

**The Leader's Role in Quality Improvement Education: A Framework for  
Change**

**A Faculty Development Workshop**

**Facilitator Manual**

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## **A Faculty Development Workshop Facilitator Manual**

### **Introduction**

This facilitator manual includes several types of materials:

1. preparatory and background notes for facilitators,
2. the pre- and post-workshop participant questionnaires used to obtain feedback and to evaluate the effectiveness of the workshop,
3. a copy of the PowerPoint slides,
4. a copy of the pages from the Participant Materials document and facilitator notes where the activities occur in the workshop.

All of the materials have been organized in this document, so you, as the facilitator, have everything in one place, in the order in which it is needed during implementation. Prompts and placeholders have been used on some of the documents (e.g., title pages on participant materials and selected PowerPoint slides), so users of this workshop can insert information to customize the materials for local implementation. The facilitator notes included in this document have been written to accommodate use of these materials by individuals who may represent a broad range of experiences in leading faculty professional development sessions. That is, experienced facilitators may not need many of the notes or suggestions in this manual. However, for those who may be new to the role of facilitating faculty professional development sessions, we hope that this facilitator manual is helpful in guiding you and in prompting your own ideas and enhancements to improve upon our work and experiences. The manual is not all inclusive. Therefore, included in this manual are some generic tasks and suggestions that will hopefully be helpful for your planning and may prompt you think about or improve upon what you already do. Individual or original materials and applications are often beneficial for situational relevancy. We know we will continue to hone and enrich the workshop module and materials. We welcome your input. You may reach either author Dr. Jack Scott at [jrscott@winthrop.org](mailto:jrscott@winthrop.org) and Lori Spitz at [lspitz@winthrop.org](mailto:lspitz@winthrop.org). Thank you for your interest and commitment for excellence and scholarship in teaching.

Jack R. Scott, Ed. D., MPH

Lori Spitz, RN

**Pre-Workshop Guidance:**

Based on the context and needs of potential participants, you will need to provide sufficient information and lead time when announcing the upcoming workshop. The following paragraph may be used in providing a brief session description:

This faculty development workshop will introduce participants to the basics of managing change and facilitating productive inter-professional teams as continuous expectations for academic leaders in quality healthcare improvements. The ability to promote and guide organizational missions for quality patient outcomes depends on specific leadership characteristics and practices that overcome restraining forces and resistance to change. Guiding educational interventions and outcomes for improved quality in patient care are driving forces for change. This instructional module provides educational leaders with essential tools when guiding and sustaining change. Particular aspects include self-assessment in leadership and conflict resolution traits in healthcare settings. Identifying one's unique leadership traits is an essential precursor to self-efficacy in team leadership. Moreover, managing conflicts is inherent in the change process that is a collateral leadership factor.

Educational leadership in quality improvements has emerged from initial reforms proposed by the Institute of Medicine's Committee on Quality Healthcare in America. A particular challenge for these leaders is the integration of quality teams across the academic health care continuum (e.g., Undergraduate medical education, Graduate medical education and Continuing medical education) based upon common competencies in quality improvements that incorporates common medical education competencies with quality indicators. In fact, the Healthcare Matrix is a useful matrix that links these competencies and quality outcomes of patient care. Implementing sound and effective educational interventions that set a vision for changed attitudes and behaviors among inter-professional teams is a fundamental role for educational leaders.

The instructional module consists of a Facilitator Guide to conduct a professional development activity among multi-disciplinary teams. Included is a PowerPoint slide set along with an individual assessment of leadership strengths applied to a case study examining unique and often complex team characteristics in inter-professional education. An innovative case example is offered in blood specimen mislabeling that illustrates key factors to facilitate organizational change processes. Kotter's leadership model anchors new approaches to implementing curricular innovations. The guide also consists of a lesson plan with instructional session timelines and related instructional activities and materials. In addition, a Pre-Post Session Questionnaire measures participant knowledge and levels of self-efficacy as a proxy for application of skills to daily practice. Each of these instructional tools provides an efficient and effective strategy in professional educational development.

A pre- and post-workshop questionnaire is included with these materials to facilitate evaluation of the effectiveness of the workshop and provide participants with opportunities for feedback. The facilitators should consider how they will use these data

and if there is any desire or expectations to publish or publically disseminate these findings, as institutional review may be necessary to protect rights of study subjects.

You will need to review the facilitator manual and participant materials and make any adjustments in them to reflect the format for your implementation. For example, the title pages will need to be customized for your implementation and time allocations on the agenda of the participant materials (page 1) will need to be revised to reflect the actual times you are conducting the workshop. Obviously, practice is important before actually conducting the workshop to ensure efficiency.

