**Introduction**

The University of Wisconsin-Madison Interprofessional Continuing Education Partnership (ICEP) conducts an annual evaluation survey of participants in educational activities offered through the ICEP program. This survey was established four years ago and we continue to explore how to use the data in the most efficient and impactful way to inform the development of our overall interprofessional (IP) program and future IP activities.

**Methods**

We analyzed the results of 2019 survey focusing on response to four questions that addressed learner perspectives about who are members of their healthcare team, definition of IP learning, value of IP education, and barriers to collaborative practice.

**Theoretical Framework**

We compiled descriptive statistics of quantitative and categorical data, and evaluated differences of profession by responses about the value of IP learning using t-tests and one-way analysis of variance and subsequent post hoc comparisons. We also conducted analysis of definitions of IP learning provided by the respondents to reveal key themes, and similarities/differences in responses by profession. The coding tree representing the elements of the definition was developed through open coding of the first 50 definitions and refined in the course of subsequent coding. As definitions were coded, using qualitative software NVivo 12, and emerging themes were discussed among the authors. Qualitative analysis of the definitions was complemented by chi-square comparing frequencies of the definition elements by profession. All statistical tests were conducted with a priori Type I error of 0.05.

**Results**

A total of 636 responded to the survey (9.3% response rate), representing more than 50 professions.

**Value of IP Education**

Using a Fisher LSD post hoc procedure, physician and physician assistant responses were significantly lower than nurse and nurse practitioner (t = 0.34, p = 0.737), and between physicians and physician assistants (t = 1.44, p = 0.016). Therefore, nurses and nurse practitioner results were combined, and physician and physician assistant results were combined for further comparisons. There was still significant difference between the five professional groups (F = 4.19, p = 0.002).

**Barriers to Collaborative Practice**

Some members of the IP team are less willing to change and update their practices, even if they may be outdated by guideline recommendation standards (some of the I’ve always done it this way mentality). Communication can be challenging depending on how receptive the other party is. There does still seem to be some misinformation about the regular workflow/process of each discipline, which doesn’t seem to be top of mind for most people to learn more about.

We seldom put nurses and doctors in the same room to work through a problem or issue. When we do, it often feels divided. There are always a few truly collaborative people who are willing to ask questions instead of assume. Then time, it is very difficult to arrange time for the IP team to meet when you mix hourly staff with practice schedules.

**Discussion**

Value of IP education through the lens of different professions. In total, 92% of all survey respondents demonstrated high level of agreement regarding the importance of continuing IP education to improving quality of care and patient outcomes, saying it is “extremely important” or “very important.” At the same time, they revealed relatively small but significant differences in responses to this question by profession. This could reflect traditional values embedded in education of different healthcare professions and variation in recognition of the importance of profession-specific content. These findings both encourage development of IP CMLE/CPD programs and strategic conversions of the meaning of IP education for achieving excellence within any given profession.

Many definitions identified practicing clinicians as learners and, in particular, groups of practicing clinicians that are diverse by profession and/or specialty. Some definitions stated where IP learning occurs, indicating either workplace, classroom, or any environment where learners could interact. Definitions that specified what is being learned listed either content related to the four domains of IP practice (most commonly), content related to the clinical practice, research, or a combination of both. Of all the definition elements, learning method was mentioned most often. Many definitions had statements related to learning from other professionals and/or a learning together theme. Also, many respondents identified IP learning as working with others. Some definitions described specific learning strategies, such as participating in grand rounds or daily huddles with best practice sharing. Notably, the words “collaboration” and/or “sharing” were commonly used when describing the learning method. Definitions that specified the result of learning often focused on improving clinical practice and patient outcomes, followed by statements about gained knowledge or other benefits to learners. Some definitions could be easily linked to one or more of the domains of IP practice. The roles/responsibilities domain was most represented in this respect.

Results of statistical comparisons of the frequencies of the following definition elements—what is learned”, “learning method”, and “result”—revealed no significant differences by profession. The frequencies did not differ among the following groups: physicians, nurse practitioners, nurses, physicians, pharmacists, physician assistants, social workers, and others (χ² = 8.33, p = 0.758).

Implications for the survey. We have experienced lower survey rate compared to previous years and are implementing strategies to reverse this trend, such as dividing one annual survey into two surveys with shorter lists of activities for the respondent to choose from and shorter time intervals between the completion of the activity and the survey; and providing respondents with access to the survey results. We also consider adding more demographic questions and revisiting the survey structure to identify the core questions to be asked each year versus “rotating” questions that could be included in the survey every other year or less frequently.

To conclude, our learner survey approach informs educational program improvement. There is value in conducting a focused, in-depth analysis of rich qualitative and quantitative data to develop insights into the culture shift in healthcare professional beliefs about and engaging in IP learning and collaborative practice.