
CLRES 2910**Translational Research
Practicum**

Dates: Spring terms

Location:

Phone contact: 412-586-9788

Course Instructors:
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Course objectives:

The course is designed to provide the students with experience implementing a proposal that was developed in the prerequisite course "Transforming Practice for Improved Health Care." The practicum will provide the student with hands-on experience describing or explaining barriers to, or developing and testing interventions designed to enhance quality of health care. In implementing their projects, students will collaborate with a faculty preceptor/mentor who has expertise in content and methods related to the student's proposed project.

Over a 9-month period, students in CLRES 2910 will revise their proposal or business plan from CLRES 2900, implement the revised proposal/plan under the guidance of their preceptor/mentor, and develop a poster or paper presentation.

Course Requirements:

Midterm progress report	10%
Final progress report	10%
Preceptor grade	40%
Poster presentation	40%

Course Mechanics:

2-3 credits

Course grades are assigned on a pass/fail basis.

Textbooks/readings: as assigned by preceptor/mentor.

Each student will develop, implement and evaluate a Learning Contract that fulfills the course objectives through the experience of participating in a project designed in the preliminary course "Transforming Practice for Improved Health Care." The contract should identify the faculty member and the specific project that will be the focus of the research practicum. Students may collaborate on a preceptor's ongoing project, or engage in independent work under the guidance of their preceptor. Progress on the achievement of the objectives of the Learning Contract will be evaluated by the faculty preceptor and student at mid-term and the conclusion of the course. The student and preceptor will collaborate in the development of a research poster. Example projects are listed below.

1. Conduct a cognitive ergonomic evaluation of an electronic medical record system.
2. Design and evaluate a technology-based patient self-management tool.
3. Using an electronic medical record, evaluate provider adherence to a clinical practice guideline.
4. Evaluate, using methods based in industrial engineering, an intervention to implement evidence-based care

(e.g. increasing provider adherence to annual evaluation of those with type 2 diabetes for chronic kidney disease).

5. Analyze and redesign a health service delivery setting.
6. Conduct key informant interviews with stakeholders to identify barriers to implementation of clinical practice guidelines, and develop an intervention approach.
7. Implement and evaluate a medication reconciliation process for high-risk hospitalized patients who are being discharged home (e.g. elderly post-operative diabetic patients who require an alteration of their medication regimen).
8. Conduct an event or failure analysis to identify barriers to quality (e.g. delays in antibiotic administration for community-acquired pneumonia; delays in vascular access placement in those with impending renal failure; patient falls in the inpatient setting; delays or errors in medication administration).