## Agenda topics

### 5 MINUTES

**AGENDA**

**DR. D. FORD**

<table>
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<th>DISCUSSION</th>
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<td>Dr. Ford recapped an overview of the topics that will take place during the last three QEP Steering Committee meetings. In the May Steering Committee meeting, we will discuss how the goals and data we collected connect to program components, how the program components connect with the assessment pieces, and also plan more for the site visit. In the July meeting we will meet with Dr. Hoefer, our SACSCOC’s vice president. This is our opportunity to ask questions and spend some time with Dr. Hoefer before the March 2021 site visit. Dr. Ford recapped the QEP process from its conception two years ago until present day. We will discuss the implementation plan and strategy. Correlation will be extremely important to the QEP. Today’s meeting is to discuss proposal submissions, proposal results, and feedback of the proposal process.</td>
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### 5 MINUTES

**MEETING MINUTES**

**DR. D. FORD**

<table>
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| Motion by: Dr. Peter Hu  
Seconded by: Dr. Dyaz Godfrey  
Motion carried |

### 10 MINUTES

**PROPOSAL PROCESS**

**DR. D. FORD**

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<td>SACSCOC will be looking to see if there was a broad-based involvement for information, transparency, and if there were opportunities across the institution for ideas to be heard. The overview of each phase of the proposal process was described. See descriptions of each phase below:</td>
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Phase I: Dec 2019 – Feb 5, 2020
Pre-launch preparation activities, request for proposals presentation and launch during QEP Advisory Committee, advertising campaign roll-out, proposals due

Phase II: Feb 10, 2020 – Feb 18, 2020
Blind peer review, QEP Advisory Proposal Sub-committee begins review of submitted proposals based on proposal rubric, proposal review/scoring complete, rubric scores collected and analyzed by QEP staff

Phase III: Feb 20-21, 2020
Draft implementation plan developed based on review results, QEP Team administrative review

Phase IV: March 4, 2020
QEP Steering Committee final review, QEP Advisory Committee General Meeting, proposal results presented and discussed, agreement and adoption of final project.

10 MINUTES  PROPOSALS RECEIVED  DR. D FORD

DISCUSSION  All ideas were considered, and proposals were compiled from all 18 submissions. All the 18 proposals were included in the binder.

10 MINUTES  REVIEW RESULTS  DR. D FORD

DISCUSSION  Mr. Porter created a summary table of all the proposals that he received. For our purpose, a numeric system was created. Each proposal idea was given a number. That is how it was distributed to reviewers. They were asked to provide their feedback. The first table (green and blue color) included in the binder under “Review Results” tab is how the proposals were numerically represented. The second table (yellow color) in the tab represents a priority ranking of how the group ranked the submissions based on what they thought was the most helpful. The third table (multi-color) is a first look at how we began to cluster materials, think about categories, and put things together. The Title completion was launched at the same time as the launch of the proposal process. We had 17 title competition entries. A peer review and rank order was done. Project T.E.A.M.S. was selected as our QEP. We took Project T.E.A.M.S. and brainstormed as to what kind of framework can be put together with the 18 proposal ideas that was marketable, that means something, and relates to interprofessional education. We have our new QEP graphics. Each letter was taken (T.E.A.M.S.) to create a category of what can be clustered together of the 18 proposal ideas. In the table, each number in parenthesis represents the idea in rank order from the peer review. All 18 ideas are represented in the table. A five year implementation plan was then created and detailed for the presentation. It is a thoughtful five component project that makes sense and targets all the goals and student learning outcomes.

60 MINUTES  PROPOSAL DISCUSSION AND SELECTION  DR. D FORD

DISCUSSION  Mr. Porter will go over the components of the Project T.E.A.M.S. before direct questions and open discussion begins with the steering committee. Mr. Porter communicated that the implementation plan is based on 5 components: Targeted, Emersion, Academic, Maintenance and Resources, and Student Learning Communities. The first component listed in the first draft of the implementation plans is Targeted Faculty Development. The plan at this time is to develop an online introductory course that would cover all 4 of the QEP student learning outcomes. We could develop this in-house or find a program online that we can host that will cover all the components. Mr. Porter thought it would be good to have it available year-to-year so faculty can revisit it and it can also be available for new faculty. The second component is the Emersion of Students in Interprofessional Education. It was based on the Radiologic Sciences Interprofessional Interaction in the Clinical Environment proposal that was submitted. Students from the Radiological area would partner with other students from different programs within the radiological area and would be assigned to a
patient that they would shadow and follow through the whole treatment process and interact with physicians, nurses, and other professionals who would be involved with the care of that patient. This will be broken down into different cohorts. The third element is **Academic Coursework**. Similar to the first element which is an online educational program, the audience would be the students. It would be an online introductory course for learners to educate them on the 4 QEP student learning outcomes. It could possibly be the same exact program as the faculty online course. The fourth element is **Maintenance and Resources**. This is based on a recommendation that came in regarding the Research Medical Library and its resources. The proposal is for the Research Medical Library and its staff to work with faculty and perhaps the students to better understand and utilize research tools that are available to them in the library. They are currently under-utilized by this population. Some of the tools that were suggested are Up-to-Date, Dyna Med, and Hub Med Clinical Queries databases. These are options that can provide quick access to relevant and quality information that the students can use to make decisions as a team for the care of patients. The fifth element is **Student Learning Communities**. Student Interprofessional Education Committee is a student lead body charged with the development of projects/programs that will have students implement the QEP student learning outcomes (SLOs). These projects will be delivered as a Summer Seminar program beginning in the summer of 2022. The work of the committee will give students real experience working with ethics/values, roles/responsibilities, team/teamwork, and communications. Each of the elements are tied together with the 4 student learning outcomes as the base. It provides a cohesive tie through all the programs. Dr. Ford had some questions and requested feedback regarding elements of Project T.E.A.M.S. The questions were based on what was asked during the last site visit.

