



**Interprofessional  
Continuing Education Partnership**  
UNIVERSITY OF WISCONSIN-MADISON

School of Medicine  
and Public Health  
School of Nursing  
School of Pharmacy

# Interprofessional Continuing Education: Emerging Trends From 2016-2018 Global Evaluation Surveys of Learners

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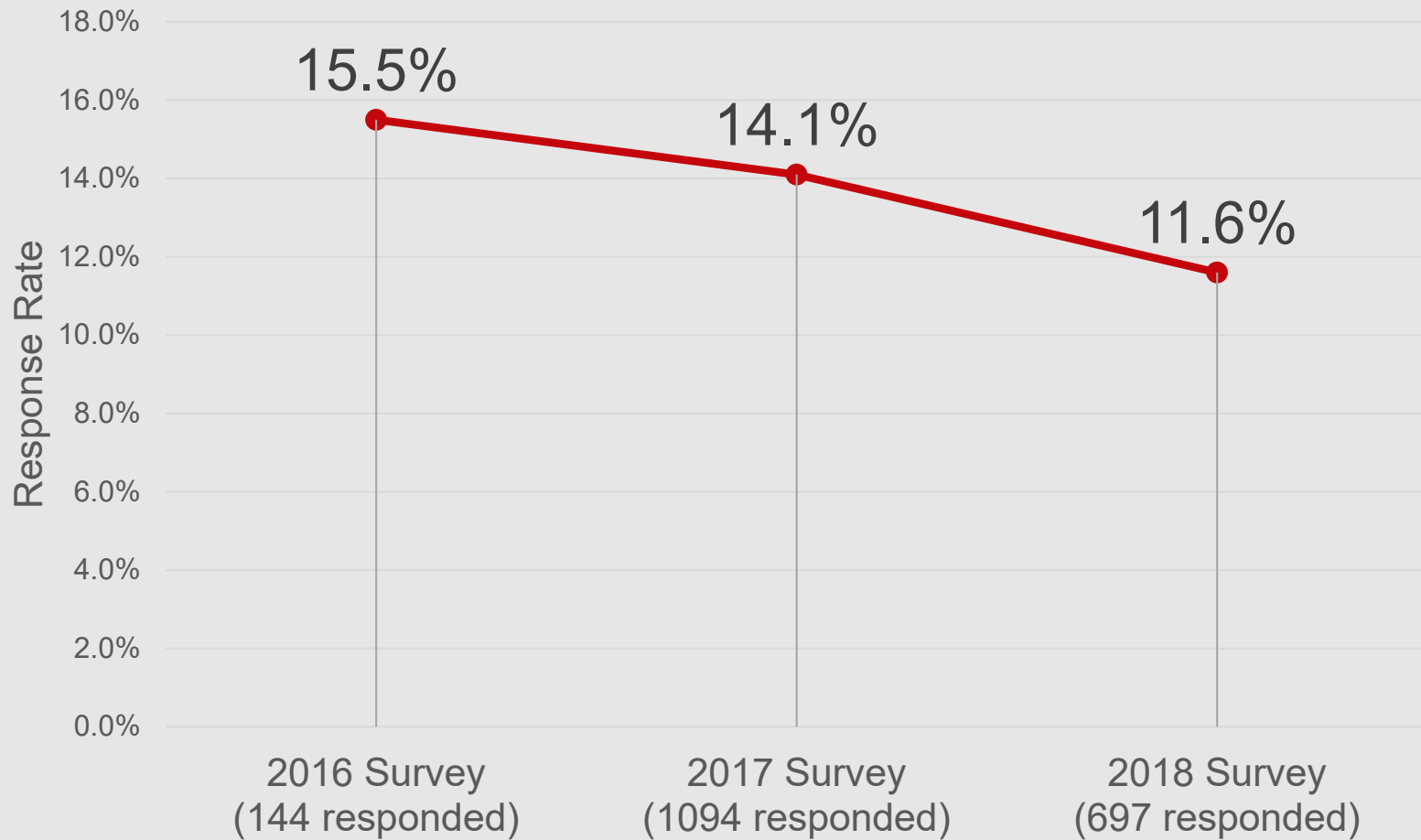


