

*The Sixth Conference on*  
**QUALITY HEALTH CARE FOR  
CULTURALLY DIVERSE POPULATIONS**  
September 21-24, 2008  
Minneapolis, Minnesota

**Peer-to-Peer Practice Advancement sessions:**  
How they work, and guidelines for putting together a proposal

**The goal of Peer-to-Peer Practice Advancement sessions is to allow professional peers the opportunity to question, debate and discuss issues of common concern, in front of and with an audience. The dialogue should showcase the best practices and most illuminating experiences that each participant can bring to the table. Ideally, this session is an opportunity for people to discuss how to take their work to the next level.**

These two-hour sessions typically have 5-7 featured experts who are led by a moderator in a discussion of key issues related to the theme of the session. Experts will not make formal presentations, but instead provide, in advance, critical details of their programs to each other and to the audience in 2-page handouts. During the session, each expert will concisely address specific questions or topics before engaging in a moderated discussion with each other. There will also be time for audience Q&A and discussion. In advance of the conference, the session moderator and experts will communicate with each other to ensure that the best of each program is highlighted, and the most critical questions and issues are interwoven into the discussion.

At the conference, the session will begin with the moderator introducing each expert and referring the audience to the 2-page abstracts in the binder. The moderator will start the discussion by asking each expert in turn to address a key question (provided in advance) that will establish a key issue of the session. This should take no more than 30 minutes total. After the first round, the moderator will ask a second round of questions, perhaps asking 1 or 2 people to comment on the same issue. When the second round is complete, experts will have the opportunity to ask each other questions and to begin a discussion that will hopefully move on its own, with some intervention from the moderator to make sure that a variety of topics get discussed and everyone gets a chance to talk (1 hour). The last half hour will be reserved for audience questions and discussion.

**Advance preparations for the session:**

If your proposal is accepted, the moderator of the session agrees to:

1. Select the panelists for the session (with assistance from the conference organizers, if necessary).
2. Take responsibility for communicating with and getting the required advance preparation materials from the panelists by the relevant deadlines. This includes:
  - Developing and getting panelist responses to a “Key Issues Questionnaire”
  - Preparing the final list of questions to be discussed at the session
  - Preparing the final abstract describing the session for the conference binder
  - Ensuring that the panelists submit their personal abstracts for the conference binder
  - Moderating the session at the conference

## Preparing a proposal for a PTP session:

If you are considering developing a proposal for a PTP session, please feel free to contact Julia Puebla Fortier at [rcchc@aol.com](mailto:rcchc@aol.com) before you submit if you have any questions or want to discuss the idea.

Please use the online submission form to submit your proposal:

- The moderator of the session should be entered as the lead presenter
- In the section on presenter information, please enter the names of as many expert panelists as you have identified. You may add additional names later, and/or the conference organizers may propose additional panelists.
- In the abstract form, please enter a 500 word summary of the issue(s) your group will be discussing. You do not need to follow the abstract instructions on the online form. If your proposal is accepted, you will be invited to submit a longer abstract for the conference binder. (A sample abstract from the 2006 conference binder is at the end of this document – Appendix A).

## Appendix A:

### *Sample PTP session abstract from the 2006 conference*

#### **B-3: Leadership Insights: Framing and Integrating Cultural Competence into Strategic Priorities PEER-TO-PEER PRACTICE ADVANCEMENT SESSION**

Senior leaders of health care organizations are constantly challenged by the need to divide their attention--and visible support--among multiple initiatives including reducing health disparities and providing culturally competent care. Simultaneously, they must stay focused on the key strategic goals for their institution, including quality improvement, financial survival, responsiveness to multiple agencies and regulators, local politics and market forces. In this session we ask the presenters to share their hands-on experiences in integrating cultural competence initiatives with strategic priorities and describe what has and has not worked.

This session will feature senior executives from public hospitals. The 3 California-based presenters have or are participating in *LEADing Organizational Change: Advancing Quality through Culturally Responsive Care*, is a joint effort of the University of California, San Francisco (UCSF) Center for the Health Professions and the California Health Care Safety Net Institute. This effort is funded by The California Endowment. Institutions participating in the LEAD program are selected through a competitive process to send management-level teams to participate in a year long program in which rapid cycle improvement methods are applied to an effort to improve cultural and linguistic competence, in a learning collaborative, while working to make larger systemwide changes. The teams take part in three learning sessions as well as monthly technical assistance conference calls and project director telephone check-ins. Participants also receive technical assistance regarding strategies for measuring impact and improvement.

The other two presenters are in senior leadership roles at two large and well-known public hospitals and health systems: Bellevue Hospital Center of the New York City Health and Hospital Corporation and Harborview Medical Center in Seattle, Washington. The presenters' organizations are leading members of the National Association of Public Hospitals and Health Systems (NAPH). Both presenters were active participants in the implementation of the NAPH 2000-2005 Strategic Plan. This plan was developed to assist NAPH member hospitals and health systems improve their excellence and accountability in operation of their organizations and focused on: enhancing leadership among executives, physicians, and boards; improving patient care quality with a focus on care delivery systems; and, addressing health disparities and improving cultural competence for diverse patient populations. These presenters' organizations were highlighted in the report to the U.S. DHHS Office of Minority Health report, *Serving Diverse Communities in Hospitals and Health Systems from the Experience of Public Hospitals and Health Systems*, published by the National Public Health and Hospital Institute in 2004.

After brief introductions, the presenters will briefly highlight their systems' accomplishments integrating C&L into the delivery of care and then be asked to address the following questions: a) How can health care leaders frame cultural and linguistic

(C&L) competence so it is not just a project but becomes integral to the organization achieving its strategic goals? b) What is a leader's role in making this happen? c) How should leaders communicate to staff and clinicians the importance of cultural and linguistic competence? and d) What determines success in integrating C&L initiatives into an institution's daily practice? In addition to the pre-selected questions, panelists will also respond to questions from audience members.