The first question was regarding Emersion of Students in Interprofessional Education (E.) The question was: Is there any interest in expanding this to include Lab Sciences? There is no mandate for QEP to include every student in this element. We are asked to prepare a thoughtful program that impacts student learning. The various feedback from the committee is as follows:

1. It looks very solid for Radiologic Sciences.
2. There is a potential benefit to start with this group first and then we can expand to other programs.
3. In the past, we had interdisciplinary conferences where all the seniors came together from all the different programs. At the end of the conferences, students took surveys. The results of the survey was very favorable, and that it was a good experience. They got to see what the other professions did. It also answered questions that they were confused about before.
4. Having a true interprofession in a case based scenario will benefit all of them.
5. The limitation to the number of students needs to be considered. There are a couple of ways to do this. It can run continuously throughout the year, but have small groups every time so everyone will get through it. The other way is to have smaller teams, but then we provide the live samples. They can go to each of the different labs and actually observe what that student is doing in the other professions. For example, Dosimetry student can watch Histology student. They will get a different perspective and appreciation for the different professions.
6. It would be more feasible if scheduling amongst the program directors were possible so they can rotate through similar places.
7. Based on the student’s schedule, everyone should be able to sign up and participate.
8. Cancer patient’s treatment path are not the same, so we should sub-group two to three specialties to make a group that are inter-related faculties. For example, Radiation Therapy and Dosimetry are inter-related specialties. They can use the knowledge gained from another faculty.
9. Logistics may be a problem from the lab side to therapy side. On the physician model for the interdisciplinary side, they have grand rounds. All the specialties come together and the attending physician will present the case and go through each step.
As long as students are involved with 1-2 of the procedures, they still will come together at the grand rounds review. This may help the logistics.

10. We can create a “Tumor Board”. It will need to have someone from every specialty involved. It will need a combination of each modality to learn how we treat patients here.

11. Perhaps a morphed combination of all these ideas would work. Each program has a fixed number of days and activities. Students can sign up for different ones, but then they all come together to discuss the single or multiple diseases that are applicable to all the disciplines. This gives them the hands on experience. The hands on experience will improve their involvement. The offering of activities would have to be for a longer period to accommodate other programs over a 3-4 month period. Program directors will have to work with each other to figure out when their students are available and to know what they can sign up for based on their schedules. The focus should be on senior students because the juniors may be too new to understand or appreciate what is going on. Timeframe should be in late spring or closer to graduation. Summertime would not be good for students, but would be less pressure on the clinics because timing will be staggered so they can accommodate our students. Timing can be worked out later.

12. Perhaps call it “SHP Grand Rounds” which ties into the Tumor Board concept.

13. We may need to have some incentives for our students to participate such as additional clinical hours, credit, or part of course grade. This can promote cross-training. In the past, there have been students that completed one program and then joined another program. We have several students now that are certified in multiple areas. Once we get to the implementation part we can discuss it further.

14. Does the course need to be voluntary or mandatory? Members thought it should be mandatory. Distance learning students can also do.

15. How does the Radiologic Science side handle HIPPA issues when students interact with patients? We need to make sure we are covered if students do grand rounds. We may need to check with the Compliance Department, but they are covered during SHP student orientation.

16. Grand rounds can be tied into a SHP course or rotation. It would be easier to tie it into an existing course. We need to determine which course to tie it with. Program directors will need to identify which course to tie it with.

