Interprofessional Continuing Education Partnership
UNIVERSITY OF WISCONSIN–MADISON

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

UW-Madison ICEP 2021 Global Evaluation Survey Results

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UW-Madison ICEP Mission and JAC 2

Mission. Provide <u>exemplary</u> and <u>innovative</u> accredited <u>interprofessional</u> continuing education that improves the skills and strategies of healthcare teams, leading to healthier patients and communities.
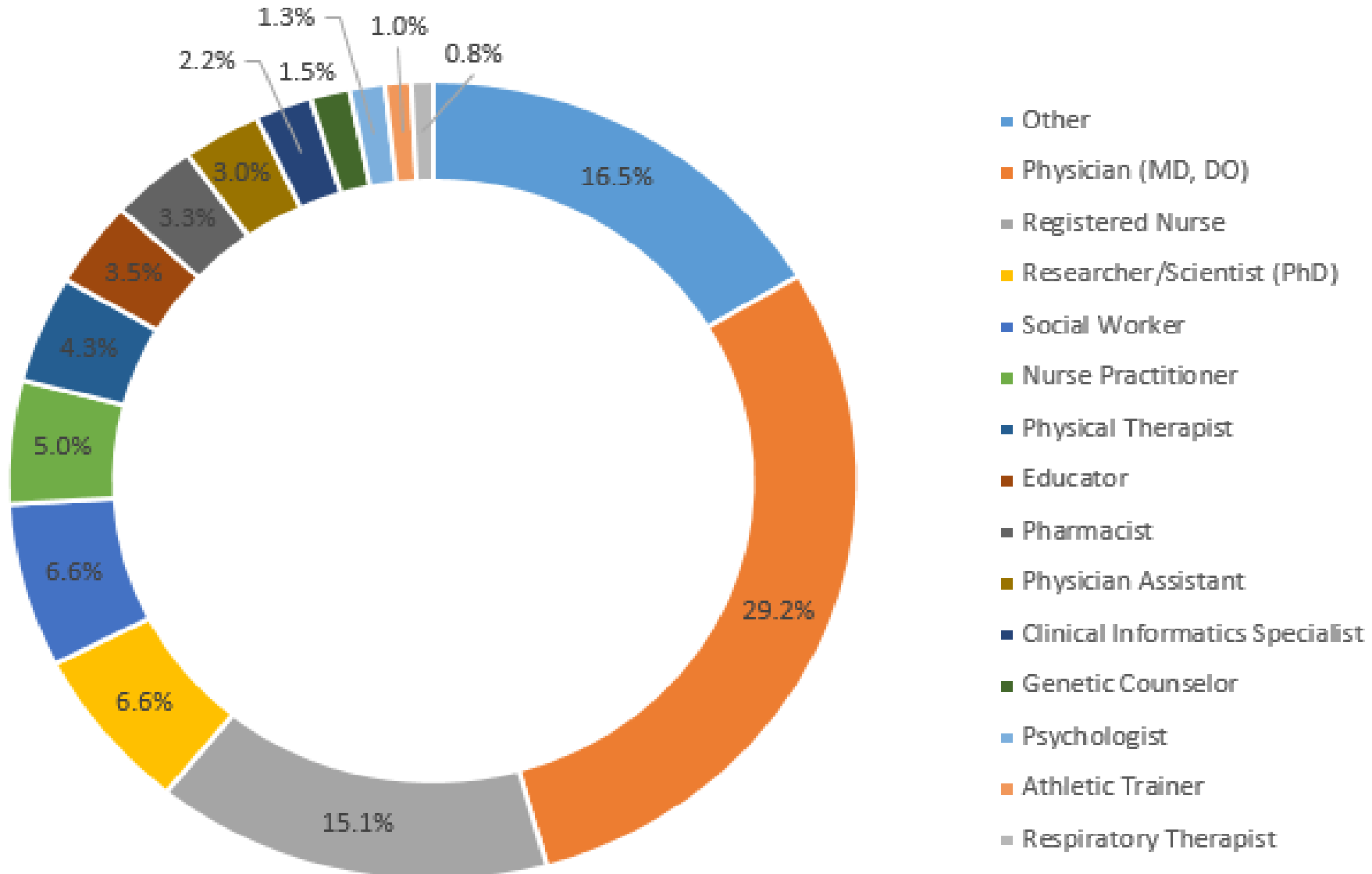
(Updated 8/15/2019)

JAC 2. The provider gathers data or information and conducts a <u>program-based analysis</u> on the degree to which its CE mission—as it relates to changes in skills/strategy, <u>or</u> performance of the healthcare team, and/or patient outcomes—has been met through the conduct of CE activities/educational interventions.

