

# Continuing Interprofessional Education: Using Feedback from Learners to Change the Institutional Culture

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## Problem Statement

Well-designed continuing interprofessional education contributes to the enhancement of patient-centered, collaborative practice. However, implementation within an academic institution is a big undertaking that requires a culture change in how education planners work, faculty teach, and workplaces support team-based care.

## Approach

Participants of continuing professional development activities offered through the University of Wisconsin-Madison Interprofessional Continuing Education Partnership (ICEP) in 2016 were surveyed. Questions focused on perceptions about the activity, educational outcomes, and barriers to collaborative practice. Three categories of activities were included — live conferences, online activities and regularly scheduled series (RSS). Respondents were asked to evaluate one activity from each category. Several live conferences were combined into one activity when the same live activity was offered in several venues. Similarly, several online activities were combined into one activity. The criteria for an IP activity were flexible to include mature IP activities as well as those working toward becoming IP.

**IP Activity Definition For the Survey Purpose:**

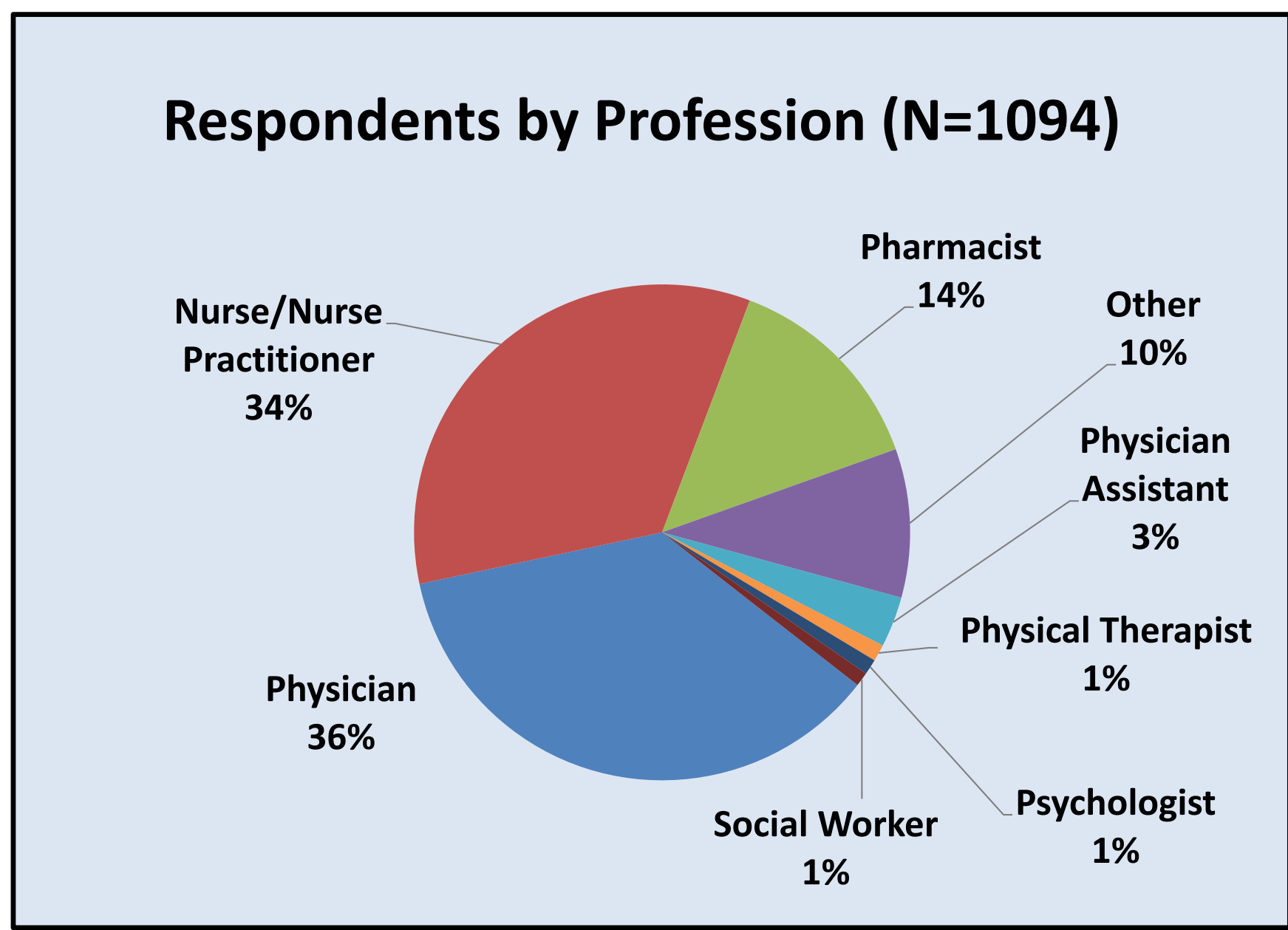
- An activity** was considered to be IP if it was planned by representatives from multiple health professions reflecting the interprofessional target audience.
- An RSS** was considered to be IP if it was approved as an IP activity or if the RSS had or was establishing an IP planning committee, had an IP target audience, and exhibited other features of IP education.

