

# Clinical Performance Measures and Monitors



The Clinical Performance Dashboard and Reports are designed to help VISN 21 clinicians meet and maintain the standards of care set forth by HEDIS measures and other quality initiatives



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Click [here](#) for information on obtaining access to SSN and patient-level data. Update Frequency: Last Updated:

EPRP Selection: All Patients, Gender Selection: All  
 Scores for the Disease Management measures with no numerator/ denominator are pulled from the [eQM Provider](#) dashboard and reflect the current SAIL  
 eQM scores are not available at the Associate Provider level.

## Directors Top 10

Definition - ①		Score Date 1/28/2020				
Associate Provider	Score	Target	Numerator	Actionable Patients	Denominator	
<b>DM: HbA1c in the last 12 months(c9h) ①</b>						
(662) San Francisco, CA	94.1 (X)	96	3,463	217	3,680	
DG	100.0 (✓)	96	6	0	6	
HH	100.0 (✓)	96	7	0	7	
AL	100.0 (✓)	96	40	0	40	
SR	97.3 (✓)	96	36	1	37	
SAN FRANCISCO VAMC	96.1 (✓)	96	1,096	45	1,141	
ZT	84.6 (X)	96	11	2	13	
<b>DM: HbA1c &gt; 9 (PoorControl) ①</b>						
(662) San Francisco, CA	10.6 (✓)	11	367	367	3,463	
DG	0.0 (✓)	11	0	0	6	
HH	14.3 (X)	11	1	1	7	
AL	7.5 (✓)	11	3	3	40	
SR	5.6 (✓)	11	2	2	36	
SAN FRANCISCO VAMC	12.0 (X)	11	132	132	1,096	
ZT	9.1 (✓)	11	1	1	11	

**I. Background**

*What is the problem, who is affected, and why does this matter now?*  
 Health professionals must demonstrate competencies in quality improvement (QI) and interprofessional (IP) practice. ACGME Clinical Learning Environment Review program noted that, “IP, team-based quality improvement efforts... provide residents... with experiential learning that goes beyond basic QI methods to include developing skills and behaviors in shared leadership, communications, systems-based thinking, change management, and professionalism”. Despite this promoted ideal, most programs provide limited opportunities for residents to participate in IP QI teams and address QI competency in an integrated, longitudinal way.

**II. Current Conditions**

- Residents complete individual projects of their choosing, often physician-centric and abandoned when resident leaves.
- Other trainees in clinical setting (i.e. pharmacy) only involved in delivering clinical care but not working directly on any systems improvements with other IP trainees. These training programs may have scholarship or QI project requirements, but trainees complete them in a different setting or individually.
- Clinical setting primarily focused on leadership driven initiatives: staff instructed or informed of leadership developed process changes rather than front-line driven change.

**III. Targets and Goals: What specific measurable outcomes are desired and by when?**

SMART AIM: We aim to improve (problem) from x to y in (patient population) by (date).  
 We aim to improve the QI curriculum in [our clinical setting] to be more integrated in the clinical environment by including other professions address quality gaps deemed important by leadership, staff and trainees by August 2020.

**IV. Analysis**

*Why is there a GAP between the current state and your target state?*  
*Use a fishbone or “5 whys” to get at the root of your problem.*

**V. Possible Countermeasures/ Interventions**

Cause/Barrier Addressed	Countermeasure	Predisposing/enabling/reinforcing	Impact	Effort
<i>These should link to causes identified in Box IV</i>			<i>High/ Medium/ Low</i>	<i>High/ Medium/ Low</i>

**VI. Plan and results – PDSA cycles**

*Consider using a Gantt chart, pareto chart or milestone chart*

*Think about:*  
**WHAT:** What exactly needs to be done? What will be the main actions? What is the data collection plan?  
**WHO:** Who will be responsible for what, when, and how much? What support will be required?  
**WHERE:** Identify where the implementation will take place.  
**WHEN:** Establish the basic timing for the scheduled items.  
**WHY:** Why is the data you are planning to collect important? (consider observations, qualitative feedback process, outcome, balancing measures)  
**HOW:** How will preparations be handled, test of change conducted (consider small scale early), data collected/summarized and analyzed?

*Act on results (3A’s) : Identify what parts of intervention you will Adapt, Adopt or Abandon*

**VII. Follow-Up and next steps**

*Use this box as a “to-do” – record of all the tasks that need to be completed, who is owning this and when it needs to be done by*

# Possible Analysis Tools to Insert into your A3

## Examples of Fishbone Analysis

**FISHBONE/ISHIKAWA Chart:** A cause-effect diagram to study a problem and possible causes by category, such as:

- Patients
- Team
- Individual Staff
- Clinic System
- Environment/Supplies
- Technology
- Institutional context

**Purpose:** To think broadly about possible contributors to a problem

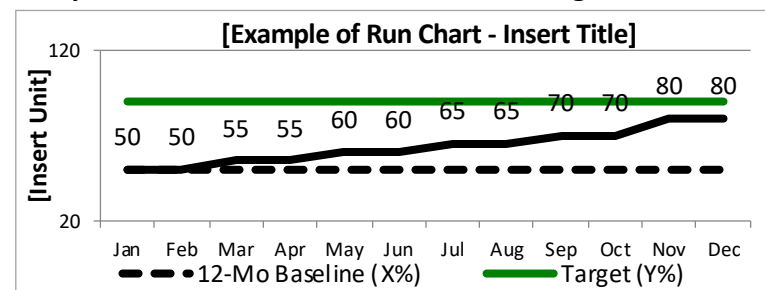
A. Patients	B. Team	C. Individual Staff	Problem Statement:
1.	1.	1.	
2.	2.	2.	
3.	3.	3.	
1.	1.	1.	
2.	2.	2.	
3.	3.	3.	
D. Clinic System	E. Environment/Supplies/Tech	F. Institutional context	

**RUN CHART:** Line chart over time, often including:

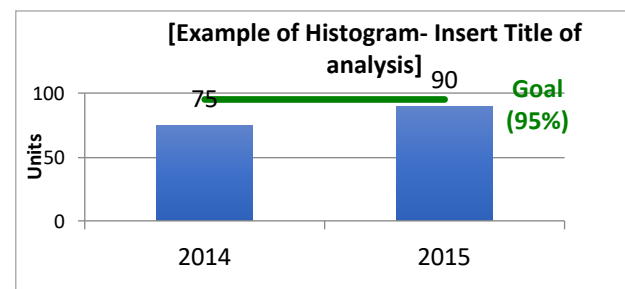
- Baseline: Black dashed line
- Target: Green solid line
- Actual: Black solid line
- Other Options:
  - Year to date is optional: Blue
  - Standard deviation
  - Annotations – can notate when specific interventions implemented

**Purpose:** To show how you have impacted progress across time.

## Examples of Run Chart and Bar Chart/Histogram



**HISTOGRAM:** (bar charts) are useful for summarizing impact when comparing approaches, periods of time (i.e baseline vs year-to-date), or categories.



**PROCESS MAP:** A visual map of current work processes

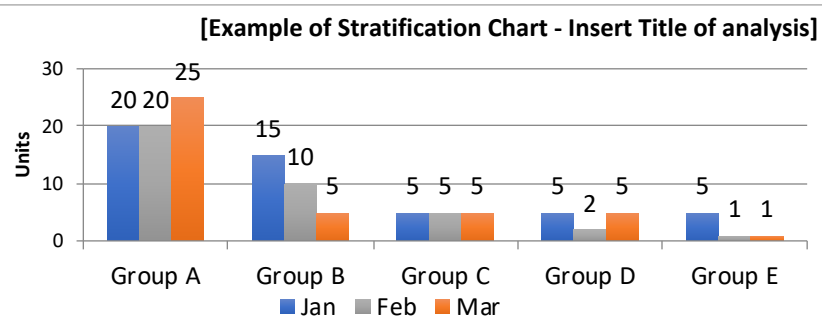
- Circles = Start/end
- Boxes = steps
- Diamonds = decisions
- Arrows = flow
- Starbursts = opportunities to improve
- **Green** = Value from consumer's perspective
- **Yellow** = No value, but required
- **Red** = No value and not required



**Purpose:** To develop understanding of current work processes and opportunities to improve

**Stratification:** In order to learn more about why you have not achieved your targets, divide your data into relevant groups (strata) based on key characteristics, such as:

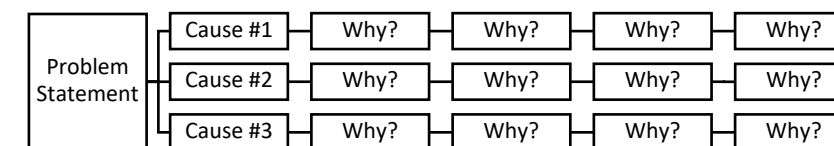
- **Who:** patients, staff or departments?
- **Where:** Unit, clinic, setting?
- **What:** machines, equipment, products
- **How:** defect types, cause
- **When:** time of day, day of week, step of process



**PROBLEM DEFINITION TREE:** A diagram to study a problem and its possible causes with focus on following a connected thread of thinking using 5 Whys?