The second question is in regards to Maintenance and Resources (M.). The proposal talked about the process of the use of the Research Medical Library. The Research Medical Library Resources Support Program focuses on effective information exchange while working on professional teams. The learners will demonstrate the QEP student learning outcomes (SLOs) through the use of point-of-care tools available in the Research Medical Library. Ms. Fowler communicated that the intent was that for every discipline, they would have different information needs, but the tools maybe the same. Making sure that the right type of questions are being asked by students. When transferring from one discipline to another, there are a lot of basic questions about patient care or treatment. These tools will provide expert summaries and best evidence to support in a very quick way. The library would be very happy to work with the students, but in terms of the ability to getting this to every student in every discipline would be difficult. The Research Medical Library staff will work with faculty to teach and implement the point-of-care tools available to undergraduate students in the Research Medical Library.

The third question is in regards to Student Learning Communities (S.). Student Interprofessional Education Committee is a student lead body charged with the development of projects/programs. It will ask students to implement the QEP student learning outcomes (SLOs). The work of the committee will give students real experience working with ethics/values, role/responsibilities, teams/teamwork, and interprofessional communication. The discussion of this component will be about calling for faculty sponsorship. The committee would be charged with developing projects/programs that
would address the QEP student learning outcomes. One concern is how the student would view all these projects. If they do not see the value or gain of knowledge for their future, they will see it as an unproductive project. The overall benefit is learning the roles and duties of what each person does and will help them appreciate and value other disciplines. Working together as an interprofessional group will help in real world situations in their profession. From the administrative perspective, the face of healthcare is changing. It is heading more towards a team based approach. It means that under base care, an individual will not be taken care of by just one physician. It will be a team of individuals each with their own profession that come together for patient care. This team based approach can be seen in pervasive TV shows such as House and ER. The idea is that each individual in their expertise can chime in to help change the diagnoses or treatment of a patient, if necessary. It is happening across the United States and a lot of major hospitals on the East and West coast are pushing towards it. That is why IPE is becoming such a big hot topic across all universities. It starts in healthcare which we are pushing. A student member commented that if this is communicated better to the students, they will understand the benefit, importance, and application of IPE. It won’t be viewed as just another project for a grade. They will understand the roles of each area to have a better grasp of what they do and why lab results may take longer than expected. This will expose the students to a new discipline. We are seeing a lot of students from different disciplines getting multiple certifications in different areas. There is a shortage in personnel in the lab and technology side because the baby boomers are retiring and the next generation is aging too. Being multi-certified and cross-training will be valuable. Dr. Ford also communicated that we have a QEP awareness week to build on the IPE concept.
Steering Committee

MEETING MINUTES  DATE: JULY 9, 2020  TIME: 1:30 PM-2:30 PM  LOCATION: ZOOM CONFERENCE CALL

MEETING CALLED BY  Dr. David Ford

TYPE OF MEETING  QEP Steering Committee

NOTE TAKER  Joanne Thomas

ATTENDEES

☐ Chair - Dr. David Ford
☐ Mayank Amin
☐ Mark Bailey
☐ Dr. Jamie Baker
☐ Dr. Ryan Beard
☐ Allison Bellman
☐ Aziz Benamar
☐ Shaun Caldwell
☐ Kaitlyn Coughlin
☐ Jon-Isaac Cumberland
☐ Robert Deforde
☐ Dr. Mahsa Dehghanpour
☐ Ashley Ducote
☐ Renee Eimer
☐ Menatalla El Sharkawi
☐ Elisa Enriquez
☐ Catherine Evans
☐ Clara Fowler
☐ Laurissa Gann
☐ Dr. Dyaz Godfrey
☐ Dr. Brandy Greenhill
☐ Dr. Jun Gu
☐ Dr. Peter Hu
☐ Dr. Awdhesh Kalia
☐ Maya Levkovitz
☐ Yu-Wei Lin
☐ Shibu Mathews
☐ Dr. Bill Mattox
☐ Melissa Mims
☐ Helene Phu
☐ Richard Porter
☐ Melissa Robinson
☐ Martha Skender
☐ Dr. Rey Trevino
☐ Dr. William Undie
☐ Cailin Weller
☐ Judy White

Agenda topics

5 MINUTES  SACSCOC VP ADVISORY VISIT  DR. D. FORD

DISCUSSION  Introduction of Dr. Hoefer to QEP Steering Committee members

5 MINUTES  QEP AND ONSITE VISIT PROCESS  DR. HOEFER

DISCUSSION  Dr. Hoefer discusses how the QEP is evaluated. The first thing that the QEP is evaluated on is the principles of accreditation and 7.2 standard for QEP. A rubric was sent to us that has useful information on the evaluation of the QEP. This is the document that will be frequently used before the committee arrives on campus to review the QEP. It is not the only piece, but this is their starting point when looking at the QEP. When the principles of the review committee modified the QEP standard, they wanted the QEP to be something that emanates
from the institution’s institutional effectiveness process and relates strongly to their strategic plan and mission. We should write about how our QEP topic selection relates to the institution’s strategic plan and relates to direct feedback from our institution’s institutional process. Dr. Hoefer feels our QEP topic is perfect for our institution. It seems to fit with what we do well and with our mission as an institution.

