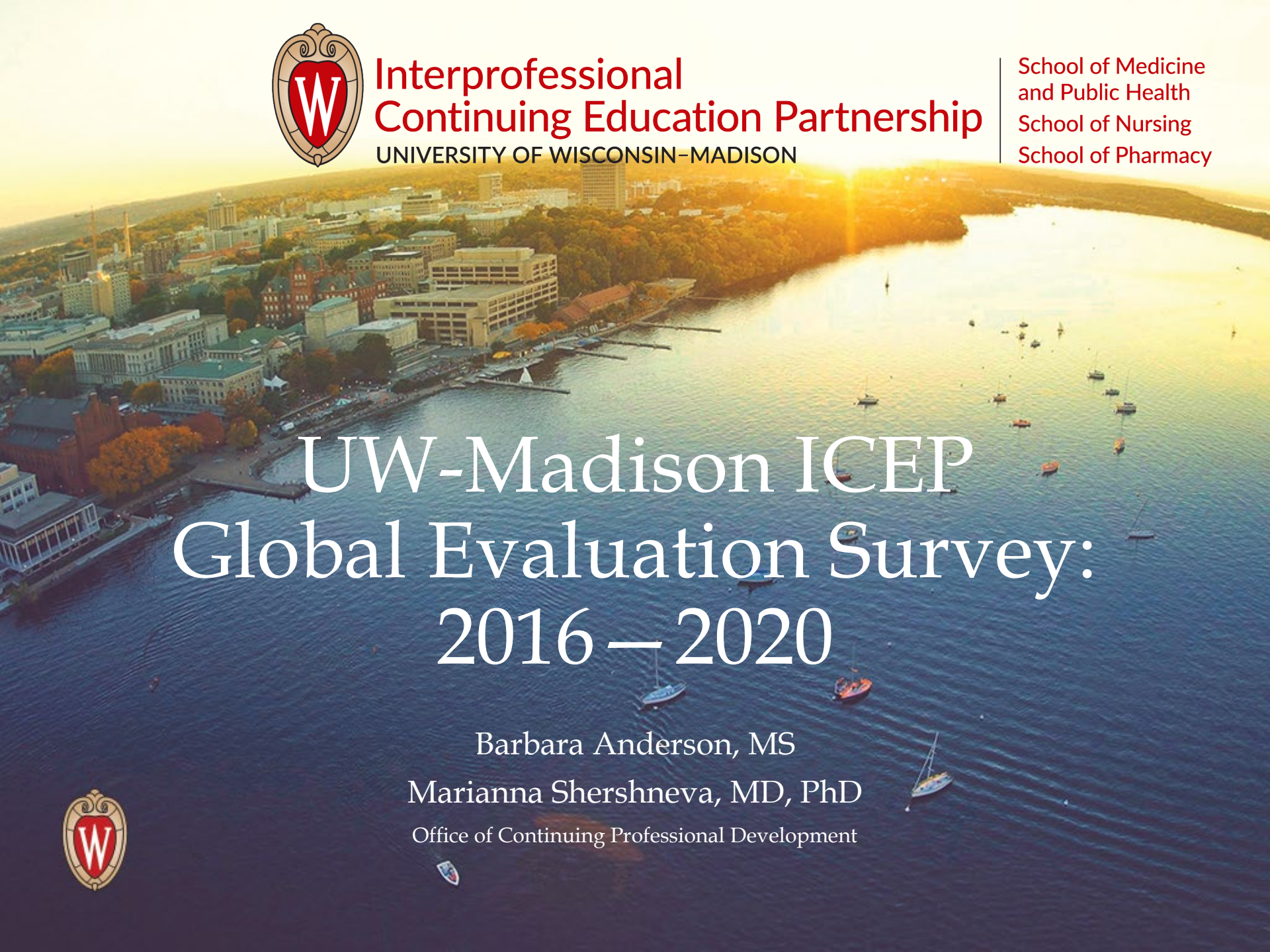




**Interprofessional  
Continuing Education Partnership**  
UNIVERSITY OF WISCONSIN-MADISON

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



**UW-Madison ICEP  
Global Evaluation Survey:  
2016 – 2020**

Barbara Anderson, MS

Marianna Shershneva, MD, PhD

Office of Continuing Professional Development



# History of Survey Changes



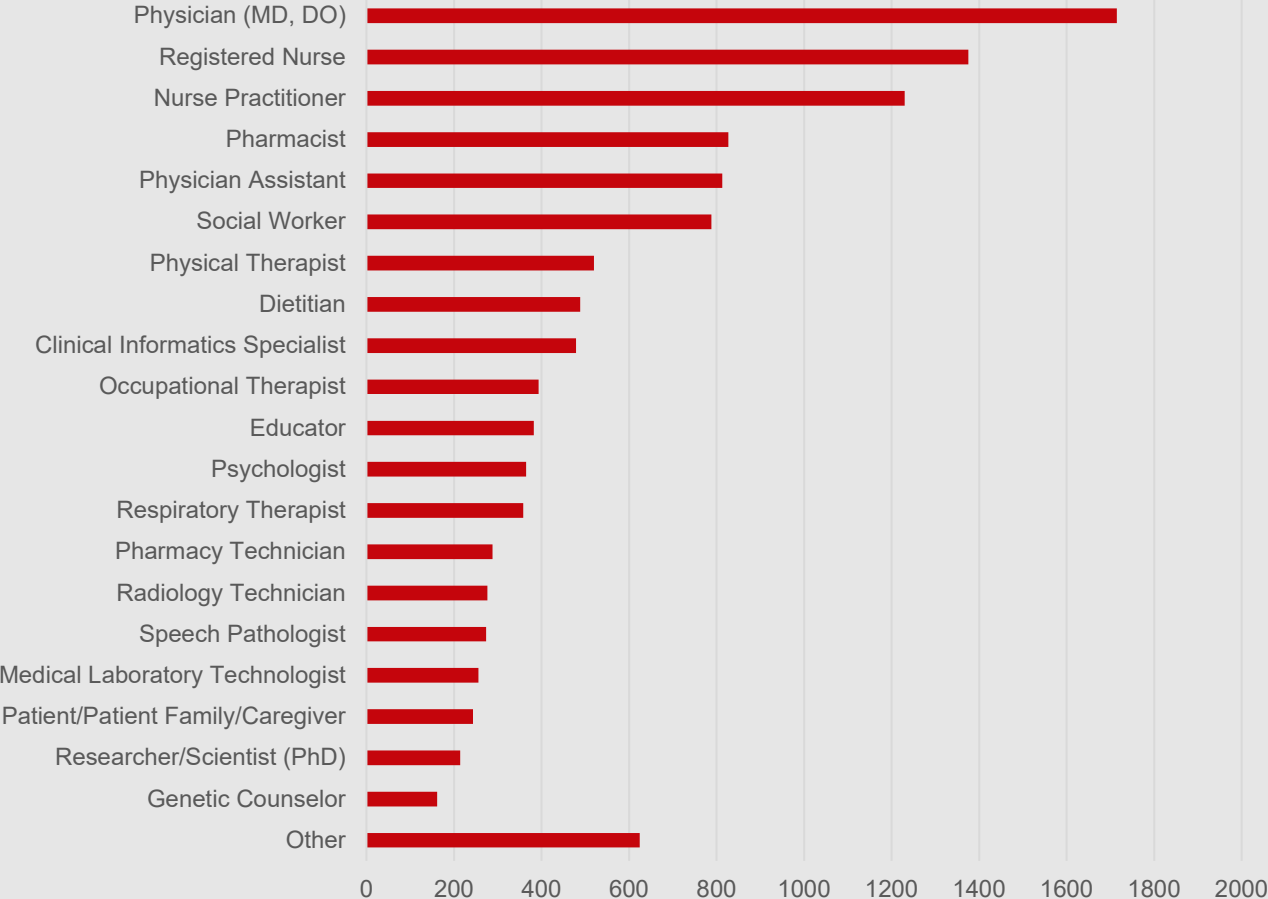
Survey	Covered	Scope	Period	Questions	Analysis
<b>2016</b>	Live conf., RSS	Only IP activities	Jan 2014- Feb 2016 (live conf.); July 2015 - Feb 2016 (RSS)		Descriptive statistics; qualitative analysis
<b>2017</b>	Live conf., RSS, enduring activities	All activities	Jan – Dec 2016	Questions were tailored 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
<b>2018</b>	Live conf., RSS, enduring activities	All activities	Jan – Dec 2017	Added questions about healthcare team, excellent IP activity; changed barriers questions; issue with choosing multiple activities from the list	Descriptive statistics; there was no need to use NVivo in this round of qualitative analysis
<b>2019 Spring</b>  <b>2019 Fall</b>	Live conf., RSS, enduring activities	All activities	July - Dec 2018 (live conf. and enduring); July 2018 - March 2019 (RSS)  Jan - June 2019 (live conf. and enduring)	Added questions about definition of IP learning and importance of IP education to improving of quality of care.	Descriptive statistics; t-tests, one-way analysis of variance, and subsequent post hoc comparisons to evaluate differences by profession in responses to selected questions; qualitative analysis of definitions of IP using <i>NVivo 12</i> .
<b>2020 Spring</b>  <b>2020 Fall</b>	Live/virtual live conf., enduring activities	All activities	July – Dec 2019 (live/virtual live conf. and enduring)  Jan – June 2020 (live/virtual live conf. and enduring)	Added question about COVID- 19 impact; a question about definition of IP learning was converted from open-ended to multiple choices question	Descriptive statistics; aggregate analysis of data for selected questions across two surveys