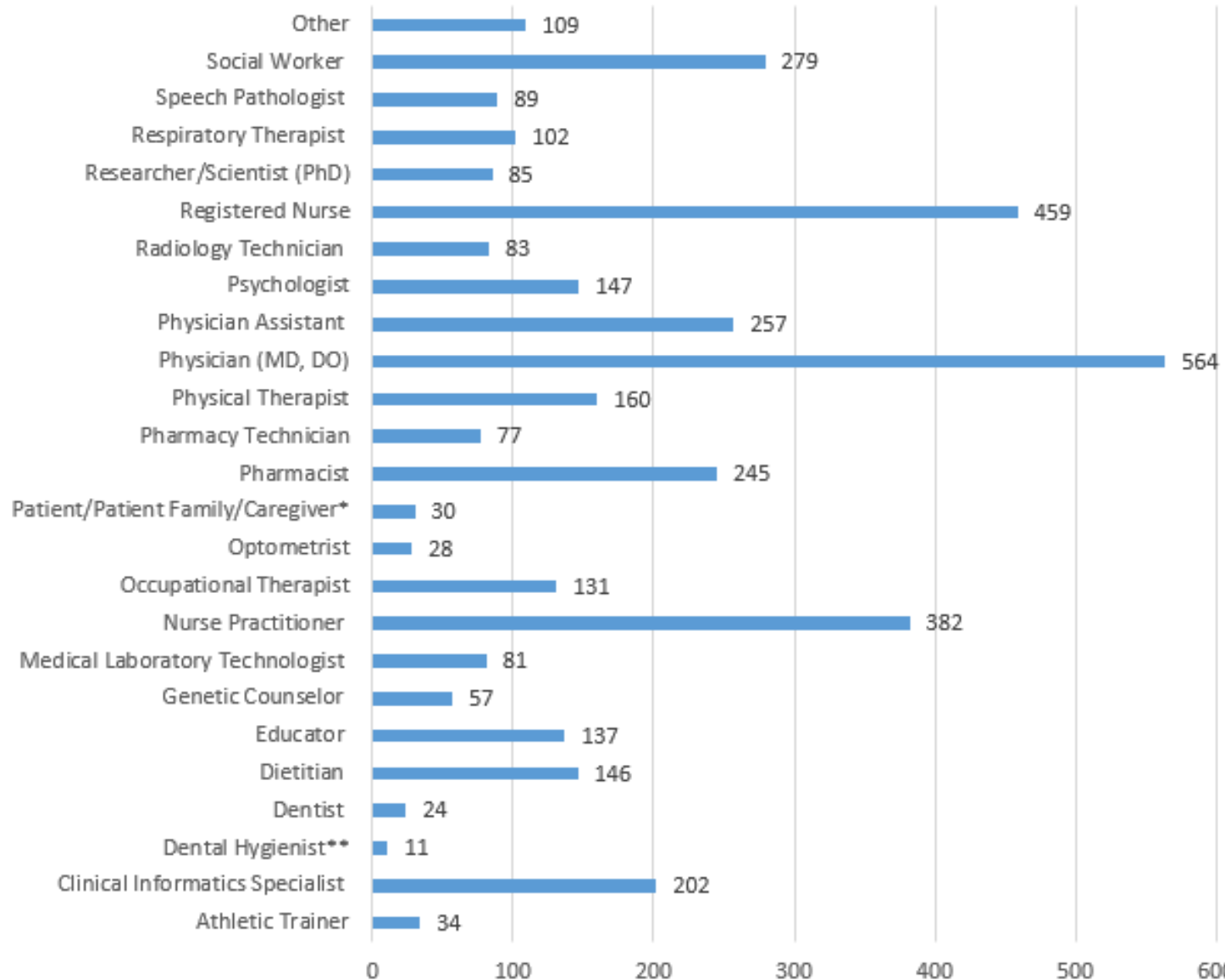# Respondents by Profession

Respondents by Profession (N=602)

- Other — 16.5%
- Physician (MD, DO) — 29.2%
- Registered Nurse — 15.1%
- Researcher/Scientist (PhD) — 6.6%
- Social Worker — 6.6%
- Nurse Practitioner — 5.0%
- Physical Therapist — 4.3%
- Educator — 3.5%
- Pharmacist — 3.3%
- Physician Assistant — 3.0%
- Clinical Informatics Specialist — 2.2%
- Genetic Counselor — 1.5%
- Psychologist — 1.3%
- Athletic Trainer — 1.0%
- Respiratory Therapist — 0.8%

Healthcare Team Members

Respondents were asked to identify members of their current, IP healthcare team.