When the committee arrives on campus, they will meet with the steering committee. They will probably break up into subcommittees for the different components. They will ask questions and provide suggestions to those different components of the QEP. They will also talk to different people within the institution. The committee will have the chair or QEP group do a brief presentation about the QEP (not an overall summary of the QEP) discussing keep points, changes, or updates that could have occurred since the QEP was submitted. The committee would have already read through the QEP in detail prior to their arrival. The initial meeting is to begin the process and give us key questions or concerns regarding the QEP. Day 2 of the onsite visit, the committee will get into more details and ask more questions about the assessment plan and the different components of the QEP. If the offsite committee does not find many noncompliant issues, the onsite committee will spend more time learning about the QEP. We will get the basic results on the final day of visit during the exit conference. They will let us know if there are any recommendations with the QEP or any of the standards. There is also a section of the written report that deals with suggestions or enhancements to improving the QEP. We will also be able to ask questions on what the committee writes about. A week or two after the committee leaves, we will receive the reaffirmation committee report. Section 3 in the report deals with the QEP. Some information will be on 7.2 and much more extensive information in section 3 of the report where each of the sections are discussed. QEP Awareness Week is scheduled for Jan 2021. Dr. Hoefer thinks it is a great idea. Some institutions start earlier so by the time the QEP is submitted for the committee to review, excitement has been built up for the QEP. Dr. Hoefer encourages starting parts of the QEP campaign sooner to build on the excitement.

With the standard being revised to combine two standards into one, Dr. Beard asked if there were any distinctions between the old and new revisions. Dr. Hoefer explained that one of the standards was a core requirement and the committee didn’t want to site institutions or have them go on sanction because of the QEP. Dr. Hoefer stated that during the principle review committee, they combined the two standards into one standard so it was not a core requirement any longer. Another important piece was that the principle review committee did not want to force an institution to do a QEP, but wants it to extend from their strategic and institutional effectiveness process. Their hopes are an institution would do it anyway without having to formalize it. Dr. Ford stated that there was a shift from capability to capacity with the QEP. Dr. Ford asked Dr. Hoefer how other institutions are satisfying that part of the evaluation criteria because we are writing it up on our report. Dr. Hoefer stated that if you looked at some of the earlier QEPs, the budgets tended to be very big, expensive, and detailed. In reality when those plans were run, they did not work out anyway. Now, we are seeing nowhere near where the budgets were running. What we should do on that section of the report is convince the committee that the institution is behind the QEP and if we need to extend the resources beyond the basic budget, we will find ways to do it. We need to make our case, be behind it, and make it run. Dr. Hoefer is seeing budgets much lower than when the original QEPs came out. Dr. Ford asked if there is a guideline or way that most institutions do their assessment piece. Dr. Hoefer stated that focus is important.
because earlier QEPs were too broad. Most committees in the last couple of years are more cognizant on making sure the focus is clear enough where the institution can accomplish the QEP without harming or overwhelming other components of the institution. The assessment plan needs to state our case that we have the people in order to run the assessments, the assessment tools will give us what we need, we have enough assessments, and the assessments are appropriate.

Dr. Hu asked if the committee will review if we have sufficient physical resources and FTEs for the QEP. Dr. Hoefer stated they will and it is very important. When he reviewed personnel for director of faculty development, the word “in kind from previous position” could bring up a red flag. It raises questions on who is taking care of those duties that the “in kind” is not covering. He feels it is something we need to look at.

Mark Bailey asked Dr. Hoefer what favorable outcomes for “exceptional” does the committee like to see in general. Dr. Hoefer stated that since QEPs can be very different, but typically they look at student learning or student success. Dr. Hoefer thinks our student learning outcomes are good and fits our institution very well.

Dr. Beard asked what we can expect from the onsite committee visit as far as how much involvement and what other groups they would want to meet with outside of our steering committee regarding QEP awareness. Dr. Hoefer stated that typically they would want to meet with faculty to see if they know what QEP is, if they support it, and if they know what their role might be. The committee would also want to meet with a group of students and ask them about their involvement with the QEP. Sometimes the committee will meet with the Board of Trustees and ask them if they have a general awareness of QEP. If there are no QEP issues, they may not meet with the Board of Trustees. Dr. Bodurka stated that we do not have a Board of Trustees. We have Dr. Pisters, Dr. Bodurka, and our Regents. Dr. Hoefer stated it would be whoever our governing Board is.

Dr. Hoefer stated that the rubric breaks down the pieces, but the way the report is written, it may be difficult for the committee to find those pieces. Dr. Ford stated this is the arrangement of how the final report will be written. Dr. Ford stated he just provided him with the information and documents that were requested. Dr. Hoefer said that we have a good topic and student learning outcomes. It also looks like the budget and the ability to run it looks in good shape. The final plan looks like it will pull everything together to cover all the topic areas. Dr. Ford asked Dr. Hoefer if he anticipated any more changes or adjustments to the QEP between now and the time we submit. Dr. Hoefer stated he does not expect any changes. Dr. Hoefer stated if any questions arise as we are putting the QEP together, we can feed any questions to him through Dr. Beard or Dr. Bodurka. Dr. Ford can also email him directly.

