

# The Clinical Coordination Partnership (TCCP)

## All Partner Meeting

May 24, 2013  
Fairview Southdale Hospital

### Meeting Minutes

#### Attendees:

#### TCCP Partners:

Carol Anderson Anoka-Ramsey Community College	Kate Anderson Normandale Community College	Linda Anderson Bethel University
Katie Becker Fairview Health Services	Annette Cafilich Winona State University – Rochester	Margaret Dexheimer Pharris St. Catherine University
Jennifer Eccles Century College	Jennell Flodquist Metropolitan State University	Heather Froehlich Allina Health
Mary Gilligan Hennepin County Medical Center	Heather Hakanson Minnesota School of Business/Globe University	Tara Haugen Presentation College
Doris Hill Inver Hills Community College	Rosemary Hoolihan Anoka-Ramsey Community College	Melanie Johnson Winona State University
Patty Kelley HealthEast Care System	Lisa Kuffel Herzing University	Grace Liu Mayo Clinic – Rochester
Margo Marko University of Minnesota	LaDonna McGohan Mayo Clinic – Rochester	Jean Miller Wisconsin Indianhead Technical College
Karen Ryan Fairview Health Services	Helen Schatzlein St. Catherine University	Tanya Velishek Fairview Health Services

#### TCCP Staff:

Elizabeth Biel Director	Judith Mitchell Assistant
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#### I. Welcome & Introduction

Tanya Velishek from Fairview and Elizabeth Biel from TCCP began the meeting. Each member present introduced themselves.

#### II. AY 13/14 Clinical Activity

##### a. Fall 2013 Clinical Activity

Elizabeth Biel presented a review of the Fall 2013 clinical activity: (See Fall 2013 Activity Report.)

There are more Denied entries this year. It is possible this is a result of over-requesting, so it doesn't necessarily mean these students didn't get spots.

There is a decrease in total entries, probably mostly due to St. Cloud Hospital leaving TCCP.

Revised entries – if a partner is unable to make the requested revisions, the status may remain at 'Revise' in the system.

The group felt that the timeline worked well, for both education and clinical partners. Next year's timeline will be similar. The dates will be finalized in January, 2014.

#### **b. Spring/Summer 2014 Activity**

Biel presented the timeline for the Spring/Summer 2014 scheduling:

The plan is to get the Spring requests entered before Biel goes on maternity leave at the end of July, even though that is a bit earlier than the established deadline.

8/1/13 is the deadline for Educational Partners to submit their requests.

10/1/13 is the deadline for Group decisions.

10/31/13 is the deadline for Preceptor decisions.

### **III. StudentLink Updates**

Biel presented the current issues and future plans for StudentLink:

There are currently only 2 hours left on the contract with the web developer. The new contract begins July 1<sup>st</sup>.

The web developer takes care of system crashes and major error messages.

One prevalent error is a clinical partner user issue. When a user is doing multiple searches by unit, they must frequently log out and log back in for the system to work correctly. As soon as the new contract begins, the web developer will be visiting a few sites to figure out what is causing the problems.

TCCP staff and the web developer are working on some improvements to StudentLink:

A text box is going to be added to the Revise decision entry so that clinical partners can explain what they need in order to accept the request. This will be active for Fall 2014 planning.

Researching ways to make the system faster: One possibility is to eliminate the popup message that comes when an email is sent out through StudentLink. The group agreed that it was fine to eliminate that popup.

Currently the decisions must be entered one at a time. It is possible the system could be changed so that a clinical partner could enter all of their decisions and then hit a submit button at the end.

Decreasing wasted space in the search result page: Currently a user has to scroll a lot to see all of the information for an entry. It would take too much reprogramming to allow columns to be hidden, but it may be possible to reduce the space between columns.

#### **IV. TCCP Staffing – July through November 2013**

Biel reminded the group that she will be on maternity leave from the end of July until early November. TCCP Assistant Judith Mitchell will be able to help users with any issues during that time, including making the calendars of student rotation times.

Heather Froehlich from Allina is also very familiar with the StudentLink system, and can provide backup support if needed. Ardell Haberer at HealthForce MN can also provide assistance.

#### **V. Student & Faculty Orientation Material Deadlines**

Judith will post the orientation materials to the TCCP website. It was agreed that the deadline for submitting orientation materials will be July 15<sup>th</sup>, and the materials will be posted by July 22<sup>nd</sup>.

It was also agreed that the deadline for submitting orientation materials for Spring will be December 1<sup>st</sup> and they will be posted by December 7<sup>th</sup>.

Biel mentioned that TCCP is working on a website reorganization to make the orientation pages more user-friendly.

#### **VI. Clinical Group Prep Survey Review & Discussion**

Elizabeth Biel recapped that at the January 8<sup>th</sup> meeting the group talked about prep time and decided to do a survey. (See the PowerPoint presentation at the end of the minutes for the survey results – slides 13 and up.) She then presented a summary of the survey results:

- Clinical and education partners were given different surveys.
- About half of the clinical and education partners responded.
- Most were from the metro area.
- Most of those who do prep time are in the metro area.
- Most do prep immediately before the group rotation; some the evening before; some the day before.
- Education partners were asked about the length of prep time – most have 1-2 hours.
- Some partners wanted TCCP to track prep time in StudentLink, some didn't.
- Most agreed that if the students are going to be on the unit, it's good to have them in StudentLink.
- Prep time is used for all experience types.
- When asked if prep done the evening before would prevent the approval of another request, the response was mixed. Jane Foote asked the group why people might have skipped the question instead of responding "yes" or "no," and it was suggested that the answer might depend on how many students a unit has capacity for.