- Document potential root causes
- Identify causes with highest cause-effect (may supplement with data)
- "Drill down" by asking why five times

## Example of Problem Tree

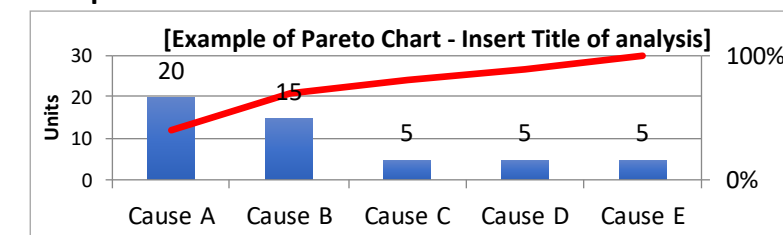


**PARETO CHART:** Combination histogram/bar chart

- Bars = frequencies from highest to lowest
- Line chart = % of total

**Purpose:** To quantify top contributors to a problem to focus interventions on what will have highest impact.

## Examples of Pareto Chart



*These are designed to be modified in PPT.  
Adapted from ZSFG Kaizen Promotion Office*

<http://zsfglearn.org/a3thinking/>

Feedback: [will.huen@ucsf.edu](mailto:will.huen@ucsf.edu)



## Tuesday MP 1 – Team Meeting Schedule

Date	Time	Session	Meeting Facilitator	Scribe
Tuesday, September 10, 2019	8:00-8:50am	Intro to QI		
Tuesday, September 17, 2019	8:00-8:50am	QI Choose a project theme		
Tuesday, September 24, 2019	8:00-10:00am	Curricular Half Day: QI Understand the microsystem <i>(fishbone, process map)</i>		
Tuesday, October 1, 2019	8:00-8:50am	Intro to QI		
Tuesday, October 15, 2019	8:00-8:50am	QI team meeting: SMART AIM, measures		
Tuesday, October 22, 2019	8:00-10:00am	Curricular Half Day: QI Understand the microsystem <i>(fishbone, process map)</i>		
Tuesday, November 5, 2019	8:00-8:50am	QI Team Meeting		
Tuesday, November 26, 2019	8:00-8:50am	QI Team Meeting		
Tuesday, December 3, 2019	8:00-8:50am	QI Team Meeting		
Tuesday, December 17, 2019	8:00-8:50am	QI Team Meeting		
Tuesday, January 7, 2020	8:00-8:50am	QI Team Meeting		
Tuesday, January 21, 2020	8:00-8:50am	QI Team Meeting		
Tuesday, February 4, 2020	8:00-8:50am	QI Team Meeting		
Tuesday, February 11, 2020	8:00-8:50am	QI Work in Progress (All Teams)		
Tuesday, February 25, 2020	8:00-8:50am	QI Team Meeting		
Tuesday, March 3, 2020	8:00-8:50am	QI Team Meeting		
Tuesday, March 17, 2020	8:00-8:50am	QI Team Meeting		
Tuesday, April 7, 2020	8:00-8:50am	QI Team Meeting (Work on Poster Presentation)		
Tuesday, April 21, 2020	8:00-8:50am	QI Team Meeting		
Tuesday, May 5, 2020	8:00-8:50am	QI Team Meeting		
Tuesday, May 26, 2020	8:00-8:50am	QI Team Meeting		
Tuesday, June 2, 2020	8:00-8:50am	QI Team Meeting		
Tuesday, June 16, 2020	8:00-8:50am	QI Team Meeting		



# AY 19-20 EdPACT Sessions Calendar

Last updated on Sept. 17 2019

## Intro to Team-Based Care

July 2019									August 2019								
Week 1		Week 2		Week 3		Week 4		Week 5	-	Week 1		Week 2		Week 3		Week 4	
Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs
2	4	9	11	16	18	23	25	30	1	6	8	13	15	20	22	27	29
H		Intro to EdPACT EdPACT Lunch		Teaching to Teach Faculty Case Conf Differences Matter Intrprf. Communication		Mentoring/Observation		Faculty-led Case	No 8am Session	Intro to EdPACT EdPACT Lunch		Teaching to Teach Faculty Case Conf Differences Matter Intrprf. Communications		Mentoring/Observation		Trainee-led Case	
R3/NPR Team Retreat		R3/NPR Team Retreat		R3/NPR Team Retreat		R3/NPR Team Retreat		R3/NPR Team Retreat		R3/NPR Team Retreat		R3/NPR Team Retreat		R3/NPR Team Retreat		R3/NPR Team Retreat	
Post-Clinic:		Anemia	Chronic Cough	Hematuria	PrEP and PEP	ENT complaints	Hematuria	Vertigo	No Post Clinic	Skin Infections	HIV Primary Care	DJD/OA	Abnormal LFTs	GERD/Dyspepsia	Nephrolithiasis	Insomnia	Concussion

## QI Project / Population Health

September 2019								October 2019									
Week 1		Week 2		Week 3		Week 4		Week 1		Week 2		Week 3		Week 4		Week 5	
Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs
3	5	10	12	17	19	24	26	1	3	8	10	15	17	22	24	29	31
Intro to Pop. Health		Intro to QI		QI Project Theme		QI : Microsystem - Fishbone - Process Map		Intro to QI		Intro to Pop. Health		QI Team Meeting		QI : Microsystem - Fishbone - Process Map		Trainee-led Case	
Population Health		Population Health		Population Health		Population Health		Population Health		Population Health		Population Health		Population Health		Population Health	
R3/NPR Team Retreat		R3/NPR Team Retreat		R2/NP Team Retreat		R2/NP Team Retreat		R2/NP Team Retreat		R2/NP Team Retreat		R2/NP Team Retreat		R2/NP Team Retreat		R2/NP Team Retreat	
Weight Loss	ENT complaints	Cirrhotic		Bowel Disease	Prostatitis/BPH	Erectile Dysfunction	Bowel Disease	Abnormal LFTs	Constipation	Hypothyroidism	Hypertension	Nephrolithiasis	Hemorrhoids	Constipation	Red Eye	Hypertension	No Post Clinic

## Motivational Interviewing

November 2019								December 2019							
Week 1		Week 2		Week 3		Week 4		Week 1		Week 2		Week 3		Week 4	
Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs
5	7	12	14	19	21	26	28	3	5	10	12	17	19	24	26
QI Team Meeting		Motivational Interviewing (R2, Pharm, NPS)		Trainee-led Case		QI Mtg		QI Team Meeting		Motivational Interviewing (R2, NPR, Others?)		QI Team Meeting		No 8am Session	
Population Health		Population Health		Population Health		Population Health		Population Health		Population Health		Population Health		Population Health	
Feedback		Crystal Arthropathy		Tinnitus	Menopause/HRT	Breast Mass		Hyperthyroidism	PTSD	Hyperthyroidism	HIV	GERD/Dyspepsia	No Post Clinic		
								Pharm. Conf 12. 8 to 12.12				Pharm Vacation 12/23 to 1/3/2020			
												NPS Vacation 12/16 to 1/3/2020			



# AY 19-20 EdPACT Sessions Calendar

## Challenging Conversations/Feedback

### January 2020

### February 2020

January 2020				February 2020											
Week 1		Week 2		Week 3		Week 4		Week 1		Week 2		Week 3		Week 4	
Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs
7	9	14	16	21	23	28	30	4	6	11	13	18	20	25	27
QI Team Meeting		Giving/Receiving Feedback		QI Team Meeting		Microaggressions		QI Team Meeting		QI Work in Progress		Population Health		QI Team Meeting	
		Population Health								Giving/Receiving Feedback					
Thyroid Nodule	Breast Mass	Diverticulitis	Tinnitus	Prostatitis/BPH	Weight Loss	Patient Safety Systems Analysis		Hemorrhoids	Vision Loss	Hyperthyroidism	Peripheral Neuropathy	Red Eye	Patient Safety Systems Analysis		Insomnia

### Geriatrics

### Shared Decision Making

### March 2020

### April 2020

March 2020									April 2020								
Week 1		Week 2		Week 3		Week 4		Week 5	-	Week 1		Week 2		Week 3		Week 4	
Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs
3	5	10	12	17	19	24	26	31	2	7	9	14	16	21	23	28	30
QI Team Meeting		GWEP Topics + Cases		QI Team Meeting		PACT ICC		Faculty-led Case		QI Team Meeting		Shared Decision Making		QI Team Meeting		Trainee-led Case	
		Population Health						NPS Vacation 3/23 to 4/3				Population Health					
								R2 Vacation ?									
PVD	Vertigo	PrEP&PEP	PVD	Menopause HRT	Patient Safety Systems Analysis		Anemia	Chronic Cough	Vaginitis	Concussion	DJD/OA	Peripheral Neuropathy	PTSD	Vision Loss	Patient Safety Systems Analysis		DMV Forms