Healthcare Team Members (N=787)

Role	Count
Other	109
Social Worker	279
Speech Pathologist	89
Respiratory Therapist	102
Researcher/Scientist (PhD)	85
Registered Nurse	459
Radiology Technician	83
Psychologist	147
Physician Assistant	257
Physician (MD, DO)	564
Physical Therapist	160
Pharmacy Technician	77
Pharmacist	245
Patient/Patient Family/Caregiver*	30
Optometrist	28
Occupational Therapist	131
Nurse Practitioner	382
Medical Laboratory Technologist	81
Genetic Counselor	57
Educator	137
Dietitian	146
Dentist	24
Dental Hygienist**	11
Clinical Informatics Specialist	202
Athletic Trainer	34

UW-Madison ICEP Mission, JAC 2, JAC 11

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JAC 11. The provider analyzes changes in the healthcare team (skills/strategy, performance) and/or patient outcomes achieved as a result of its IPCE activities/educational interventions.

Note: The data in the next slides also pertain to JAC 23, JAC 24, and JAC 25.

Changes in Team Skills/Strategy

Did Participation in This Activity Impact Your Knowledge, Attitudes, and Skills/Strategy/Ability to act pertaining to your practice? (475 responses)
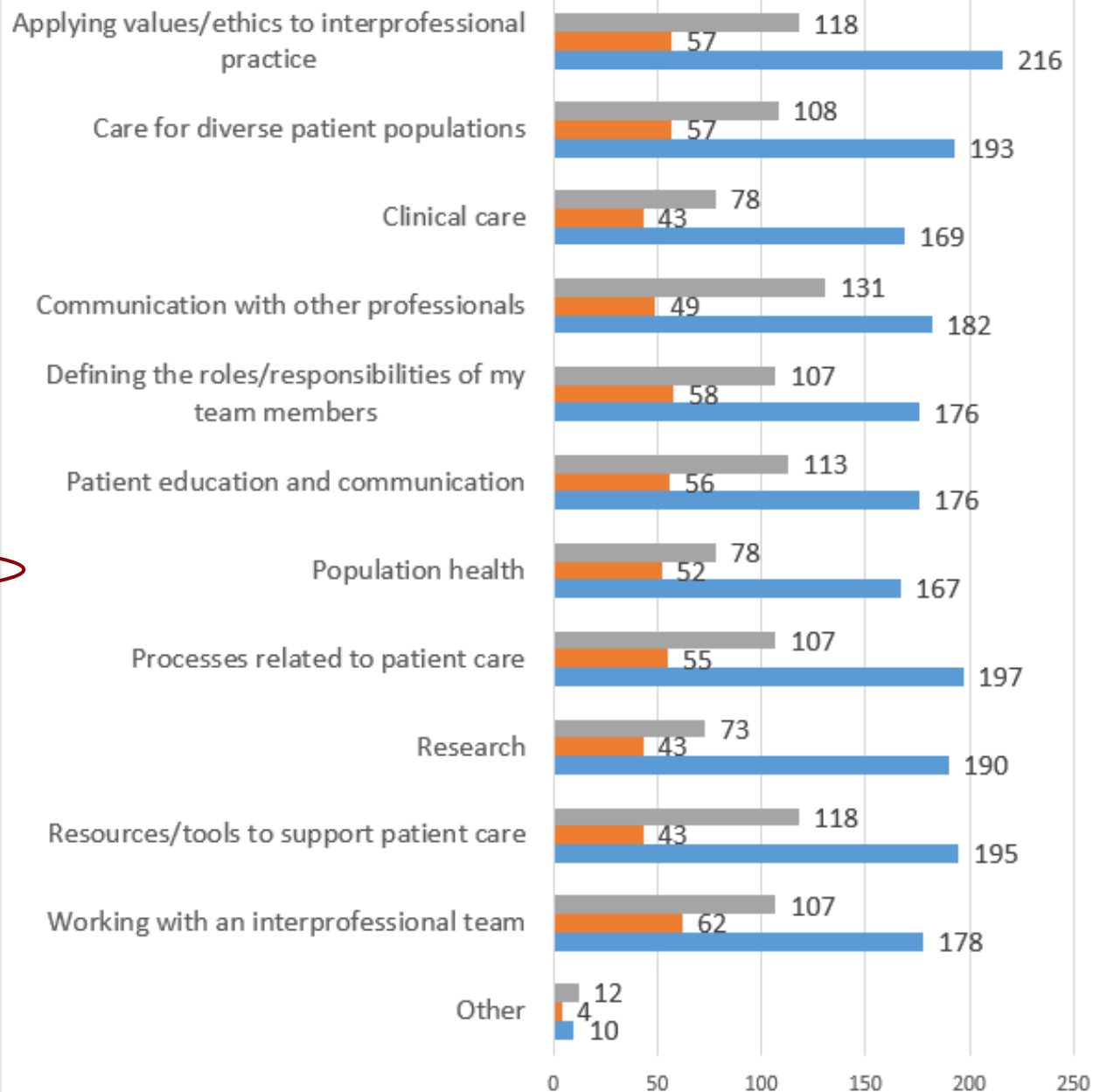