# History of Survey Changes



Survey	Covered	Scope	Period	Questions	Analysis
2016	Live conf., RSS	Only IP activities	Jan 2014- Feb 2016 (live conf.); July 2015 - Feb 2016 (RSS)		Descriptive statistics; qualitative analysis
2017	Live conf., RSS, online activities	All activities	Jan – Dec 2016	Questions were tailored for IP <i>versus</i> non-IP activities; one question was taken off; additional questions were added	Descriptive statistics, including quantifying barriers to collaborative practice; qualitative analysis using Nvivo
2018	Live conf., RSS, online activities	All activities	Jan – Dec 2017	Added questions about healthcare team, excellent IP activity; changed barriers questions	Descriptive statistics. There was no need to use Nvivo in this round of qualitative analysis

# Response Rate Trend in Three Surveys



# Global Evaluation Survey: All Activities Jan 1 – Dec 31, 2017



Activity Category	IP activities		All activities (including IP)	
	Was sent to	Responses received about	Was sent to	Responses received about
<b>Live conferences</b>	26	23	56	46
<b>Online activities</b>	40	25	56	40
<b>RSS</b>	33	21	46	32

Responses received about

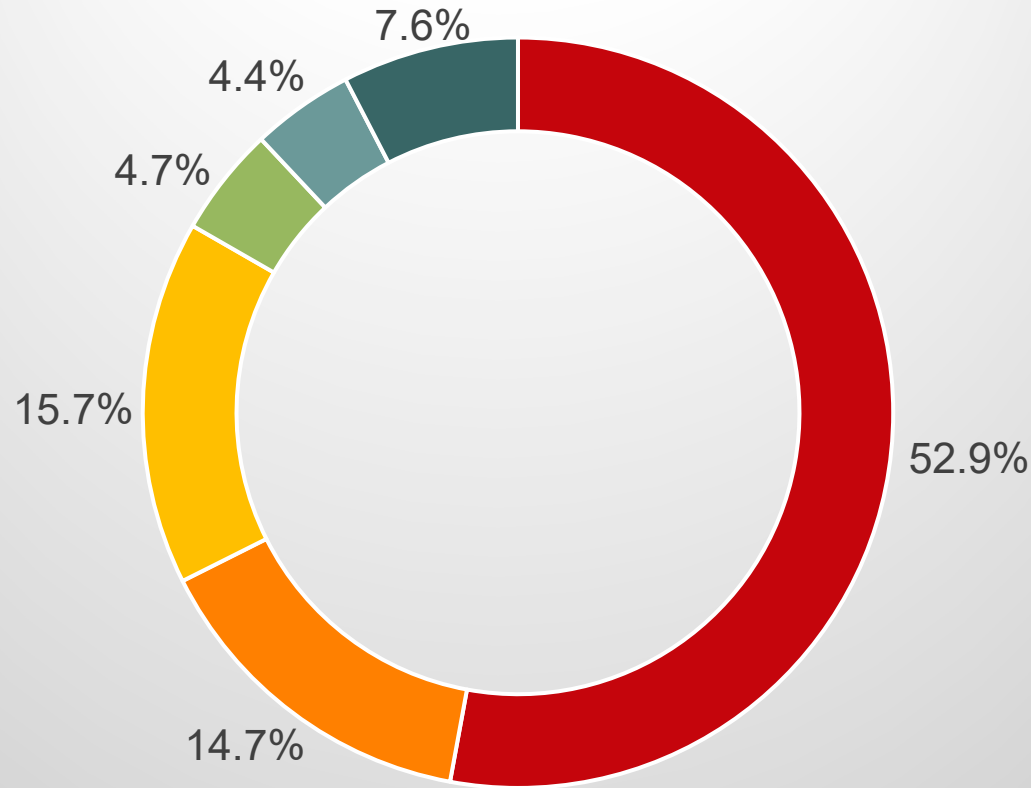
- 2016: 39 interprofessional (IP) activities
- 2017: 96 activities, including 47 IP activities
- 2018: 118 activities, including 68 IP activities