Descriptive statistics, generated in Qualtrics and qualitative software NVivo 11, were used to analyze quantitative data and qualitative data. Qualitative analysis included coding into the categories identified through analysis of a previous survey, a revision of the coding categories to reflect new themes, and a review of distinct concepts and categories to recognize core themes.

A similar survey was conducted in 2016. This poster reports 2017 Survey results and provides comparisons between the two surveys.

## Respondents

The survey was sent to 7773 learners, and 1094 (14.1%) responded, representing nearly 40 professions. Collectively, the respondents provided feedback about 96 activities, including 47 IP activities.



"Other" included Athletic Trainer, Researcher/Scientist, Speech Pathologist, Clinical Informatics Specialist, Dietitian, Educator/Health Educator, Occupational Therapist, Optometrist, Radiology Technician, Respiratory Therapist, etc.

## Results

**Evaluated IP Activities Were Recognized as IP**

| Statement   | 2016 Survey (698 responses) | 2017 Survey (487 responses) |
|---|-----------------------------|-----------------------------|
| This activity met the definition of continuing IP education. (Mean on a scale from 1=Strongly Disagree to 5=Strongly Agree) | 4.5                         | 4.4                         |

### Effectiveness of IP Activities Varied by Activity Category and Competency Domain

| This activity contributed to my professional effectiveness related to: | 2017 Survey Mean on a scale from 1=Strongly Disagree to 5=Strongly Agree |  |  |                                       |
|--|--|--|--|---------------------------------------|
|  | Working with an IP team  | Engaging in effective IP communication | Defining the roles/responsibilities of my team members | Applying values/ethics to IP practice |
| 19 IP conferences (376 responses)                                      | 4.3  | 4.3                                    | 4.2  | 4.2                                   |
| 5 IP online activities (48 responses)                                  | 4.1  | 4.1                                    | 4.0  | 4.0                                   |
| 23 IP RSS (63 responses)   | 4.0  | 4.0                                    | 3.9  | 4.0                                   |
| All 47 IP activities (487 respondents)                                 | 4.2  | 4.2                                    | 4.1  | 4.1                                   |

**Examples of Educational Impact**  
189 statements reflected the positive impact of the education on respondents' or their teams' knowledge, skills, practice, and/or patients. Additionally, many commented on how they shared what they learned with others at their workplace.

- "Recognized that interprofessional team collaboration is paramount to improving positive patient outcomes, especially when accessing information in an EMR."
- "We were more prepared to aid other professionals, or to at least understand the work they do."
- "Implemented a longitudinal plan of care. Based on information and relationships gained from this conference we were able to do a rapid implementation and keep the focus on information that is important to patients."
- "Created asthma action plan that worked both inpatient and outpatient. And it worked for RT [Respiratory Therapist], Pulm [Pulmonologist], Hospitalist, and Ambulatory Care providers."

**Examples of Suggestions for Improvement**  
The survey documented many suggestions for improvement, including those specific for IP activities.

- "It is largely intended for MDs, it seems. To make it more interprofessional, it may need to be more diverse in terms of speakers."
- "Open to more professions."
- "More specifics about team work/more models and less research that does not relate to practice."
- "Perhaps segue into how to engage other health professionals in the care of the patient."
- "More interactive sessions rather than lectures."