**Setting considerations:**

The ideal setting for this workshop is a room sufficiently large to accommodate the expected number of participants. The size of enrollment is limited by the skill of workshop facilitator(s) in managing multiple, simultaneous small groups. Many facilitators find a group size no larger than 25-30 to be acceptable for managing small groups and providing sufficient opportunity for broad participation in the limited 2-hour time allotment for this workshop. Room arrangement is best with projection in the front of the room and participants seated at tables accommodating 4-6 individuals. Round tables are best, but rectangular or square tables will work as well. Sufficient space should be between tables to allow facilitators to move about the groups freely and to minimize noise interference between groups. If refreshments are served, these should be located at the side or rear of the room to minimize distraction during the workshop.

**Materials needed for the workshop include the following:**

1. PowerPoint slides
2. PowerPoint copies for participants as handouts: six slides/page or 3 slides/page for notes
3. Facilitator manual
4. Participant materials (may be pre-labeled for participants and disseminated at the registration table or if not labeled, then placed at participant seats or the registration table; folder for organizing materials and extra paper; pen/pencil are optional). The Participant materials (see attached) may include folder with an Agenda: Workshop Title, Facilitators, and Workshop Outline (you may consider the Lesson Plan from the Facilitator Manual). Include any Announcements or pertinent information to your audience; Pre-session assessment; Worksheet #1; Worksheet #2; Change Leadership Stages; and the Post-session assessment
5. Pre-session assessment (print on pale colored paper to make separate identification easy)
6. Post-session assessment (print on a different pale-colored paper to distinguish from the pre-workshop form and other participant materials)
7. Registration and/or sign-in sheet
8. Name tags or Name table tents
9. Computer and appropriate cables and extension cords - long enough to make connections

10. LCD projector and screen (laser pointer is optional)
11. A/V cart or table at front of room
12. Flip chart, stand, and markers
13. Microphone (if needed)
14. Laser Pointer (if needed)
15. Registration table
16. Refreshment table (optional)

**Tips for pre-workshop preparation:**

1. Always be sure to visit the room prior to using it for the workshop and double check room layout with facilities personnel.
2. Practice presentation and/or test projecting slides in room to make necessary adjustments for lighting.
3. Know where the light, computer, and A/V controls are located and how they work.
4. Have a phone number or method to reach A/V technical support in case you experience any problems and need help.
5. Identify where restrooms and other relevant amenities are located, so you can advise participants at the start of the workshop.
6. Announce workshop to give potential participants sufficient notice.
7. Include a reminder strategy (e.g., email or telephone reminder) one or two days before the workshop to enhance attendance.
8. If refreshments are being served, confirm with vendor/provider at least the day before.

**Workshop implementation:**

Slides, worksheets, facilitator notes, and directions are included in this section and begin in the next page. This section corresponds to the PowerPoint™ slides and participant materials.

Prepare enough copies for each participant in a folder (PowerPoint slide handouts, Pre-Post session assessment Questionnaires and Worksheets).

## Slide 1

**The Leader's Role in Quality  
Improvement Education: A  
Framework for Change**

<Insert facilitator(s) name(s) here>  
<Insert office/dept./sponsor here>

<Insert date here>

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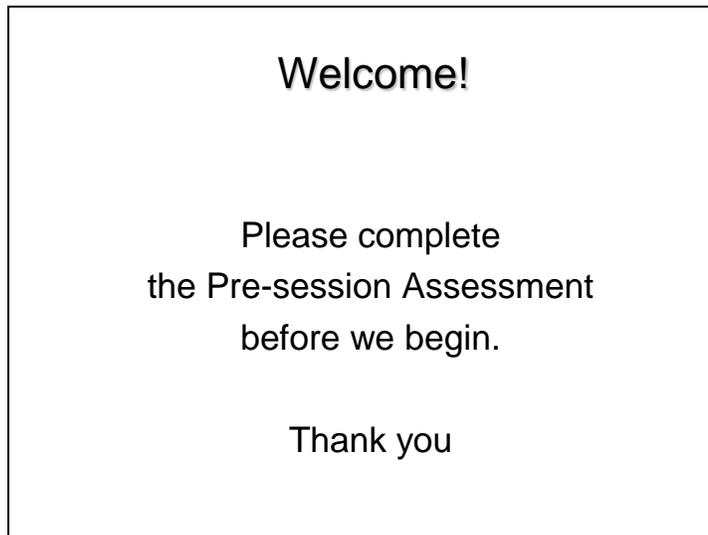
*Welcome participants to the session and use this slide to introduce yourself and others who will be assisting in the workshop.*