Respondents were asked to select no more than one activity in each category

For the purpose of survey

- Same live activities delivered multiple times were combined into one activity
- Online activities created from the same RSS were combined into one activity
- IP activities included designated IP activities and activities approaching IP status

# Respondents by Profession (N=697)

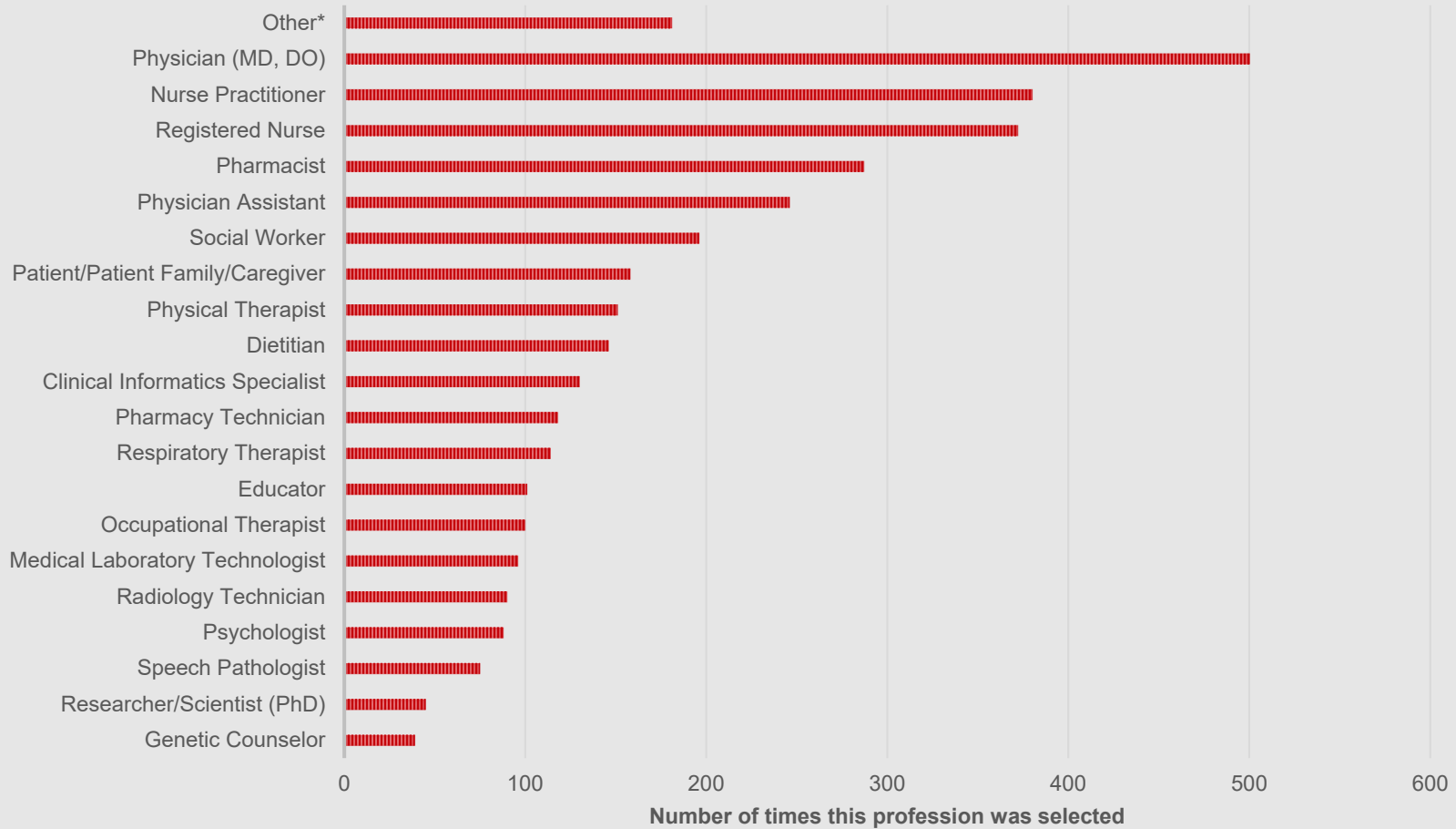


- Physician (MD, DO)
- Nurse Practitioner
- Pharmacist
- Physician Assistant
- Registered Nurse
- Other

# Healthcare Team Members



## IDENTIFY MEMBERS OF YOUR CURRENT IP HEALTHCARE TEAM





# High Level of Agreement Regarding Education Being IP



<b>Statement</b>	<b>On a scale from 1=Strongly Disagree to 5=Strongly Agree (Mean)</b>		
	<b>2016 Survey</b>	<b>2017 Survey</b>	<b>2018 Survey</b>
This activity met the definition of continuing IP education	4.5	4.4	4.4
Number of Responses	698	487	447

# Relevance of Education to Improvement in IP Competency Domains



This conference contributed to my professional effectiveness related to:	Mean on a scale from 1=Strongly Disagree to 5=Strongly Agree			
	Working with an IP team	Engaging in effective IP communication	Defining roles/responsibilities of my team members	Applying values/ethics to IP practice
<b>23 IP conferences (N=302)</b>	4.2	4.2	4.1	4.2
<b>25 IP online activities (N=60)</b>	3.9	4.0	4.0	4.0
<b>21 IP RSS (N=85)</b>	4.0	4.0	3.9	4.1
<b>All 118 IP activities (N=447)</b>	4.1	4.2	4.0	4.1



# Examples of Learning Extended to Team Members



- “I think we work in an interprofessional environment so we communicate potential improvements to workflows not thinking we live in a profession vacuum.”
- “Discussions with team members about appropriate opioid prescribing and use of non opioids for pain management.”
