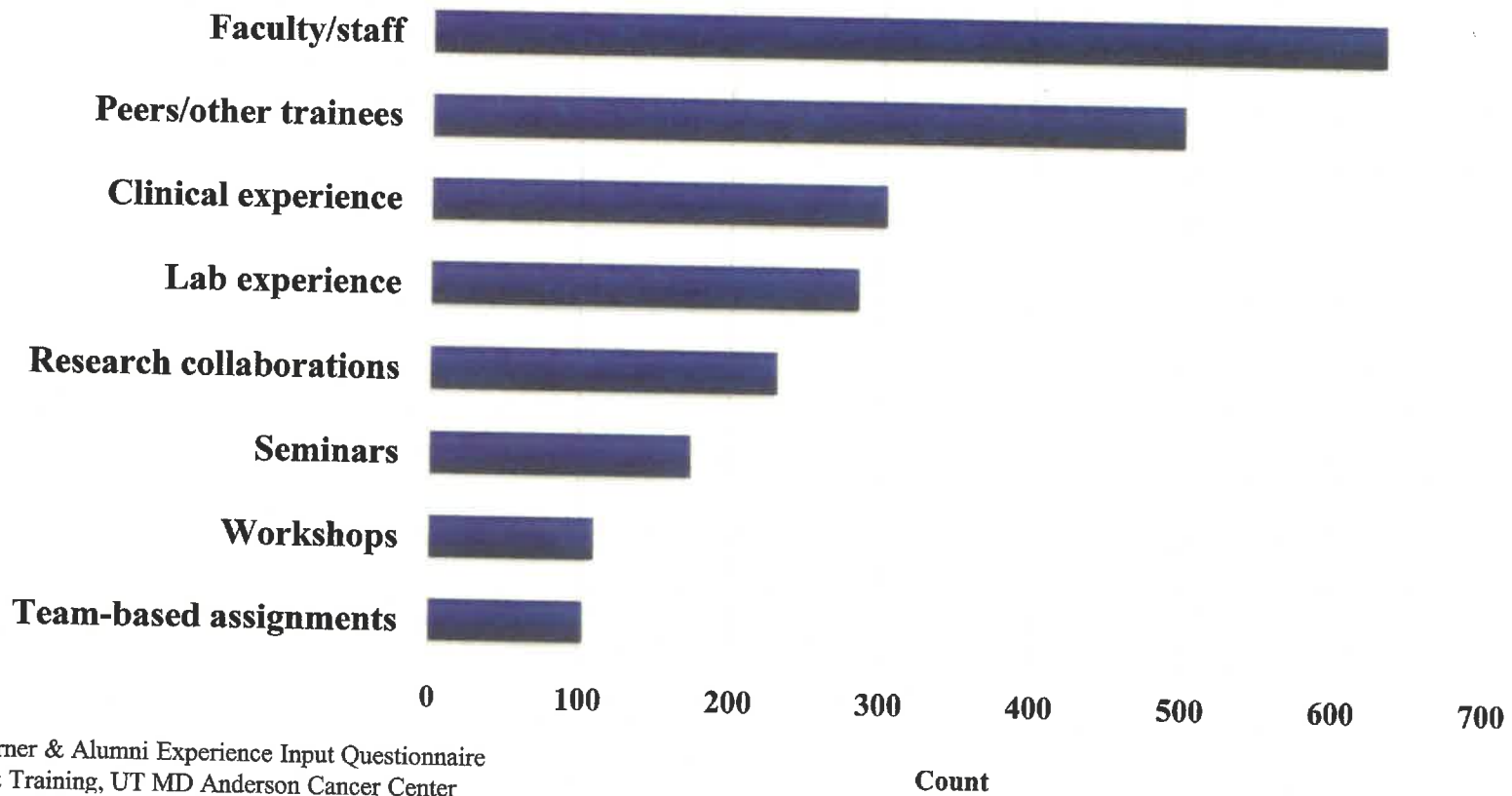
How connected do you feel to MD Anderson? (Q#2)

- **Extremely connected, I love this place.**
- **Strongly connected, I liked the experience.**
- **Indifferent, I could have had this experience anywhere.**
- **Disengaged, I had a negative experience overall.**



Source: Learner & Alumni Experience Input Questionnaire
Education & Training, UT MD Anderson Cancer Center

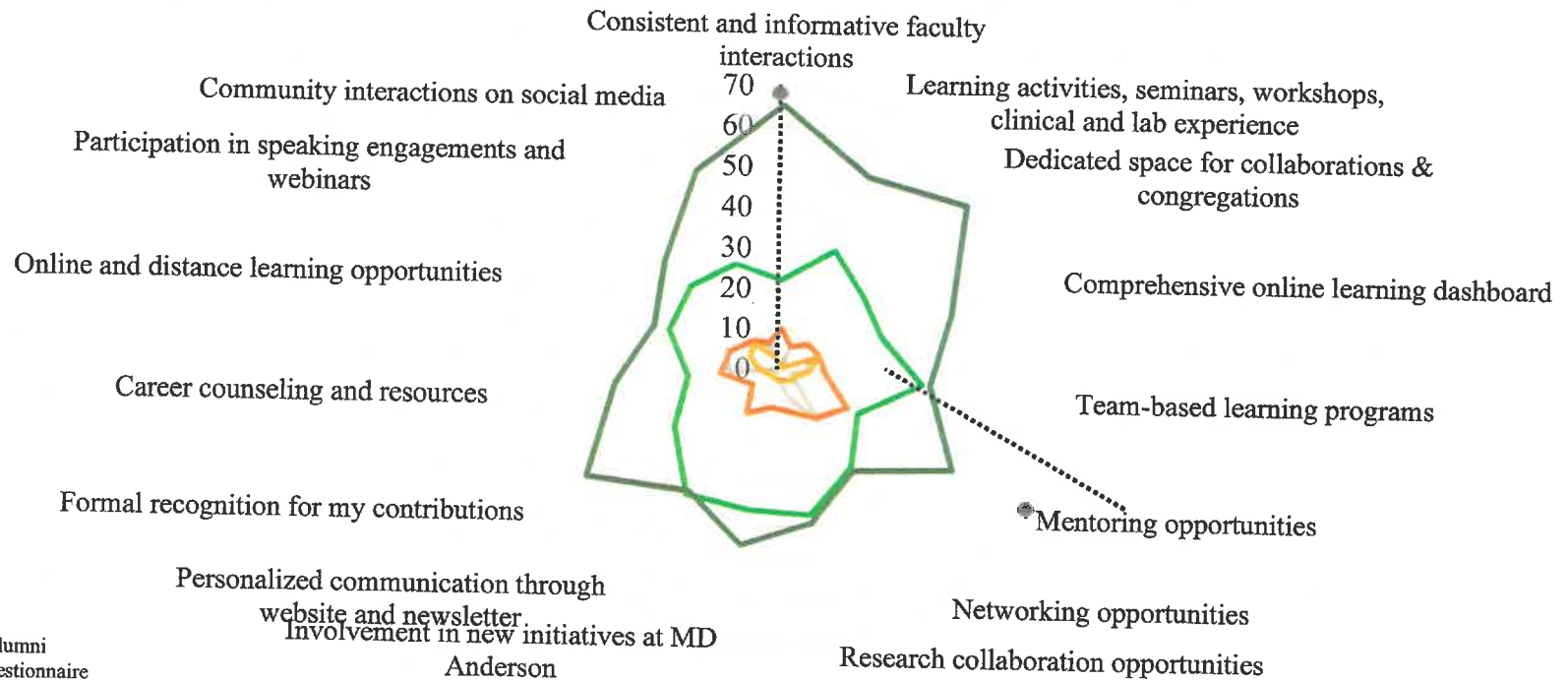
Which of the following factors contribute to your level of connection? (Select all that apply) (Q#3)



Source: Learner & Alumni Experience Input Questionnaire
Education & Training, UT MD Anderson Cancer Center

SHP Responses: Please rate your experience of the following resources and services here at MD Anderson? (Q#3)

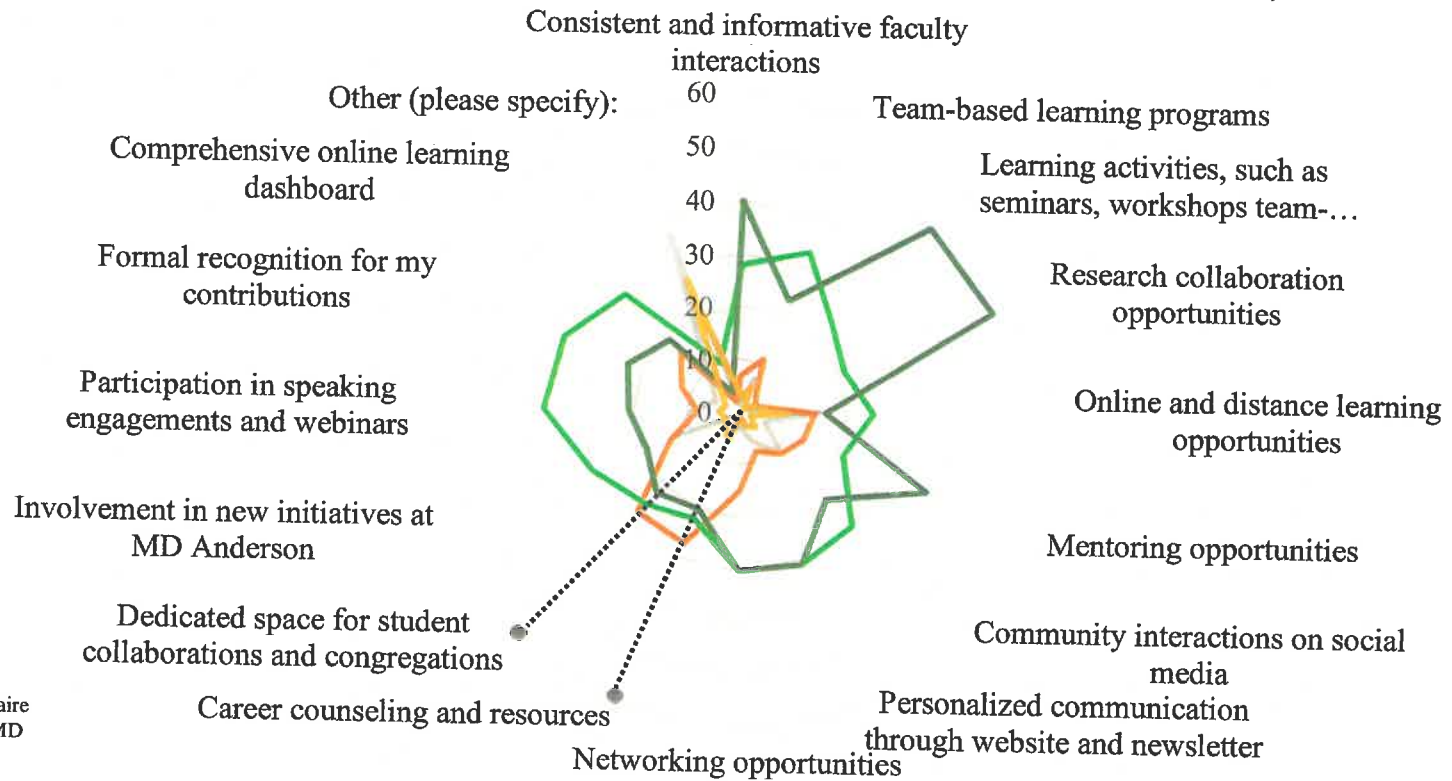
Not applicable Needs improvement Acceptable Impressive Not available, but would've liked



Source: Learner & Alumni Experience Input Questionnaire Education & Training, UT MD Anderson Cancer Center

GSBS Responses: Please rate your experience of the following resources and services here at MD Anderson? (Q#3)

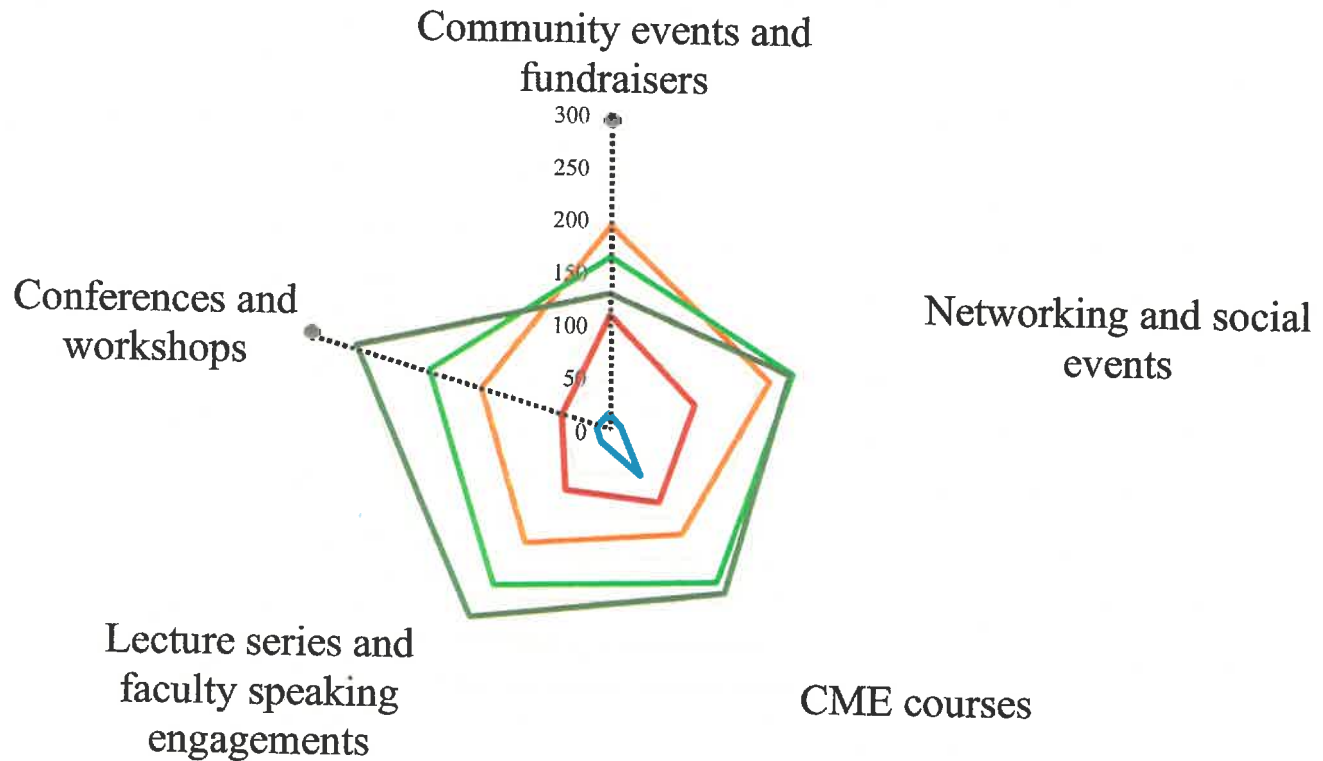
Not applicable Needs improvement Acceptable Impressive Not available, but would've liked