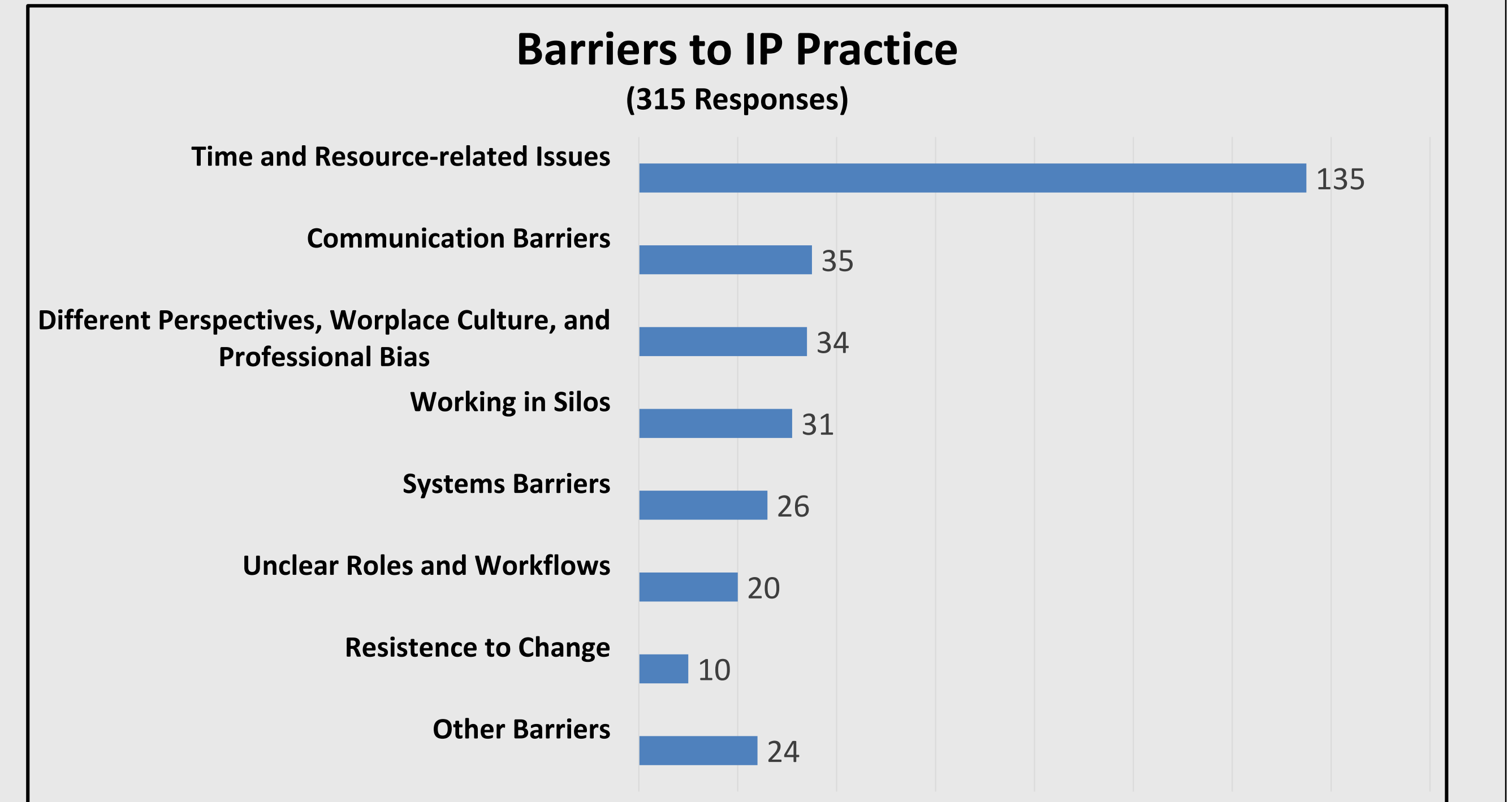
## Limitations

The ability of survey respondents to recall past educational activities limited accuracy of their feedback, and educational outcomes were self-reported. Respondents' previous experiences in IP education could influence their survey responses, and respondents could provide feedback regarding only one activity in each category, even if they attended multiple activities.

## Acknowledgements

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**Barriers to Interprofessional Practice**  
The most frequently reported barriers to IP practice were time and resource-related issues, communication, and workplace culture/professional bias. "Unclear Roles and Workflows" emerged as a new category in the 2017 Survey.



**Comparison to 2016 Survey**

| Statement  | 2016 Survey       | 2017 Survey   |
|--|-------------------|---|
| Reporting no or minimal barriers to IP practice. | 40 of 294 (13.6%) | 76 of 404 (18.8%)   |
| Commenting on decreasing barriers.               | No comments       | Example: "Time and availability are challenges. Still we have an interprofessional documentation council that meets monthly to review and approve interdisciplinary documentation changes." |

## Discussion

ICEP uses the results of learner surveys to engage stakeholders in continuous quality improvement. The stakeholders are working to collaboratively increase the capacity for planning continuing IP education in order to increase ICEP portfolio of effective IP activities.



Discussion of Survey Results

- Use of Survey Data**
- Evaluating the achievement of the ICEP mission and strategic priorities
  - Faculty and staff development, including establishing a Clinical Teaching Learning Community
  - RSS re-accreditation informed by quality priorities
  - Improving the utilization of learner feedback in activity planning
  - Improving future global evaluation and needs assessment surveys
  - Guidance and data for ICEP scholarship efforts

## Conclusions

- The 2017 survey documented positive educational impact, and indicated areas for improvement that will influence continuous quality improvement of the ICEP program.
- Analysis of two surveys administered in consecutive years revealed consistency in learner agreement with respect to IP activities meeting the definition of IP education, and a trend in increasing awareness by clinicians of the barriers to IP practice and systems changes that could lead to improved IP practice.
- ICEP's annual global evaluation survey of learners is a suitable tool to measure achievement of the ICEP mission and strategic priorities; analysis of change in attitudes and educational outcomes allows leadership to redirect program planning efforts when necessary, and to adjust priorities as appropriate.