- “Discussed how various topics impacted the care-team model for the delivery of anesthesia in the perioperative setting.”
- “Post grand rounds discussions”
- “Communicated advances in patient management to other team members during as part of care of patients.”

# Examples of Educational Impact: IP Conferences



- “Improved communication skills with patients, families and even amongst team members”
- “We discussed our future plan for opioid prescriptions for patients moving forward”
- “Focus on the patient as center of care”
- “Improved understanding of pain disorders, rationale for various multimodal treatments, risks vs. benefits, communication strategies”
- “Improved communication skills with patients, families and even amongst team members”

# Examples of Educational Impact: IP Online Activities



- “It provides up to date evidence that helps us ensure our practice is meeting the highest possible standards.”
- “Our prescribing practices have changed. Additionally, we are working with other teams to educate them and help them change their prescribing practices.”
- “We continue to focus on including NRTs [nicotine replacement therapies] in our treatments.”
- “Improved communications; improved the use of ‘safety nets’ for patient care.”

# Examples of Educational Impact: IP RSS



- “Preop assessment—helps to improve coordination and learn what resources are available when needed.”
- “Changed practice - shifted patient facing work.”
- “The MAs used the dot phrase that I developed for each MD/APP/RN team when rooming any new patient in my clinic. This helps to introduce our team approach to our new patients.”
- “The information has influenced our differentials, broadened our diagnostic tests, and enhanced our treatment plans for patients we see in clinic”
- “Our trauma team used information on competency-based orthopaedic training to improve our clinical teaching during surgery.”