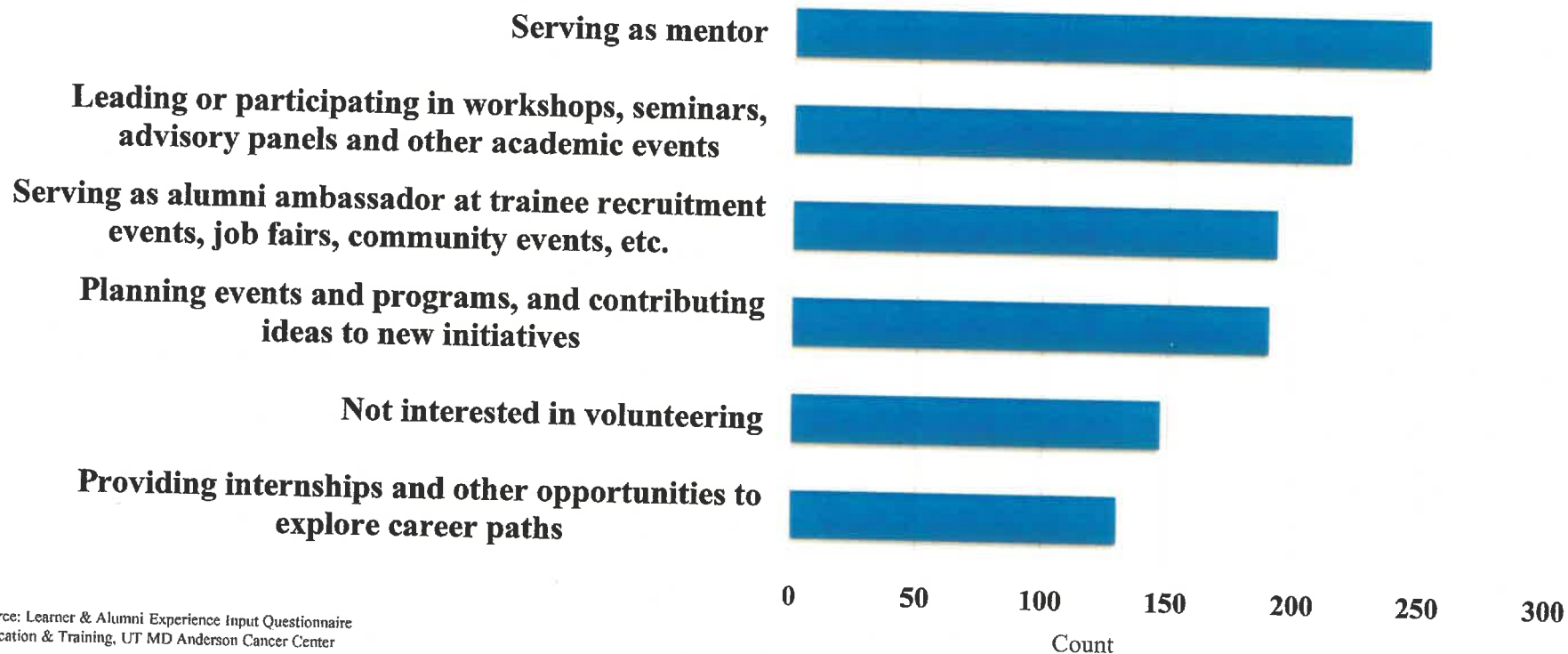
Source: Learner & Alumni Experience Input Questionnaire Education & Training, UT MD Anderson Cancer Center

Thinking about Alumni: How likely are you to attend the following events? (Q#5)

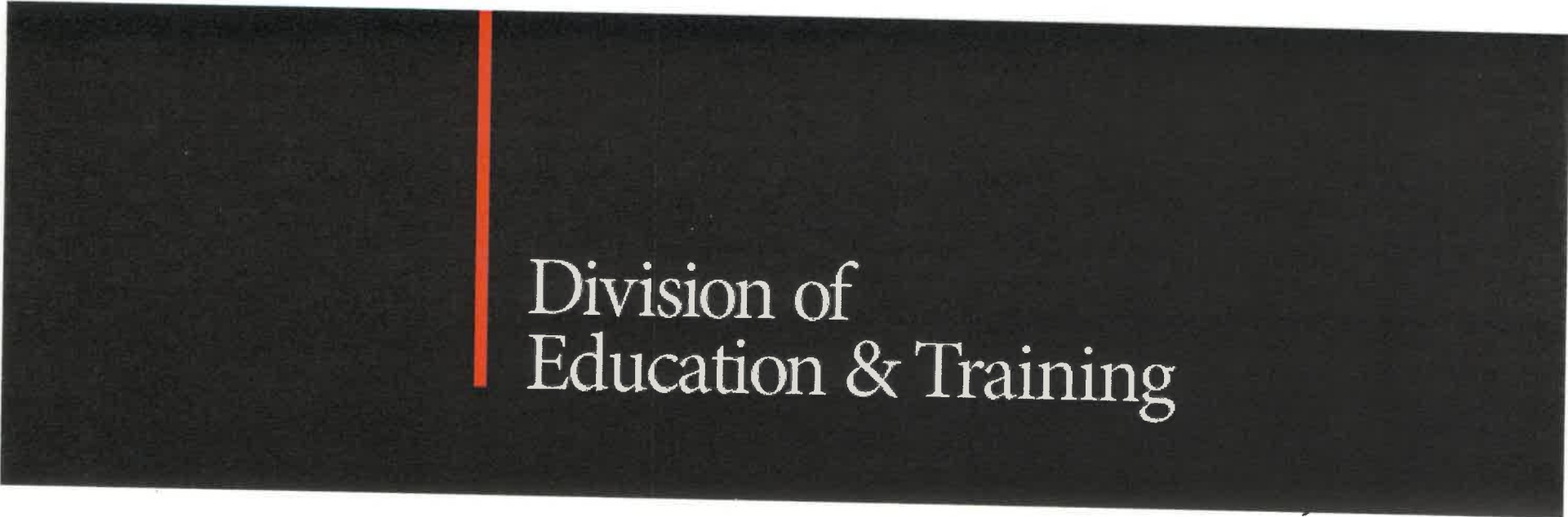
— Not likely — It's possible — Likely — Very likely — Not applicable



Thinking about Alumni: What volunteer opportunities are you interested in? (Select all that apply.) (Q#6)



Source: Learner & Alumni Experience Input Questionnaire
Education & Training, UT MD Anderson Cancer Center



Division of Education & Training

THE UNIVERSITY OF TEXAS
MD Anderson
~~Cancer Center~~
Making Cancer History®

Reflecting on our transformation process

Perspectives from the division's directors and deans



MD Anderson | Reflecting on our transformation process

Alumni Relations

Martha Skender, Director

Outcomes from the transformation process

- Role of MD Anderson alumni as one of the top five themes of Education & Training's transformation process
- Nearly every unit within division recognized alumni as pivotal to division's winning strategy
- Introduction to the richness of services and resources available through the various departments in Education & Training
- Relationships established with other Education & Training units will support our successful transformation



Challenges along the way

- Ideas generated require resources that may not currently be available
- Speed with which we are moving requires patience
- Big picture hasn't always been clear to us...but we trust the process



Opportunities for collaboration

- School of Health Professions
- MD Anderson UTHealth Graduate School of Biomedical Sciences
- Office of Graduate Medical Education
- Clinical Health Education Programs
- Office of Postdoctoral Affairs and Development
- Office of Research Trainee Programs
- Continuing Medical Education
- Interprofessional Education
- Research Medical Library
- *If you're not listed here, let's talk.*

Taking action

Alumni Relations plans to address the educator experience by...

...supporting opportunities for our alumni to serve as mentors for current and future alumni using Graduway, our alumni platform, to facilitate connections.

Alumni Relations plans to address the learner experience by...

...serving as the primary resource for institutional information and lifelong learning, as well as mentoring and career development opportunities through Graduway.

MD Anderson | Reflecting on our transformation process

Continuing Medical Education/Conference Management

Tamara Greiner, Associate Director

— MD Anderson | Reflecting on our transformation process

Outcomes from the transformation process

Similar needs as other Division of Education & Training departments for content development, instructional design



Challenges along the way

Faculty need more instruction and clarification regarding interdisciplinary education and how to achieve it. There needs to be a push from executive leadership to move into formal IPE instruction and accreditation. Silos must be eliminated.

Goal: To place IPE information on the CME/CM website.

Opportunities for collaboration

- Alumni



Taking action

We plan to address the educator experience by:

- Continuing to move to online information gathering (i.e. required forms)
- All regularly scheduled series evaluations to be conducted online for FY20
- Make Maintenance of Certification (MOC) process more understandable

We plan to address the learner experience by:

Continuing to provide MOC points as requested by the Program Chairs and CME Advisory Committee

- In FY2019, 4,362 MOC points were awarded to 201 physicians in ABIM, ABA, ABPath
- Place basic MOC instructions on the CME/CM website

MD Anderson | Reflecting on our transformation process

Graduate Medical Education

Tricia Robinson, Director

Outcomes from the transformation process



- Overwhelming stakeholder & team support
- Learning more about the different departments within Education & Training

Challenges along the way

- **Culture Change**
 - Developing “outside-the-box” thinking
- Strategic Planning (Institutional vs. Education & Training Alignment)
- Tools & Resources (e.g. Information Technology)

Opportunities for collaboration

- Information Security
- Education Center
- Nursing Education
- Core Institutions

Taking action

We plan to address the educator experience by...

- Individualized vs. Standardized Curriculum
- Professional Consultation (Internal/External)

We plan to address the learner experience by...

- Individualized vs. Standardized Curriculum
- Professional Consultation (Internal/External)



MD Anderson | Reflecting on our transformation process

Research Medical Library

Clara Fowler, Interim Director

Outcomes from the transformation process



HelenePhu @HelenePhu · Mar 28

Replying to @MDAndersonLib

Thank you @MDAndersonLib for going on this journey with us to change healthcare education! #InterprofessionalEducation #CollaborativePractice #culture change #EndCancer @MDAndersonNews



- Dedicated time to discuss the future of education with thought leaders in the institution
- Creating a shared language around strategy and winning
- Developing a deeper understanding of the responsibility for education within the departments in our Division
- Library involvement with Interprofessional Education initiatives

Taking action – Educator Experience

- Purchasing resources like Pivot and LinkedIn Learning
- Creating online modules for copyright and plagiarism that can be plugged into other courses
- Providing Group Study Rooms where students and trainees can meet with faculty



MD Anderson Library @MDAndersonLib · Jul 26

Need a place to meet, study, or practice a presentation?

@MDAndersonNews staff and students can book one of seven private study rooms in the library: mdanderson.libcal.com/spaces



Taking action – Learner Experience



MD Anderson Library @MDAndersonLib · 18h

Research Investigator, Mona Jomaa, stopped by the library for advice on her NIH biosketch. Luckily, Scientific Editor, Bryan Tutt is on hand to assist. [#sciencetwitter](#)



↻ 2



3



- Assess our programs, services and space for key learning outcomes
- Focus on fellows and assistant faculty to help them get a strong start in their careers
- Promote our ESL communication classes
- Create a certification program for Scientific Writing

MD Anderson | Reflecting on our transformation process

Research Trainee Programs

Zera Harden, Director

Outcomes from the transformation process

- RTP's "Play to Win" strategy has shifted its focus to improving the learner's experience by expanding direct engagement
- RTP plays a significant role in shaping alumni strategic initiatives
- Opportunities to support learner beyond the onboarding phase

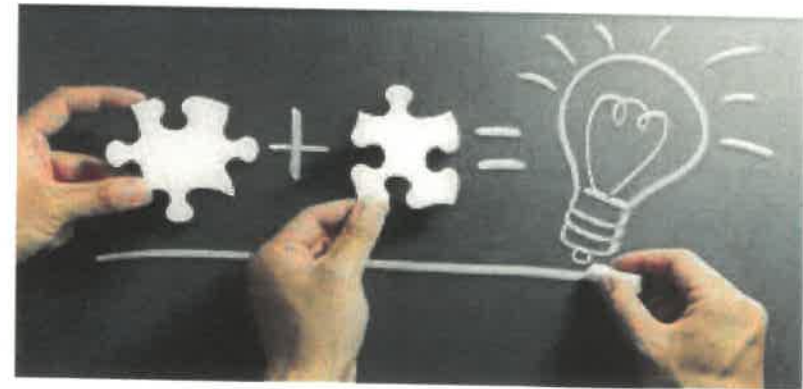


Challenges

- Optimizing opportunities despite limited resources
- Growing disinterest due to inactivity during the lengthy planning phase
- Prioritizing between “must have” and the “nice to have”

Collaborative Opportunities

- HR Recruitment
- HR Service Center
- E&T Communications



Taking action

Educator's Experience

- Provide support for trainee recruitment
- Reduce the administrative burden
- Provide direct access to trainee appointment information

Learner Experience

- Shift focus to direct learner engagement
- Serve as a key resource beyond the onboarding phase
- Leverage innovative technology to improve learner experience

MD Anderson | Reflecting on our transformation process

School of Health Professions

Peter Hu, Ph.D., Interim Co-Dean

William Undie, Ed.D., Interim Co-Dean

Outcomes from the transformation process



- We had better clarity on how the role of education underscores all the functional areas in the Division of Education & Training.
- We were inspired by the engagement of our Education & Training senior leadership in articulating how education aligns with our vision of eliminating cancer.