*Provide an overview of the workshop. You can refer participants to page 1 of their materials where they can find the agenda.*

*Address any “housekeeping” items (e.g., location of bathrooms, refreshments, pagers and cell phones, etc.).*

*You might also have announcements (e.g., upcoming workshops) or information that you want to include here.*

*Orient participants to their materials, so you can be sure everyone has all they will need and that they will be able to find these as they will need them.*

**Slide 2**

*Set up this slide to show as participants arrive for the workshop. Distribute pre-session assessment questionnaire at registration sign-in or place these at participant seats prior to individuals arriving. Be sure to print the pre (and post-) session assessment questionnaires on colored paper. This makes collection and sorting much easier.*

*The pre-session assessment questionnaire is printed as a single sheet. A copy of the questionnaire follows the text for this slide (pages x and x of this manual). A separate Word file is included with workshop materials to provide a master copy that you can use for duplication purposes. This file includes header text for recording a unique identification code for each respondent and the date of the session.*

*You may wish to add a statement to the slide directing participants to where the form is located in their materials if it is not already placed at their seats. For example, “Your pre-session assessment questionnaire is the pink form located in the left pocket of your participant folder.”*

*You may also wish to add a statement about creating a unique Identification Code, so you can match pre- and post-session forms after the workshop. For example, “Please write the last four digits of your social security number in the blank on the top right corner of*

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*your questionnaire” or “Please write the four digit code shown on the front of your participant folder in the blank on the top right corner of your questionnaire.”*

*Depending on your institution’s requirements, you should include any human subject research assurance and be sure to inform individuals how these data will be used. Regardless of whether you use these data for educational quality improvement and/or research purposes, it is important to assure individuals of their voluntary and confidential participation in providing feedback through these questionnaires. In this regard, you may provide such assurances verbally and/or in a written form that is inserted in participants’ materials – again, in accordance with the guidance and expectations of your institutional guidelines and expectations.*

*As you greet participants arriving for the workshop, direct their attention to the slide.*

*Give participants a “2-minute warning” to complete their pre-session assessment questionnaire before you start the workshop activities.*

*Just prior to beginning the workshop, collect the pre-session assessment questionnaires or direct participants to where you wish them to place the complete forms for collection (e.g., “Please pass these to the end of your tables” or “Please turn them face down on the table in front of you, I’ll collect those later in the workshop when you are working in small group activities”).*

# The Leader's Role in Quality Improvement Education: A Framework for Change

>>Date<<

## Pre-Session Assessment

**DIRECTIONS:** For each item, please use the scale below and circle the letter that best corresponds to your response. Please do not dwell on any items. Just mark your first response.

**Definitely No < A-----B-----C-----D-----E > Definitely Yes**

*In your role as a clinical educator, to what extent are you confident in your ability to do each of the following?*

- 1) Describe the leadership factors necessary for change .....A B C D E
- 2) Prepare teams to overcome resistance to change .....A B C D E
- 3) Use strategies effective strategies in Quality Improvements .....A B C D E
- 4) Use appropriate methods to create change in organization knowledge, skills, attitudes .....A B C D E
- 5) Sustain educational outcomes in Quality Improvements .....A B C D E

## Preparatory Reflection

6) When you think about, your role as a leader, what are your strengths? (Please be specific).

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

As we begin, please reflect on and list challenges you have encountered when you've led teams:

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**THANK YOU!**

**[Please be sure to complete this before we begin the workshop.]**

## Slide 3

## Changing Paradigms

- Increased diversity
- Less predictability
- Relationships and coalitions are critical
- Systems are unstable/ambiguous
- Small differences often produce large consequences

***Key points:***

*Recognize that dynamics within healthcare are ever-changing: These may include:*

- *Increased diversity of patients and professionals*
- *Less predictability for what tomorrow's 'next big thing' might be*
- *Relationships and coalitions are critical as we work in more team settings*
- *Systems are unstable/ambiguous as yesterday's methods seem to fade*
- *Small differences often produce large consequences (e.g., hand washing; team handoffs)*

**Slide 4**

## How does change feel?

Exercise – patterns of behavioral change

4

**INTRODUCTION:**

*Invite participants to “brainstorm” their initial responses to these statements when going through any change process.*

*You may use a White Board or flip-chart to quickly record participant responses for this exercise in changed behavior: Have participants sit straight and fold arms in front of themselves. Then have them fold the other way and you will find brief confusion and frustration, even anxiety-reliving laughter. Consider another method which involves writing their name and then writing their name using their non-dominant hand.*