# Survey Respondents and Their Healthcare Teams



Survey respondents' professions: 2016 Survey: >20 professions → 2020 Surveys: > 50 professions

## IDENTIFY MEMBERS OF YOUR CURRENT IP HEALTHCARE TEAM (2018-2020)



# Learner Feedback About IP Activities



Survey	This activity met the definition of continuing IP education (mean)	This activity contributed to my professional effectiveness related to (mean)				# of respondents
		Working with an IP team	Engaging in effective IP communication	Defining the roles/responsibilities of my team members	Applying values/ethics to IP practice	
2016	4.5	4.3	4.3	4.1	4.2	698
2017	4.4	4.2	4.2	4.1	4.1	487
2018	4.4	4.1	4.2	4.0	4.1	447
2019	4.4	4.2	4.2	4.1	4.2	548
2020	4.5	4.2	4.2	4.0	4.2	410

Scale: from 1=Strongly Disagree to 5=Strongly Agree (Mean)

# Examples of Educational Impact



“This allowed me to stay ahead of the curve when collaborating with providers who refer their patients to my anticoagulation service. I used much of the information to continue training and educating my fellow pharmacists.”

“Improved communication skills with patients, families and even amongst team members.”

“Our prescribing practices have changed. Additionally, we are working with other teams to educate them and help them change their prescribing practices.”

“Continue to work on improving interprofessional team building and define each other's roles within the team to best use team members strengths.”

“Team communication was a major focus of this conference and the discussions we had at this conference really helped learners see the big picture of communication in critical events.”

“More able to quickly administer medications in the event a nurse colleague is unavailable.”

“We talked about it at our group meetings and made changes to protocols and practice guidelines as needed.”

“We made some changes in clinic—changed handouts and counseling practices.”

# Impact of COVID-19 on Educational Needs



**“How has the COVID-19 pandemic impacted your educational needs?”**

Theme	Quotations (Examples)
<b>Shock</b>	“Only the actions needed to keep ourselves, colleagues at all levels, and patients as safe as possible.”
<b>No/Minimal Impact of COVID-19 on Educational Needs</b>	“It has not impacted my educational needs.” “No. But I’m doing educational activities instead of taking vacation.”
<b>Less Time for Education Now</b>	“I have a desire for the normal ongoing learning needs, but find time is not enough for even the covid sessions.” “Harder to find education that you can fit into your day or legitimately block time for”
<b>More Time for Education Now</b>	“Actually have more time now for education”
<b>Decreased/Canceled Live Activities</b>	“It’s obviously decreased / eliminated opportunities for “live” educational events.” “Unable to attend face-to-face educational meetings”
<b>Getting Less Education at That Time</b>	“Have completed no CME so far this year.”
<b>Need More Virtual/Online Education</b>	“Need for more online/virtual options”
<b>Lack of Educational Opportunities</b>	Limited educational lectures
<b>More Available Education</b>	“Education opportunities are more available. I do not enjoy in person learning away from home. More Virtual options is AWESOME.”
<b>Increase in Online/Virtual Learning</b>	“Pretty much all virtual education now.” “Everything has moved to online format.”
<b>Quality of Education</b>	“Made it harder to do meaningful conferences.”