Challenges along the way

- Direct responsibility in educating students
 - A few departments who previously did not have direct responsibility in educating students or trainees did not see any connection between their role and education
- SHP Awareness
 - Understanding School of Health Professions is a school, not a department
 - Global awareness of programs
- Participants Expertise
 - Cross disciplinary participants lacked the expertise or awareness of the complexities of issues that were discussed
 - Individuals participated in an unfamiliar process that was unnatural for them to engage in an intellectual discussion

Opportunities for collaboration

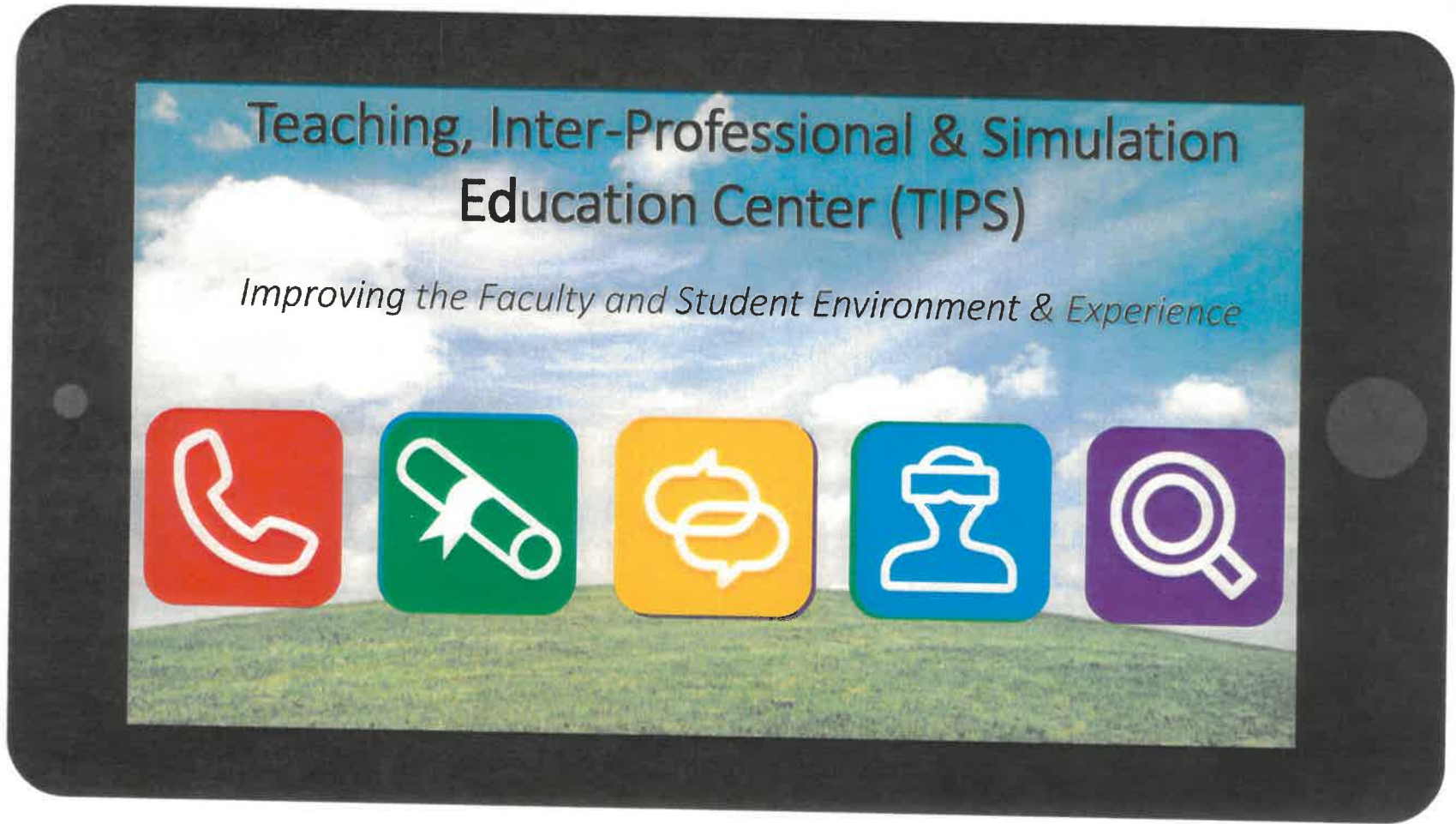
- The process was important and provided the division an opportunity to contribute to a shared focus
- Networking with leaders from other functional areas of the institution provided additional opportunities for collaboration and presentation
- Participation in ideation sessions provided additional perspectives for program growth exploration
- Opportunities for collaboration between multiple professions and disciplines within MD Anderson for the benefit of SHP students, residents and fellows training/education
 - Provides opportunity for creating a multidisciplinary faculty

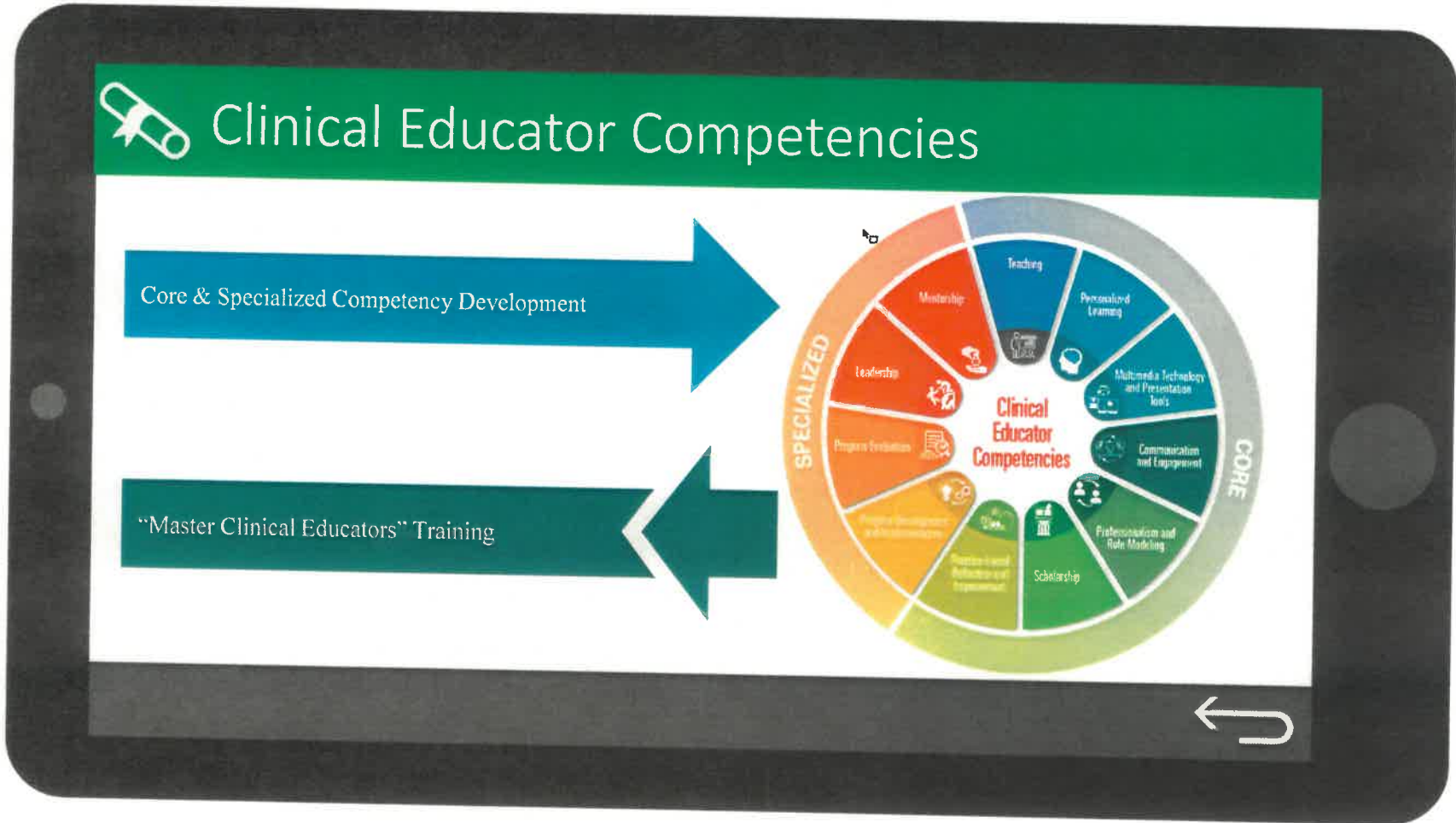


Taking action

- *Plans to address educator experience*
 - More online teaching resources and training to enhance pedagogical value to the educator
- *Plan to address learner experience*
 - Providing cases or scenarios within the context of the learner
 - Need to consider the impact of participating in this type of process on the day-to-day job duties that are equally important





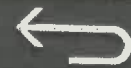
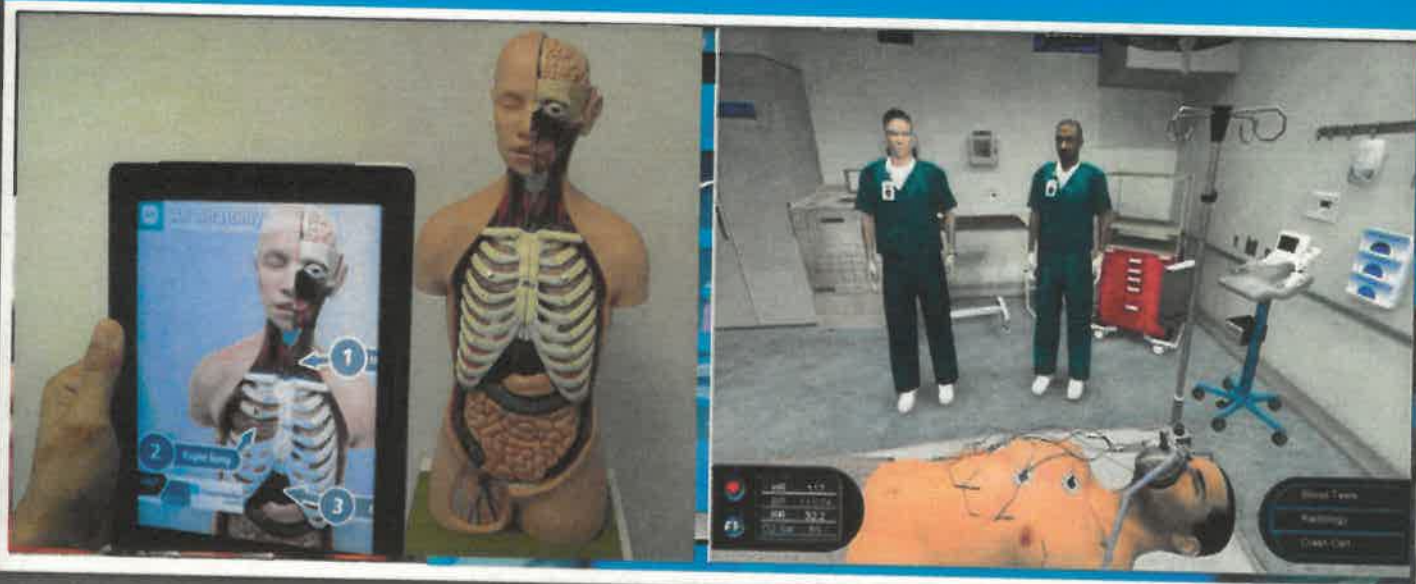


The image shows a tablet with a purple header bar containing a logo and the text "Facilitating Collaboration". Below the header is a 5x4 grid of boxes. The first column (blue) lists "UT Connections", "Advances in Teaching & Learning", "Shine Academy", "Teach-S", and "Health Educator Professional Fellowship". The second column (teal) lists "Resource Connections", "Surgical skills lab", "Innovations hub", "Simulation sharing", and "Nursing collaboration". The third column (light green) lists "Training Connections", "Interprofessional training opportunities", "Single source CE", "Mock Code", and "In Situ Simulation". The fourth column (orange) lists "E&T Connections", "School of Health Professions", "Research Medical Library", "CME/ Conference Services", and "GME". A white arrow icon is in the bottom right corner of the tablet frame.

UT Connections	Resource Connections	Training Connections	E&T Connections
Advances in Teaching & Learning	Surgical skills lab	Interprofessional training opportunities	School of Health Professions
Shine Academy	Innovations hub	Single source CE	Research Medical Library
Teach-S	Simulation sharing	Mock Code	CME/ Conference Services
Health Educator Professional Fellowship	Nursing collaboration	In Situ Simulation	GME



Technology Implementation



MD Anderson | Reflecting on our transformation process

Information Management Updates

**Ravi Ponnappalli, Director of
Information Management & Business
Development**

Information Management Updates

- Supported the division for CMS-related tasks
- Release of eSeparation functionality in Discover in July
- Learner Success Demo for education leaders and a survey in July
- Siebel replacement with Fonteva
 - Finalized requirements, validated them with the vendor, spoke to references
- Successfully evaluated and finalized technology solutions for the School of Health Professions (SHP)
 - Blue - for transforming the way we do student evaluations
 - Panopto - for transforming our lectures with technology and provide streaming of classes
- Risk assessments cleared
 - New Innovations, Graduway, Blue and Panopto

MD Anderson | Reflecting on our transformation process



Questions?

1. **Specific:** Are the expected outcomes clear to everyone?
2. **Measurable:** How will you determine the goal has been met using numbers, percentages or dates?
3. **Attainable:** Is the ability to complete the goal within the employee's control or hindered by external factors?
4. **Relevant:** Is the goal tied to the department/division goals?
5. **Time-bound:** Does it have milestones or deliverables leading up to the deadline?

Team, Teamwork, IPE, Interprofessional, Education-related QEP's

Medical and Health Institutions

Baptist College of Health Sciences (2015A)

PULSE: Professionals United in Life, Service, & Education

<https://www.bchs.edu/about-us/interprofessional-education/research>

Goal

To provide learning activities in which students work collaboratively to plan and provide patient care as part of the educational process.

Student Learning Outcomes

1. Distinguish the professional roles and responsibilities of Baptist College healthcare team members.
2. Communicate effectively across the professions of the Baptist College healthcare team.
3. Demonstrate effective interprofessional team dynamics and values as members of the Baptist College healthcare team.

Baylor College of Medicine (2016B)

Team Launch

<https://media.bcm.edu/documents/2016/c1/qep-report-2016-summary.pdf>

Program Objectives

1. develop student and faculty skills and knowledge related to effective teamwork practices in science, healthcare, and related fields through development, implementation and assessment of a unique sequence of three new courses
2. provide Baylor faculty members with professional development opportunities in building teamwork skills, facilitating student team projects, and assessing student team competencies and achievements.

Student learning outcomes

1. students will perform effectively in different team roles
2. students will organize and communicate information generated by a team in written and verbal formats.

Jefferson College of Health Sciences (2010B)

Work with Me: Foundations for Interprofessional Healthcare Teams

<http://www.sacscoc.org/pdf/2010%20track%20b%20qeps/jefferson%20College%20of%20Health%20Sciences%20QEP%20Summary.pdf>

Goal - to prepare baccalaureate level students to function effectively as members of interprofessional healthcare teams

Student Learning Outcomes

1. Students will develop teamwork competencies.
2. Students will value and respect the contributions made by their own and other professions to the healthcare team.
3. Students will demonstrate teamwork competencies in collaborative interprofessional experiential learning.

Louisiana State University Health Sciences Center at New Orleans (2015B)

IPE: Changing the Course of Health Education

<https://www.lsuohsc.edu/RegionalAccreditation/docs/LSUHSC%20QEP%20Final%20with%20Appendices.pdf>

Goals

1. Develop a centralized office
2. Facilitate faculty engagement in IPE
3. Increase IPE opportunities for students

Student Learning Outcomes

1. Students will demonstrate knowledge of the values and ethical principles that guide interprofessional practice.
2. Students will demonstrate understanding of the roles, responsibilities, and contributions of other health care professionals in the context of patient care.
3. Students will demonstrate the ability to communicate effectively with other health professions students in classroom and clinical settings.
4. Students will demonstrate the ability to work collaboratively and effectively in teams in classroom and clinical settings.