Dr. Bodurka asked Dr. Hoefer what would be his top 3 suggestions in terms of overall QEP. He stated that we have to make it a plan that everyone understands, not just for the committee, but for the institution in general. This will be our plan that we will be executing for the next 5 years. Also, take a look 5 years down the road. Think about what do we expect the QEP to look like and what would we like to see come out of the QEP. Once we are fairly confident on what we have put together, take a last look. Look back on what we hope to achieve and is the plan going to get us there. Make sure we identify and support the people
that will be running the QEP. Make sure we have the appropriate structure in place and enough FTE to run it appropriately. Dr. Undie asked if we will need to provide documentation to support planning and implementation over the next 3-5 years. Dr. Hoefer explained that committees will frequently ask about student involvement, so it is good to get feedback from students to see if they think it is helpful to them. But, he doesn’t feel that it is essential for a successful QEP.

Dr. Bodurka asked Dr. Hoefer what the biggest mistake an institution can make. He stated that submitting a plan to plan and not a solid plan. It has to be a solid plan, but knowing things can change. It should not talk about writing rubrics as you go through the QEP or developing an assessment plan.

Ms. El Sharkawi asked Dr. Hoefer if there is a QEP initiative that SACSCOC is looking for in communications programs or projects specific to our QEP such as “teaming”. She was concerned with COVID that we may not be able to physically gather due to social distancing and all the communications will have to be digital. Dr. Hoefer stated that the committee will be understanding if we are still heavy into COVID by March for the site visit.

Dr. Hoefer stated he is not part of the committee. His role is to keep the committee focused on the principles of accreditation and not let them go on tangents of non-essential points.
# Steering Committee

**AGENDA**

**DATE:** SEPT 23, 2020  **TIME:** 12:00 PM-1:00 PM  **LOCATION:** ZOOM CONFERENCE CALL

<table>
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<tr>
<th>MEETING CALLED BY</th>
<th>Dr. David Ford</th>
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<tr>
<td>TYPE OF MEETING</td>
<td>QEP Steering Committee</td>
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<tr>
<td>NOTE TAKER</td>
<td>Joanne Thomas</td>
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## Agenda topics

### 5 MINUTES
- **AGENDA**
  - **DISCUSSION**

### 5 MINUTES
- **APPROVAL OF MEETING MINUTES**
  - **DISCUSSION**

### 45 MINUTES
- **ASSESSMENT**
  - **DISCUSSION**
X. Assessment

Overview

The Assessment Plan provides a specific process for evaluating the effectiveness of the QEP goal of developing graduate’s knowledge, skills and behaviors to work effectively in interprofessional healthcare teams by assessing the student learning outcomes through the Project T.E.A.M.S. framework components. By addressing each component, the plan will provide valuable data that will measure the impact of the QEP through curriculum design, faculty and student knowledge, student application and student experiences. The plan includes both quantitative and qualitative measures from faculty and students, an implementation process and timeframe, a systematic way for collecting and analyzing the results and a process for reporting and discussing the results on an annual basis.

The Assessment Plan for Student Learning Outcomes

The Assessment Plan follows a competency model that will measure the successful implementation of each Project T.E.A.M.S. framework components as they relate to the QEP Student learning outcomes. Because the Plan was designed to educate and to provide practical experience relevant to interprofessional competencies, the assessment strategies intend to measure student content mastery and application of interprofessional competencies. As a result, the QEP Team created and prepared for use the assessment instruments to assess the Student learning outcomes include two quantitative tools (Interprofessional Education Pretest/Posttest and Point-of-Care Tool Pretest/Posttest) and two qualitative tools (Reflection Summary Rubric and Seminar Satisfaction Survey). The QEP team will also administer each assessment, compile the results and analyze data for publication.

The Assessment Plan in Table 10.1 shows the instrument each framework component will use to assess each student learning outcome.
Table 10.1: Assessment Strategy Implementation Plan