Spring 2020 Survey

Fall 2020 Survey

# Impact of COVID-19 on Educational Needs (Cont.)



Theme	Quotations (Examples)
<b>Virtual—Notes About Format</b>	“Need to have information in easily accessible and digestible format - I can't spend all day in a virtual course right now, and I need the information to be up to date and relevant to my field and current work.”
	“Also, setting up virtual format has improved overall attendance, but the format also makes it difficult to get full participation from everyone.”
<b>Learning to Use Technology</b>	“Telehealth has suddenly become the norm. Zoom and other virtual conference platforms are also regular occurrences. I have had to learn how to teach and learn via these new norms.”
	“Increased the need, especially with rapidly pivoting to telemedicine.”
<b>Educational Needs Not Related to COVID-19</b>	“I don't think the needs have changed, but the way education has been delivered has changed.”
	“Much more focus on telemedicine and designing systems and policies around this”
	“Discovering more needs and areas we have neglected”
	“[Need] limited group, team interactions. Increased need for specific discipline focused education and support”
	“Increased it by ten-fold. More telehealth options and platforms that then must be trained to the trainer then the user. Everybody then wants to do the same (Providers) but our system is trying to go small then will expand in the future, This does affect the Internet connectivity and so on and so forth.”
<b>Educational Needs Related to COVID-19</b>	“Need more scientific information about COVID-19, testing and treating”
	“Always needing updates on COVID”



# Impact of COVID-19 on Educational Needs (Cont.)

Theme	Quotations (Examples)
<b>Advantages and Acceptance of Online/Virtual Education</b>	<p>"I really appreciate the vastly increased and improved availability of online resources and virtual conferences!"</p> <p>"We realize that webinar can be a good educational approach when used correctly."</p> <p>"I felt the web format was well suited for this particular task and I had no objections and actually prefer this method of delivery to traveling</p> <p>"Actually nice to not have to travel for meetings, all virtual. Can do clinical work at same time"</p> <p>"Remote learning has greatly enhanced educational needs. Ability to attend training sessions/courses as well as conferences without travel has allowed more educational opportunities than ever"</p> <p>"For folks who prefer in person learning I am sure it is tough. For me personally, I have had no negative impact. I enjoy remote learning."</p>
<b>Limitations of Online/Virtual Education</b>	<p>"Less in person and hands on applications, more difficult to cultivate relationships"</p> <p>"Personally, I don't find virtual conferences as useful for networking or discussion."</p> <p>"At home all day multiday CME is a challenge."</p> <p>"Not being in the same place for a while also made learning together difficult."</p> <p>"We're all experts on Zoom learning now but it's harder to remain engaged. Very hard to show someone how something works!</p> <p>"Sometimes there are also technical glitches."</p>
<b>Preference for In-person Education</b>	<p>"I prefer in person active learning and this will be limited for the foreseeable future."</p> <p>"I miss interpersonal connections that happen with in-person learning."</p>
<b>Financial Restraints</b>	<p>"With loss of reimbursement for CME's it will be more difficult to meet requirements"</p>
<b>Race and Diversity</b>	<p>"The one exception [to learning less effectively from pre-recorded lectures] to this has been recent conversations within my own professional organizations (national and state wide) regarding conversations about race and diversity. These "listening sessions" are engaging due to their personal nature, and have caused me to think deeply about my role within the PA profession, particularly when it comes to under-represented and marginalized groups. However, these are not CME events."</p>

Spring 2020 Survey

Fall 2020 Survey