Medical University of South Carolina (2017B)

Team Up for Better Health

<http://ip-v.mdc.musc.edu/qep/goals.php>

Goals

1. Improve the learning environment to foster students' acquisition of teamwork skills
2. Graduate students with practice-relevant teamwork skills and experience

Objectives

1. Improve the learning environment to foster student acquisition of teamwork skills
 - a. Objective 1a: Develop and implement applied teamwork skills curricula in formats designed to reach all students at MUSC

- b. Objective 1b: Improve staff/faculty knowledge, skills, and practice models to develop a richer environment in which team-based care training will occur in clinics and labs
- c. Objective 1c: Increase the institutional capacity for students from different colleges and professions to work together during clinical training and research experiences at MUSC
2. Graduate students with practice-relevant teamwork skills and experience
 - a. Objective 2a: Teach fundamentals of teamwork using the TeamSTEPPS® framework to all students at MUSC Objective
 - b. 2b: Engage student teams in simulated scenarios to further develop and practice teamwork skills
 - c. Objective 2c: Improve applied teamwork skills through enhanced opportunities in real-world clinical practice and laboratory experiences
 - d. Objective 2d: Catalog applied teamwork activities at MUSC and track student participation and performance in them over time

Texas Tech University Health Sciences Center (2009B)

Interprofessional Teamwork

<http://www.sacscoc.org/pdf/2009%20track%20b%20qeps/Texas%20Tech%20University%20Health%20Sciences%20Center.pdf>

Purpose

To prepare graduates to be leaders in the dynamic health care environment by promoting the knowledge, skills, behaviors, and attitudes required to provide high quality, safe, individualized care for patients as members of an interprofessional team.

Student Learning Outcomes

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 Interprofessional Teamwork, including responsibilities, expertise, background, knowledge, and values of its members.
3. Demonstrate heightened awareness and appreciation of the potential benefits of Interprofessional Teamwork.
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.

University of Texas Medical Branch at Galveston (2008B)

synergy

<http://www.sacscoc.org/pdf/2008%20track%20b%20qeps/U%20Texas%20Medical%20Branch%20at%20Galveston%20QEP%20Summary.pdf>

Student Learning Outcomes

1. Knowledge Acquisition – students will demonstrate understanding of the knowledge, skills, and roles of healthcare-related disciplines.
2. Observational Learning – students will observe interprofessional teamwork and identify barriers and facilitating mechanisms to the development and operation of such teams.
3. Participatory Learning – students will practice and demonstrate optimal interprofessional teamwork in the direct or indirect delivery of healthcare to patients.
4. Innovation Development – students will acquire skills to develop, implement, and evaluate interprofessional projects aimed at enhancing health and wellness.
5. Leadership Building – students will learn to provide leadership in the formulation and work of interprofessional teams, including eliminating barriers to success.

University of Texas Medical Branch at Galveston (2018B)

IPE² Practice: Building Interprofessional Teams

<https://ispace.utmb.edu/departments/SON/Education%20Technology%20%28RMAN%204171%29/Web%20Content/IPEP/UTMB%20QEP%20-%20FINAL%20SACSCOC.pdf>

Goals

1. Enhance the learning environment to prepare students to work on interprofessional teams.
2. Equip students to graduate with necessary skills for working on interprofessional teams.

Operation Objectives

- 1a. Prepare faculty to innovate, model, and deliver interprofessional education.
- 1b. Infuse interprofessional education and practice into core and experiential programs.
- 1c. Create mechanisms for sharing, acknowledging, and rewarding interprofessional involvement.

Student Learning Outcomes

- 2a. Values and Ethics – students will be equipped to determine values and ethics that create an environment of diversity, honesty, and respect.
- 2b. Role and Responsibilities – students will understand their roles and those of other healthcare professionals on a collaborative team.
- 2c. Interprofessional Communication – students will demonstrate the ability to communicate effectively on an interprofessional healthcare team.
- 2d. Teams and Teamwork – students will apply the principles of team and relationship-building dynamics on an interprofessional healthcare team.

University of Texas Southwestern Medical Center (2019)

Team Training for Students to Enhance Communication During Handovers by Putting the Team FIRST

<https://www.utsouthwestern.edu/education/assets/full-report.pdf>

Goal

To provide students with a progressive series of interactive and simulation-based training experiences to become competent in the individual- and team-based knowledge — skills, and attitudes required to conduct, influence and assess handovers in the clinical learning environment.

Student Learning Outcomes

1. Understand the criticality of team-based communication and care and use of tools that promote a more structured handover process.
2. Demonstrate an ability to conduct a structured handover based on a team mental model and mutual trust.
3. Identify performance strengths and weaknesses by utilizing communication tools and exhibiting psychological safety.
4. Conduct structured handovers in an uninterrupted environment and use communication and psychological to improve handovers.

UT Health San Antonio (2018)

LINC: Linking Interprofessional Networks for Collaboration

<http://students.uthscsa.edu/data/wp-content/uploads/sites/6/2014/07/QEP.pdf>

Outcomes

1. To increase faculty, student, and staff knowledge and skills of the IPEC framework to foster an environment that reinforces the value of its competencies in delivering patient care.
2. To demonstrate schools' and programs' adoption of IPE as a strategic priority through increased IPE activities integrated into the curricula and opportunities for student interprofessional experiences
3. To increase the institutional capacity for students from different programs and professions to work together during clinical training and research experiences.

Objectives

- 1a. Schools and programs adopt use of common IPE assessment rubrics/evaluation systems.
- 1b. Demonstrate improved ratings and results on direct assessments of student skills and knowledge based upon analysis of student IPE experiences/activities evaluated.

- 1c. Demonstrate UT Health faculty and students increased knowledge of IPEC framework.
- 2a. Increase the number of IPE activities delivered within schools/programs.
- 2b. Increase over time the number of seed grants proposing new, innovative IPE experiences.
3. Increase the institutional capacity for students from different programs and professions to work together during clinical training and research experiences.

Other Institutions

Art Institute of Atlanta (2010A)

Teamwork: Preparing Students to Become Effective Team Members

<http://www.sacscoc.org/pdf/2010%20track%20a%20qeps/Art%20Institute%20of%20Atlanta%20QEP%20Summary.pdf>

Goal

To develop graduates who possess the knowledge, skills, and behaviors required to function effectively as members of a team

Virginia Highlands Community College (2018A)

LearningPlus+: Communication. Professionalism. Problem Solving. Teamwork.

<https://www.vhcc.edu/my-vhcc/learningplus/faculty-resources>

Goal: To build students' soft skills through experiential learning opportunities

Student Learning Objective 4 (SLO 4) Develop teamwork skills and apply those skills through the high impact practice of experiential learning

Student Learning Outcomes

4. **Teamwork: Students will develop and maintain constructive working relationships.**
 - a. **Interpersonal Skills: Students will apply verbal and non-verbal communication skills in a manner appropriate to create and maintain workplace relationships**
 - b. **Enthusiasm/Attitude: Students will demonstrate a personal responsibility and dedication to advancing organization goals**
 - c. **Respect/Civility: Students will demonstrate an open- minded and flexible attitude towards perspectives and approaches that derive from diverse backgrounds**

- d. Collaboration: Students will demonstrate willingness to contribute of colleagues

University of Alabama at Birmingham (2015B)

Learning in a Team Environment

<https://www.uab.edu/accreditation/images/qep/documents/uab-qep.pdf>

Student Learning Outcomes

1. Students will demonstrate competence in teamwork behaviors (including interprofessional teaming).
2. Students will demonstrate gains in critical thinking through involvement in team-focused pedagogy

Secondary Student Learning Outcomes

1. Drop, fail and withdrawal (DFW) rates in courses with a team focus will be lower than parallel courses that do not have a team focus.
2. Students and alumni will report value-added benefits associated with coursework with a team focus.
3. Employers of UAB graduates will report satisfaction with team-skills preparation of graduates in selected disciplines.

University of Texas at Arlington (2017B)

CollaborateUTA

<http://www.uta.edu/qep/QEP%20Fall%202017%20FINAL-PRESS%209-17%202.pdf>

Goal

Students will develop competency in teamwork and be able to describe the value of the experience.

Student Learning Outcomes

- 1a: Students will recognize effective teamwork.
- 1b: Students will practice effective teamwork.
- 1c: Students will value effective teamwork.
- 2: Students will connect teamwork experiences to the classroom.

MDACC Goals	Division Goals
<ol style="list-style-type: none"> 1. Enhancing the experience and competence of our educators 2. Designing and deploying educational programs that are designed from the learner's perspective 3. Creating relationships within and external to our walls 	<ol style="list-style-type: none"> 1. Faculty and staff educators need skill development to take advantage of the growing and powerful use of technology and adapt to the learning modalities expected from the next generation of cancer care providers. We understand the content quite well, but need to improve how we convey that content. 2. Need to develop ways to share content across professional groups and opportunities for joint accreditation of continuing education programs. Interprofessional education is becoming a requirement. 3. Learner experience needs improvement we need to improve their ability to access and participate in learning seamlessly within their workflow. 4. An ongoing relationship with our alumni is critical mentors to the next generation, ambassadors of our brand and collaborators in building a larger learning community. 5. Need to increase awareness, of available educational offerings and facilitate collaboration and sharing of learning content.

ment

QEP Goal

Student Learning Outcomes

to prepare graduates who can work effectively in inter-professional healthcare teams.

Competency 1

Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)

Competency 2

Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations. (Roles/Responsibilities)

Competency 3

Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. (Interprofessional Communication)

Competency 4

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable. (Teams and Teamwork)

QEP 2021 Proposal/Implementation Plan Draft

QEP Goal

QEP Student Learning Outcome	Implementation Year	QEP Program Component	Assessment Strategy	Benchmark Measure	Outcome
<p>Competency 1 Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)</p>					
<p>Competency 2 Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations. (Roles/Responsibilities)</p>					
<p>Competency 3 Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. (Interprofessional Communication)</p>					
<p>Competency 4 Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable. (Teams and Teamwork)</p>					

An Overview of Assessment Instruments for Interprofessional Education

Quality Enhancement Plan

School of Health Professions

Rey Trevino, Ed.D.

Program Manager

Table of Contents

An Overview of Assessment Instruments for Interprofessional Education.....	1
<i>Attitudes of Health Sciences Faculty Members Towards Interprofessional Teamwork and Education (AHSFMTITE).....</i>	<i>1</i>
AHSFMTITE Instrument.....	2
<i>Interprofessional Collaborative Competencies Attainment Survey (ICCAS).....</i>	<i>4</i>
ICCAS Instrument.....	6
ICCAS Revised Instrument.....	7
<i>Interdisciplinary Education Perception Scale (IEPS).....</i>	<i>8</i>
IEPS Instrument.....	9
<i>Readiness for Interprofessional Learning Scale (RIPLS).....</i>	<i>10</i>
RIPLS Instrument.....	12
RIPLS Adapted Instrument.....	14
Alternate Assessments	16
<i>Assessment for Collaborative Environments (ACE-15).....</i>	<i>16</i>
<i>Assessment of Interprofessional Team Collaboration Scale (AITCS).....</i>	<i>16</i>
<i>Collaborative Practice Assessment Tool (CPAT).....</i>	<i>16</i>
<i>Healthcare Team Vitality Instrument (HTVI).....</i>	<i>17</i>
<i>Interprofessional Collaborator Assessment Rubric (ICAR).....</i>	<i>17</i>
<i>Interprofessional Professionalism Assessment (IPA).....</i>	<i>18</i>
<i>Interprofessional Attitudes Scale (IPAS).....</i>	<i>18</i>
<i>Interprofessional Socialization and Valuing Scale (ISVS-21).....</i>	<i>19</i>
<i>Individual Teamwork Observation and Feedback Tool (iTOFT).....</i>	<i>19</i>
<i>Interdisciplinary Team Process and Performance Survey (ITPPS).....</i>	<i>20</i>
<i>Multidisciplinary Team - Observational Assessment Rating Scale (MDT-OARS).....</i>	<i>20</i>
<i>Performance Assessment Communication and Teamwork Tools Set (PACT).....</i>	<i>21</i>
<i>Students Perceptions of Interprofessional Clinical Education Revised (SPICE-R).....</i>	<i>22</i>
<i>Team Assessment Questionnaire and Team Performance Observation Tool (TAQ-TPOT).....</i>	<i>22</i>
<i>Team Climate Inventory (TCI).....</i>	<i>23</i>
<i>Team Development Measure (TDM).....</i>	<i>23</i>
<i>Team Observed Structured Clinical Encounter (TOSCE).....</i>	<i>24</i>

An Overview of Assessment Instruments for Interprofessional Education

Attitudes of Health Sciences Faculty Members Towards Interprofessional Teamwork and Education (AHSFMTITE)

Overview

The instrument assesses faculty member attributes which may relate to attitudes towards interprofessional education and teamwork. The instrument is a combination of three adapted surveys.

The instrument rates three dimensions.

1. Health care teams
2. Interprofessional education
3. Interprofessional learning

Resource Link

Curran, V. R., Sharpe, D., & Forristall, J. (2007). Attitudes of health sciences faculty members towards interprofessional teamwork and education. *Medical Education*, 41, 892-896.
<https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1365-2923.2007.02823.x>

Survey Process

The instrument is a 42-item, 5-point Likert scale survey that will have to include an additional question which will identify the user in order to perform an individual comparative analysis.

The instrument can be developed in Qualtrics for electronic distribution, which will allow SHP to distribute the pre- and post-instruction portions separately.

Survey administrators can use item level scores and average item scores by factor for analysis. The results can help advance IPE within an institution and strategies for faculty development. As part of systematic evaluations, the results measure baseline attitudinal constructs.

There should be no costs associated with the survey process as instrument creation, distribution, completion, and data analysis can be done electronically.

SHP must obtain permission from the author to use the instrument. Contact Vernon Curran (vcurran@mun.ca) at Memorial University.

Instrument Found in Article

<https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1365-2923.2007.02823.x>

AHSFMTITE Instrument

Only dimensions and questions are available from the article; no formal instrument is available.