# No or Minimal Barriers to IP Practice



2016 survey: 40 of 294 (13.6%)

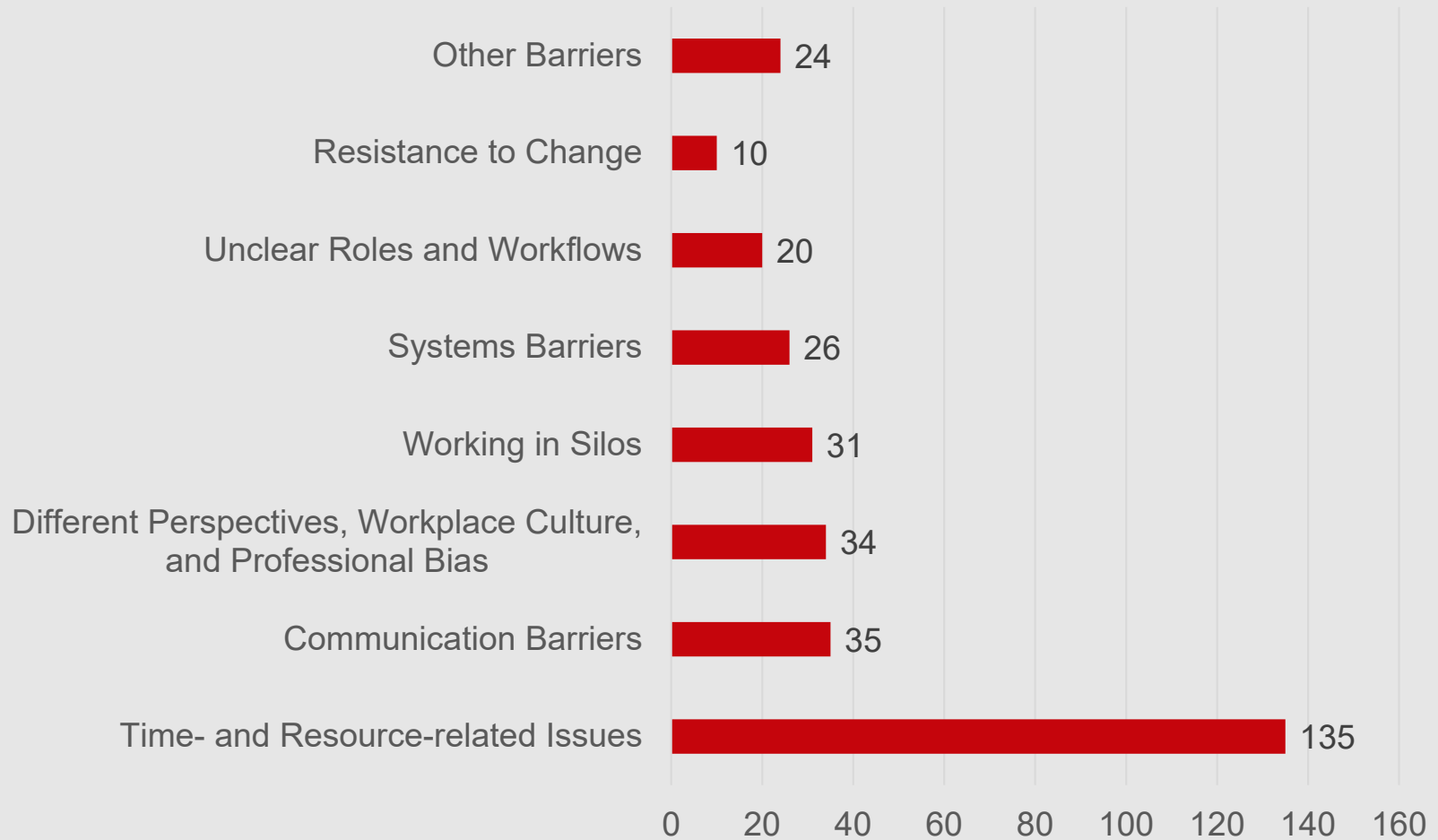
2017 survey: 76 of 404 (18.8%)

2018 survey (multiple choice question):  
73 of 444 (16.4%)