### Shared Decision Making

### Geriatrics

### May 2020

### June 2020

May 2020								June 2020								
Week 1		Week 2		Week 3		Week 4		Week 1		Week 2		Week 3		Week 4		Week 5
Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues	Thurs	Tues
5	7	12	14	19	21	26	28	2	4	9	11	16	18	23	25	30
QI Team Meeting		Shared Decision Making		Trainee-led Case		QI Team Meeting		QI Team Meeting		GWEP Topics + Cases		QI Team Meeting		Trainee-led Case		No 8am Session
		Population Health								Population Health						
Chronic Diarrhea	Erectile Dysfunction	Diabetes	Diverticulitis	Contraception	Chronic Diarrhea	PCOS	Diabetes	DMV Forms	Intimate Partner Violence	Intimate Partner Violence	Osteoporosis	Vaginitis	Obesity	Obesity	Skin Infections	

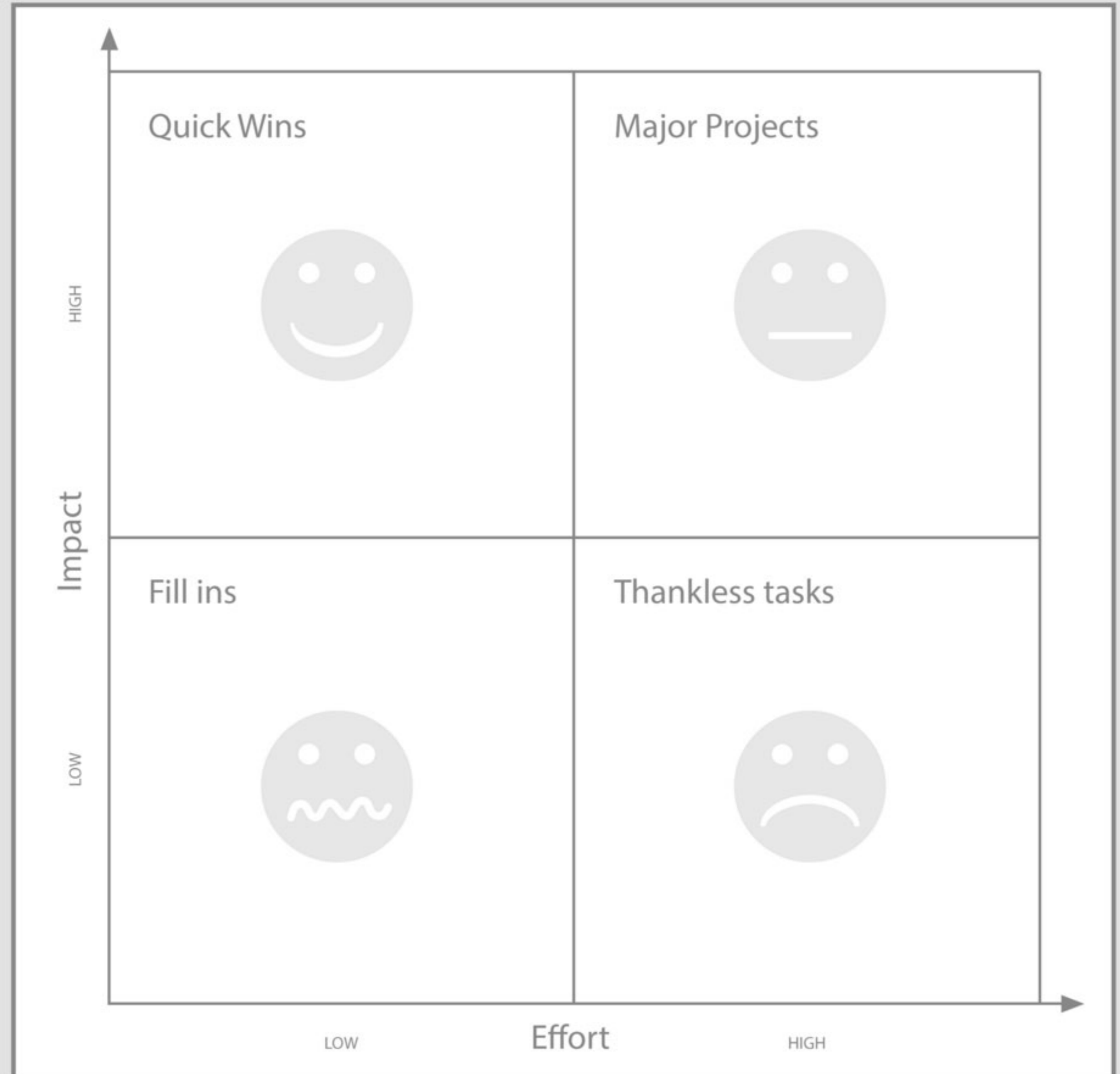
6/12/2020  
NPS Last Clinic



# The Impact / Effort Matrix (also Action Priority Matrix)



List all activities/projects



# Patient-Centered Primary Care Teamlet Roles

## Provider

- Leads care team
- Makes major medical decisions
- Refers to specialty consultants as appropriate
- Performs final medication reconciliation
- Reviews and follows up on diagnostic test results
- Majority of time seeing patients

## RN Care Manager

- Actively manages the patient panel
- Reviews the visit schedule with/without PCP
- Chronic disease tracking
- Answers patient calls
- Identifies preventive care needs with every patient contact
- Coordinates
  - Follow-up procedures
  - Labs
  - Case management and care coordination issues
- Patient teaching opportunities
- Refills

## Veteran

- Schedule appointments
- Appointment check in (including correct ID)
- Discuss concerns and plan of care
- Utilize MyHealthvet
- Contact PC teamlet with problems
- Arrive on time
- Bring medications
- Required paperwork
- Health risk assessment completion (with RN)
- Lab work completion
- Attend committees, patient advisory groups, and task forces

## Clinical Associate (LVN)

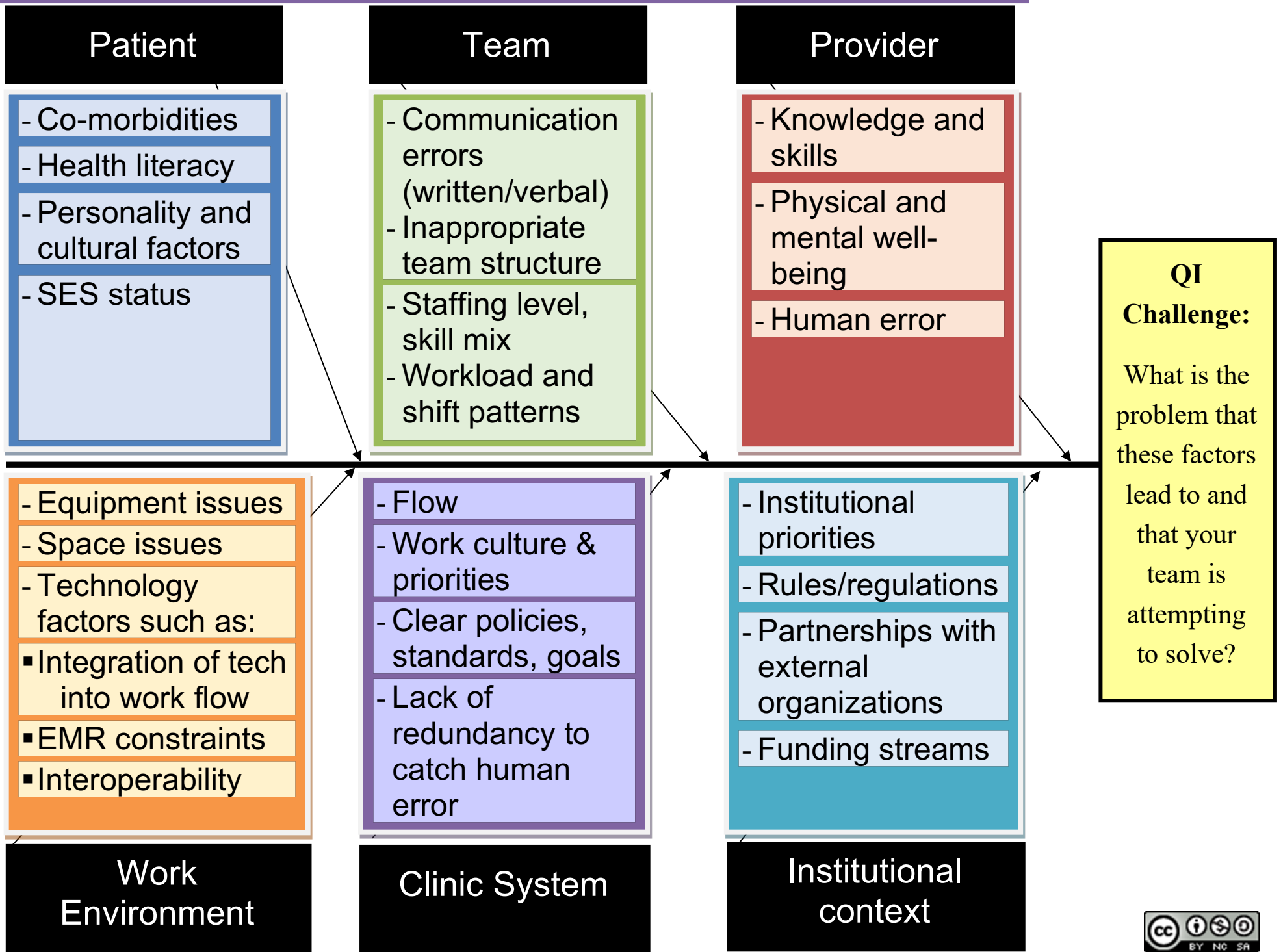
- Focuses on clinic visits
- Reviews daily schedules for patient care needs
- Does vitals
- Appropriate clinical reminders
- Gives immunizations
- Completes orders per clinician or protocol
- Keeps clinician on schedule
- Ensures visit closure