Attitudes Towards Health Care Teams

1. Patients/clients receiving interprofessional care are more likely than others to be treated as whole persons
2. Developing an interprofessional patient/client care plan is excessively time-consuming
3. The give and take among team members helps them make better patient/client care decisions
4. The interprofessional approach makes the delivery of care more efficient
5. Developing a patient/client care plan with other team members avoids errors in delivering care
6. Working in an interprofessional manner unnecessarily complicates things most of the time
7. Working in an interprofessional environment keeps most health professionals enthusiastic and interested in their jobs
8. The interprofessional approach improves the quality of care to patients/clients
9. In most instances, the time required for interprofessional consultations could be better spent in other ways
10. Health professionals working as teams are more responsive than others to the emotional and financial needs of patients/clients
11. The interprofessional approach permits health professionals to meet the needs of family caregivers as well as patients
12. Having to report observations to a team helps team members better understand the work of other health professionals
13. Hospital patients who receive interprofessional team care are better prepared for discharge than other patients
14. Team meetings foster communication among members from different professions or disciplines

Based on

Heinemann, G. D., Schmitt, M. H., & Farrell, M. P. Attitudes toward health care teams. In: G. D. Heinemann & A. M. Zeiss, eds. *Team performance in health care: Assessment and development*. New York: Kluwer Academic/Plenum Publishers 2002; 155-9.

Attitudes Towards Interprofessional Education

1. Interprofessional learning will help students think positively about other health care professionals
2. Clinical problem solving can only be learned effectively when students are taught within their individual department/school
3. Interprofessional learning before qualification will help health professional students to become better team-workers
4. Patients would ultimately benefit if health care students worked together to solve patient problems
5. Students in my professional group would benefit from working on small-group projects with other health care students
6. Communication skills should be learned with integrated classes of health care students

Attitudes of Health Sciences Faculty Members Towards Interprofessional Teamwork and Education (AHSFMTITE)

7. Interprofessional learning will help to clarify the nature of patient problems for students
8. It is not necessary for undergraduate health care students to learn together
9. Learning with students in other health professional schools helps undergraduates to become more effective members of a health care team
10. Interprofessional learning among health care students will increase their ability to understand clinical problems
11. Interprofessional learning will help students to understand their own professional limitations
12. For small-group learning to work, students need to trust and respect each other
13. Interprofessional learning among health professional students will help them to communicate better with patients and other professionals
14. Team-working skills are essential for all health care students to learn
15. Learning between health care students before qualification would improve working relationships after qualification

Based on

Parsell G, & Bligh J. (1999). The development of a questionnaire to assess the readiness of health care students for interprofessional learning (RIPLS). *Medical Education*, 33, 95-100.

Attitudes Towards Interprofessional learning in the Academic Setting

1. Interprofessional learning better utilizes resources
2. It is important for academic health center campuses to provide interprofessional learning opportunities
3. Interprofessional learning should be a goal of this campus
4. Students like courses taught by faculty from other academic departments
5. Students like courses that include students from other academic departments
6. Faculty should be encouraged to participate in interprofessional courses
7. Faculty like teaching to students in other academic departments
8. Faculty like teaching with faculty from other academic departments
9. Interprofessional efforts weaken course content
10. Interprofessional efforts require support from campus administration
11. Interprofessional courses are logistically difficult
12. Faculty should be rewarded for participation in interprofessional courses
13. Accreditation requirements limit interprofessional efforts

Based on

Gardner, S. F., Chamberlin, G. D., Heestand, D. E., & Stowe, C. D. (2002). Interdisciplinary didactic instruction at academic health centres in the United States: Attitudes and barriers. *Advanced health Science Education*, 7, 179-90.

Interprofessional Collaborative Competencies Attainment Survey (ICCAS)

Overview

The instrument assesses change in healthcare student and practicing clinician interprofessional collaboration-related competencies before and after IPE training interventions.

The instrument rates six dimensions.

4. Communication
5. Collaboration
6. Roles and responsibilities
7. Collaborative patient-family centered approach
8. Conflict management/resolution
9. Team functioning

Resource Links

Original

Archibald, D., Trumpower, D., & MacDonald, C. J. (2014). Validation of the interprofessional collaborative competency attainment survey (ICCAS), *Journal of Interprofessional Care*, 28(6), 553-558.

<https://doi.org/10.3109/13561820.2014.917407>

Revised

Schmitz, C. C., Radosevich, David M., Jardine, Paul, MacDonald, Colla J., Trumpower, David, & Archibald, Doug. (2017). The Interprofessional Collaborative Competency Attainment Survey (ICCAS)A replication validation study. *Journal of Interprofessional Care*, 1, 28-34.

<https://doi.org/10.1080/13561820.2016.1233096>

Survey Process

The original instrument is a 20-item, 7-point Likert scale survey while the revised instrument uses a 5-point Likert scale; both included a "N/A" option. The revised instrument includes a non-scored 21st question regarding whether the user perceived their ability to collaborate interprofessional improved or not. Using either instrument, the administrator will have to include an additional question which will identify the user in order to perform an individual comparative analysis.

The instrument can be developed in Qualtrics for electronic distribution, which will allow SHP to distribute the pre- and post-learning activity portions separately.

Interprofessional Collaborative Competencies Attainment Survey (ICCAS)

Survey administrators can use item level scores and average item scores by factor for analysis. The results will help determine user competency of interprofessional collaboration after interprofessional education intervention.

There should be no costs associated with the survey process as instrument creation, distribution, completion, and data analysis can be done electronically.

SHP must obtain permission from the author(s) to use the instrument. [Original] Contact Douglas Archibald, Ph.D. through Michael Fitzgerald (mfitzgerald@bruyere.org) at the University of Ottawa. [Revised] Contact Constance Schmitz, Ph.D. (schmi002@umn.edu) at the University of Minnesota, Twin Cities.

Original Instrument

https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/MacDonald%252C%2BICCAS%252C%2Binstrument.pdf?V_c2MFE6i0Y.Rqe_u32sLVnWMLZDz22e4

Revised Instrument

<https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/MacDonald%20et%20al%20ICCAS%20%28Revised%2C%202018%29.pdf?JYinVOoYF3l.aOqW.j4WLPxgWYXHwhat>

ICCAS Instrument

ICCAS – Interprofessional Collaborative Competencies Attainment Survey

For your unique anonymous participant code, please provide your mother's first name initial, the day and month of her birthday: _____
 Please indicate your profession: _____
 Please indicate if you are: a student _____ year of program _____ or practitioner _____

Please answer the following questions by filling in the circle that most accurately reflects your opinion about the following interprofessional collaboration statements:
 1= strongly disagree; 2= moderately disagree; 3=slightly disagree; 4= neutral; 5=slightly agree; 6=moderately agree; 7= strongly agree; na= not applicable

Please rate your ability for each of the following statements:

Before participating in the learning activities I was able to:

After participating in the learning activities I am able to:

	1	2	3	4	5	6	7	na
Communication								
1. Promote effective communication among members of an interprofessional (IP) team*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Actively listen to IP team members' ideas and concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Express my ideas and concerns without being judgmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Provide constructive feedback to IP team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Express my ideas and concerns in a clear, concise manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration								
6. Seek out IP team members to address issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Work effectively with IP team members to enhance care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Learn with, from and about IP team members to enhance care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roles and Responsibilities								
9. Identify and describe my abilities and contributions to the IP team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Be accountable for my contributions to the IP team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Understand the abilities and contributions of IP team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Recognize how others' skills and knowledge complement and overlap with my own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborative Patient/Family-Centred Approach								
13. Use an IP team approach with the patient** to assess the health situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Use an IP team approach with the patient to provide whole person care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Include the patient/family in decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict Management/Resolution								
16. Actively listen to the perspectives of IP team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Take into account the ideas of IP team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Address team conflict in a respectful manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team Functioning								
19. Develop an effective care*** plan with IP team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Negotiate responsibilities within overlapping scopes of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*The patient's family or significant other, when appropriate, are part of the IP team.
 **The word "patient" has been employed to represent client, resident, and service users.
 ***The term "care" includes intervention, treatment, therapy, evaluation, etc.
 © MacDonald, Archibald, Trumppower, Jelley, Cragg, Casimiro, & Johnstone, 2009.

Interprofessional Collaborative Competencies Attainment Survey (ICCAS)

ICCAS Revised Instrument

The Interprofessional Collaborative Competency Attainment Scale (Revised)

Using the following scale, please rate your ability for each of the following statements:

1 = "Poor"; 2 = "Fair"; 3 = "Good"; 4 = "Very good"; 5 = "Excellent"

	Before participating in the learning activities, I was able to:					After participating in the learning activities, I was able to:				
	P	F	G	VG	E	P	F	G	VG	E
1. Promote effective communication among members of an interprofessional (IP) team	1	2	3	4	5	1	2	3	4	5
2. Actively listen to IP team members' ideas and concerns	1	2	3	4	5	1	2	3	4	5
3. Express my ideas and concerns without being judgmental	1	2	3	4	5	1	2	3	4	5
4. Provide constructive feedback to IP team members	1	2	3	4	5	1	2	3	4	5
5. Express my ideas and concerns in a clear, concise manner	1	2	3	4	5	1	2	3	4	5
6. Seek out IP team members to address issues	1	2	3	4	5	1	2	3	4	5
7. Work effectively with IP team members to enhance care	1	2	3	4	5	1	2	3	4	5
8. Learn with, from and about IP team members to enhance care	1	2	3	4	5	1	2	3	4	5
9. Identify and describe my abilities and contributions to the IP team	1	2	3	4	5	1	2	3	4	5
10. Be accountable for my contributions to the IP team	1	2	3	4	5	1	2	3	4	5
11. Understand the abilities and contributions of IP team members	1	2	3	4	5	1	2	3	4	5
12. Recognize how others' skills and knowledge complement and overlap with my own	1	2	3	4	5	1	2	3	4	5
13. Use an IP team approach with the patient to assess the health situation	1	2	3	4	5	1	2	3	4	5
14. Use an IP team approach with the patient to provide whole person care	1	2	3	4	5	1	2	3	4	5
15. Include the patient/family in decision-making	1	2	3	4	5	1	2	3	4	5
16. Actively listen to the perspectives of IP team members	1	2	3	4	5	1	2	3	4	5
17. Take into account the ideas of IP team members	1	2	3	4	5	1	2	3	4	5
18. Address team conflict in a respectful manner	1	2	3	4	5	1	2	3	4	5
19. Develop an effective care plan with IP team members	1	2	3	4	5	1	2	3	4	5
20. Negotiate responsibilities within overlapping scopes of practice	1	2	3	4	5	1	2	3	4	5

21. Compared to the time before the learning activities, would you say your ability to collaborate interprofessionally is... (circle one)

1 = Much better now; 2 = Somewhat better now; 3 = About the same; 4 = Somewhat worse now; 5 = Much worse now

The ICCAS was developed by: MacDonald, C., Archibald, D., Trumppower, D., Casimiro, L., Cragg, B., & Jelly, W. (2010). Designing and operationalizing a toolkit of bilingual interprofessional education assessment instruments. *Journal of Research in Interprofessional Practice and Education*, 1(3). Revised item scales and the addition of item #21 were made during a replication validation study by Schmitz, C.C., Radosevich, D.M., Jardine, P.J., MacDonald, C.J., Trumppower, D. & Archibald, D. (2017, *Journal of Interprofessional Care*).

Interdisciplinary Education Perception Scale (IEPS)

Overview

The instrument assesses professionally-oriented perceptions and related affective domains of users in interdisciplinary education programs.

The instrument rates four dimensions.

1. Professional competence and autonomy
2. Perceived needs for professional cooperation
3. Perception of actual cooperation and resource sharing with and across professions
4. Understanding the value and contributions of other professionals/professions

Resource Link

Luecht, R. M., Madsen, M. K., Taugher, M. P., & Petterson, B. J. (1990). Assessing professional perceptions: design and validation of an Interdisciplinary Education Perception Scale. *Journal of Allied Health, 19*(2), 181-191.

https://www.researchgate.net/profile/Richard_Luecht/publication/20789727_Assessing_professional_perceptions_design_and_validation_of_an_Interdisciplinary_Education_Perception_Scale/links/542986040cf2b3d4fa43a5c0/Assessing-professional-perceptions-design-and-validation-of-an-Interdisciplinary-Education-Perception-Scale.pdf

Survey Process

The instrument uses an 18-item, 6-point Likert scale survey, which will have to include an additional question which will identify the user in order to perform an individual comparative analysis of pre-post results.

The instrument can be developed in Qualtrics for electronic distribution, which will allow SHP to distribute the pre- and post-interprofessional collaboration/education portions separately.

Survey administrators can use item level scores and average item scores by factor for analysis. The results will assess student perceptions of interprofessional collaboration or education.

There should be no costs associated with the survey process as instrument creation, distribution, completion, and data analysis can be done electronically.

No permission is needed to access or use the instrument.

Instrument

<https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/Tool.Interdisciplinary-Education-Perception-Scale-IEPS.pdf>

IEPS Instrument

**INTERDISCIPLINARY EDUCATION PERCEPTION SCALE
PRE / POST**

You will be asked to complete this at the beginning and end of your placement. Thanks for your assistance.

Mother's date of birth (To allow us to match the pre and post responses): _____

Using the scale below, (Strongly Disagree-1 to Strongly Agree-6) please rate your perception of your profession and other disciplines.

DESCRIPTOR	Strongly Disagree 1	Moderately Disagree 2	Somewhat Disagree 3	Somewhat Agree 4	Moderately Agree 5	Strongly Agree 6
1. Individuals in my profession are well-trained.	1	2	3	4	5	6
2. Individuals in my profession are able to work closely with individuals in other professions.	1	2	3	4	5	6
3. Individuals in my profession demonstrate a great deal of autonomy.	1	2	3	4	5	6
4. Individuals in other professions respect the work done by my profession.	1	2	3	4	5	6
5. Individuals in my profession are very positive about their goals and objectives.	1	2	3	4	5	6
6. Individuals in my profession need to cooperate with other professions.	1	2	3	4	5	6
7. Individuals in my profession are very positive about their contributions and accomplishments.	1	2	3	4	5	6
8. Individuals in my profession must depend upon the work of people in other professions.	1	2	3	4	5	6
9. Individuals in other professions think highly of my profession.	1	2	3	4	5	6
10. Individuals in my profession trust each other's professional judgment.	1	2	3	4	5	6
11. Individuals in my profession have a higher status than individuals in other professions.	1	2	3	4	5	6
12. Individuals in my profession make every effort to understand the capabilities and contributions of other professions.	1	2	3	4	5	6
13. Individuals in my profession are extremely competent.	1	2	3	4	5	6
14. Individuals in my profession are willing to share information and resources with other professionals.	1	2	3	4	5	6
15. Individuals in my profession have good relations with people in other professions.	1	2	3	4	5	6
16. Individuals in my profession think highly of other related professions.	1	2	3	4	5	6
17. Individuals in my profession work well with each other.	1	2	3	4	5	6
18. Individuals in other professions often seek the advice of people in my profession.	1	2	3	4	5	6

Student IEPS - Luecht et al, (1990, Journal of Allied Health, 181-191) with permission.

Readiness for Interprofessional Learning Scale (RIPLS)

Overview

The instrument assesses the attitudes and perceptions of students and professionals to determine their readiness for interprofessional learning and change.

The instrument rates three dimensions.

