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|  | **Title:** Modeling to Learn Session 1: Aligning our Team Vision | **Title:** Modeling to Learn Session 2: Checking our Patient Data and Team Trends | **Title:** Modeling to Learn Session 3: Producing Team Data for Simulations | **Title:** Modeling to Learn Session 4: Prioritizing Team Needs |
| **Question #** | **Session 1 Post-test Questions** | **Session 2 Post-test Questions** | **Session 3 Post-test Questions** | **Session 4 Post-test Questions** |
| **1** | Which of these is one purpose of *Modeling to Learn*?   * empower local clinic staff to use real-time clinic data * understand clinic services available to veterans * provide templates for Evidence-based Psychotherapies (EBPs) * show VA clinic staff decisions that are not in their control | Which of these is one purpose of *Modeling to Learn*?   * create a customized system modeling tool to make decisions that optimize patient care delivery * understand clinic services available to veterans * provide templates for Evidence-based Psychotherapies (EBPs) * show VA clinic staff decisions that are not in their control | Which of these is one purpose of *Modeling to Learn*?   * use team data to guide implementation of timely, evidence-based psychotherapies and pharmacotherapies (EBPs) * understand clinic services available to veterans * Document progress on SAIL measures * show VA clinic staff decisions that are not in their control | Which of these is one purpose of *Modeling to Learn*?   * help VA clinic staff understand which treatment decisions are in their control * understand clinic services available to veterans * provide templates for Evidence-based Psychotherapies (EBPs) * Document progress on SAIL measures |
| **2.** | Which of these is a *Modeling to Learn* Module?   * Care Coordination (CC) * Post-traumatic Stress Disorder (PTSD) * Managing Disability * Prescription Adherence | Which of these is a *Modeling to Learn* Module?   * Medication Management (MM) * Post-traumatic Stress Disorder (PTSD) * Prescription Adherence * Mental Health Management | Which of these is a *Modeling to Learn* Module?   * Psychotherapy (PSY) * Post-traumatic Stress Disorder (PTSD) * Clinic Data Management * Mental Health Management | Which of these is a *Modeling to Learn* Module?   * Measurement-based stepped care for suicide prevention * Post-traumatic Stress Disorder (PTSD) * Clinic Data Management * Mental Health Management |
| **3.** | Which of the following creates a positive learning experience?   * The learning was hands-on and experiential * The learning connected to the real world * The learner learned from and taught others * All of the above | In the context of *Modeling to Learn,* the acronym EBPs stands for:   * Evidence-based Psychotherapies and Pharmacotherapies * Evidence-based Primary Care Practice * Evidence-based Business Processes * Evidence-based Pediatric Care | *Modeling to Learn* uses data that reflects:   * A VA clinic team’s data * VA data associated with SAIL measures * VA general patient data * VA primary care data | *Modeling to Learn* uses a specific format for accessing the various web pages associated with the project. It is:   * MTL.how/\_\_\_\_\_\_\_\_\_ * ModelingToLearn.com/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ * VA\_Modeling.com/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ * VAModels.net/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4.** | Which of the following creates a negative learning experience?   * It was fun or left the learner feeling good * The learner had choices, shared authority, control, and responsibility * The experience helped the learner understand him or herself * The learner attended a 60-minute lecture with no interaction or Q&A | A primary purpose of the *Modeling to Learn* team data user interface (UI), is to help a clinic team:   * Use team trends and patient data to enhance care coordination * Provide required quality data to VA administrators * Document use of ICD-10 codes * Create a team vision for better data management | The data in MTL.how/data is presented:   * Using means, medians and percentages * By team trends * In a format that allows a team to generate a team data table for use in the simulation model * All of the above | The purpose of *Modeling to Learn* Module 4 was to:   * Prioritize the clinic team’s learning needs as result of individual team member input * Learn how to generate care quality data for VA administrators * Identify strategies to adjust VA patient care schedules * Document individual professional development needs |
| **5.** | Establishing a vision for team communications and interactions helps a clinic team to:   * Identify an internal team language that may enhance team decision-making * Avoid one-on-one meetings with clinic team members * Change care plans without consulting team members * Saves the clinic time and money | The “ClinicSelection” tab allows the user to:   * Select clinics only in their VISN * Select any clinic in the VA * Select clinics only in which the user sees patients * Select providers serving in specific clinics | In the context of *Modeling to Learn*, the acronym “UI” means:   * User interface * Upon interaction * Under the influence * Up in the air | Two of the team learning need categories in MTL.how/menu included:   * Schedule and Mix of Services * Staffing Hours and Performance Management * Care Coordination and Clinician Stress * Quality Indicators and Utilization Measures |