## Clerical Associate

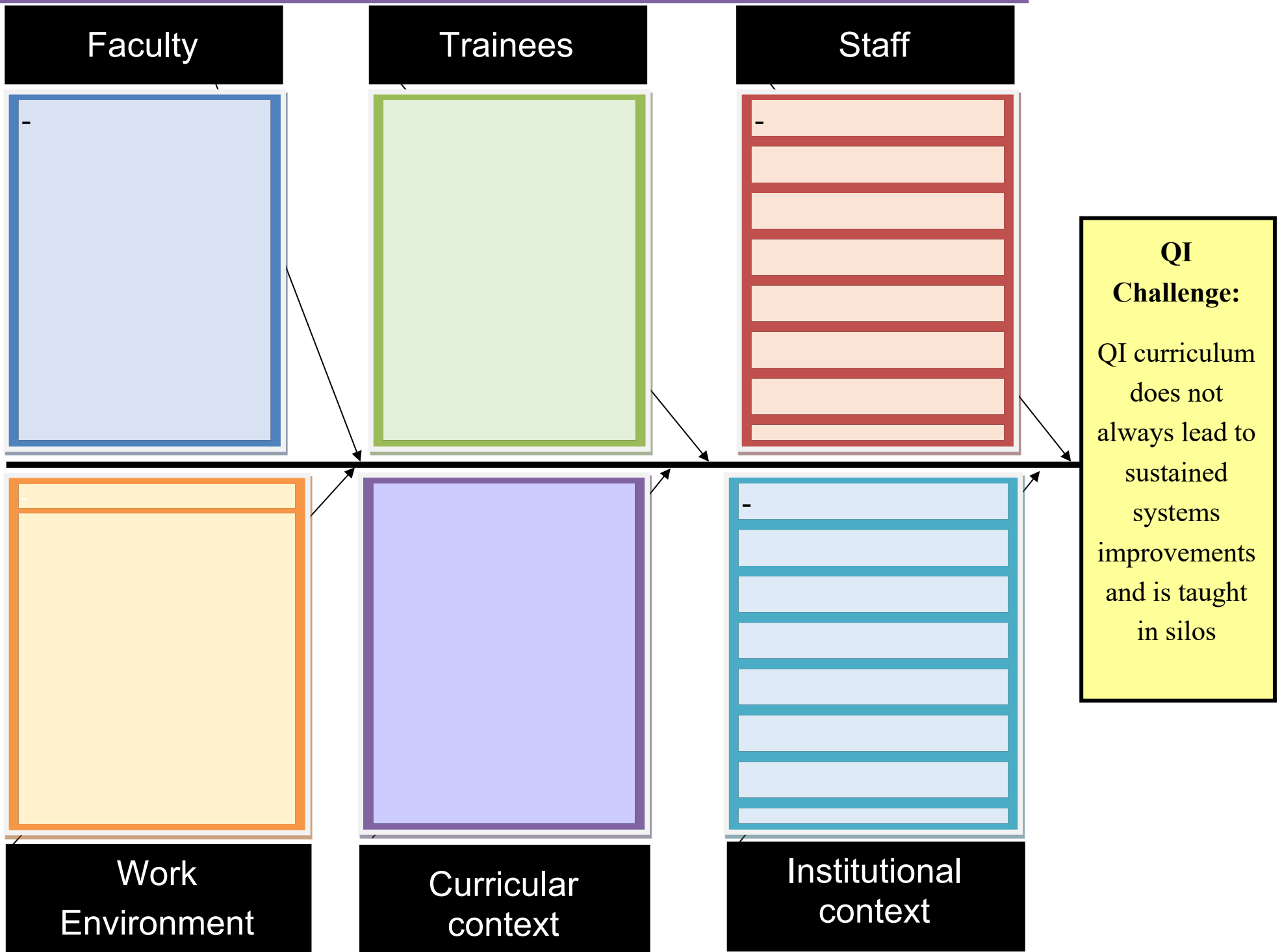
- Makes appointments
- Communicates with patients
- Arranges transportation for patients
- Data entry and retrieval
- Office management (faxing, letters, filing, etc)
- Assists with daily schedule review



# Cause/Effect Diagram AKA Fishbone or Ishikawa Diagram



# Cause/Effect Diagram AKA Fishbone or Ishikawa Diagram



# HUDDLE

February 12<sup>th</sup>, 2020

## Participants:

NP Student/Resident

R2

RN

Coach

MH Fellow

LVN

MSA

*LVN comes in last, has no chair. Coach offers chair to LVN. \*\*\*Six chairs on stage\*\*\**

## Introductions

- RN: Hello everyone. I wanted to welcome our behavioral health psychology fellow, \_\_\_\_\_. Can we go around and do introductions?
- MH Fellow: Hi I'm \_\_\_\_\_ the MH fellow
- *All go around and say Hi, name and role*
- Coach: Glad to have you \_\_\_\_\_. Can you remind us what your role and schedule are?
- MHF: I will be here for the next 9 months on Tuesday mornings and am happy to collaborate with you on any of your patients with behavioral health concerns.

## Check in-

- RN: \_\_\_\_\_, before we start talking about patients, we like to "check in" with each other. How was everyone's weekend?
- R2: I went to LA for my interviews for fellowship. It was great- sunny- and I also got to visit my family, which was nice.
- NPS: Pretty good, I got a lot of studying done for finals and am excited for my upcoming break.
- RN: Thanks everybody. Moving on--
- Coach: Actually, [RN], if we could pause for just a moment, I want to make sure everyone gets a chance to check in before moving on. How was everybody else's weekend? I went to see the new Star Wars movie, it was great.



- LVN: I saw it too! My kids really wanted to see it, which was an added bonus.
- MSA: It was my mom's birthday, so we celebrated by having a lot of friends and family over on Saturday.
- RN: Thanks [Coach], I have finals coming up too for my Master's program, so I mostly stayed in today study as well. I got a lot done, though.
- MHF: And I am new to the city, so I spent the weekend exploring some new neighborhoods.

#### Announcements & Clinic/Scheduling Concerns:

- RN: And now moving on, are there any clinic or patient concerns anyone has? Any announcements or updates? Upcoming leave?
- NPS: I wanted everyone to know that my f/u slots are now 30 minutes so I may be running behind today. [MSA], I may be asking you to let my patients know if I am really running behind.
- MSA: No problem. And I want to remind everyone that we are piloting a new check out desk this week. Please send your patients to the checkout desk in the waiting room instead of the front desk

#### Review of today's Cases:

- LVN: I have your charts I reviewed here for today's patients. [R2], your 8:30 is Mr. Rodriguez who was seen by [NPS] in her clinic last month. I was not able to reach him for a pre-visit call these last 2 days.
- R2: Update for the group – Mr. Rodgers is in his 60s, he has morbid obesity, hypertension but is otherwise pretty straightforward. [NPS], I saw that you saw him about 2 weeks ago, but I haven't yet had a chance to read your note. Do you mind telling me briefly what you saw during your visit with him? Anything I should focus on today?
- Coach: Can we time out for a second? It sounds like we are talking about two different patients.
- NPS: Sure, just to be clear, this is Mr. Paul Rodgers not Kevin Rodriguez, right?
- LVN: You are correct, that *is* confusing. [R2], Kevin Rodriguez is your 8:30 and Paul Rodgers is your 9:00. [NPS], thank you for your clarifying.
- Coach: [LVN] and [NPS], that was great situation monitoring, you should keep doing that.
- NPS: [R2], Mr. Rodriguez, your 8:30 patient who [LVN] mentioned is doing well but was having knee pain. In terms of Mr. *Rodgers*, a chair actually fell on his head which caused a head injury. I largely focused on his neuro exam, which was fine except that he has an old Right side ptosis from a previous injury. His primary concerns during the visit were his headaches and dizziness.