*Solicit responses from a variety of participants. A few brief responses may suffice.*

*This simple change process demonstrates how accustomed we are to routine practices – getting out of our ‘comfort zone’.*

*Now, keep the session on track and on time by introducing the session Learning Objectives.*

## Slide 5

*By the end of the workshop participants will. . . .*

- Identify leadership behaviors to enhance team performance
- Discuss how leadership behaviors affect change and manage conflict
- Recognize the affect of human factors in quality improvement
- Examine educational leadership strategies in a QI case study when leading the change process
- Promote reflective practices for self-improvement in leading the education team

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*Refer participants to page 1 in their materials (or to the PowerPoint handout, if you have included this with their materials), where they can find a duplicate copy of these learning objectives.*

*Read the slide and invite participants to take a moment to also read the learning objectives that you have set forth for this workshop.*

*Use this slide to emphasis what you expect participants to “get out of this session.”*

*Give particular emphasis that these are statements of learning outcomes and not statements of the activities they will be using. (You can refer back to this point when you are teaching the segment on writing performance-based, learner-centered objectives).*

*Conclude by asking participants if they believe these are reasonable expectations and if there is anything else they expected to learn that is not shown in the objectives (i.e., model the concept of inviting learners’ input and commitment to achieving objectives).*

## Slide 6

**WORKSHEET #1****Individual Activity**

- List characteristics of effective leaders
- Identify at least two barriers in leading healthcare teams
- How might you overcome these barriers? <sub>6</sub>

**INTRODUCTION:**

*Ask participants to refer to Worksheet #1 in their Participant materials. Give them five minutes to list effective leadership characteristics from leaders they know or those from history. Only a few notes are necessary. Then have participants identify at least two barriers or challenges when leading healthcare teams.*

**MONITOR** the activity process. Give a “2-minute” warning, so participants can achieve reasonable closure before you summarize the activity and move on to the next segment of the workshop.

*At the end of the five minute exercise, continue on next page for Slide 7.*

**Slide 7**

## Activity Debriefing

- List characteristics of effective leaders
- Identify at least two barriers in leading healthcare teams
- How might you overcome these barriers?

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*Summarize responses on the White Board or flipchart. Encourage their responses as quickly as possible. Then examine some of the main differences by asking them to provide examples of each from their experience. Again, keep this brief and avoid lengthy responses. They may consider the various leadership styles, such as coercive, authoritative, democratic or coaching styles. Thank them for their input and capture at least four or five responses.*

*Teams need leaders to be effective. The next slide describes how teams are effective or not. We then examine the role of leadership for team success.*

**Slide 8**

## Team Characteristics

What is a team?

What are key attributes of effective teams?

What are key aspects of ineffective teams?

8

**INTRODUCTION:**

*Ask participants to describe the characteristics of teams. Many will use sports references. You may wish to use the White Board or flipchart to list some of the responses. Encourage their responses as quickly as possible. Do the same for effective and ineffective teams.*

*Then examine some of the main differences by asking them to provide examples of each from their experience. Again, keep this brief and avoid lengthy responses. They may consider effective teams as those that: mutually support each other; accept and trust each other; consider conflict as normal; share in decision-making and respect each other's differences. Thank them for their input and capture at least four or five responses.*

*This is an important consideration when using the next slide on how leaders guide teams.*

## Slide 9

### Key Aspects of Team Leadership

- There is no 'one best' style
- Understand yourself first
- Value others' perspectives and differences
- Strive for shared leadership
- Build and sustain trust
- Demonstrate courage
- Reflect and improve

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*Use this slide to briefly describe the main factors that leaders need to lead the workplace team.*

*Identify each aspect. There is no one-best leadership style. Not enough time is available in this session to explore individual leadership styles. That would be useful in another session, if available. However, participants may recognize these aspects as essential components when leading the healthcare team. Among these are shared leadership and maintaining trusting relationships. Refer to Slide #7 for leadership styles that may apply.*

*Emphasize that at the core of any definition of organizational leadership is a systematic, step-by-step approach and that it is an ongoing process, informed by both the professional literature and one's own experiences in teaching and leading. Effective leaders build on the strengths of team members and find the 'right fit' for each. Leaders show the way by defining outcomes not steps.*

*Let's take a closer look at the components of leadership in the next slide.*

## Slide 10

## Leadership

- Provides direction and influences individuals or teams to achieve goals; the capacity to lead
  
- Process to create an organization that aligns people with an inspiring vision that overcomes barriers to change