| **6.** | A core *Modeling to Learn* concept is that the learner will:   * Develop systems thinking skills * Avoid focusing on clinic data * Make individualized, independent decisions about clinical care * Improve medical chart coding skills | Which data below is available for review on MTL.how/data?   * Patient Data sorted by VISN, by Facility * CPT and ICD-10 Codes * Diagnosis by clinician name * Monthly data according to services provided by a VA clinic * All of the above | When the learner generates a team data table for use in the model simulation user interface (UI):   * Data is produced for each module in *Modeling to Learn (CC, MM, PSY, AGG, Suicide Prevention)* * The data file will never have to be generated again. * Any VA user can access the data. * Only certain data items can be downloaded. | In identifying a topic for future team learning and action, the team should consider the MTL.how/menu results relative to:   * Learning needs with the strongest agreement across all team member responses * Learning needs with widely varied rankings * Learning needs mandated by the VA administration * Learning needs by specific clinician type. |
| **7.** | *Modeling to Learn* is designed to help a clinic team:   * Use systems thinking and data to enhance clinic decisions * Create new scheduling grids * Learn how to apply evidence-based psychotherapy templates * Delegate clinic work | The data tab titles in MTL.how/data include:   * dataDiag, dataHF, and dataMeas * Diagnoses by Clinician, Coding by Clinician, Treatment by Clinician * Visuals, Data, Outcomes * Clinics, Clinicians, Codes | The Parameters tabs in the data UI, contain:   * Data variables specific to each *MTL* module * Patient-specific Data * Clinician-specific Data * All data from that VISN | Staffing and burnout were the two highest priority areas identified by a VA clinic team. The team should most likely:   * Revisit their team vision and team data to discuss patient management and staffing strategies to reduce overwork * Hire more staff * Review exit interviews with former staff to identify retention strategies * None of the above |
| **8.** | By participating in *Modeling to Learn* a clinic team may:   * Improve team quality of care and quality of work life balance. * Reduce the need for transparency. * Identify ways to increase clinic staffing budgets. * Create enhanced clinician-veteran communications strategies. | The MTL.how/data VIZ tabs show:   * Team trends * A team’s individual patient information * Team staffing history * Team priorities for care | *New Patient Wait Time* and *Return to Clinic Visit Interval* are examples of:   * Variables that may be controlled by a clinic team * *Modeling to Learn* modules * Measures specific to only VA mental health clinics * Terms used by VA patients when scheduling appointments | A team’s vision was “Increasing Use of EBP Templates” and its highest priority need was adoption of evidence-based psychotherapies. Which MTL module do you think that team should use going forward?   * Psychotherapy (PSY) * Care Coordination (CC) * Medication Management (MM) * Aggregrate team services (AGG) * Measurement-based stepped care for suicide prevention |
| **9.** | One benefit of participating in the *Modeling to Learn* process is that clinic teams:   * Have VA data, initiatives and standards made transparent. * Will not have to manage their scheduling grids. * May decide to work overtime to accommodate patient load. * Only have to address one priority in the system. | The MTL.how/data DATA tabs show:   * A team’s individual patient information * Team trends * Team staffing history * Team priorities for care | When reviewing the team data, it is most helpful for a clinic team to consider:   * The trends in team care over time * The units for the individual patient measures * The differences between last year and this year * The specific clinician diagnoses codes | Based on your team’s vision and the highest priority need selected by your team, which MTL simulation module do you think your team should use?   * Care Coordination (CC) * Medication Management (MM) * Psychotherapy (PSY) * Aggregrate team services (AGG) * Measurement-based stepped care for suicide prevention |
| **10.** | The *Modeling to Learn* team vision is designed to:   * Align with your personal vision for how a VA clinic team can optimize operations. * Enhance individual clinical performance objectives. * Enhance the visibility of your team in the larger VA system. * Focus on the team’s functioning and operations in the next 10 days. | Team trends that are available for review on team data viz tabs include:   * Diagnoses, Encounters, Health Factor Data, and Measures from mental health assistant * Mental health codes assigned to a patient over time * Data for all VA patients completing an evidence-based psychotherapy template * Data for all services provided in the VISN | By making team data available to clinicians as part of *Modeling to Learn*, it is hoped that:   * Completion of EBPs templates may be enhanced * Clinicians will feel in control of certain aspects of clinic processes * Team-based care coordination may be more efficient and effective * All of the above | To date, the *Modeling to Learn* steps I have completed are:   * Review team data and complete the MTL.how/menu to prioritize team learning needs * Review team data and create a team name * Identify team learning needs and determine clinic practice change strategies * Become familiar with the user interfaces for data and model simulation |