Building an Interprofessional Continuing Education Program to Optimize Teamwork and Patient Outcomes

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INTRODUCTION/BACKGROUND

- Healthcare providers are expected to be a part of high-performing teams that provide patient-centered care with high stake outcomes.
- High performing teams require an aligned purpose, clear roles and responsibilities, effective communication, and trust, yet providers infrequently learn together as a team.
- Limited guidance is available to guide how to identify and prioritize topics for interprofessional education across 3 professions.

VISION & PURPOSE

- **VISION:** A cross professions CE program aligned with both organizational priorities + professional priorities leading to improved patient outcomes, and higher clinician engagement and satisfaction.
- **PURPOSE:** To develop a systematic approach to identifying cross-cutting topics across professions that minimizes the need for new data collection.

METHODS

INTERPROFESSIONAL CONTINUING EDUC COMMITTEE (IPEC) FORMED
- Members = CE leaders from MD/DO, RN, Pharm, APC, Psychology
- Created a charter to inform the work with primary roles being:
  - Oversight of IP CE program direction & evaluation
  - Encourage CE development inclusive of IP team

DEVELOPED BLUEPRINT TO IDENTIFY SHARED PRACTICE GAPS ACROSS PROFESSIONS
- As a group, identified data sources frequently used to identify practice gaps and placed along "x" axis
- "Y" axis was to be filled with potential IP topics.

TOPICS FOR IP CE "Y AXIS" IDENTIFIED INDIVIDUALLY BY EACH PROFESSION
- Reviewed their existing needs assessment data (no need collect new data) to:
  1) Identify topics likely relevant own + to the other two professions
  2) System quality/safety priorities
- Approximately 30 topics identified

TOPIC PRIORITIZATION
- Topics collated into master list along "Y" axis with author (profession who added to list) de-identified
- Each profession's designee independently rated each topic's priority to their profession by categories along "X" axis (0=not applicable, 1=low, 2=medium 3=high)
- Totals provided easy visual of topics of high priority across the disciplines

EVALUATION
An evaluation form was created by IPEC to monitor program effectiveness specific to interprofessional CE
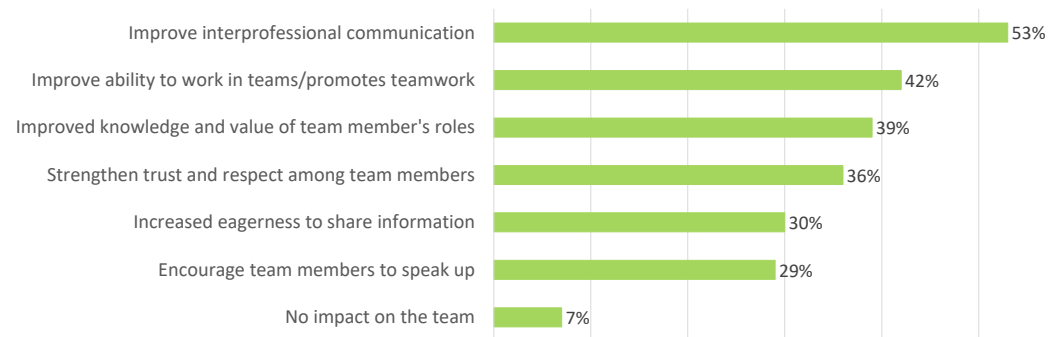
RESULTS: TOPIC BLUE PRINT

8 Gaps/Data Sources → 30 Topics Identified ↓	National/State Topics Hot Topics Regulatory Guidelines				Required Education for Licensure / Certifications				AAH Strategic Priorities			
Priority Rankings: 0=NA; 1=Low; 2=Medium; 3=High	APC	Nurse	Pharm	Phys	APC	Nurse	Pharm	Phys	APC	Nurse	Pharm	Phys
Opioid	3	2	3	3	3	1	1	3	3	1	3	3
Antimicrobial Stewardship	3	1	3	2	1	1	0	1	3	1	3	3
Cultural Consideration	3	2	2	3	1	1	0	1	3	1	3	3

RESULTS: IPE EVALUATION

- CME impact on the interprofessional team was measured for the first time (1,982 responses; 150 programs).
- Learners were asked: *What impact might this education have on an interprofessional team?*
  - More than ½ of respondents cited an improvement in team communication
  - Almost ½ said an improved ability to work in a team

IPE Evaluation Results

Improve interprofessional communication	53%
Improve ability to work in teams/promotes teamwork	42%
Improved knowledge and value of team member's roles	39%
Strengthen trust and respect among team members	36%
Increased eagerness to share information	30%
Encourage team members to speak up	29%
No impact on the team	7%

SIGNIFICANCE/IMPLICATIONS

- Results of this cross-cutting needs assessment strategy focused CE efforts at the intersection of need, team, and system priorities
- Approaching CE across professions as an IP team focused on identification of shared performance gaps can yield a prioritized Master Topic Blueprint
- Ultimately IP CE activities appear to improve team communication, the ability to work in a team, and influences patient care

Need

IP CE PRIORITIES

System   Team

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