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*Although many leadership definitions exist, these descriptions are both simple and primary. Read the slide materials and emphasize the role of leaders is one that inspires change when overcoming barriers to quality improvement. A broader description for leadership in quality is offered by the National Institutes of Health: <http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-11-002.html>.*

*Consider an additional definition for leadership in health care as the act of any person or group to influence others to improve patient care (Ovretveit J. *Leading improvement*. *J Health Organ Manag*. 2005;19(6):413-430).*

***TRANSITION TO NEXT SLIDE*** *There are distinct differences between what managers do within organizations and what true leaders seek to achieve. Let's take a moment to review these as they apply to change leadership.*

## Slide 11

| Managers vs. Leaders   |                  |
|------------------------|------------------|
| Keep system functional | Produce change   |
| Rely on status quo     | Take risks       |
| Maintain stability     | Build trust      |
| Control                | Inspire          |
| Plan and Direct        | Innovate         |
| Administer             | Promote learning |
| Do things right        | Listen then act  |
|                        | Do right thing   |

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*The manager's role is distinguished from that of leaders. Discuss these typical managerial roles and give emphasis to the last item to "do things right", which implies following organizational policies/guidelines/protocols even when change is clearly needed. This is in contrast to the leader's role to "do the right thing" or follow a moral or inspiring vision for change. Effective leaders demonstrate emotional strengths and behaviors which involve mental and spiritual dimensions. Furthermore, leaders in highly complex and fast-paced organizations don't direct and instruct people seek mutual gains by sharing power and recognize the achievements of others. Managers maintain more tangible values like planning and system management. They often define the mission and describe the course of action for the group/team, whereas leaders model behaviors like trust, inspiration, encouraging attitudes and attitudinal qualities for decision-making. Effective leaders exhibit integrity by joining in achieving the inspiring goals.*

**TRANSITION TO NEXT SLIDE:** *We have briefly explored the concept of team and individual leader factors in the quality improvement process. We now direct our attention to more specific applications to healthcare and especially quality improvements. Let's examine some of the underlying assumptions that are inherent in healthcare.*

**Slide 12**

## Healthcare Assumptions

- Dwindling resources
- Traditional management practices
- View change as orderly process
- Future events planned and predictable
- Organizational structures are fixed as are lines of authority
- Roles and job descriptions are highly defined
- Hierarchies persist
- Reliance on technology

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**INTRODUCTION:**

*Use these slides (#12, #13) and the next slide to help participants situate their own experiences and responsibilities within a broad context of healthcare. Of course, examples should be adjusted to fit the background and interest of the audience.*

*Participants may easily identify with these while others may respond by offering their own experiences. More progressive organizations have less formal, hierarchical management designs. Participants may describe how paradoxical technology has become – both beneficial and at times unreliable. Further assumptions are presented for consideration in the next slide.*

## Slide 13

## Team-building and Leadership Assumptions in Healthcare

- Change constantly influences day-to-day activities
- Inter-professional teams are highly valued for QI and Patient Safety
- Everyone is a leader and a teacher
- Teaching hospitals are advancing quality
- QI is attainable – such as Healthcare Matrix

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*Healthcare is adapting more humanistic and social focus on patient care for improved service and cost-control. Interdisciplinary teams are recognized as a means of attaining this focus. Teaching hospitals are at the forefront of QI innovations. Consider Quality improvement as a systematic form of ongoing effort to make performance better. In medical practice it often focuses on improving health outcomes, improving efficiency, and improving patient and staff experience (Agency for Healthcare Research and Quality, 2010).*

*Yet, a model that unifies patient care quality and educational competencies is the Healthcare Matrix which has become more accepted in the QI and change process. It is the intersection of quality and educational outcome, as in the following slide. In fact, the Healthcare Matrix is such a model for QI and educational competency outcomes.*

Agency for Healthcare Research and Quality. (2010).

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-11-002.html>. (p. 5).