No, 10.53%

Yes, 89.47%
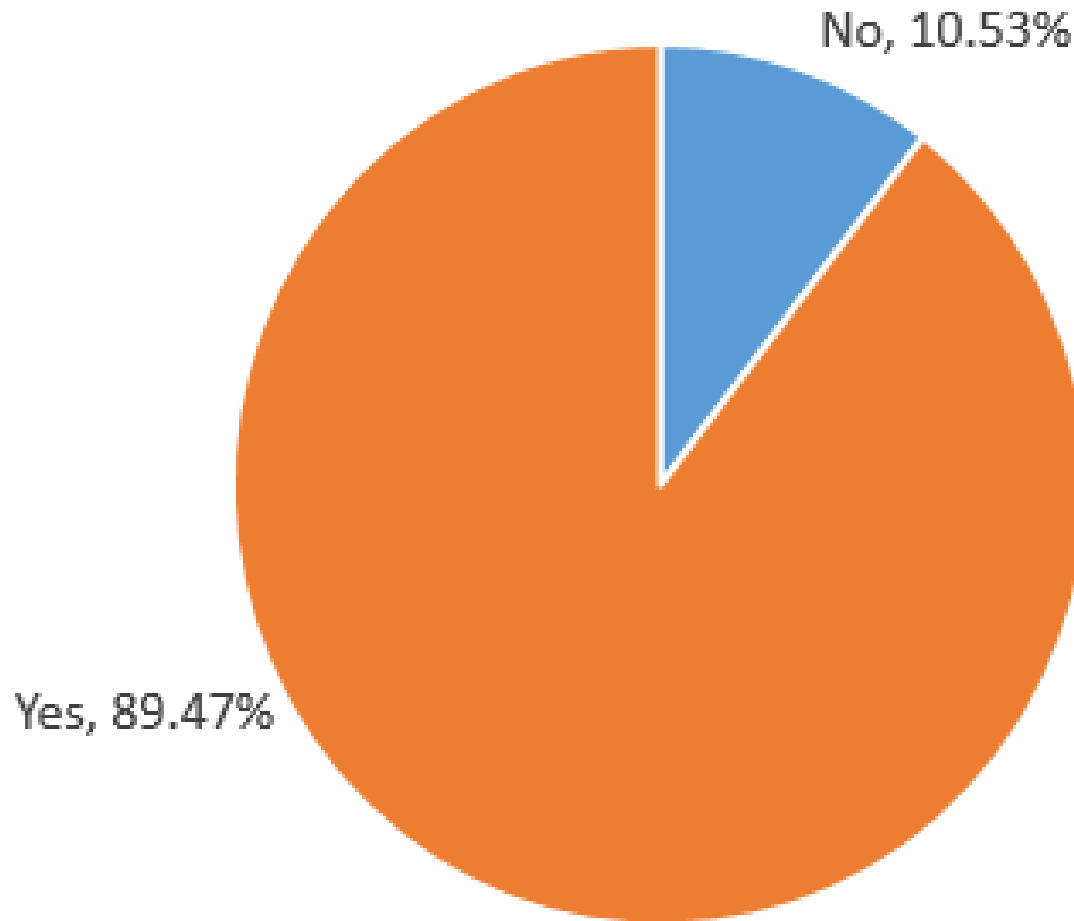
Changes in Team Skills/Strategy (Cont.)

How did you change your knowledge, attitudes, and/or skills/ability to act? (3778 Responses)

Legend:
- I gained new skills/ability to act
- I changed my attitudes
- I gained new knowledge

Category	I gained new skills/ability to act	I changed my attitudes	I gained new knowledge
Applying values/ethics to interprofessional practice	118	57	216
Care for diverse patient populations	108	57	193
Clinical care	78	43	169
Communication with other professionals	131	49	182
Defining the roles/responsibilities of my team members	107	58	176
Patient education and communication	113	56	176
Population health	78	52	167
Processes related to patient care	107	55	197
Research	73	43	190
Resources/tools to support patient care	118	43	195
Working with an interprofessional team	107	62	178
Other	12	4	10

# Changes in Team Skills/Strategy (Cont.)

Examples

- "I gained knowledge and skill in caring for diverse populations and ideas to change not only my thought process and care but my peers as well."

- "Ok was able to change my whole perspective on interdisciplinary medicine."

- "I have a much better understanding on how healthcare is within the communities of our native nations; the resources, challenges, and considerations."

- "The Case Conference style has allowed me to see a more complete picture of various patient situations and learn from the outcome of our interventions. Current research is frequently shared at these conferences and is very helpful."