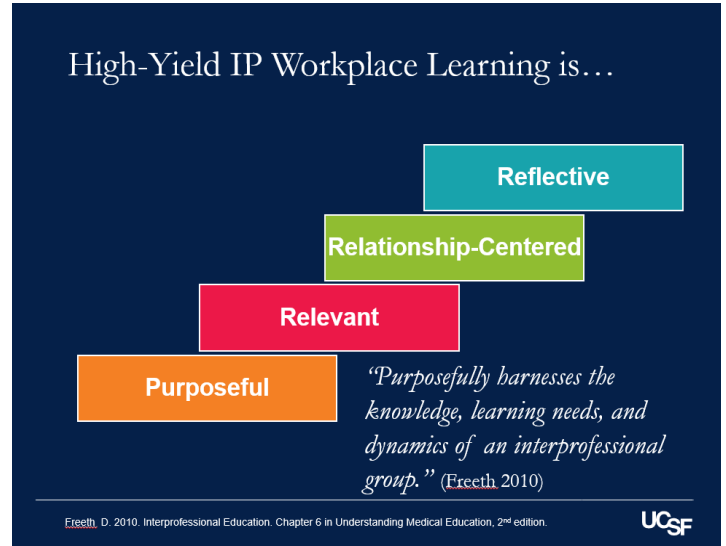
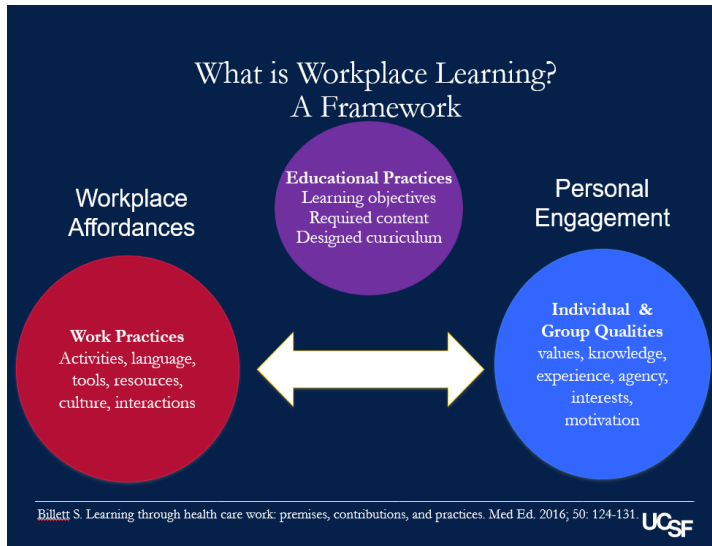
- (LVN): During my pre-visit phone calls, Mr. Rodgers also mentioned he was feeling a little down and depressed.
- R2: OK, that's new for him. Thanks for letting me know. [To MHF] [MHF], if Mr. Rodgers is willing to talk about his mood, could you accept a warm hand off today?
- MHF: Sure, no problem.
- R2: So just to close the loop, I will follow-up on Mr. Rodger's dizziness and headache and will and warm hand-off to you, [MHF], if he is willing.
- Coach: That was great closed loop communication, keep that up, [R2]. [MHF], what is the best way for [R2] to contact you during the visit? I just want to make sure everyone is on the same page about how to communicate with one another throughout the day.
- (MHF): You can either Instant Message me or come knock on my door. I know sometimes providers don't like it when they are interrupted, but since I see drop-in's I'm fine if you interrupt me so we can figure out what to tell your patient for when I can see him. It's also great to get a warm handoff from you about what's going on with the patient.
- R2: Great, so just to check back, if Mr. Rodgers is amenable to a warm hand-off I should either IM you or come knock on your door.
- MHF: That's right!
- Coach: That was a great check-back, [NPS].



Interprofessional Collaboration: Meaningful workplace learning for diverse trainees  
Worksheet

1. What curricular/ training need are you trying to fulfill? <i>Core requirement for interprofessional teamwork and communication?</i>
2. Trainee Setting: <i>Clinic/ Hospital?</i>
3. Are trainees currently engaged in this curricular area? If so name the types of trainees. <i>Physician, nurse practitioner?</i>
4. Who else should you included to make it more interprofessional? (I.e. Personal Engagement) <i>Pharmacy Trainees/ Staff?</i>
5. In order to be inclusive how would you need to modify existing learning objectives or teaching strategies? (I.e. Educational Practices) <i>You already have an activity on diabetes for medicine trainees and want to involve psychology fellows. You might want to include teaching on behavioral health coaching or motivational interviewing or warm handoffs.</i>
6. What are current strengths you can capitalize on in you program? (I.e. Affordances) <i>Faculty experts on a topic, personal connections with other interprofessional faculty, key stakeholders or existing structures of collaboration in the clinical setting?</i>
7. What are barriers you anticipate while implementing that might limit your success? <i>Scheduling issues, managers blocking staff participation</i>
8. How might you overcome those barriers? Think about how you might utilize your strengths? <i>Partner with clinic managers to develop curricula to solve clinic problems like choosing QI projects based on the needs of the clinic.</i>
9. What are your next steps? Write next steps utilizing a SMART goal format. Specific, Measureable, Achievable, Realistic and Timely





Kern Curriculum Development Model	Kotter’s Change Management Model	Plans
1. General Needs Assessment	A. Establish a Sense of Urgency	
2. Specific Needs Assessment	B. Form a Powerful Coalition	
3. Goals/ Objectives	C. Develop a Strategy /Vision	
4. Educational Strategies	D. Communicate that vision	
5. Implementation	E. Remove Obstacles F. Create Short Term Wins G. Consolidate Gains	
6. Evaluation and Feedback	H. Anchor in the culture	



 #ucsfmeded21

## Interprofessional Collaboration: Meaningful Workplace Learning for Diverse Trainees

### Resource Links

- Team Retreat Toolkit (Team Retreats for Interprofessional Trainees and Clinical Staff: Accelerating the Development of High-Functioning Teams- MedEd Portal): <https://www.mededportal.org/publication/10786/>
- Huddle Toolkit: (Huddle Implementation- Boise Center of Education for Interprofessional Collaboration): <https://boisevacoe.org/index.php?CID=302>
- How to Huddle (Video): <http://suzannecgordon.com/how-to-huddle/>

### Notable Articles

- **Twelve Tips for Delivering Successful Interprofessional Case Conferences**  
O'Brien, B.C., Patel, S.R., Pearson, M., Eastburn, A., Earnest, G., Strewler, A.,... Shunk, R. (2017). Twelve tips for delivering successful interprofessional case conferences. *Medical Teacher*, 29(12), 1214-20. PMID: 28685632.
- **Huddle-Coaching: A Dynamic Intervention for Trainees and Staff to Support Team-Based Care**  
Shunk, R., Dulay, M., Chou, C.L., Janson, S.L., & O'Brien, B.C. (2014). Huddle-coaching: A dynamic intervention for trainees and staff to support team-based care. *Academic Medicine*, 89(2), 244-50. PMID: 24362383.
- **Interprofessional Population Health Advocacy: Developing and Implementing a Panel Management Curriculum in Five Veterans Administration Primary Care Practices**  
Dulay, M., Bowen, J.L., Weppner, W.G., Eastburn, A., Poppe, A.P., Spanos, P.,... Kaminetzky, C.P. (2018). Interprofessional population health advocacy: Developing and implementing a panel management curriculum in five Veterans Administration primary care practices. *Journal of Interprofessional Care*. Retrieved from <https://www.tandfonline.com/ucsf.idm.oclc.org/doi/full/10.1080/13561820.2018.1469476> PMID: 29746221.

## Population Health Facilitator Guide September/October 2019

### Recommended agenda for the Sept/Oct session (can adjust to needs of group):

- 10:30-10:40: Settle in, icebreaker, **overall intro to pop health**
- 10:40-10:50: Intro to **DM metrics and dashboard** (“Topic 1”)
- 10:50-11:40: Work time, including setting SMART goals
- 11:40-Noon: Wrap up/reflection

### Check-in/ice breaker –

**Option 1:** Favorite food growing up

**Option 2:** First word that pops into your head when you hear “population health”. This can be combined w/ another check in (kind of fun when people say things like “Metrics Zazie” if you do Options 2 and favorite restaurant in your neighborhood.)

### Overall intro to pop health

*Use the information below as an active review/conversation starter. Avoid just reading definitions/lists.*

### **Ask: what is the definition of panel management? What are the key points?**

COE definition of Panel Management: “tools and processes for identifying patients in a primary care practice with unmet preventive and chronic care needs and working systematically as a team to address these needs”

### Key points to weave into activities today (and other pop health sessions going forward):

- Tools & processes:
  - Proactive, not reactive
  - Outreach (mail HCV age cohort testing letter) vs. inreach (prep age appropriate vaccinations) – both inreach and outreach can be part of population health
- Unmet preventative & chronic care needs:
  - Theme of Sept/Oct is DM and “high risk” patients
  - Unmet need could also be no shows, lost to follow-up, high CAN, other barriers to DM/HTN care (food/housing insecurities, substance abuse, social/behavioral health comorbidities)
- As a team:
  - Engage help of all team members to work to top of license and share tasks

### **Ask: why is it so important that we are doing this as a group? Why not just put static dashboard data in your mailboxes?**

-How can the group learn from each other, use each other as resources?