Slide 14

| Healthcare Matrix: Care of Patient(s) with....   |                   |                     |                        |                        |                        |                               |  |
|--|-------------------|---------------------|------------------------|------------------------|------------------------|-------------------------------|--|
| ACGME Competencies \ IOM Aims  | SAFE <sup>1</sup> | TIMELY <sup>2</sup> | EFFECTIVE <sup>3</sup> | EFFICIENT <sup>4</sup> | EQUITABLE <sup>5</sup> | PATIENT-CENTERED <sup>6</sup> |  |
| <b>Assessment of Care</b>  |                   |                     |                        |                        |                        |                               |  |
| <b>Patient Care<sup>7</sup></b><br>(Overall Assessment)<br>Yes/No  |                   |                     |                        |                        |                        |                               |  |
| <b>Medical Knowledge &amp; Skills<sup>8</sup></b><br>(What must we know?)  |                   |                     |                        |                        |                        |                               |  |
| <b>Interpersonal &amp; Communication Skills<sup>9</sup></b><br>(What must we say?)                                 |                   |                     |                        |                        |                        |                               |  |
| <b>Professionalism<sup>10</sup></b><br>(How must we behave?)   |                   |                     |                        |                        |                        |                               |  |
| <b>System-Based Practice<sup>11</sup></b><br>(What is the process?<br>On whom do we depend?<br>Who depends on us?) |                   |                     |                        |                        |                        |                               |  |
| <b>Improvement</b>   |                   |                     |                        |                        |                        |                               |  |
| <b>Practice-Based Learning &amp; Improvement<sup>12</sup></b><br>(What have we learned?<br>What will we improve?)  |                   |                     |                        |                        |                        |                               |  |
| <b>Information Technology</b>  |                   |                     |                        |                        |                        |                               |  |
| © 2004 Bingham, Quinn Vanderbilt University  |                   |                     |                        |                        |                        |                               |  |

**INTRODUCTION:**

*The Matrix should be briefly described by pointing out the quality aims from the Institute of Medicine Dimensions of Care: safe, timely, etc. Similarly, draw attention to the set of core educational competencies: patient care; medical knowledge and skills, etc.*

*Assessment of care and improvements are at the intersection of each component. This is a useful tool for QI and educational outcomes. An additional model ([www.ihl.org](http://www.ihl.org)) for improvement is shown in the next slide.*

## Slide 15

### Model for Improvement - IHI

- Set Aim – What will learners achieve from the learning opportunity?
- Establish Measurement – How instructional goal will be accomplished or measured? How do we know when we get there?
- Select Changes – What changes in the learning strategy will result in improvement?

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*This slide further illustrates the Institute of Healthcare Improvement ([www.ihl.org](http://www.ihl.org)) basic model for improvement when leading any change process. Change is a process that involves people and therefore is subject to influencing factors. Some factors and needs are fundamental as the next slide indicates.*

## Slide 16

## Human Factors Influence QI and Change Management

- Predisposing factors – biologic, psycho-social
- Impact on decision-making – cognition; culture; judgment, hierarchy
- Impact on execution and performance- ability; skills; motivation; self-efficacy
- Recognize consequences of errors in patient care

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*These human factors influence quality in ways that differ from structural or environmental changes (e.g., equipment design, computer systems, etc.). The predisposing factors are more intrinsically motivated by growth, achievement and recognition. The individual team member's need for self-determination and social acceptance affect team performance. Yet, restraining factors limit the change process due to self-interest; misunderstanding of the change implications; change-averse personality characteristics; or intellectual/emotional insecurity. Furthermore, these factors impact decision-making for achieving the 'big picture' as we consider the consequences of errors, mistakes, or omissions. Inspired people support inspired teams to manage and overcome these barriers to change. Leaders change people and organizations in several ways as we will now see. The AHRQ offers a useful description of human factors for quality improvement. [http://www.ahrq.gov/qual/nurseshdbk/docs/HenriksenK\\_UAE.pdf](http://www.ahrq.gov/qual/nurseshdbk/docs/HenriksenK_UAE.pdf)*

## Slide 17

### People and organizations change when they:

- Have a compelling reason
- Expect personal benefits (WIIFM)
- Have ownership in the change process
- Recognize their leaders as role-models with serious conviction for initiating and sustaining change

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*Change starts with individual concerns on a personal level. They need a compelling reason and anticipate personal benefits (What Is In It For Me). They seek ownership consistent with personal values and expectations. Leaders must inspire and sustain these values in the change process.*

## Slide 18

## Organizational change fostered by leaders who:

- Articulate a clear and inspiring vision
- Challenge the process and embrace change
- Enable and value each individual
- Align people and purpose
- Build enduring teams and coalitions
- Model effective communication
- Foster trust

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*Leaders change organizations when they create each feature shown here. Describe each step and then reflect on the earlier exercise that identified leadership characteristics. What are the similarities?*

*There is a commonly accepted business model for leading change as described by Kotter in the next slide.*

## Slide 19

### Kotter's Change Model

- Sense of urgency
- Form a powerful coalition
- Create a vision for change
- Communicate the vision
- Empower action – remove obstacles
- Create short-term, quick wins
- Build on change momentum
- Anchor new approaches in the culture

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***Facilitator Note:** A copy of this Worksheet #2 is included in the Participant Materials along with a description of the Eight Stages in the Kotter Change Model. Briefly describe the model and allow participants time to read each step before starting the case study in their small groups. This model is reported in the medical education literature as applicable to the change process in healthcare. Refer to the case handout for specific descriptions and instructions.*

## Slide 20

## Worksheet #2 Case Study

You have twenty-five minutes to review this Quality Improvement case and respond to the prompts. Make notes and share with your small group.