# Barriers to IP Practice: 2017 Survey



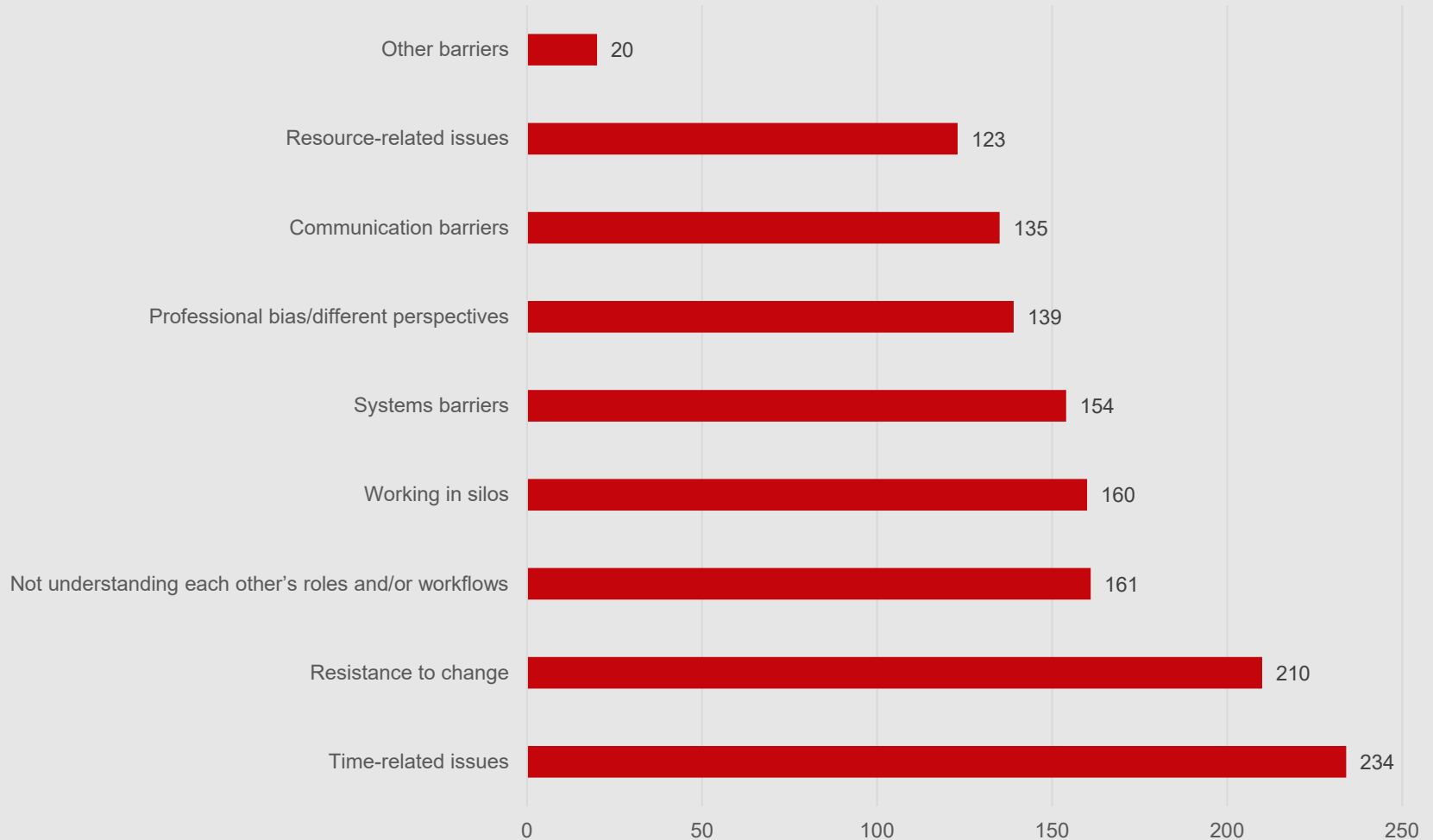
## Barriers to IP Practice (328 Respondents)



# Barriers to IP Practice: 2018 Survey



Barriers to IP Practice (371 Respondents)





# Examples of Statements with Multiple Barriers



“We have a myriad of barriers to collaborative practice. It is difficult to understand the perspective of someone if you are not ‘living it.’ Many practitioners feel that the way we are doing things is ok and see no reason to change. We often don't have the resources necessary to make effective change in a timely fashion and those in ‘control’ don't see what is going on in our individual work sites.”