<table>
<thead>
<tr>
<th>Student Learning Outcomes</th>
<th>Targeted - Faculty Development</th>
<th>Engagement of Students in Interprofessional Interaction</th>
<th>Academics – Student Development</th>
<th>Maintenance and Resources</th>
<th>Student Learning Community</th>
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<tr>
<td>Graduates will be able to</td>
<td>Interprofessional Education Pretest/Posttest</td>
<td>QEP Grand Rounds Reflection Summary Rubric</td>
<td>Interprofessional Education Pretest/Posttest</td>
<td>Point-of-Care Tools Education Pretest/Posttest</td>
<td>Summer Seminar Satisfaction Survey</td>
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<td>1. work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values and Ethics)</td>
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<td>2. use the knowledge of one’s own role and those of other professions appropriately. (Roles and Responsibilities)</td>
<td>Interprofessional Education Pretest/Posttest</td>
<td>QEP Grand Rounds Reflection Summary Rubric</td>
<td>Interprofessional Education Pretest/Posttest</td>
<td>Point-of-Care Tools Education Pretest/Posttest</td>
<td>Summer Seminar Satisfaction Survey</td>
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<td>3. communicate in a responsive and responsible manner. (Interprofessional Communication)</td>
<td>Interprofessional Education Pretest/Posttest</td>
<td>QEP Grand Rounds Reflection Summary Rubric</td>
<td>Interprofessional Education Pretest/Posttest</td>
<td>Point-of-Care Tools Education Pretest/Posttest</td>
<td>Summer Seminar Satisfaction Survey</td>
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<tr>
<td>4. apply relationship-building values and the principles of team dynamics. (Teams and Teamwork)</td>
<td>Interprofessional Education Pretest/Posttest</td>
<td>QEP Grand Rounds Reflection Summary Rubric</td>
<td>Interprofessional Education Pretest/Posttest</td>
<td>Point-of-Care Tools Education Pretest/Posttest</td>
<td>Summer Seminar Satisfaction Survey</td>
</tr>
</tbody>
</table>

**Targeted - Faculty Development**

In order to measure faculty knowledge baseline and growth of knowledge of interprofessional education competencies, the Interprofessional Education Pretest/Posttest (Appendix A.) was developed in four parts (one for each competency) to be administered within the Faculty Development modules in Canvas. Prior to beginning the modules, each faculty will complete the instrument in its entirety as a pretest. The result will provide their baseline knowledge of interprofessional education competencies. After completing each module, the faculty will complete the relevant section of the instrument as a posttest.
The results will be to determine an overall knowledge growth score and a knowledge growth score for each competency. The results will also be used to determine which, if any, modules need improvement to facilitate learning. Annual reports will include pretest and posttest results and analysis for overall scores and for each module scores.

**Engagement of Students in Interprofessional Interaction**

All students participating in QEP Grand Rounds will complete a Reflection Summary online via Qualtrics upon rounds completion. The summary provides the student an opportunity to review their experience in order to connect the Student learning outcome competencies to observations of the rounds. The QEP Grand Rounds Reflection Summary Rubric (Appendix B.) was developed to determine the student’s level of analysis in relating their observations to a competency of each outcome. After students complete their rounds, the QEP team will email students instructions to complete the summary in Qualtrics. The rubric will be used to identify the student’s level of understanding of the application of their observations to the competencies. Annual reports will include rubric results.

**Academics – Student Development**

Since the Student Development modules have the same objectives as the Faculty Development Modules, a similar assessment process to the faculty’s will be administered to the students. To determine student measurements for knowledge baseline and growth of knowledge of interprofessional education competencies, the Interprofessional Education Pretest/Posttest will be administered within the Student Development modules in Canvas. Prior to beginning the modules, each student will complete the instrument in its entirety as a pretest. The students will then take the relevant section of the instrument as a posttest after completing each module. The results will be to determine an overall knowledge growth score and a knowledge growth score for each competency. The results will also be
used to determine which, if any, modules need improvement to facilitate learning. Annual reports will include pretest and posttest results and analysis for overall scores and for each module scores.

**Maintenance and Resources**

In order to measure student knowledge baseline and growth of knowledge of Point-of-Care Tools usage, the Point-of-Care Tools Education Pretest/Posttest (Appendix C.) will be administered within of the online research tool education module in Canvas. Prior to beginning the module, each student will complete the instrument as a pretest. The result will provide their baseline knowledge of tool usage. After completing the module, the student will complete the instrument as a posttest. The results will be used to determine overall knowledge growth and to determine if the module needs improvement to facilitate learning. Annual reports will include pretest and posttest results and analysis for overall scores.

**Student Learning Community**

At the conclusion of each Summer Seminar, each student attendee will be asked to complete the Summer Seminar Satisfaction Survey (Appendix D.). The instrument was designed to assess student attitudes about the presentation, topic and interprofessional education concepts. The instrument also utilizes open-ended questions to provide suggestions to improve the seminar. The results will be used to improve the effectiveness of the seminars. Annual reports will include results for each seminar.