Apply Kotter's leadership stages (e.g., urgency, coalitions, vision/strategy, communicate change, empower, short-term wins and create change)

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*Worksheet #2 (handouts are included here after the text that follows). This last activity is designed to help you think about features and issues that influence efforts to innovate change process. It is important to devote some time to the contextual and change process issues you might face. A sample case study is offered with related slides attached. However, this case study may be replaced with one of interest or relevancy to the facilitators. Briefly describe the sample case of "Blood Specimen Mislabeling"*

*The key features are: The Blood Transfusion Error*

*Leadership Role- who is responsible for change- after this occurrence the leadership in the Lab and Blood Bank created a zero tolerance to miss label blood. Any specimen received in the lab without the correct information will be thrown out and the health Care provider will be notified. This action caused*

*1. Accountability for the error :*

*\*provide verification of the correct patient, the correct label and the correct tube*

*\*the Lab personal to ensure that the tube was correctly labeled, if not I had to be thrown out and the provider was notified.*

*2. Education was house wide and completed in orientation, grand rounds and at several noon conferences*

*3. Technology improvements-*

*\*Labels are now printed out with the patient and bar codes from the lab are printed out as soon as the patient is registered at the bedside. This is almost instantaneous.*

*\*This is not error proof. You still need to READ and Verify the Correct Patient, Correct Label and Correct Tube. Signatures are required on all Type and Screens and Type and Cross Matches.*

*4. Sustainability- Errors, although less frequent, will occur with all the tubes correctly labeled. The staff still has to take the time to read, verify the right patient.*

*In this fast paced world of healthcare, demands are constantly changing. It is our job as leaders to promote patient safety on all levels. We need to emphasize the importance of safety at every step from the employees to the patients. It all starts at the top!*

*OPTIONAL: Sample Case Study Description Slides included, if needed for greater detail.*

***DIRECTIONS:***

*You will work with each other in groups of 4-5.*

*Worksheet #2 can be found in the participant materials. Directions are written on the form, but briefly explain here. In their respective groups, identify a recorder/reporter to represent your group when we reconvene as a larger group.*

*Monitor, and assist groups as needed. Don't forget to give a "2-minute" warning for the groups to have time to wrap up.*

*Watch the time – especially for this activity, since there is potential for much rich discussion. Keep people on track with the task and time.*

*Again, if you have additional time (e.g., 2.5 or 3-hour workshop instead of 2-hour format), this invites added analysis, discussion, and insights on all eight change leadership step.*

## Slide 21

## Case Study Debriefing

How did the education leader create change using the leadership stages?

Sense of urgency

Guiding coalition

Vision for change and communicate

Empower others

Short-term, quick wins

Build on change momentum

institutionalize the changes in the culture

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**DEBRIEFING/CLOSURE:** Invite reporters from small groups to share using the transparency. Limit reports to 1-2 key points, not the entire summary. For example, you might ask one group to report their results and then ask other groups to reveal similarities “by show of hands,” to maximize participation when there is not enough time for every group to report in the large group debriefing. Close the discussion by reinforcing one or two points that participants may take with them after this session.

For instance, Quality Improvements may be actively promoted and reinforced at committee meetings and educational sessions among many stakeholders (e.g., physicians, nurses, residents, etc.). Constantly communicate advocacy for the vision statement. Empower others by adopting the vision to their daily practices and values in such a way as to build broad-based consensus.

**Slide 22**

## Educational Professionalism

- Honesty and integrity
- Compassion and accountability
- Respect for others
- Patient confidentiality
- Know 'the rules' and align our moral compass
- AVOID: abuse of power (coercive, authoritative), greed, deception, impairment and conflict of interest/non-disclosure

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*Before summarizing the main points in the workshop, it could be valuable to emphasize essential competencies for educational leaders. Several are listed here: honesty, accountability and confidentiality are factors to sustain trusting relationships in the change process. Effective leaders should avoid factors that undermine their trusted leadership. Some guidelines for reflection on leadership are included in the next slide.*

## Slide 23

## Summary Points

Reflect on your daily leadership successes and short-comings for self-improvement. What are important lessons learned and what to change next time?