-Highlight other aspects of pop health time, e.g., support each other with challenging pts, precepting non-face to face care, opportunity for collaboration btw PACT team, warm hand-offs etc

- Pop health is a “team sport” – talk about role of pharmacy, RN’s. We can all learn from each other.
- Pharmacy will be prepped in advance by their supervisors about expectations
- Everyone can work on parts that are most relevant for their profession (and involve RN/LVN/MSA in the work)



- This is a safe space for learning, talking about issues that come up in clinic or outside

**Share: There is structure to this activity.** Talk about the structure in terms of (1) the year (different themes like DM, HTN, High Risk Patients, Opioid Safety) and (2) the sessions (intro to topic, work time, wrap-up). There is clear structure **AND** we also want this to be flexible based on your own goals (and because everyone's panel is different).

- We will go over the themes for the months and spend most of the time as "work-time" for current and past themes/goals. Sessions will run for 1.5-2 hours once a month during the EdPACT retreats (every other month for those trainees rotating on and off block).
- This is carved out special time reserved for population health and **proactive** patient care (*kindly remind trainees that this time is not for retrospective patient care like finishing notes or following up on labs unless it's an emergency*)
- **Data** will be obtained in the following way:
  - o By going to the V21 Dashboard: Clinical Performance Measures and Monitors for overall performance
  - o By drilling down into patient level data with the master spreadsheets
    - i. There will be one master spreadsheets pulled every 2-4 weeks (depending on the month):

**Facilitator's Role:** Review themes/teaching, help guide SMART goals and check in about the Population Health Goals and Progress Sheet, troubleshoot issues, help create a community where everyone learn from each other.

You can also review trainee Population Health Goals and Progress Sheet outside of this pop health time and leave comments in this document for trainee review. At the end of the academic year, you will spend dedicated time with the trainee review this document and overall performance, successes, and areas for growth in panel mgmt./pop health.

**Ask: How do you know if you are learning pop health and how do you know your panel is being well managed?**

- SMART Goals (Specific, Measurable, Attainable, Relevant, Time-bound) and the Population Health Goals and Progress Sheet
- Performance Metrics overtime (dashboard, panel reports)
- Individualize to panel needs

## TOPIC #1: Diabetes

### 1. Intro to DM metrics and the dashboard

- Ask: If you were selecting metrics for the VA to care about for DM what would you pick?** Annual A1c, A1c <9, microalbumin, eye exam, foot exam, BP control, statin, etc
- Review data**
  - Help everyone find their data on the V21 dashboard and master excel lists saved on the R drive.
  - During the first few sessions, demo how to access the dashboard and find the master excel list. Role model how you might interpret the data. Ex how to find patients that are "in the red" on a particular metric. Even if a metric is green, there may still be value in addressing patients who are out of range and setting goals for this metric.

**c. Documentation of Work (all trainees)**

Use [MP/SB/DTC Population Health Management Note](#) (see Appendix 1)

- i. Assign who will complete the note for the patient/task to avoid duplicate documentation, use additional signer

**2. Setting SMART Goal**

**ASK and DISCUSS: Trainees to review their panel and set at least 1 goal based on their individual panel needs, document them in the [Population Health Goals and Progress Sheet](#) and then come together and share goals as a group. Facilitator can help refine/revise goals as needed to make them more "SMART".**

1. Independent work time on setting a SMART goal (at least 1 goal)
2. Sharing goals before diving into work (with facilitator and group members giving feedback).

**3. Work time (the focus of all pop health sessions)**

- Encourage trainees and staff members to work together in real time during the session
- Document in CPRS using the "MP/SB/DCT Population Health Management Note" (see 1D)

**4. Wrap-up/reflection**

**Bring group together to debrief with the following questions:**

**a. Debrief:**

- i. What went well? What was challenging?
- ii. How did you keep track of your work without feeling like you are keeping a "shadow chart" or doing double work?
- iii. When makes sense for you to pick this back up (e.g., do you need 10-15 min more this week for specific tasks, or do you need to wait several months for a1c's to get re-done - will depend on the goal).

Question/Comments/Collaboration?

Contact us:

Andrew Lau, PharmD ([Andrew.Lau@va.gov](mailto:Andrew.Lau@va.gov))

Sara Rumrill, MD ([Sara-Megumi.Rumrill@va.gov](mailto:Sara-Megumi.Rumrill@va.gov))



*\*\*\*Please do not use this material without approval from workshop authors. Thank you.\*\*\**

## Ground Rules for San Francisco VA EdPACT QI Meetings

To foster a collegial, supportive, and respectful environment, we recommend that each team take some time to discuss norms at the outset of the QI project. Here are a few ground rules that teams in the past have found helpful.

- Try to arrive 5 minutes early to meetings so that the discussion can start and end on time.
- Demonstrate mutual respect. Be engaged, respectful and courteous to team members when they have the floor; in return, they will do the same for you.
- Foster interprofessional, creative, innovative, collaborative dialogue.
- Planned and unplanned absences – let your team members know if you will be missing a meeting.
- Come prepared to meetings. Send your input by email or handoff to a team member if you are not able to be present in person.
- Please restrict cell phone usage to urgent correspondence. If you need to use your phone, quietly excuse yourself from the room.
- Rotate the roles of scribe, facilitator, time keeper and tangent police at every meeting.
- Scribe: Take minutes in real time, if possible, and send to the group no later than 1 week after the meeting and ideally within 24 hours.
- Facilitator: With mentor input, propose the agenda before the meeting and negotiate it at the start.
- Action items: Meet agreed upon deadlines. Your mentors are available for guidance, please reach out early for help if needed.
- Use a standardized naming for files created and edited over the course of the project.
- Use the “parking lot” for items that need future discussion and new ideas not directly linked to the topical areas.



**San Francisco VA Medical Center**  
<http://www.sanfrancisco.va.gov/education/edpact.asp>



**Office of Academic Affiliations**  
[www.va.gov/oaacoepece](http://www.va.gov/oaacoepece)

**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
Office of Academic Affiliations



Team Observed: \_\_\_\_\_ Observer: \_\_\_\_\_ Date: \_\_\_\_\_

Team members attending: Clerk/MSA: \_\_\_\_\_ RN: \_\_\_\_\_ LVN: \_\_\_\_\_ Mental Health: \_\_\_\_\_ Social Work: \_\_\_\_\_ Pharm: \_\_\_\_\_ NP

Student/Res: \_\_\_\_\_ Med Resident(s): \_\_\_\_\_

CHECK THIS BOX IF HUDDLE DID NOT OCCUR

SET UP	
<input type="checkbox"/>	Team meets in the assigned room
<input type="checkbox"/>	All team members have space / a chair
PREP	
<input type="checkbox"/>	Bring printed lists of patients scheduled for the following week (scrub sheets) (MSA)
<input type="checkbox"/>	Chart scrubbed prior to the huddle (e.g., LVN calls patients & documents reason for visit; RN orders labs, etc. (RN/LVN)
<input type="checkbox"/>	Issues identified for discussion (e.g., Trainees reviewed charts/pre-rounded on patients scheduled for the day/week/next week; MSA reviewed schedule for glitches; pharmacy trainee completed med rec on new patients) (ALL TEAM MEMBERS)
CHECK IN WITH TEAM MEMBERS	
<input type="checkbox"/>	How's everyone doing? Ask a fun question or share a trivial/non-trivial fact (e.g., weekend plans, hobbies)
<input type="checkbox"/>	Any systems or clinic issues to know about today? (e.g., several LVNs out today)
<input type="checkbox"/>	Anyone on the team out / planning to leave early / upcoming vacation / rotating out of clinic (e.g., med residents alternate months)
HUDDLE CONTENT (order of discussion and team member leading each item is flexible)*	
Discuss patients scheduled for the day (LVN, RN, or Trainee leads)	
<input type="checkbox"/>	LVN identifies which patients were contacted; Shares info obtained from the patient (e.g., reason for visit; patient's agenda)
<input type="checkbox"/>	Team members add concerns about patients (e.g., care coordination issues, MSA to update contact information, vaccine to be given@ check-in)
<input type="checkbox"/>	Interprofessional practice partners (SW, MH, or Pharm) engage in discussion (e.g., ask if any patients are appropriate for a same day visit / warm handoff or collaborative visit, offer resources that could be helpful for patients, share information about patients familiar to them)
<input type="checkbox"/>	MSA presents scheduling issues (e.g., trainee has several unfilled slots; a high-priority patient cancelled appointment for third time)
Discuss patients for upcoming weeks (LVN, RN, or Trainee leads)	
<input type="checkbox"/>	Create agenda for next week's pre-visit planning calls (e.g., look for opportunities to order labs, x-rays; request outside records); if time is short, team can also agree that trainee will review scrub sheets and return with clear comments/directions to LVN or RN by end of day.
<input type="checkbox"/>	MSA and other team members discuss any scheduling issues (e.g., trainee has patients scheduled on a day when he/she not in clinic; move patients erroneously scheduled)
<input type="checkbox"/>	Triage patients to maximize access and/or continuity (e.g., any patients better suited to telephone clinic, patient rescheduled to see primary provider rather than practice partner)
<input type="checkbox"/>	Interprofessional practice partners (SW, MH, or Pharm): Any patients appropriate for a collaborative visit next week?
Discuss active patients who need care outside of a scheduled visit (RN, LVN, or Trainees)	
<input type="checkbox"/>	Discuss special needs required between visits (e.g., follow-up labs, post-discharge care coordination, med refills, narcotic renewals) (RN or Trainee)
<input type="checkbox"/>	Discuss all hospitalized patients or recent discharges (RN or Trainee)
Other Items	
<input type="checkbox"/>	Exchange paperwork (e.g., MSA collects documents for faxing, mailing; RN gives Trainees forms needing signatures)
<input type="checkbox"/>	Check-in about upcoming shared medical appointments (group visits): recruitment, scheduling, reminders for patients (Trainees lead)
<input type="checkbox"/>	Review Dashboard or other panel data (at least once per month) (RN or Trainee leads)
WRAP-UP	
<input type="checkbox"/>	Coach gives feedback AND/OR team members debrief process and give one another feedback (e.g., summarizes key learning points; acknowledges effective use of check-back, role clarification, closed loop communication, feedback to other team member and/or identifies places where these skills could have been used)