1. Teamwork and collaboration
2. Negative and positive professional identity
3. Roles and responsibilities

*A revised instrument separates *Negative* and *Positive* for a total of four dimensions

Resource Links

Original Article

Parsell, G. & Bligh, J. (1999). The development of a questionnaire to assess the readiness of health care students for interprofessional learning. *Medical Education*, 33, 95-100.

<https://pdfs.semanticscholar.org/534a/293c5504f460fdd0f761773253bf80d4643a.pdf>

Revised Article

McFadyen, A. K., Webster, V., Strachan, K., Figgins, E., Brown, H., & McKechnie, J. (2005). The Readiness for Interprofessional Learning Scale: a possible more stable-sub-scale model for the original version of RIPLS. *Journal of Interprofessional Care*, 19(6), 595-603.

<https://pdfs.semanticscholar.org/dd56/7884b396b14cfcf1214f55d94bb1981be642.pdf>

Survey Process

The instrument uses a 19-item, 5-point Likert scale survey, which will have to include an additional question which will identify the user in order to perform an individual comparative analysis of pre-post results.

The instrument can be developed in Qualtrics for electronic distribution, which will allow SHP to distribute the pre- and post-learning activity portions separately.

Survey administrators can use item level scores and average item scores by factor for analysis. SHP can score on either the original three dimensions or the revised four dimensions. The results could show differences in student perceptions and attitudes towards interprofessional collaboration or education.

There should be no costs associated with the survey process as instrument creation, distribution, completion, and data analysis can be done electronically.

No permission is needed to access or use the instrument.

Original Instrument

<https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/Tool.Interdisciplinary-Education-Perception-Scale-IEPS.pdf>

As published by A. K. McFayden in 2005.

Adapted Instrument

<https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/Readiness%20for%20Interprofessional%20Learning%20%28RIPLS%29.pdf>

As published by the Latrobe Community Health Service & the Health & Socialcare Interprofessional Network in 2009

RIPLS Instrument

Readiness for Interprofessional Learning Scale (RIPLS)

A. K. McFadyen et al. (2005)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Learning with other students will help me become a more effective member of a health care team	1	2	3	4	5
2. Patients would ultimately benefit if health-care students worked together to solve patient problems	1	2	3	4	5
3. Shared learning with other health-care students will increase my ability to understand clinical problems	1	2	3	4	5
4. Learning with health-care students before qualification would improve relationships after qualification	1	2	3	4	5
5. Communication skills should be learned with other health-care students	1	2	3	4	5
6. Shared learning will help me to think positively about other professionals	1	2	3	4	5
7. For small group learning to work, students need to trust and respect each other	1	2	3	4	5
8. Team-working skills are essential for all health care students to learn	1	2	3	4	5
9. Shared learning will help me to understand my own limitations	1	2	3	4	5
10. I don't want to waste my time learning with other health care students	1	2	3	4	5

Readiness for Interprofessional Learning Scale (RIPLS)

Readiness for Interprofessional Learning Scale (RIPLS)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
11. It is not necessary for undergraduate health-care students to learn together	1	2	3	4	5
12. Clinical problem-solving skills can only be learned with students from my own department	1	2	3	4	5
13. Shared learning with other health-care students will help me to communicate better with patients and other professionals	1	2	3	4	5
14. I would welcome the opportunity to work on small-group projects with other health-care students	1	2	3	4	5
15. Shared learning will help to clarify the nature of patient problems	1	2	3	4	5
16. Shared learning before qualification will help me become a better team worker	1	2	3	4	5
17. The function of nurses and therapists is mainly to provide support for doctors	1	2	3	4	5
18. I'm not sure what my professional role will be	1	2	3	4	5
19. I have to acquire much more knowledge and skills than other health-care students	1	2	3	4	5

A. K. McFadyen et al. (2005)

RIPLS Adapted Instrument

Readiness for Interprofessional Learning Scale (RIPLS) Questionnaire

The purpose of this questionnaire is to examine the attitude of health and social care students and professionals towards interprofessional learning.

Your name: (develop your own 'personal code' by using the following formula):

First 3 letters from your first name: Last 3 letters from your last name:

Year of birth: 19 Your discipline: _____ Gender: M F

Have you completed the RIPLS questionnaire before? Yes No

If you answered yes to the previous question please indicate how long ago you last completed the questionnaire:

- 1 – 3 months 3 – 6 months 6 – 12 months
 1 – 2 years 2-3 years 3+ years

Have you had previous experience of interprofessional teaching? Yes No

If you answered yes to the previous question please give a very brief statement of what this IPE teaching was and any impact it may have had.

Please complete the following questionnaire.

		Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1.	Learning with other students / professionals will make me a more effective member of a health and social care team					
2.	Patients would ultimately benefit if health and social care students / professionals worked together					
3.	Shared learning with other health and social care students / professionals will increase my ability to understand clinical problems					
4.	Communications skills should be learned with other health and social care students / professionals					
5.	Team-working skills are vital for all health and social care students / professionals to learn					
6.	Shared learning will help me to understand my own professional limitations					
7.	Learning between health and social care students before qualification and for professionals after qualification would improve working relationships after qualification / collaborative practice.					

Readiness for Interprofessional Learning Scale (RIPLS)

		Strongly agree	Agree	Undecided	Disagree	Strongly disagree
8.	Shared learning will help me think positively about other health and social care professionals					
9.	For small-group learning to work, students / professionals need to respect and trust each other					
10.	I don't want to waste time learning with other health and social care students / professionals					
11.	It is not necessary for undergraduate / postgraduate health and social care students / professionals to learn together					
12.	Clinical problem solving can only be learnt effectively with students / professionals from my own school / organisation					
13.	Shared learning with other health and social care professionals will help me to communicate better with patients and other professionals					
14.	I would welcome the opportunity to work on small group projects with other health and social care students / professionals					
15.	I would welcome the opportunity to share some generic lectures, tutorials or workshops with other health and social care students / professionals					
16.	Shared learning and practice will help me clarify the nature of patients' or clients' problems					
17.	Shared learning before and after qualification will help me become a better team worker					
18.	I am not sure what my professional role will be / is					
19.	I have to acquire much more knowledge and skill than other students / professionals in my own faculty / organisation					

If you have any further comments regarding interprofessional education please enter them in the box below

Thank you for completing this survey. The data will provide us with an understanding of the influence of the Interprofessional Collaborative Practice program that we are facilitating or implementing. The original RIPLS survey has been adapted for use by Latrobe Community Health Service & the Health & Socialcare Interprofessional Network (HSIN), Victoria – August 2009.

Alternate Assessments

Assessment for Collaborative Environments (ACE-15)

The instrument conducts a quick assessment of interprofessional teamwork quality in clinical sites. It is appropriate for a many types of health professionals working in a variety of clinical sites.

The instrument measures “teamness” (a single factor of clinical teamwork).

1. Shared goals
 2. Clear roles
 3. Mutual trust
 4. Effective communication
 5. Measurable processes and outcomes
 6. Organizational support
- Instrument found in article <https://doi.org/10.3109/13561820.2015.1137891>

Assessment of Interprofessional Team Collaboration Scale (AITCS)

This diagnostic instrument evaluates the interprofessional collaboration level among a variety of health care teams. It provides perceptions of interprofessional team strengths and weaknesses in a multitude of settings.

The instrument measures three factors of interprofessional collaboration.

14. Partnership
 15. Cooperation
 16. Coordination
- Instrument https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/Orchard%20AITCS%20II%202015.doc?X9KsZyBd_04b1VwHSsWLAZE9zzCEtXQh

Collaborative Practice Assessment Tool (CPAT)

The instrument assesses collaborative practice among care giving team members, patients and clients. The goal is to foster self-reflection on team strengths and limitations, and to guide education efforts.

The instrument measures eight factors.

1. Mission, meaningful purpose, goals

2. General relationships
 3. Team leadership
 4. General role responsibilities, autonomy
 5. Communication and information exchange
 6. Community linkages and coordination of care
 7. Decision-making and conflict management
 8. Patient involvement
- Instrument
[https://qshare.queensu.ca/Users01/nursing/public/OIPEP/Collaborative Practice Assessment Tool.pdf](https://qshare.queensu.ca/Users01/nursing/public/OIPEP/Collaborative_Practice_Assessment_Tool.pdf)

Healthcare Team Vitality Instrument (HTVI)

The instrument was designed to provide hospital healthcare staff a way to measure team “vitality”. The conceptual framework determined the characteristics of the work environment as related to job satisfaction.

The instrument measures four factors.

1. Support structures
 2. Engagement and empowerment
 3. Patient care transitions
 4. Team communication
- Instrument
[http://www.ihi.org/ layouts/15/ihi/login/login.aspx?ReturnURL=%2fresources%2fPages%2fTools%2fHealthcareTeamVitalityInstrument.aspx](http://www.ihi.org/layouts/15/ihi/login/login.aspx?ReturnURL=%2fresources%2fPages%2fTools%2fHealthcareTeamVitalityInstrument.aspx)
 - Must register for access.

Interprofessional Collaborator Assessment Rubric (ICAR)

The instrument is a competency-based assessment rubric designed for health and social care students and providers. It provides learners with constructive feedback on competency areas for development and may be used to assess learner achievement.

The instrument rates six dimensions.

1. Communication
2. Collaboration
3. Roles and responsibilities
4. Collaborative patient-family centered approach

5. Conflict management/resolution
 6. Team functioning
- Instrument https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/Curran%2C%20ICAR%2C%20instrument.pdf?cALJ8Oo9bqog_B1E0EZA_T0Vchabwukbg

Interprofessional Professionalism Assessment (IPA)

The instrument measures interprofessional professionalism (the “Consistent demonstration of core values evidenced by professionals working together, aspiring to, and wisely applying principles of altruism and caring, excellence, ethics, respect, communication, and accountability to achieve optimal health and wellness in individuals and communities.”) Faculty and preceptors use the instrument to assess learner professionalism when working with members of other health professions.

The instrument is organized in six domains.

1. Communication
 2. Respect
 3. Altruism and Caring
 4. Excellence
 5. Ethics
 6. Accountability
- Instrument https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/IPA%20Instrument%20Final%20Dec%202016%20rev_0.pdf?xANH9T1c7PS6Tb1iqGuF3zMIAFCXccuu

Interprofessional Attitudes Scale (IPAS)

This instrument captures healthcare student attitudes and beliefs about interprofessional education and collaborative practice. This allows educators to establish baseline attitudes toward IPE, compare attitudes among different groups, tailor IPE experiences to specific groups, and evaluate/develop optimal IPE programs.

The instrument measures five subscales.

1. Teamwork roles and responsibilities
2. Patient centeredness
3. Interprofessional biases
4. Diversity and ethics
5. Community centeredness

- Instrument [https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/Interprofessional%20Attitudes%20Scale%20%28IPAS%29%20.pdf?3 RvEEWWyRwaiF1BrFtvvg.qQsA12mqj](https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/Interprofessional%20Attitudes%20Scale%20%28IPAS%29%20.pdf?3%20RvEEWWyRwaiF1BrFtvvg.qQsA12mqj)

Interprofessional Socialization and Valuing Scale (ISVS-21)

The instrument measures interprofessional socialization among students and health practitioners and student readiness to perform in interprofessional teams. The instrument can be used with both student and practitioner groups for pre-post testing.

The instrument reflects on three constructs.

1. Beliefs (e.g., adopting team member identity, understanding of collaborative roles and responsibilities, and the importance of a collaborative team approach)
2. Attitudes (e.g., awareness of preconceived ideas, valuing the collaborative team approach)
3. Behaviors (e.g., comfort in articulating own role, clarifying misconceptions about roles, confidence in displaying collaborative behaviors)

Instrument subscales reflect three concepts.

1. Roles (beliefs)
2. Client-centeredness (attitudes)
3. Conflict/negotiation (behaviors)

- Instrument <https://www.flintbox.com/public/offering/4450/>

Individual Teamwork Observation and Feedback Tool (iTTOFT)

The instrument measures interprofessional teamwork behaviors and can be used in a multitude of clinical settings and different types of teams.

The Junior version contain two scales.

1. Shared Decision Making
2. Working in a Team

The Senior/Novice Professional version contains four scales.

1. Shared Decision Making
2. Working in a Team
3. Leadership
4. Patient Safety

- Instrument <https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/Thistlethwaite%2C%20iTOFTs%2C%202015.pdf?l3hRIASbd7PmkCD6YqQ9ey3aw20YNX.S>

Interdisciplinary Team Process and Performance Survey (ITPPS)

The instrument assesses interdisciplinary team process and performance in long-term care settings by identifying weaknesses in team processes.

The instrument measures team processes and team outcomes with demographic and work experience.

1. Team processes:
 - 1) Leadership
 - 2) Communication
 - 3) Coordination
 - 4) Conflict management
 2. Team outcomes:
 - 1) Team cohesion
 - 2) Perceived unit effectiveness
- Instrument found in article <https://www.ncbi.nlm.nih.gov/pubmed/15083108>

Multidisciplinary Team - Observational Assessment Rating Scale (MDT-OARS)

The instrument was designed for cancer multidisciplinary team (MDT) meetings to assess MDTs alongside peer review and patient experience surveys.

The instrument measures the following criteria of MDT meetings.

1. The Team
 - Attendance
 - Leadership chairing of meeting
 - Teamworking & Culture
 - Inclusion of relevant team members
 - Team sociability
 - Mutual respect
 - Tension and conflict
 - Personal development & training
2. Infrastructure for meetings
 - Meeting venue

- Technology & Equipment
 - 3. Meeting organization and logistics
 - Preparation prior to meetings
 - Agenda
 - Prioritization of complex cases
 - Organization/admin during meetings
 - Patient notes
 - Case presentation
 - 4. Clinical decision making
 - Patient centered care
 - Treatment plan
-
- Instrument <https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/Taylor%2C%20MDT-OARS%2C%20instrument.doc?zTuxrDWQMjMJWkZiuCKbMFuI.4exhigz>

Performance Assessment Communication and Teamwork Tools Set (PACT)

The instrument develops a simulation-based team training program.

The instrument includes three observational tools to rate teams on five domains.

1. Team structure
2. Leadership
3. Situation monitoring
4. Mutual support
5. Communication

The instrument includes self-report tools rating 15 areas.

1. Familiarity working and training with teams
2. Interprofessional training satisfaction
3. Benefits of training
4. Learning and performance
5. Learning environments
6. Skills
7. Team structure
8. Leadership
9. Situation monitoring
10. Mutual support
11. Communication
12. Interprofessional training experience

13. Essential practice characteristics
14. Understanding before and after training
15. Expectations

- Instrument package https://collaborate.uw.edu/pact_tool_set/

Students Perceptions of Interprofessional Clinical Education Revised (SPICE-R)

The instrument measures health professions student perceptions of interprofessional education and collaborative practice.

The instrument contains three factors.