Changes in Team Performance

Did Participation in This Activity Impact Your and/or
Your Healthcare Team Performance/Practice?
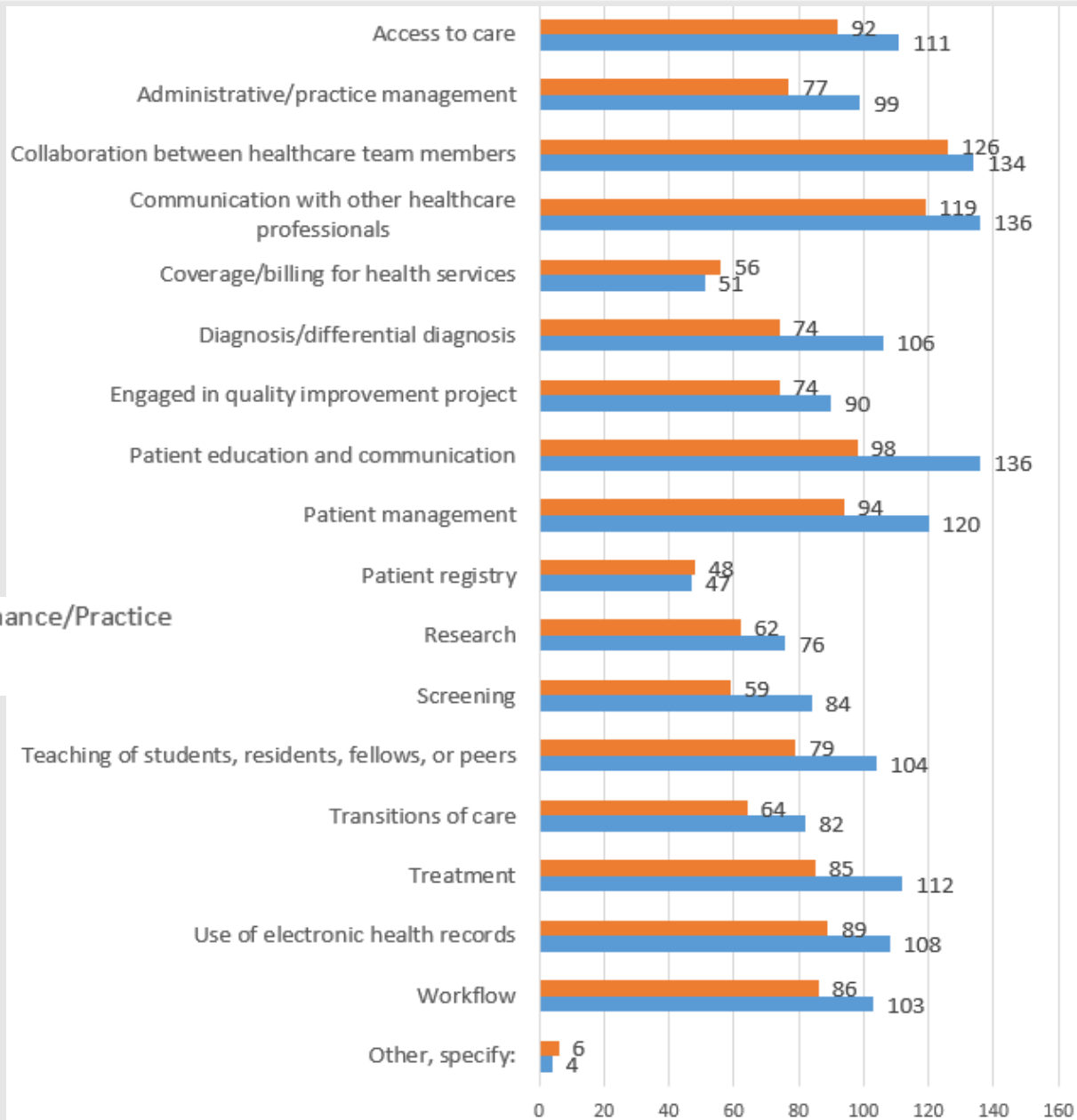(434 Responses)