- Everyone can be a leader and sustain change
- Know your leadership strengths and limitations
- Plan for your success as an education leader to improve quality of patient care!
- Post-session assessment – Please complete
- *What was most beneficial about this session?*
- *What could be improved upon?*

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### INTRODUCTION:

*Please use this slide to model and engage participants in professional reflective practice.*

*Encourage individuals to reflect on their own leadership development. You may need to initiate discussion by offering an example of your own. Although participants write comments on the post-session questionnaire, the reflective discussion helps individuals process and bring closure to their learning and what they want to do after the workshop to apply what they have learned or extend with further study and inquiry. It affords you an opportunity to fully understand how to improve for the future. You need not spend a lot of time, just a few minutes are sufficient to prompt participants' reflection and feedback.*

*Before closing the workshop session provide closure.*

*For example, you may want to touch briefly on the following points/questions:*

- *Ask participants to review definitions of leadership and factors that influence QI that they recall.*
- *Review the key findings from the Stages of Leadership in the related case study*
- *Ask for input about the important things to remember when leading multi-disciplinary teams*
- *Summarize the importance of identifying challenges, potential resources and facilitators, and planning strategies that promote successful innovation and implementation.*

*Reinforce these summary points that may have or not been included in the Workshop/Closure statements.*

*For example, “As we wrap up today’s workshop, let’s take a few minutes to reflect on what we learned from each other, what worked, and what we need to improve or expand the next time we conduct this workshop. Your feedback is important. Possible follow up questions/prompts: So – what did you learn today? Is there anything we need to clarify or do you have any additional questions or comments about today’s topic? What was best about this workshop for your learning and professional development? What aspect of today’s workshop should be re-visited – and what suggestions do you have for us?”*

## Slide 24

Comments and Post-session assessment

>>Facilitator name<< >>email<<

• References:

- Leading for Change; 1996; Kotter, J.
- Acad Med 1999; 74 ; (Bland, et al)
- H C Manage Rev; 1997; 22 McDaniel, J
- Jrnl Qual Pt Safety 2005; 31 (Bingham, et al)
- J Health Organ Manag 2005;19 Ovretveit, J.
- Adv Hlth Sci Ed 2006; 11 (Bakken, et al)
- Acad Med 2007; 82 (Loeser , O’Sullivan , Irby)
- Acad Med 2012; 87 (Neeman, et al)
- Am J Med 2012; 125 (Van Hoof, et al)
- Acad Med 2012; 87 (Lingard, et al)
- Agency for Healthcare Research and Quality. (2010).  
<http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-11-002.html>. (p. 5).

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*End the session by thanking individuals for their participation and commitment to excellence in teaching. Slide space is available for facilitator names, emails. Distribute the post-workshop assessment questionnaire and ask participants to complete it before they leave. Briefly reiterate the purpose and any assurances. Give directions as to how you want to collect forms (e.g., collect at door or leave on table for you to pick up.). A copy of the assessment questionnaire is included in this manual. If needed, a follow-up session may be conducted and discussed before adjournment.*

*Pertinent literature references are offered for scholarly application to learning.*

*Optional- Sample Case Study slides (25-37) included in PowerPoint , if needed.*

The Leader's Role in Quality Improvement Education: A Framework for Change

>>DATE<<

**Post-Session Assessment**

**DIRECTIONS:** For each item, please use the scale below and circle the letter that best corresponds to your response. Please do not dwell on any items. Just mark your first response.

**Definitely No < A-----B-----C-----D-----E > Definitely Yes**

*Right now, to what extent are you confident in your ability to do each of the following?*

- 1) Describe the leadership factors necessary for change ..... A B C D E
- 2) Prepare teams to overcome resistance to change ..... A B C D E
- 3) Use effective strategies in Quality Improvements ..... A B C D E
- 4) Use appropriate methods to create change in organization knowledge, skills, attitudes ..... A B C D E
- 5) Sustain educational outcomes in Quality Improvements ..... A B C D E

*Please use the same response scale above for the following items to give us feedback about the effectiveness of today's workshop.*

- 6) The workshop activities were effective in meeting its learning objectives ..... A B C D E
- 7) The content was relevant to my leadership role ..... A B C D E
- 8) The materials used in the workshop enhanced my learning ..... A B C D E
- 9) Overall, the workshop was a valuable experience..... A B C D E

10) What are your suggestions for improving today's session? (Please be specific.)

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11) Future topics of interest: \_\_\_\_\_

Thank you for your input and response in quality improvements.