\*Based on team member availability  HUDDLE STARTS AND STOPS ON TIME (if yes, check the box)

List at least 1 specific feedback point (constructive or reinforcing) and any comments on team member interaction (e.g., Summarize Key Learning Points related to systems issues and improvements; clinical PEARLS; interprofessional collaboration / problem-solving; patient-centered care; Communication skills such as: closed-loop communication, check-back, ISBAR, role clarification, empathy, non-verbal communication)

## Team Retreat Curriculum and Facilitator Guide

### Retreat Agenda

Time	Activity	Location & Group
12:00-12:20	Welcome and Lunch	Conf Rm (Whole Group)
12:20-1:00	Team-Building Activity – Marshmallow Challenge	
1:00-1:15	Reorientation to Retreat, Introductions, Icebreakers	Group Rm (Team)
1:15-1:25	Set Ground Rules	
1:25-1:45	Speed Meeting	
1:45-2:05	Pride and Challenge with Engaged Listening	
2:05-2:20	Attributes of High-Functioning Teams	
2:20-2:25	Participants' Goals	
2:25-2:35	Break	
2:35-2:40	Set Agenda for remainder of afternoon	Group Rm (Team)
2:40-4:10	Select activities based on team's agenda <ul style="list-style-type: none"> <li>• Review team members' roles</li> <li>• Challenging team experience</li> <li>• Improve team processes</li> </ul>	
4:10-4:20	Next Steps	
4:20-4:30	Check-out and Evaluations	

### TEAMS TRANSITION TO SMALL GROUP SESSIONS WITH TEAM MEMBERS AND FACILITATORS

#### 1. Reorientation to retreat

3 minutes

“I want to again welcome you to this opportunity to be together and remind you that our goal today is to get to know each other, both professionally and personally, to help us become a more effective team, so that we can take optimal care of our patients. To do that, we have 5 activities planned for the afternoon: 1) getting to know one another and beginning a conversation about our differences and backgrounds 2) practicing communication skills 3) reviewing characteristics of a high functioning team and thinking about your current team function 4) discussing our roles and challenging team experiences 5) Lastly, developing SMART goals for your team to work on and follow up with.”

#### 2. Introductions/Icebreaker

10 minutes

“We’ll start by introducing ourselves, our role on the team (i.e. PACT LVN) and then telling each other something about our names. Please also tell us if you have attended an Interprofessional Team retreat in the past.” (Co-facilitator 1 starts the introduction as a demonstration, then proceed with group members and end with co-facilitator 2)

**After everyone has shared, acknowledge the diversity that is present.**

“Hearing everyone’s name reminds us of the diversity within the room in terms of background, culture, and role on the team.”

#### 3. Attributes of high- functioning teams

15 minutes

**Divide a flip chart paper or a white board into 4 quadrants. Label each quadrant with the following: (This can be prepared beforehand)**

#### Cohesion



## Communication

### Role clarity

### Goals and means clarity

**Begin this exercise by saying** “Leaders in the business world who spend a great deal of time thinking about effective teamwork have found there are 4 key components of effective teamwork.”

**Facilitators can elaborate on the exact meaning of the 4 components of highly effective teamwork by describing the items below.<sup>3</sup>**

*“Cohesion- Sense of ‘we’. Feel supported as member of team and find meaning being on a team. One specific example is routinely developing creative solutions to problems as a team.”*

*“Communication- Includes many components such as respectful, direct, open, conflict negotiation.”  
(See Appendix C – Handout: Team Communication Resource for other examples).*

*“Role Clarity-Clear understanding of role of self and others on a team”*

*“Goal & Means Clarity- Clear understanding of team goals and how to reach them together”*

**Now say:** “What does your team do that works well? “What are great characteristics about this team here?”

**Have teams report out ideas and consider writing the characteristics in the appropriate quadrant of the large paper or white board.**

**After all teams have shared been able to give their characteristics say,** “We will be focusing on one of these quadrants, role clarity, in the next exercise. There will be opportunities to build on skills in the other quadrants later this afternoon.”

## References

1. The Marshmallow Challenge. <https://www.tomwujec.com/design-projects/marshmallow-challenge/> . Last accessed August 3, 2018.
2. Clark WD, Russell M. Skill Set Two: Skills that build trust. In: Chou CL, Cooley L, eds. Communication Rx: Transforming Healthcare Through Effective Communication. New York: McGraw Hill, 2018. 35-46.
3. Quality Enhancement Research Initiative (QUERI). Guide to the Team Development Measure. <https://www.queri.research.va.gov/tools/TeamDevelopmentMeasure.pdf> Last accessed August 3, 2018.
4. Chou CL, Cooley L, eds. Communication Rx: Transforming Healthcare Through Effective Communication. New York: McGraw Hill, 2018.
5. Agency for Healthcare Research and Quality. TeamSTEPPS Primary Care Version. Available at: <https://www.ahrq.gov/teamstepps/primarycare/index.html> . Last accessed June 5, 2018.
6. Grant AM. An integrated model of goal-focused coaching: An evidence-based framework for teaching and practice. International Coaching Psychology Review. 2012; 7(2): 146-165.

February 2020					
Block B					
DATE & TIME	SESSION	ATTENDEES		ROOM	PRESENTER(S)/ FACILITATOR(S)
<b>Tuesday, 2/4</b> (Session Evaluations: <a href="http://tiny.ucsf.edu/FebTuesEdPACT">http://tiny.ucsf.edu/FebTuesEdPACT</a> )					
8:00-8:50 am	QI Team Meeting	Tuesday MP1 QI Team		MP Conf Room	Hildebrand, Macri, Yannucci
		Tuesday MP2 QI Team		COE Conf Room	Jimenez, Naylor, Safari
		Downtown QI Team		Downtown Clinic	Barrera, Shak, Mike Cheng, Teresa Cheng
	Advanced Population Health	<input checked="" type="checkbox"/> R3 <input type="checkbox"/> R2 <input checked="" type="checkbox"/> NPR <input type="checkbox"/> NPS <input type="checkbox"/> Pharm <input type="checkbox"/> Psych <input type="checkbox"/> SW <input type="checkbox"/> RD	Computer Training Room	Phillips, Lam	
4:30-5:00pm	Post Clinic Conference – Hemorrhoids/Rectal Bleeding	<input checked="" type="checkbox"/> R3 <input checked="" type="checkbox"/> R2 <input checked="" type="checkbox"/> NPR <input checked="" type="checkbox"/> NPS <input type="checkbox"/> Pharm <input type="checkbox"/> Psych <input type="checkbox"/> SW <input type="checkbox"/> RD	MP Conf	Presenter: Claire Debolt	
<b>Thursday, 2/6</b> (Session Evaluations: <a href="http://tiny.ucsf.edu/FebThursEdPACT">http://tiny.ucsf.edu/FebThursEdPACT</a> )					
8:00-8:50 am	QI Team Meeting	Thursday MP1 QI Team		MP Conf Room	Murphy, Odden, Bachhuber
		Thursday MP2 QI Team		COE Conf Room	Rutherford, Dulay, Bachhuber
		San Bruno Clinic QI Team		San Bruno Clinic	Phillips, Strewler, Duggal, Goodman
	Advanced Population Health	<input checked="" type="checkbox"/> R3 <input type="checkbox"/> R2 <input checked="" type="checkbox"/> NPR <input type="checkbox"/> NPS <input type="checkbox"/> Pharm <input type="checkbox"/> Psych <input type="checkbox"/> SW <input type="checkbox"/> RD	Computer Training Room	Rumrill, Lau	
4:30-5:00pm	Post Clinic Conference - Insomnia	<input checked="" type="checkbox"/> R3 <input checked="" type="checkbox"/> R2 <input checked="" type="checkbox"/> NPR <input checked="" type="checkbox"/> NPS <input type="checkbox"/> Pharm <input type="checkbox"/> Psych <input type="checkbox"/> SW <input type="checkbox"/> RD	MP Conf	Presenter: Claudia Barrera	
<b>Friday, 2/7</b> (Session Evaluations: <a href="http://tiny.ucsf.edu/FebFriEdPACT">http://tiny.ucsf.edu/FebFriEdPACT</a> )					
8:00-8:50am	NP Trainee Teaching –Speed Mentoring	<input type="checkbox"/> R3 <input type="checkbox"/> R2 <input checked="" type="checkbox"/> NPR <input checked="" type="checkbox"/> NPS <input type="checkbox"/> Pharm <input type="checkbox"/> Psych <input type="checkbox"/> SW <input type="checkbox"/> RD	COE Conf	Jimenez, McMullen, Duggal, Strewler, Loew, Sha	
<b>Tuesday, 2/11</b> (Session Evaluations: <a href="http://tiny.ucsf.edu/FebTuesEdPACT">http://tiny.ucsf.edu/FebTuesEdPACT</a> )					
8:00-10:00am	<i>Curricular Half Day</i> QI Work In Progress	<input type="checkbox"/> R3 <input checked="" type="checkbox"/> R2 <input checked="" type="checkbox"/> NPR <input checked="" type="checkbox"/> NPS	COE Conf	QI Mentors	
10:15am-12:00pm	Giving and Receiving Feedback	<input checked="" type="checkbox"/> Pharm <input checked="" type="checkbox"/> Psych <input checked="" type="checkbox"/> SW <input checked="" type="checkbox"/> RD		Davis	
4:30-5:00pm	Post Clinic Conference - Hyperthyroidism	<input checked="" type="checkbox"/> R3 <input checked="" type="checkbox"/> R2 <input checked="" type="checkbox"/> NPR <input checked="" type="checkbox"/> NPS <input type="checkbox"/> Pharm <input type="checkbox"/> Psych <input type="checkbox"/> SW <input type="checkbox"/> RD	MP Conf	Presenter: Claire Debolt	
<b>Thursday, 2/13</b> (Session Evaluations: <a href="http://tiny.ucsf.edu/FebThursEdPACT">http://tiny.ucsf.edu/FebThursEdPACT</a> )					
8:00-10:00am	<i>Curricular Half Day</i> QI Work In Progress	<input type="checkbox"/> R3 <input checked="" type="checkbox"/> R2 <input checked="" type="checkbox"/> NPR <input checked="" type="checkbox"/> NPS	COE Conf	QI Mentors	
10:15am-12:00pm	Giving and Receiving Feedback	<input checked="" type="checkbox"/> Pharm <input checked="" type="checkbox"/> Psych <input checked="" type="checkbox"/> SW <input checked="" type="checkbox"/> RD		Davis	
4:30-5:00pm	Post Clinic Conference- Peripheral Neuropathy	<input checked="" type="checkbox"/> R3 <input checked="" type="checkbox"/> R2 <input checked="" type="checkbox"/> NPR <input checked="" type="checkbox"/> NPS <input type="checkbox"/> Pharm <input type="checkbox"/> Psych <input type="checkbox"/> SW <input type="checkbox"/> RD	MP Conf	Presenter: Sarah Goodman	

