Development of a Continuing Interprofessional Education Partnership: Learning from our Learners

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Background

Well-designed continuing interprofessional education (CPE) contributes to the development of an interprofessional workforce and patient-centered collaborative practice. The University of Wisconsin-Madison Schools of Nursing, Medicine and Public Health, and Pharmacy formed the Interprofessional Continuing Education Partnership (ICEP) to explore opportunities to support the growing need for CPE across health professions.

Methods

In 2015, ICEP launched the Joint Accreditation application process. Two online surveys were conducted in Spring 2016, reaching the participants of 24 interprofessional live conferences and 22 interprofessionally regularly scheduled series (RIS).

CPE occurs when members from two or more health and/or social care professions learn with, from, and about each other to improve collaboration and the quality of care. For survey purposes, a conference was considered to be interprofessional if it was planned by representatives from multiple professions reflecting the target audience, which included more than one health profession. An RIS was considered to be interprofessional if (1) it was approved for the current two-year cycle as an interprofessional activity, (2) it already had or was in the process of establishing an interprofessional planning committee, and (3) it had an interprofessional target audience and exhibited other features of CPE. Thus, the inclusion criteria were flexible to include mature interprofessional activities as well as those working toward CPE.

Both surveys included similar questions focused on perceptions about the educational outcomes, educational workflow, and barriers to collaborative practice. Survey respondents could choose only one activity to evaluate. We used descriptive statistics to summarize quantitative data and qualitative analysis to examine responses to open-ended questions. The latter included open coding to identify distinct concepts and categories in the data, and review of emerging categories to recognize core categories and related themes.

Respondents

The surveys were sent to 4,830 learners and, 698 (14.45%) responded. The respondents represented more than 20 professions, with nurses and physicians being the two largest groups: 241 (35%) and 227 (33%). Respondents represented more than 20 professions, with nurses and pharmacy being the two largest groups: 241 (35%) and 227 (33%), respectively.

Respondents by Profession, Both Surveys

- Motor Vehicles: 2%
- Respiratory Therapy: 2%
- Social Worker: 3%
- Nurse/Nurse Practitioner: 10%
- Other*: 8%
- Assistant, 3%
- Physician: 2%
- Pharmacist: 6%
- Medical Student: 1%
- Physician (MD, DO): 33%
- Researcher/Scientist: 1%
- Optimist: 1%
- Physician Assistant: 3%
- Other*: 8%
- Social Worker: 3%
- Other*: 8%
- Assistant, 3%
- Physician: 2%
- Pharmacist: 6%
- Medical Student: 1%
- Physician (MD, DO): 33%
- Researcher/Scientist: 1%
- Optimist: 1%
- Physician Assistant: 3%

The overall feedback about the interprofessional educational experience was positive with some respondents commenting on the value of continuing education for their profession, and suggesting that interprofessional offerings should expand, but not entirely replace, all the continuing education activities accredited by ICP. The results of these surveys will be used by ICEP to collaboratively increase the capacity and specific improvements in how teams work.

Limitations

Survey respondents’ ability to recall past educational activities limited accuracy of their feedback. Educational outcomes that were presented were self-reported.

Discussion and Limitations

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Perceptions About Activities Being Interprofessional

Analysis revealed high levels of agreement regarding activities being perceived as interprofessional. The respondents were given a definition of CPE, and were asked to state their agreement, on a scale from 1=Strongly Disagree to 5=Strongly Agree, with the statement, “This conference met the definition of CPE.” The mean responses were: 4.54 for the Conferences Survey (n=554) and 4.45 for the RIS Survey (n=144). The respondents also rated how the activity contributed to their professional effectiveness in response to the four interprofessional competency domains.

Mean Agreement to the Statement, “This conference contributed to my professional effectiveness” by Interprofessional Competency Domain

<table>
<thead>
<tr>
<th>Domain</th>
<th>Mean Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal communication</td>
<td>4.33</td>
</tr>
<tr>
<td>Teamwork</td>
<td>4.14</td>
</tr>
<tr>
<td>Quality improvement</td>
<td>4.14</td>
</tr>
<tr>
<td>Interprofessional practice</td>
<td>4.17</td>
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</tbody>
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Educational Impact

When asked how their interprofessional team utilized the information provided during the activity, 74% described a positive impact on their team’s knowledge, competence and/or practice. Notably, many acknowledged sharing information with their team members and peers, thus extending learning and supporting practice.

Education Resulted in Changes in Knowledge and Attitude

Many responses indicated that learning took place as a result of participation in the activity. Some respondents described what they learned, and others made statements about collective knowledge changes and end of their individual department.

Education Improved Abilities, Triggered Intention to Change Practice, and Helped to Identify Strategies for Effective Team-Based Care

Respondents reported increased competence of individuals and health care teams. Some respondents stated intentions to change practice, and others described strategies and tools to implement changes that were considered or developed due to participation in the educational activity.

Examples of Evaluation Responses

- Nurses
  - “We worked to change our nursing care plan into a multidisciplinary care plan, including PT/OT/Speech, Case Management, and Diet.”
  - “As the Director of Nursing Informatics, my team works collaboratively with physicians, pharmacy, nursing leaders and end users. This conference brought all the teams together, in addition to the ancillary departments, to work toward system improvement toward patient centered care.”
  - Physicians
  - “We designed new care workflows and applied lessons learned to improving provider efficiency and reducing meaningless EHR processes.”
  - “We had a pre-clinic huddle 2 days later and discussed how several of the resources or standards could be applied to our clinic activities.”
  - Pharmacists
  - “We will use the new insulin dosing calculator from within the MAR. This will require significant collaboration with nurses, physicians and pharmacists.”
  - Social Workers
  - “We continue to enhance the Deferred Prosecution Program Child Abuse initiative as we receive new information, knowledge and skills on an ongoing basis. This conference particularly influences our efforts at reviewing and maintaining clear eligibility requirements and program standards.”

Conclusions

The authors wish to thank the course directors, activity coordinators and members of planning committees for their planning and implementation of the educational activities that were evaluated, and for their support of the surveys’ implementation.

Reference