The group discussed the Best Practice Suggestions from the survey responses:

Night before vs. "just in time" prep

It was generally agreed that the circumstances are too varied for different clinical partners, with different facilities available, so there is no way to have one policy that would work for everyone.

One partner mentioned that clinical partners may be used to doing prep the way they originally learned it, and it might be helpful to educate them on how “just in time” prep can be a good option.

#### Doing prep time off the unit

It was asked what kind of prep the educational partners do. Some educational partners have had their faculty prepare a report that students could access prior to being on the unit, but that takes a huge amount of time on the part of the faculty. The group discussed what kind of information the students need to have for prep, such as whether they need full histories on all patients.

#### More prep time for 1<sup>st</sup> year students than 2<sup>nd</sup> year students

It was also agreed that prep time varies a lot depending on the level of the students. Advanced students need to learn to prep quickly and right before the shift the way they will do as professionals.

#### Faculty presence on the units

Some of the clinical partners are making it a policy that students should never be on a unit unaccompanied by a faculty member. It puts too much of a burden on the clinical staff, having to answer questions.

Educational partners responded that this counts as contact hours for their faculty. If they are on the unit for 18 hours and their contract is for 20 hours a week, they only have 2 hours left for teaching. If they add in an additional 2 hours for prep time, there is no time left for teaching.

One partner mentioned that part of the Joint Commission policy is that students need to be supervised if they are physically on the site. It was asked whether the faculty could be available by phone or internet instead of being physically present. Since this is a national problem, it is likely there will be technology that will help with this in the future.

A clinical partner mentioned that occasionally if students come without a faculty member, they may do things like discussing over patient charts in public areas. The educational partners agreed that should never happen. There needs to be more uniform instruction of the students by the schools so they are prepped about privacy, hospital policies, timelines, etc.

It was mentioned that in the La Crosse system, the students are assigned to a nurse, so that nurse is responsible for them and faculty aren't needed.

It was discussed that not only do different systems have different policies, but in some systems the policies can vary within the same hospital. Some units want just-in-time prep and some don't.

It was suggested that maybe faculty should meet with the unit leaders to decide what should be done?

It was brought up that it would be good to make sure that evening prep isn't preventing another school from having a rotation at that time.

It was brought up that it is a hard adjustment for faculty when they are asked to be on the unit the whole time.

It was asked what the standards are from the Joint Commission? It's important for educational partners to know what the standards are and know what policies they may need to change before they begin contract negotiations with their faculty.

There was general agreement that education partners need to have clarity for what clinical partners need for prep.

## **VII. Member Updates**

None of the partners had any particular issues to address.

## **VIII. Wrap-Up (Questions/Concerns/Suggestions and Next Steps)**

Jane Foote and Elizabeth Biel gave information about the HealthForce MN Clinical Education Summit happening on May 29<sup>th</sup>. Plans for the Summit include: Presenting results of a survey sent to 148 partners about experiences and difficulties with placing students in a clinical setting. There will be a panel of 9 clinical partners from all over Minnesota, including Older Adult Services and hospitals. There will be time for networking. They will be looking at challenges across disciplines. There will be regional breakout groups. There will be discussion about what resources each region needs, and whether there are common themes throughout the state. This is the first step in an ongoing discussion of these issues.

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Foote facilitated a group discussion. Questions for the group: Where do we go from here? How can TCCP meet your needs? Would it be helpful to have task forces? A Best Practices section on the TCCP website? Have a conference? Monthly WebX meetings? Possibly have one person present while others watch? A major issue is ensuring good communication.

The group discussed finding out what evidence-based research is available. It was suggested that graduate programs might help do some research in the current literature to get the information we need.

It was asked if it should be a TCCP policy that prep time must be scheduled in StudentLink if the students will be on the unit?

Biel asked if we should start with the Metro area since the rural areas don't seem to have the same scheduling problems. The group agreed it was mainly a Metro issue.

The group decided that prep time should be a separate entry from the groups for the Metro clinical sites. It was decided to begin this policy as of Fall 2013. TCCP staff will send a report to each school with their Fall group requests and inquire if any Prep times need to be separated out or added for those groups.

It was asked whether this would affect how much partners pay for their activity. The answer is that Prep entries aren't charged for in the billing structure.

There was concern that this policy should not affect previously approved group rotations, so it was agreed that they will maintain the same approval status they currently have. If any new prep times will conflict with another school's time on the unit, those issues will be worked out on an individual basis.

It was also mentioned that not everyone is entering their Observations in StudentLink, and those need to be included as well. In addition, if there are post-clinical times on the unit, those can be scheduled in StudentLink as needed.

On the issue of having a task force, it was decided not to do it at this time, but it might be a possibility in the future.

On the issue of having a Best Practices section on the TCCP website and possibly working with graduate programs to find the research, the group agreed this was a good idea.

On the issue of having a conference, it was decided to see how the Clinical Education Summit goes, and decide what to do after that.

## **IX. Meeting was adjourned**

**Minutes Prepared By:** Judith Mitchell, TCCP Assistant

### **Clinical Coordination Contacts:**

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