

MEETING NOTES

Attendees:

Dr. Jeff Borckardt – Assistant Provost, Office of Interprofessional Initiatives
Ms. Jennifer Bailey - Instructor, Office of Interprofessional Initiatives
Dr. Nancy Carson – Assistant Dean of Academic and Faculty Affairs
Dr. Donna Kern - Associate Dean for Curriculum - Clinical Sciences
Dr. Suzanne Thomas – Director, Office of Institutional Effectiveness
Dr. Mary Mauldin – Professor and Director of Office of Instructional Technology and Faculty Resources
Dr. Dan Lackland, Professor College of Graduate Studies
Dr. Michel Ravenel- Associate Professor, College of Dental Medicine
Ms. Andrea Anderson – IPSAB Representative
Mr. Alex Novgorodov – SIPS Representative
Ms. Ragan Leblanc –Intern

- Intro of all QEP Leadership Team members and Dr. Sheely
- Dr. Borckardt gave an outline of today's meeting:
 - Institutional Data
 - Last QEP C3 – got us on the map in terms of IP
 - From the student perspectives – upgrade environment for interprofessional concepts. Students are doing great with respect to knowledge about appreciation for interprofessionalism but we have opportunity for applied teamwork skills. Faculty and staff, all right in academic classroom in a clinical setting but we have weakness when it comes to application of teamwork in clinical arena.
 - Development Process
 - Jeff Borckardt and Suzanne Thomas presented data and solicited ideas from all over the MUSC Enterprise. Received 91 QEP suggestions – majority of suggestions were to focus next QEP on teamwork and interprofessional practice → TeamUP for Better Health
 - Institutional Support in the Office of Interprofessional Initiatives
 - QEP in line with MUSC Strategic Plan MUSC 2020
 - IPID Advisory Board
 - Student Advisory Councils
 - Associate Directors for Different Interprofessional Aims
 - Several Initiatives supporting the QEP
 - Where we are with our QEP

QEP Leadership Team with Dr. Sheely

Changing What's Possible

Comments from Dr. Sheely:

- Is our new QEP too close to prior QEP? There's an organic connection between what you did last time but it's not the same thing.
- What we learn from last QEP spark the new QEP
- We did a good job BUT only to a certain extent and the real important piece didn't happen – applied Interprofessional teamwork
- Dr. Sheely appreciated we brought actual data to the question of what your QEP are to be. Way too many institutions come up with their QEP and then back fill the data.
- We are not going to wow our evaluators. Our QEP is not going to look innovative. The good news is they're going to amen us from the beginning. We don't have to convince them but it will spark a lot of conversations that they should be doing this too.
- Don't worry too much that this is too close to our last QEP. We should continue and not only the organic connection but this is arising from data that we started gathering and gathered coming out of last QEP trying to enhance Interprofessional. We pretty close to doing it now!!!
- Focus what we're doing but if we flip it and say what are the students supposed to do? We may not have to worry about assessing and reporting on all the activities that we are doing for the QEP. At least give some thought to flipping the perspective and foregrounding the students learning goes. What if the strategies don't work, and it is all about strategies. We can argue that better patient outcomes is the goal industry wide and that piece could go with, we think the way better patient outcome is better teamwork . And we could then say we're going work on better teamwork and better teamwork outcomes. And we're going to graduate students who demonstrate better teamwork.
- Need two names by October 1st and go ahead and make the initial contact.

Debrief

Angela Egner: Have students and faculty been trained on High Reliability. Have we told the story of high reliability? MUSC Health is moving towards high reliability and teamworks is foundational to high reliability. The void is putting things in practice, opportunities for improvement with MUSC Health.

David Garr: Triple Aims – 1. improving patient outcomes 2. reducing cost of care 3. improving patient experience of care. Framing QEP to some extent on the whole on improving patients' experience of care during admitted to the hospital or when they come to the office to do a baseline assessment of what their perception have been about the team. Have they seen a team function? Why are we doing this? It is to improve the patients experience of care.

Donna Kern: Challenge is back to the heart of IP education. How do you access team competencies when the team is made up of individuals who need to know their own specific professions, they need to know set of skills and develop over time. We want them to form, lead teams and develop situations monitor communication. How do we actually do it? That and show we need to develop a way to access individuals in teams and then teams and it how it comes together.

QEP Leadership Team with **Dr. Sheely** Changing What's Possible

Competencies and what their evaluation mechanisms for both students and the team

Donna Kern: We need to tell people what they need to do?

Bill Moran: Clinical environment – primary care retreat on defining roles and responsibilities?

Jennifer Bailey: We have people willing to write scopes and roles for students in new interprofessional settings if we work together.

Angela Egner: I like the idea of preparing students for when they go on rotation to be pre-trained to be able to rate teamwork and then providing those aggregate assessment formally back to MUSCHealth.