**Student Learning Outcome Benchmarks**

The QEP team has identified benchmarks for analysis of the Student learning outcome measures. Table 10.2 shows each framework component, the associated assessment instrument and the benchmark measures for a successful QEP.
**Table 10.2: QEP Assessment Benchmarks**

<table>
<thead>
<tr>
<th>Project T.E.A.M.S. Framework Component</th>
<th>Assessment Strategy</th>
<th>Benchmark Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Targeted - Faculty Development</strong></td>
<td>Interprofessional Education Pretest/Posttest</td>
<td>For each module, at least 80% of the faculty will show a statistically significant difference between scores.</td>
</tr>
<tr>
<td><strong>Engagement of Students in Interprofessional Interaction</strong></td>
<td>QEP Grand Rounds Reflection Summary Rubric</td>
<td>At least 80% of student participants will at least meet expectations on each section of the QEP Grand Rounds Reflection Rubric.</td>
</tr>
<tr>
<td><strong>Academics – Student Development</strong></td>
<td>Interprofessional Education Pretest/Posttest</td>
<td>For each module, at least 80% of the students will show a statistically significant difference between scores.</td>
</tr>
<tr>
<td><strong>Maintenance and Resources</strong></td>
<td>Point-of-Care Tools Education Pretest/Posttest</td>
<td>At least 80% of the students will show a statistically significant difference between scores.</td>
</tr>
<tr>
<td><strong>Student Learning Community</strong></td>
<td>Summer Seminar Satisfaction Survey</td>
<td>Each seminar will receive an 80% or higher satisfaction rating from all students.</td>
</tr>
</tbody>
</table>

**The Annual Reports**

The QEP team will submit formative QEP Annual Reports to the QEP Steering Committee and MD Anderson Executive Leadership following each implementation year of the Project T.E.A.M.S. framework. The reports will include reference information from the initial document, data and analysis collected from the instruments, adjustments made to the plan based on the collected data and benchmark achievement results.
Appendix A: Interprofessional Education Pretest/Posttest

Select the best answer for each question

Competency 1: Values and Ethics for Interprofessional Practice

1) Which action should you NOT take if you want to show respect for cultural diversity?
   A. Asking/polling team members about their availability before scheduling meetings.
   B. Conversing with a team member from a different background about favorite sports.
   C. *Eating dinner at a different ethnic restaurant once a month.
   D. Understanding your biases towards others different from you.

2) As the new member on the health care team, you should do which of the following to build trust with the other members?
   A. Agree with everything that is said during meetings.
   B. Boast about your credentials.
   C. Hide your feelings so you do not seem attached.
   D. *Show vulnerability if you make a mistake.

3) You just received new patient test results. What action should you take to practice ethical conduct?
   A. Brag about the results to your colleagues.
   B. Call the patient immediately with the good news.
   C. *Provide the results to the team for discussion.
   D. Re-run the test immediately for verification.

4) Which of the following strategies does NOT increase professional competency?
   A. Attending your professional organization’s annual conference.
   B. *Practicing techniques outside your certification scope.
   C. Reading peer-reviewed journal articles related to the current patient’s case.
   D. Taking an online course for CME credits towards your certification requirements.
Competency 2: Roles and Responsibilities

5) Which of the following is NOT a reason to know the responsibilities of all team members?
   A. To determine gaps in knowledge or expertise.
   B. To know whom direct specific questions.
   C. To make sure work is not duplicated.
   D. *To assign a leader to handle potential problems.

6) During a team meeting, another team member asks you about a lab procedure that you have not performed or studied previously. How should you respond?
   A. Discount the procedure to move the meeting along.
   B. Speculate about the procedure based on your current experiences.
   C. *State you will have to consult with a colleague who has experience with the procedure.
   D. Steer the conversation towards a procedure you know.

7) A family member has trepidations about the number of people on the team and how that might affect care of the patient, what would you say to alleviate the fear?
   A. We all meet to decide what to do for every situation.
   B. We are all experts in our fields and know how to best treat your family member.
   C. *We collaborate to decide a path of action based on expertise of each individual.
   D. We each bring certain knowledge, skills, and abilities that covers every aspect of your family member’s case.

8) Which of the following statements is NOT a positive aspects of having team members with various knowledge, skills and abilities?
   A. To provide effective patient care.
   B. To provide efficient patient care.
   C. *To provide quick patient care.
   D. To provide safe patient care.
Competency 3: Interprofessional Communication

9) Which of the following is NOT a necessary consideration in determining whether to have a team discussion through email or in person?
   A. Confidentiality of the issue(s).
   B. *Convenience to all team members.
   C. Urgency level of the issue(s).
   D. Whether or not immediate feedback is necessary.

10) During your meeting with the patient about their test results, you explain the test, procedures, and results. What should you avoid doing to make sure you communicate clearly?
   A. Speak in an even manner.
   B. Start with the main point you want to address.
   C. Use short sentences.
   D. *Use technical terms so the patient knows the lingo.

11) Your team is hosting a round table discussion at a town hall event on the current health issue affecting the community. Which of the following statements/questions can you make as an example of active listening?
   A. “I remember a similar case during my internship.”
   B. “So, you are saying this treatment may be more effective given the conditions?”
   C. *“That sounds like an awesome plan.”
   D. “What did you do in that specific situation to overcome the obstacle?”