“We have several programs at our institution that focus upon specific aspects of healthcare and public health. We tend to carry out our work in silos. For example our refugee program does not interact very much with the tuberculosis elimination program. This happens despite some overlap in care. We also feel under-resourced at times.”

“The above listed are the traditional barriers to inter-professional sharing. ‘Not my job’, ‘I don't have time’, ‘We don't have the resources’ are the common laments. Understanding that the work still gets done, but there may be better ways of doing the tasks. Different ages of providers is also a barrier. Individuals that are set in their ways may set an impedance to the change that is needed to adapt to changing environments for healthcare service provision.”

# Distribution of Barriers by Profession (2018)



Barrier	PHYSICIANS 825 selections, 250 responders	NPs 199 selections, 66 respondents	RNs 66 selections, 20 respondents	PAs 35 selections, 13 respondents	PHARMACISTS 185 selections, 60 respondents
No barriers	5%	5%	2%	6%	7%
Time-related issues	16%	19%	18%	14%	19%
Resistance to change	15%	14%	17%	17%	15%
Not understanding each other's roles and/or workflows	11%	14%	11%	11%	11%
Working in silos	12%	8%	11%	9%	10%
Systems barriers	11%	14%	8%	14%	10%
Professional bias/different perspectives	9%	13%	12%	9%	10%
Communication barriers	9%	9%	12%	14%	9%
Resource-related issues	10%	6%	8%	6%	9%
Other barriers	1%	1%	3%	0%	0%

# Suggestions for Improvement of IP Activities



- “There could be more emphasis on how to include other disciplines in patient care”
- “Discuss case studies with each discipline talking about the challenges, opportunities and learnings as it relates to medicine, nursing, pharmacology and therapies.”
- “Broke into small groups to allow for different disciplines to intimately work together”
- “Showing more interactive workshops”
- “Less large group lecture and more small group activities”
- “Continue to include Nurse Practitioners as speakers in the program and in the planning of the conference”
- “Vary presenters (ie. physician, social scientists, genetic counseling, ect.)”
- “Talk was mainly done by physicians-however, I felt this was appropriate given the conference so while I disagree different professions were well-represented, I do not think it was needed.”
- “Highlight or mark talks that are of relevance to which particular interprofessional group”
- “Market to PA/NP audiences”
- “Let physicians know that they are welcome to attend as well.”
- “Better encouragement of senior leaders to attend.”
- “Watching or attending with a group of colleagues and allow time for discussion afterward.”

# Conclusion



1. Cumulatively, learners provided feedback about 253 activities, including 154 (61%) that were defined as IP for the survey purpose.
2. The 2018 respondents represented more than 30 professions, with physicians, NPs, and pharmacists being the largest groups.
3. The results reflected increase in the number of IP activities in the three evaluated years.
4. The surveys documented consistent high agreement among the learners regarding activities identified by the survey team as IP being IP.
5. Three surveys revealed similar themes in the suggestions for improvement of IP activities, including increasing interactivity, varying presenters to represent different professions, and improving marketing of activities to target healthcare professionals.
6. In three surveys, 14%-19% of respondents reported no or minimal barriers to collaborative practice; and others reported barriers, many of which could be addressed by education, such as communication barriers and not understanding each other's roles and/or workflows.
7. Annual analysis of the survey data is used by the ICEP leadership to make improvements in the overall program; the survey team and leadership discuss the ways to improve utilization of the findings.