No, 25.12%

Yes, 74.88%
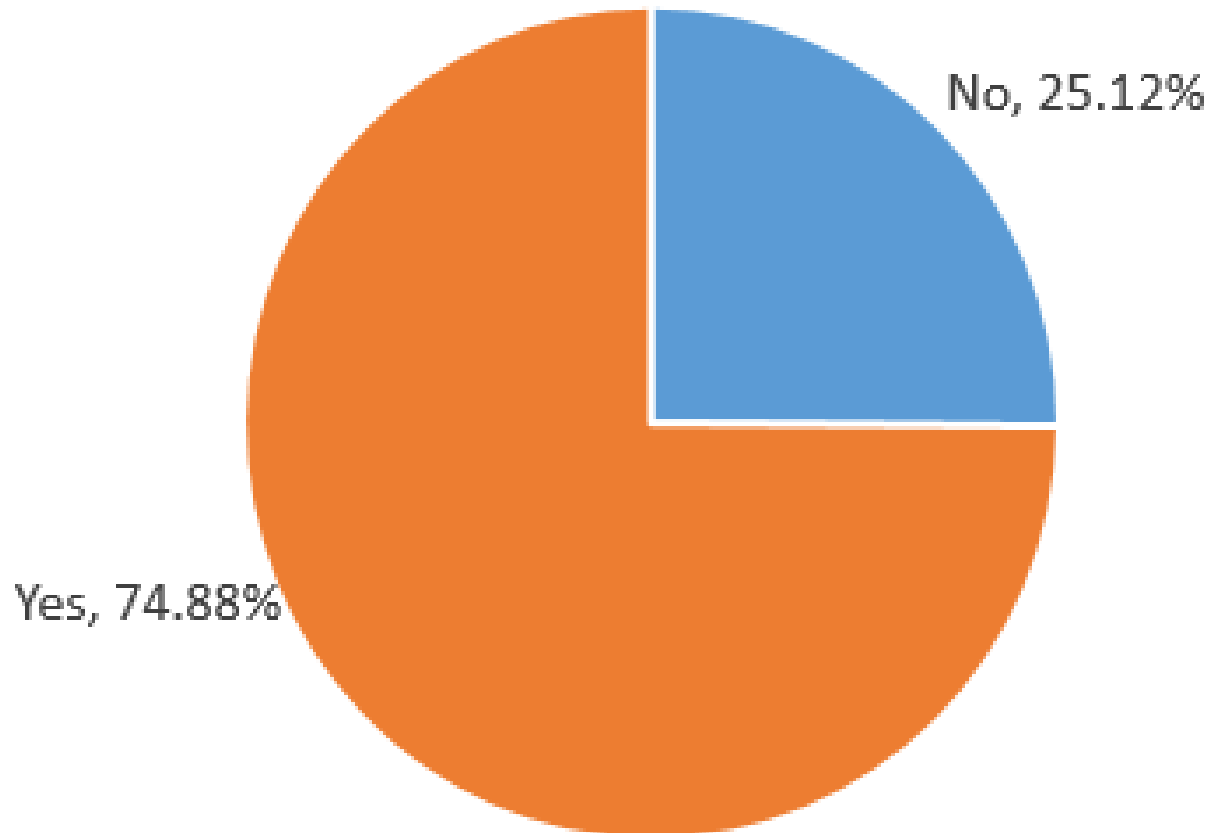
Changes in Team Performance (Cont.)

How did you and/or your healthcare team improve performance/practice? (3091 Responses)

My Healthcare Team Improved Team Performance/Practice
I Improved How I Practice

| Category	My Healthcare Team Improved Team Performance/Practice	I Improved How I Practice
Access to care	92	111
Administrative/practice management	77	99
Collaboration between healthcare team members	126	134
Communication with other healthcare professionals	119	136
Coverage/billing for health services	56	51
Diagnosis/differential diagnosis	74	106
Engaged in quality improvement project	74	90
Patient education and communication	98	136
Patient management	94	120
Patient registry	48	47
Research	62	76
Screening	59	84
Teaching of students, residents, fellows, or peers	79	104
Transitions of care	64	82
Treatment	85	112
Use of electronic health records	89	108
Workflow	86	103
Other, specify:	6	4

Examples

- "Patients received better care because of new evidence based research that was shared with the team (new research regarding patient outcomes when complicated coronary lesions were discovered)"

- "I have been in academic practice for 31 years so knowledge gains and changes in practice are incremental but still relevant"

- "I learned how to build a tool in the EMR that led to easier screening for mood disorders"

- "I have broadened my differential diagnosis for multiple presenting signs/symptoms. More specifically, I have been able to refer patients for more specialized care such as physical therapy for anorectal disorders and referral to allergy for a possible mast cell activation syndrome."

- "Learning from experiences of other clinicians/professional colleagues always impacts practice in a positive manner to help improve outcomes."

Changes in Patient Outcomes

Did This Activity Have an Impact on Patient Outcomes as a Result of the Practice Changes Implemented?
(431 Responses)