3. Interprofessional teamwork and team-based practice
4. Roles/responsibilities for collaborative practice
5. Patient outcomes of collaborative practice

- Instrument available from Joseph Zorek (zorek@uthscsa.edu)

Team Assessment Questionnaire and Team Performance Observation Tool (TAQ-TPOT)

The TAQ instrument assesses individual team member perceptions while the T-POT instrument is an observational tool used in situ or in simulation-based training assessing objective observations. The two instruments together measure team member concerns and objective information on teamwork processes.

The TAQ instrument measures seven domains.

1. Team foundation
2. Functioning
3. Performance
4. Skills
5. Leadership
6. Climate/atmosphere
7. Identity

The TPOT instrument measures five domains.

1. Team structure
2. Leadership
3. Situational monitoring

4. Mutual support
5. Communication

- **TAQ Instrument**

<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/teamstepps/longtermcare/sitertools/tmassess.pdf>

- **TPOT Instrument**

<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/teamstepps/longtermcare/sitertools/tmpot.pdf>

Team Climate Inventory (TCI)

The instrument measures team climate among management teams in healthcare organizations.

The instrument assesses four climate factors predictive of innovation.

1. Vision
 2. Participative safety (further split into Participative safety and Interaction frequency)
 3. Task orientation
 4. Support for innovation
- **Instrument** <https://onlinelibrary.wiley.com/doi/epdf/10.1002/%28SICI%291099-1379%28199805%2919%3A3%3C235%3A%3AAID-JOB837%3E3.0.CO%3B2-C>

Team Development Measure (TDM)

This instrument assesses the degree to which a team has achieved aspects of effective teamwork within inpatient and ambulatory health care settings. Reporting and discussing the variability among team members perceptions allows them to see the extent to which they are “on the same page” in terms of specific team strengths and limitations. The tool measures 4 subdomains:

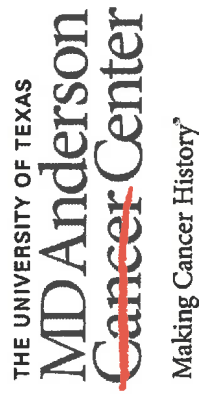
1. Cohesion
 2. Communication
 3. Roles and goals
 4. Team primacy
- **Instrument** https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/Stock%2C%20TDM%2C%20instrument.pdf?AGhUFIqs6D_gHW9Udz1l2MzQFCFMU5WZ

Team Observed Structured Clinical Encounter (TOSCE)

This tool was designed to assess the teamwork behaviors of interprofessional student teams in a clinical setting.

The instrument rates six dimensions.

1. Communication (with other team members/ team with patient)
 2. Collaboration
 3. Roles and responsibilities
 4. Collaborative patient-family-centered approach
 5. Conflict management/resolution
 6. Team functioning
- Individual Instrument https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/Lie%2C%20TOSCE-individual%20instrument.pdf?VAIexv8_imcjyURikIzrrW0faZsPb2Lh
 - Team Instrument <https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/Lie%2C%20TOSCE-team%20instrument.pdf?YNH9EwlDdU76C52dC1wAFI.S0sk6|dn4>



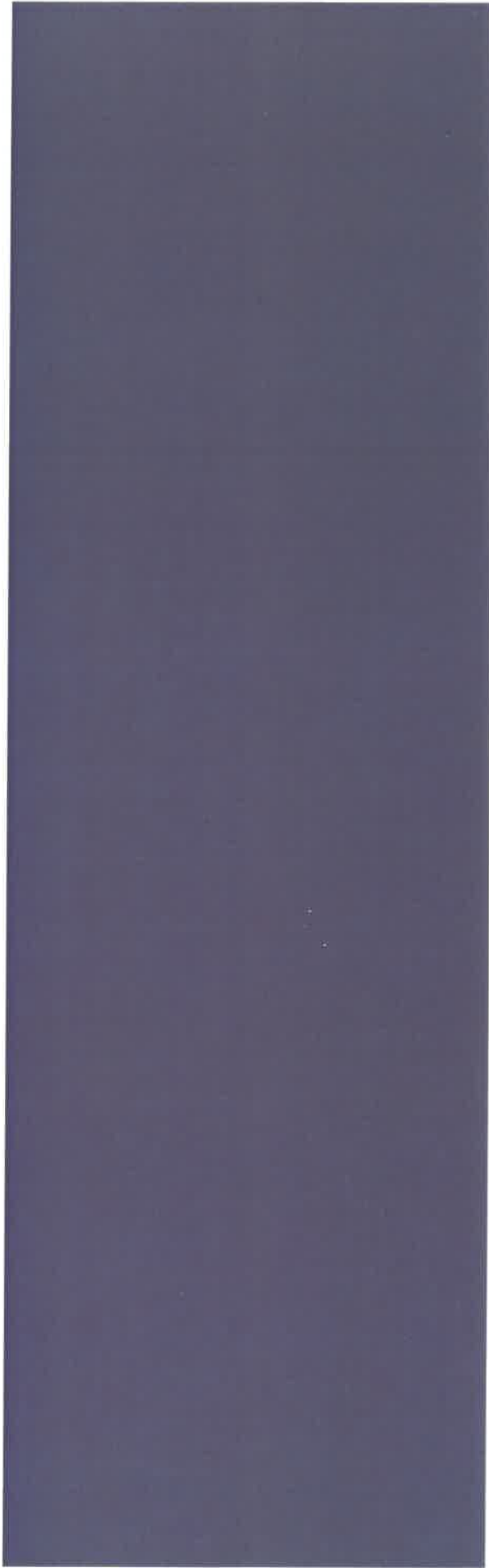
Quality Enhancement Plan Assessment Overview

School of Health Professions

Rey Trevino, Ed.D.

Program Manager

ratrevino1@mdanderson.edu



Contents

1 ASSESSMENTS	2 GOAL ALIGNMENT	3 RECOMMENDATION
Alternates	QEP Goal	
Considerations	Student Learning Outcomes	
AHSFMTTTE	Values/Ethics	
ICCAS	Roles/Responsibilities	
IEPS	IP Communication	
RIPLS	Teams and Teamwork	

Assessments

Alternates

- Assessment for Collaborative Environments (ACE-1.5)
- Assessment of Interprofessional Team Collaboration Scale (AITCS)
- Collaborative Practice Assessment Tool (CPAT)
- Healthcare Team Vitality Instrument (HTVI)
- Interprofessional Collaborator Assessment Rubric (ICAR)
- Interprofessional Professionalism Assessment (IPA)
- Interprofessional Attitudes Scale (IPAS)
- Interprofessional Socialization and Valuing Scale (ISVS-21)
- Individual Teamwork Observation and Feedback Tool (iTOFT)
- Interdisciplinary Team Process and Performance Survey (ITPPS)
- Multidisciplinary Team - Observational Assessment Rating Scale (MDT-OARS)
- Performance Assessment Communication and Teamwork Tools Set (PACT)
- Students Perceptions of Interprofessional Clinical Education Revised (SPICE-R)
- Team Assessment Questionnaire and Team Performance Observation Tool (TAQ-TPOT)
- Team Climate Inventory (TCI)
- Team Development Measure (TDM)
- Team Observed Structured Clinical Encounter (TOSCE)

Assessments Considered

AHSM/TITE

- Attitudes of Health Sciences Faculty Members Towards Interprofessional Teamwork and Education

ICCAS

- Interprofessional Collaborative Competencies Attainment Survey

IEPS

- Interdisciplinary Education Perception Scale

RIPLS

- Readiness for Interprofessional Learning Scale

Attitudes of Health Sciences Faculty Members Towards Interprofessional Teamwork and Education (AHSFMTITE)

Curran, V. R., Sharpe, D., & Forristall, J. (2007).

Attitudes of health sciences faculty members towards interprofessional teamwork and education. *Medical Education*, 41, 892-896.

- **Assesses faculty member attributes which may relate to attitudes towards interprofessional education and teamwork.**
- **Combination of three adapted surveys**
 1. Attitudes Towards Health Care Teams
 2. Attitudes Towards IPE
 3. Attitudes Towards IP Learning in the Academic Setting
- **Dimensions**
 1. Health care teams
 2. Interprofessional education
 3. Interprofessional learning
- **A 42-item, 5-point Likert scale survey**
 - Additional question to identify user for an individual comparative analysis (pre/post)
- **Uses item level scores and average item scores by factor for analysis.**
 - Advance IPE within institution and strategies for faculty development.
 - Measure baseline attitudinal constructs as part of systematic evaluations.

AHSFMTITE – Health Care Teams

Heinemann, G. D., Schmitt, M. H., & Farrell, M. P. Attitudes toward health care teams. In: G. D. Heinemann & A. M. Zeiss, eds. *Team performance in health care: Assessment and development*. New York: Kluwer Academic/Plenum Publishers 2002; 155-9.

1. Patients/clients receiving interprofessional care are more likely than others to be treated as whole persons
2. Developing an interprofessional patient/client care plan is excessively time-consuming
3. The give and take among team members helps them make better patient/client care decisions
4. The interprofessional approach makes the delivery of care more efficient
5. Developing a patient/client care plan with other team members avoids errors in delivering care
6. Working in an interprofessional manner unnecessarily complicates things most of the time
7. Working in an interprofessional environment keeps most health professionals enthusiastic and interested in their jobs
8. The interprofessional approach improves the quality of care to patients/clients
9. In most instances, the time required for interprofessional consultations could be better spent in other ways
10. Health professionals working as teams are more responsive than others to the emotional and financial needs of patients/clients
11. The interprofessional approach permits health professionals to meet the needs of family caregivers as well as patients
12. Having to report observations to a team helps team members better understand the work of other health professionals
13. Hospital patients who receive interprofessional team care are better prepared for discharge than other patients
14. Team meetings foster communication among members from different professions or disciplines

AHSFMTITE -- IPE

Parsell G, & Bligh J. (1999). The development of a questionnaire to assess the readiness of health care students for interprofessional learning (RIPLS). *Medical Education*, 33, 95-100.

1. Interprofessional learning will help students think positively about other health care professionals
2. Clinical problem solving can only be learned effectively when students are taught within their individual department/school
3. Interprofessional learning before qualification will help health professional students to become better team-workers
4. Patients would ultimately benefit if health care students worked together to solve patient problems
5. Students in my professional group would benefit from working on small-group projects with other health care students
6. Communication skills should be learned with integrated classes of health care students
7. Interprofessional learning will help to clarify the nature of patient problems for students
8. It is not necessary for undergraduate health care students to learn together
9. Learning with students in other health professional schools helps undergraduates to become more effective members of a health care team
10. Interprofessional learning among health care students will increase their ability to understand clinical problems
11. Interprofessional learning will help students to understand their own professional limitations
12. For small-group learning to work, students need to trust and respect each other
13. Interprofessional learning among health professional students will help them to communicate better with patients and other professionals
14. Team-working skills are essential for all health care students to learn
15. Learning between health care students before qualification would improve working relationships after qualification

AHSFMTITE – IP Learning in the Academic Setting

Gardner, S. F., Chamberlin, G. D., Heestand, D. E., & Stowe, C. D. (2002). Interdisciplinary didactic instruction at academic health centers in the United States: Attitudes and barriers. *Advanced Health Science Education*, 7, 179-90.

1. Interprofessional learning better utilizes resources
2. It is important for academic health center campuses to provide interprofessional learning opportunities
3. Interprofessional learning should be a goal of this campus
4. Students like courses taught by faculty from other academic departments
5. Students like courses that include students from other academic departments
6. Faculty should be encouraged to participate in interprofessional courses
7. Faculty like teaching to students in other academic departments
8. Faculty like teaching with faculty from other academic departments
9. Interprofessional efforts weaken course content
10. Interprofessional efforts require support from campus administration
11. Interprofessional courses are logistically difficult
12. Faculty should be rewarded for participation in interprofessional courses
13. Accreditation requirements limit interprofessional efforts

Interprofessional Collaborative Competencies Attainment Survey (ICCAS Revised)

Schmitz, C. C., Radosevich, David M., Jardine, Paul, MacDonald, Colla J., Trumpower, David, & Archibald, Doug. (2017). The Interprofessional Collaborative Competency Attainment Survey (ICCAS): A replication validation study. *Journal of Interprofessional Care, 1*, 28-34.

- Dimensions
 1. Communication
 2. Collaboration
 3. Roles and responsibilities
 4. Collaborative patient-family centered approach
 5. Conflict management/resolution
 6. Team functioning
- A 20-item, 5-point Likert scale survey
 - Additional question to identify user for an individual comparative analysis (pre/post)
- Uses item level scores and average item scores by factor for analysis.
 - User competency of IP collaboration after IPE intervention.

- Assesses change in healthcare student and practicing clinician interprofessional collaboration-related competencies before and after IPE training interventions.

ICCAS Revised

1. Promote effective communication among members of an interprofessional (IP) team
2. Actively listen to IP team members' ideas and concerns
3. Express my ideas and concerns without being judgmental
4. Provide constructive feedback to IP team members
5. Express my ideas and concerns in a clear, concise manner
6. Seek out IP team members to address issues
7. Work effectively with IP team members to enhance care
8. Learn with, from and about IP team members to enhance care
9. Identify and describe my abilities and contributions to the IP team
10. Be accountable for my contributions to the IP team
11. Understand the abilities and contributions of IP team members
12. Recognize how others' skills and knowledge complement and overlap with my own
13. Use an IP team approach with the patient to assess the health situation
14. Use an IP team approach with the patient to provide whole person care
15. Include the patient/family in decision-making
16. Actively listen to the perspectives of IP team members
17. Take into account the ideas of IP team members
18. Address team conflict in a respectful manner
19. Develop an effective care plan with IP team members
20. Negotiate responsibilities within overlapping scopes of practice

Interdisciplinary Education Perception Scale (IEPS)

Luecht, R. M., Madsen, M. K., Taugher, M. P., & Petterson, B. J. (1990). Assessing professional perceptions: design and validation of an Interdisciplinary Education Perception Scale. *Journal of Allied Health, 19*(2), 181-191.

- Dimensions
 1. Professional competence and autonomy
 2. Perceived needs for professional cooperation
 3. Perception of actual cooperation and resource sharing with and across professions
 4. Understanding the value and contributions of other professionals/professions
- An 18-item, 6-point Likert scale survey
 - Additional question to identify user for an individual comparative analysis (pre/post)
- Uses item level scores and average item scores by factor for analysis.
 - Student perceptions of IP collaboration or education.