Friday, 2/14 (Session Evaluations: <a href="http://tiny.ucsf.edu/FebFriEdPACT">http://tiny.ucsf.edu/FebFriEdPACT</a> )					
8:00-8:50am	NP Trainee Teaching – <i>Vision Loss</i>	<input type="checkbox"/> R3 <input type="checkbox"/> R2 <input checked="" type="checkbox"/> NPR <input type="checkbox"/> NPS <input type="checkbox"/> Pharm <input type="checkbox"/> Psych <input type="checkbox"/> SW <input type="checkbox"/> RD	COE Conf Room	Murphy	
	NPS Reflections	<input type="checkbox"/> R3 <input type="checkbox"/> R2 <input type="checkbox"/> NPR <input checked="" type="checkbox"/> NPS <input type="checkbox"/> Pharm <input type="checkbox"/> Psych <input type="checkbox"/> SW <input type="checkbox"/> RD	MP Conf Room	Harrison	
Tuesday, 2/18 (Session Evaluations: <a href="http://tiny.ucsf.edu/FebTuesEdPACT">http://tiny.ucsf.edu/FebTuesEdPACT</a> )					
8:00-8:50 am	Population Health Management	MP PACT B	MP Precepting Room	Moore	
		MP PACT G	Computer Training Room	Dulay	
		MP PACT J	MP Conf Room	Rumrill	
		DTC	DTC clinic	Cheng	
4:30-5:00pm	Post Clinic Conference – <i>Red Eye</i>	<input checked="" type="checkbox"/> R3 <input checked="" type="checkbox"/> R2 <input checked="" type="checkbox"/> NPR <input checked="" type="checkbox"/> NPS <input type="checkbox"/> Pharm <input type="checkbox"/> Psych <input type="checkbox"/> SW <input type="checkbox"/> RD	MP Conf	Presenters: Josh Schoenfeld	
Thursday, 2/20 (Session Evaluations: <a href="http://tiny.ucsf.edu/FebThursEdPACT">http://tiny.ucsf.edu/FebThursEdPACT</a> )					
8:00-8:50 am	Population Health Management	MP PACT C	Annex 1D-3	Odden	
		MP PACT F	MP Conference Room	Moore	
		MP PACT H	MP Precepting Room	Shunk	
		San Bruno	SB Clinic	Strewler	
4:30-5:00pm	Patient Safety Systems Analysis	<input checked="" type="checkbox"/> R3 <input checked="" type="checkbox"/> R2 <input checked="" type="checkbox"/> NPR <input checked="" type="checkbox"/> NPS <input type="checkbox"/> Pharm <input type="checkbox"/> Psych <input type="checkbox"/> SW <input type="checkbox"/> RD	MP Conf	Presenters: Roseman, Lewis, Dentoni-Iasofksy	
Friday, 2/21 (Session Evaluations: <a href="http://tiny.ucsf.edu/FebFriEdPACT">http://tiny.ucsf.edu/FebFriEdPACT</a> )					
8:00-8:50am	NP Trainee Teaching - <i>Hyperthyroidism</i>	<input type="checkbox"/> R3 <input type="checkbox"/> R2 <input type="checkbox"/> NPR <input checked="" type="checkbox"/> NPS <input type="checkbox"/> Pharm <input type="checkbox"/> Psych <input type="checkbox"/> SW <input type="checkbox"/> RD	COE Conf Room	NP Faculty	
8:00-8:50am	NPR Reflections	<input type="checkbox"/> R3 <input type="checkbox"/> R2 <input checked="" type="checkbox"/> NPR <input type="checkbox"/> NPS <input type="checkbox"/> Pharm <input type="checkbox"/> Psych <input type="checkbox"/> SW <input type="checkbox"/> RD	COE Conf Room	Wakayama	
Tuesday, 2/25 (Session Evaluations: <a href="http://tiny.ucsf.edu/FebTuesEdPACT">http://tiny.ucsf.edu/FebTuesEdPACT</a> )					
8:00-8:50am	QI Team Meeting	Tuesday MP1 QI Team	ENT Conf Room	Hildebrand, Macri, Yannucci	
		Tuesday MP2 QI Team	COE Conf Room	Jimenez, Naylor, Safari	
		Downtown QI Team	Downtown Clinic	Barrera, Shak, Mike Cheng, Teresa Cheng	
4:30-5:00pm	Patient Safety Systems Analysis	<input checked="" type="checkbox"/> R3 <input checked="" type="checkbox"/> R2 <input checked="" type="checkbox"/> NPR <input checked="" type="checkbox"/> NPS <input type="checkbox"/> Pharm <input type="checkbox"/> Psych <input type="checkbox"/> SW <input type="checkbox"/> RD	MP Conf	Presenters: Zack, Hsu, Wu	
Thursday, 2/27 (Session Evaluations: <a href="http://tiny.ucsf.edu/FebThursEdPACT">http://tiny.ucsf.edu/FebThursEdPACT</a> )					
8:00-8:50am	QI Team Meeting	Thursday MP1 QI Team	MP Conf Room	Murphy, Odden, Bachhuber	
		Thursday MP2 QI Team	COE Conf Room	Rutherford, Dulay, Bachhuber	
		San Bruno Clinic QI Team	San Bruno Clinic	Phillips, Strewler, Duggal, Goodman	

4:30-5:00pm	Post Clinic Conference – <i>Vision Loss</i>	<input checked="" type="checkbox"/> R3 <input type="checkbox"/> Pharm	<input checked="" type="checkbox"/> R2 <input type="checkbox"/> Psych	<input checked="" type="checkbox"/> NPR <input type="checkbox"/> SW	<input checked="" type="checkbox"/> NPS <input type="checkbox"/> RD	MP Conf	Presenter: Anna Wilcoxson
<b>Friday, 2/28</b> (Session Evaluations: <a href="http://tiny.ucsf.edu/FebFriEdPACT">http://tiny.ucsf.edu/FebFriEdPACT</a> )							
8:00-8:50am	NP Trainee Teaching - <i>Vertigo</i>	<input type="checkbox"/> R3 <input type="checkbox"/> Pharm	<input type="checkbox"/> R2 <input type="checkbox"/> Psych	<input checked="" type="checkbox"/> NPR <input type="checkbox"/> SW	<input checked="" type="checkbox"/> NPS <input type="checkbox"/> RD	COE Conf Room	Safari



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