No, 15.55%

Yes, 34.57%

I don't know, 49.88%
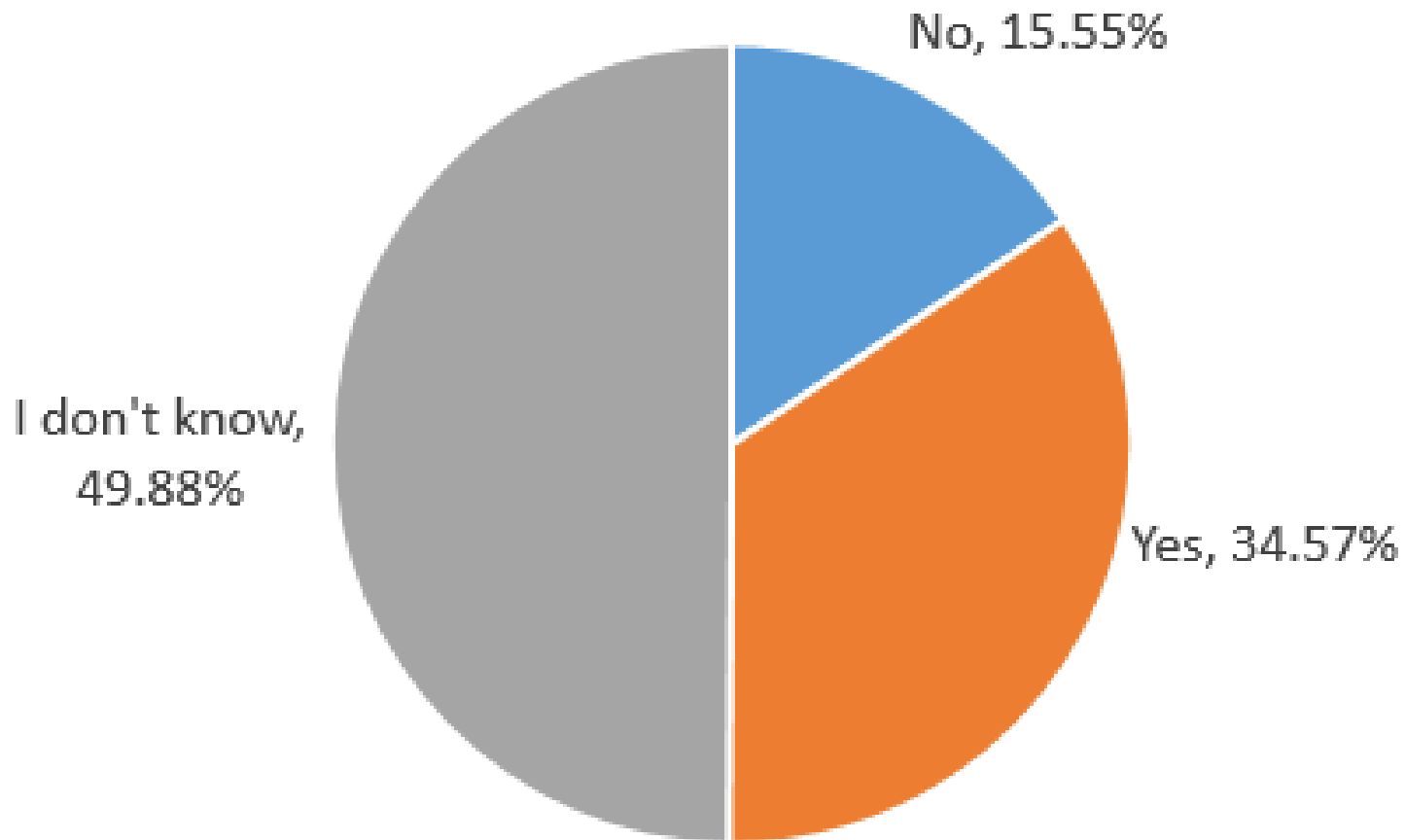
Changes in Patient Outcomes (Cont.)

Examples

- "Patients are thinking about and making actions towards quitting smoking more."

- "Patients have become more comfortable sharing their questions/concerns."

- "Great first step for patients. There is no access to mental health so this is a life saver."

JAC 9, JAC 10, and JAC 11

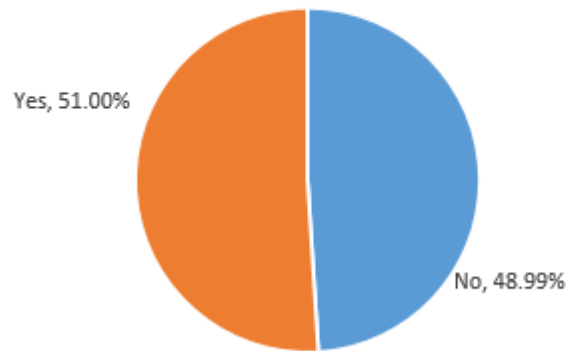**JAC 9.** The provider utilizes support strategies to sustain change <u>as an adjunct to its educational interventions</u> (e.g., reminders, patient feedback).

JAC 10. The provider implements strategies to remove, overcome, or address barriers to change in the skills/strategy or performance of the healthcare team.

JAC 11. The provider <u>analyzes</u> changes in the healthcare team (skills/strategy, performance) and/or patient outcomes achieved as a result of its IPCE activities/educational interventions.