1. Individuals in my profession are well-trained
2. Individuals in my profession are able to work closely with individuals in other professions
3. Individuals in my profession demonstrate a great deal of autonomy
4. Individuals in other professions respect the work done by my profession
5. Individuals in my profession are very positive about their goals and objectives
6. Individuals in my profession need to cooperate with other professions
7. Individuals in my profession are very positive about their contributions and accomplishments
8. Individuals in my profession must depend upon the work of people in other professions
9. Individuals in other professions think highly of my profession
10. Individuals in my profession trust each other's professional judgment
11. Individuals in my profession have a higher status than individuals in other professions
12. Individuals in my profession make every effort to understand the capabilities and contributions of other professions
13. Individuals in my profession are extremely competent
14. Individuals in my profession are willing to share information and resources with other professionals
15. Individuals in my profession have good relations with people in other professions
16. Individuals in my profession think highly of other related professions
17. Individuals in my profession work well with each other
18. Individuals in other professions often seek the advice of people in my profession

Readiness for Interprofessional Learning Scale (RIPLS Revised)

McFadyen, A. K., Webster, V., Strachan, K., Figgins, E., Brown, H., & McKechnie, J. (2005). The Readiness for Interprofessional Learning Scale: a possible more stable-sub-scale model for the original version of RIPLS. *Journal of Interprofessional Care, 19*(6), 595-603.

- Dimensions
 1. Teamwork and collaboration
 2. Negative professional identity
 3. Positive professional identity
 4. Roles and responsibilities
- A 19-item, 5-point Likert scale survey
 - Additional question to identify user for an individual comparative analysis (pre/post)
- Uses item level scores and average item scores by factor for analysis.
 - Differences in student perceptions and attitudes towards IP collaboration or education.
- Assesses the attitudes and perceptions of students and professionals to determine their readiness for interprofessional learning and change.

RIPLS Revised

1. Learning with other students will help me become a more effective member of a health care team
2. Patients would ultimately benefit if health-care students worked together to solve patient problems
3. Shared learning with other health-care students worked together to solve patient problems
4. Learning with health-care students before qualification would improve relationships after qualification
5. Communication skills should be learned with other health-care students
6. Shared learning will help me to think positively about other professionals
7. For small group learning to work, students need to trust and respect each other
8. Team-working skills are essential for all health care students to learn
9. Shared learning will help me to understand my own limitations
10. I do not want to waste my time learning with other health care students
11. It is not necessary for undergraduate health-care students to learn together
12. Clinical problem-solving skills can only be learned with students from my own department
13. Shared learning with other health-care students will help me to communicate better with patients and other professionals
14. I would welcome the opportunity to work on small-group projects with other health-care students
15. Shared learning will help to clarify the nature of patient problems
16. Shared learning before qualification will help me become a better team worker
17. The function of nurses and therapists is mainly to provide support for doctors
18. I am not sure what my professional role will be
19. I have to acquire much more knowledge and skills than other health-care students

Goal Alignment

QEP Goal

**To prepare graduates who can work effectively in
interprofessional healthcare teams**

Student Learning Outcomes

Based on the IPEC Core Competencies

Interprofessional Education Collaborative. (2016) *Core competencies for interprofessional collaborative practice: 2016 update*. Washington, DC: Interprofessional Education Collaborative.



**Core Competencies for
Interprofessional Collaborative Practice:**

2016 Update

Student Learning Outcomes



Student Learning Outcomes



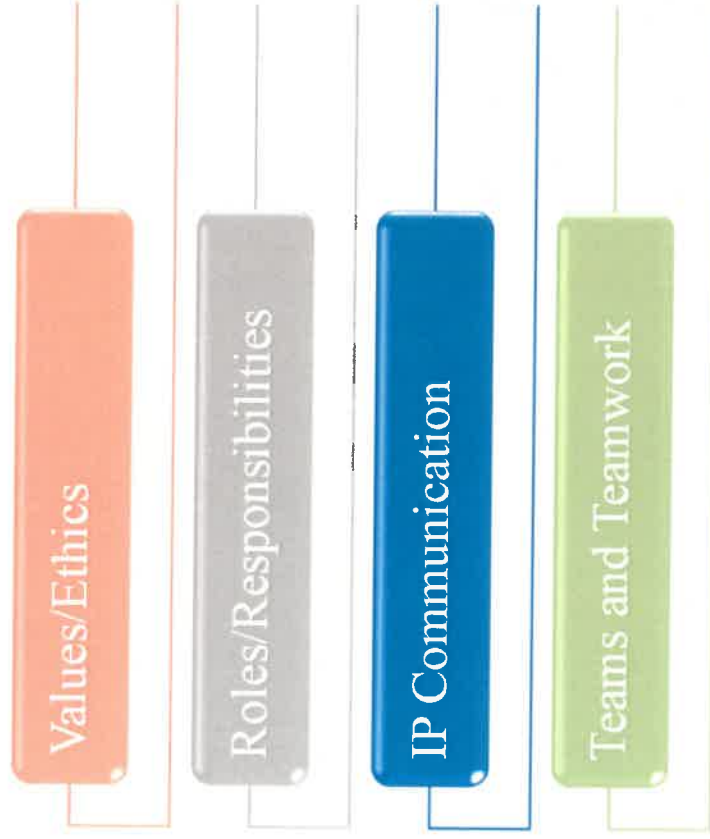
work with individuals of other professions to maintain a climate of mutual respect and shared values

Student Learning Outcomes

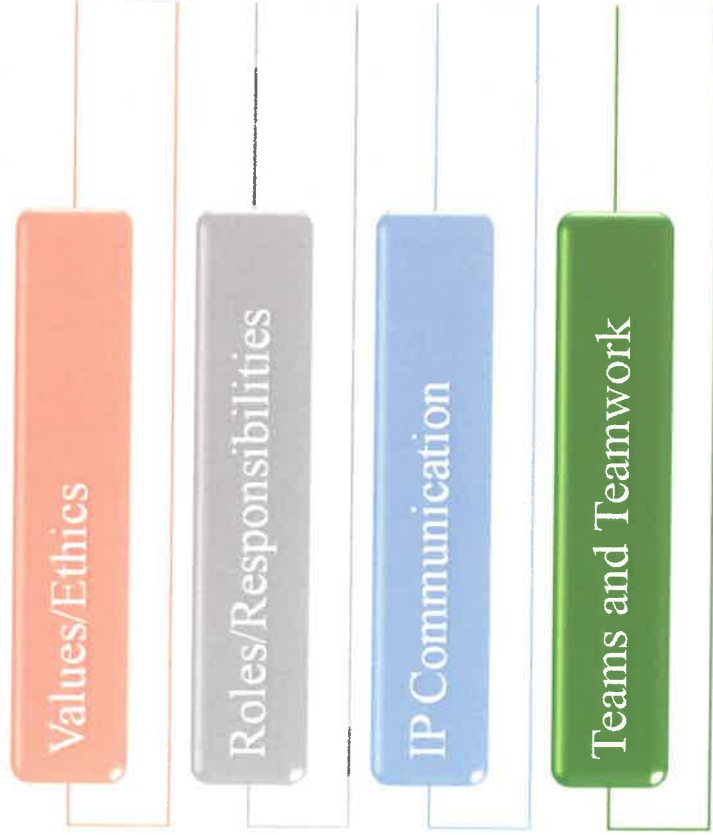


use the knowledge of one's own role and those of other professions to appropriately assess the health care needs of patients and to promote and advance the health of populations

Student Learning Outcomes



Student Learning Outcomes



apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver and evaluate patient/ population-centered care and population health programs and policies that are safe, timely, efficient, effective and equitable

Recommendation

IPEC Competency Self-Assessment Tool (IPEC CSAT)

Dow, A. W., DiazGranados, D., Mazmanian, P E, & Retchin, M. R. (2014). An exploratory study of an assessment tool derived from the competencies of the Interprofessional Education Collaborative. *Journal of Interprofessional Care*, 28(4), 299-304.

- Dimensions
 1. Values/Ethics
 2. Roles/Responsibilities
 3. IP Communication
 4. Teams and Teamwork
- A 42-item, 5-point Likert scale survey
 - Additional question to identify user for an individual comparative analysis (pre/post)
- Uses item level scores and average item scores by factor for analysis.
 - Inform curriculum planning, track effects of programs on IP competency, and provide data to compare programmatic outcomes.
- Assesses competencies related to collaborative practice at the healthcare degree program level through individual student self-assessment.

IPEC CSAT – Values/Ethics

1. Place the interests of patients at the center of interprofessional health care delivery
2. Respect the privacy of patients while maintaining confidentiality in the delivery of team-based care
3. Embrace the diversity that characterizes patients and the health care team
4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions
5. Work in cooperation with those who receive care and those who provide support or care
6. Develop a trusting relationship with patients, families and other team members
7. Demonstrate high standards of ethical conduct and quality of care in my contributions to team-based care
8. Manage ethical dilemmas specific to interprofessional patient centered care situations
9. Act with honesty and integrity in relationships with patients, families, and other team members
10. Maintain competence in my own profession appropriate to my scope of practice or level or training

IPEC CSAT – Roles/Responsibilities

11. Place the interests of patients at the center of interprofessional health care delivery
12. Respect the privacy of patients while maintaining confidentiality in the delivery of team-based care
13. Embrace the diversity that characterizes patients and the health care team
14. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions
15. Work in cooperation with those who receive care and those who provide support or care
16. Develop a trusting relationship with patients, families and other team members
17. Demonstrate high standards of ethical conduct and quality of care in my contributions to team-based care
18. Manage ethical dilemmas specific to interprofessional patient centered care situations
19. Act with honesty and integrity in relationships with patients, families, and other team members

IPEC CSAT – IP Communication

20. Choose effective communication tools and techniques to facilitate discussions and interactions that enhance team function
21. Communicate information with patients, families, and healthcare teams members in a form that is understandable
22. Avoid discipline-specific terminology when possible
23. Express my knowledge and opinions to team members involved in patient care with clarity and respect
24. Listen actively, and encourage ideas and opinions of other team members
25. Give timely, sensitive feedback to others about their performance on the team
26. Respond respectfully to feedback from others on my healthcare team
27. Use appropriate, respectful language in a given difficult situation such as interprofessional conflict
28. Recognize how my experience and expertise contributes to communication, conflict resolution, and interprofessional working relationships
29. Recognize how my position in the hierarchy of the healthcare team, contributes to communication, conflict resolution, and interprofessional working relationships
30. Consistently communicate the importance of teamwork in patient-centered and community-focused care

IPEC CSAT – Teams and Teamwork

31. Describe the process of team development
32. Describe the roles and practices of effective healthcare teams
33. Engage other health professionals in shared problem-solving appropriate to the specific care situation
34. Inform care decisions by integrating the knowledge and experience of other professions appropriate to clinical situation
35. Apply leadership practices that support collaborative practice and team effectiveness
36. Engage others to constructively manage disagreements that arise between healthcare professionals, patients, and families
37. Share accountability with other professionals, patients, and communities for outcomes relevant to prevention and health care
38. Reflect on my individual performance for my improvement
39. Reflect on my healthcare team's performance for my team's improvement
40. Use strategies that will improve the effectiveness of interprofessional teamwork and team-based care
41. Use available evidence to inform effective teamwork and team-based practices
42. Perform effectively on teams and in different team roles in a variety of settings

Thank you!

IPEC Competency Survey Instrument

INSTRUCTIONS: Using the following 5-point scale, please rate the items based on your educational experience in the health care environment. Each item preceded by "I am able to..."		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Values and Ethics Domain						
1	Place the interests of patients at the center of interprofessional health care delivery.	1	2	3	4	5
2	Respect the privacy of patients while maintaining confidentiality in the delivery of team-based care.	1	2	3	4	5
3	Embrace the diversity that characterizes patients and the health care team.	1	2	3	4	5
4	Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.	1	2	3	4	5
5	Work in cooperation with those who receive care and those who provide support or care.	1	2	3	4	5
6	Develop a trusting relationship with patients, families and other team members.	1	2	3	4	5
7	Demonstrate high standards of ethical conduct and quality of care in my contributions to team-based care.	1	2	3	4	5
8	Manage ethical dilemmas specific to interprofessional patient centered care situations.	1	2	3	4	5
9	Act with honesty and integrity in relationships with patients, families, and other team members.	1	2	3	4	5
10	Maintain competence in my own profession appropriate to my scope of practice or level or training.	1	2	3	4	5
Roles and Responsibilities Domain						
11	Communicate my roles and responsibilities clearly to patients, families, and other professionals.	1	2	3	4	5
12	Recognize my limitations in skills, knowledge, and abilities.	1	2	3	4	5
13	Engage diverse healthcare professionals with complementary professional expertise to develop strategies to meet specific patient care needs.	1	2	3	4	5
14	Explain the roles and responsibilities of other care providers and how the team works together to provide care.	1	2	3	4	5
15	Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.	1	2	3	4	5
16	Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.	1	2	3	4	5
17	Establish interprofessional relationships to improve care and advance learning.	1	2	3	4	5
18	Engage in continuous professional and interprofessional development to enhance team performance.	1	2	3	4	5
19	Use unique and complementary abilities of all members of the team to optimize patient care.	1	2	3	4	5

I am able to:		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Interprofessional Communication Domain						
20	Choose effective communication tools and techniques to facilitate discussions and interactions that enhance team function.	1	2	3	4	5
21	Communicate information with patients, families, and healthcare teams members in a form that is understandable.	1	2	3	4	5
22	Avoid discipline-specific terminology when possible.	1	2	3	4	5
23	Express my knowledge and opinions to team members involved in patient care with clarity and respect.	1	2	3	4	5
24	Listen actively, and encourage ideas and opinions of other team members.	1	2	3	4	5
25	Give timely, sensitive feedback to others about their performance on the team.	1	2	3	4	5
26	Respond respectfully to feedback from others on my healthcare team.	1	2	3	4	5
27	Use appropriate, respectful language in a given difficult situation such as interprofessional conflict.	1	2	3	4	5
28	Recognize how my experience and expertise contributes to communication, conflict resolution, and interprofessional working relationships.	1	2	3	4	5
29	Recognize how my position in the hierarchy of the healthcare team, contributes to communication, conflict resolution, and interprofessional working relationships.	1	2	3	4	5
30	Consistently communicate the importance of teamwork in patient-centered and community-focused care.	1	2	3	4	5
Teams and Teamwork Domain						
31	Describe the process of team development.	1	2	3	4	5
32	Describe the roles and practices of effective healthcare teams.	1	2	3	4	5
33	Engage other health professionals in shared problem-solving appropriate to the specific care situation.	1	2	3	4	5
34	Inform care decisions by integrating the knowledge and experience of other professions appropriate to clinical situation.	1	2	3	4	5
35	Apply leadership practices that support collaborative practice and team effectiveness.	1	2	3	4	5
36	Engage others to constructively manage disagreements that arise between healthcare professionals, patients, and families.	1	2	3	4	5
37	Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.	1	2	3	4	5
38	Reflect on my individual performance for my improvement.	1	2	3	4	5
39	Reflect on my healthcare team's performance for my team's improvement.	1	2	3	4	5
40	Use strategies that will improve the effectiveness of interprofessional teamwork and team-based care.	1	2	3	4	5
41	Use available evidence to inform effective teamwork and team-based practices.	1	2	3	4	5
42	Perform effectively on teams and in different team roles in a variety of settings.	1	2	3	4	5