12) Which of the following is NOT a best practice for giving or receiving feedback?
   A. *Compare the recipient’s work to another to show an example for improvement.
   B. Feedback should be provided at any time during the case or project.
   C. Keep listening to feedback until the person has concluded.
   D. Provide personal reactions when appropriate.
Competency 4: Teams and Teamwork

13) Which of the following are NOT examples of the team problem-solving process?
   A. A unanimous vote of “thumbs-down” to eliminate a treatment option.
   B. *Describing the patient’s case negatively in order to approach it positively.
   C. Piggybacking or dovetailing off somebody else’s idea for treatment.
   D. Sharing one’s interpretation of the lab results based on professional experience.

14) Which of the following is an effective leadership practice for teamwork?
   A. Ask for agreement on every decision.
   B. *Encourage everyone to share ideas and thoughts at every decision point.
   C. Make sure everybody has the same point-of-view.
   D. Set your ground rules before the first meeting.

15) You and a team member disagree about the next course of action for the patient. What should be your first step to manage this conflict?
   A. *Actively listen to their line of reasoning.
   B. Diplomatically assert your viewpoint.
   C. Respectfully explain why their position is not correct.
   D. Search for common ground between the two paths.

16) Your team is frustrated with the current procedure for disseminating treatment orders, which delays further action for your team. What should be their first step to improve this process?
   A. Analyze the current process.
   B. Brainstorm different ideas to make dissemination more efficient.
   C. Determine the cause of the delays.
   D. *Map the current steps in the process.
## Appendix B: QEP Grand Rounds Reflection Summary Rubric

### Competency 1 - Values/Ethics for Interprofessional Practice

<table>
<thead>
<tr>
<th>Does not Meet Expectations</th>
<th>Somewhat Meets Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student presents only a description.</td>
<td>Student presents a vague relationship between the meeting and competency.</td>
<td>Student presents a clear relationship between the meeting and competency.</td>
<td>Student presents an analysis of the effect the meeting has on their understanding of the competency.</td>
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</table>

### Competency 2 - Roles/Responsibilities

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### Competency 3 - Interprofessional Communication

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### Competency 4 - Teams and Teamwork

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Appendix C: Point of Care Tools Education Pretest/Posttest

Select the best answer for each question.

1. What MD Anderson web page allows access to point of care tools?
   A. Continuing Medical Education
   B. Education & Training
   C. *Medical Research Library
   D. School of Health Professions

2. Open DynaMed and search for “Prostate Cancer.” How many results are available?
   A. About 33
   B. *About 330
   C. About 3300
   D. Number not listed

3. Open UpToDate and search for “Breast Cancer.” How many results are available?
   A. About 47
   B. About470
   C. About 4700
   D. *Number not listed

4. Which of the two tools has an article specifically for “Management of Small Cell Lung Cancer?”
   A. *DynaMed
   B. UpToDate

5. In DynaMed, open the article “Burkitt Lymphoma.” Navigate to the “Management” section. What is the first bullet under “Management overview?”
   A. *Admit all patients to hospital
   B. Admit all patients to clinic
   C. Enroll all patients in a trial
   D. Schedule in-patient visits
6. In UpToDate, open the article “Risk factors for brain tumors.” Which of the following is listed as a “Genetic Factor?”
   A. Glucocorticoid-remediable aldosteronism  
   B. *Li-Fraumeni syndrome  
   C. Major histocompatibility complex  
   D. Presenilin 2

7. Search either tool for “Anaplastic thyroid cancer.” Which of the following diagnosis test or evaluation is NOT mentioned?
   A. Blood test  
   B. Fine-needle aspiration  
   C. *Fluorescent in situ hybridization  
   D. Ultrasound

8. Search either tool for “chronic myeloid leukemia.” What is the first-line or initial treatment in the chronic phase?
   A. Blood transfusion  
   B. Intravenous application of medication  
   C. *Oral application of medication  
   D. Radiotherapy
Appendix D: Summer Seminar Satisfaction Survey

Name ___________________________________________ Program _______________________
Seminar Topic ___________________________________________ Date _______________________

Student Learning Outcome Competency

Indicate your level of agreement with the following statements. SD = Strong Disagree; D = Disagree; N = Neutral; A = Agree; SA = Strongly Agree

1. The seminar was interesting and kept my attention. SD D N A SA
2. The seminar was organized. SD D N A SA
3. The presenter was engaging and encouraged interaction. SD D N A SA
4. I have a better understanding of the interprofessional education competency presented. SD D N A SA
5. I feel confident I can apply the concepts in a professional health care setting. SD D N A SA

Please answer the following questions.

What did you enjoy MOST about the seminar?

What did you enjoy the LEAST about the seminar?

Please provide suggestions that may improve the seminar.