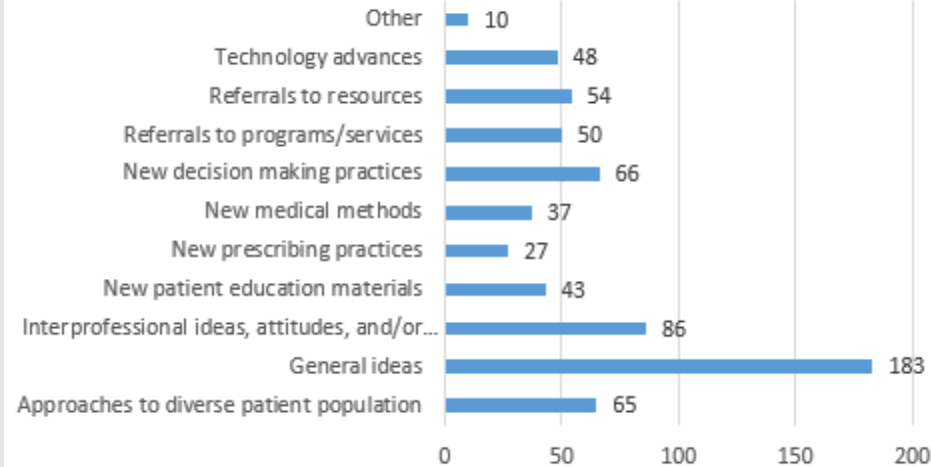# Sharing and Extending Learning

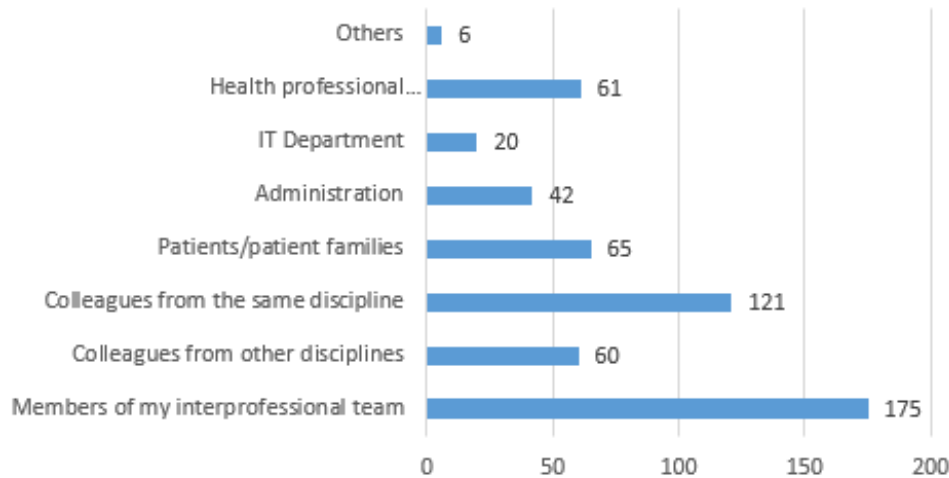### Did You Share Any Materials/Information From This Activity With Others? (496 Responses)

Yes, 51.00%

No, 48.99%

If Yes, What Did You Share? (669 Responses)

Category	Value
Other	10
Technology advances	48
Referrals to resources	54
Referrals to programs/services	50
New decision making practices	66
New medical methods	37
New prescribing practices	27
New patient education materials	43
Interprofessional ideas, attitudes, and/or...	86
General ideas	183
Approaches to diverse patient population	65

If Yes, With Whom? (550 Responses)

Category	Value
Others	6
Health professional...	61
IT Department	20
Administration	42
Patients/patient families	65
Colleagues from the same discipline	121
Colleagues from other disciplines	60
Members of my interprofessional team	175

If Yes, How? (610 Responses)

Category	Value
Worked collaboratively with others	25
Worked collaboratively with others	88
Shared materials from the activity (ex:...	43
Sent via newsletter	10
Sent via email	78
Role modelled new behavior for others	45
Presented at department/practice meeting	41
Made administrative changes	17
Included in my teaching	53
Discussed Informally face-to-face or virtually	171
Attended educational activity together	39

JAC 3

JAC 3. The provider identifies, plans and implements the <u>needed or desired changes in the overall program</u> (e.g., planners, teachers, infrastructure, <u>methods</u>, resources, facilities, interventions) that are required to improve its ability to meet the CE mission.

Evolution of Global Evaluation Survey

Survey	Focus of Changes	Questions	Analysis
2016			Descriptive statistics; qualitative analysis
2017	Impact of IP vs non-IP activities; in-depth analysis of barriers	Questions were tailored for IP *versus* 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	Learning about respondents' teams; identifying successful IP activities	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
2019 (Spring and Fall)	In-depth understanding of respondents' views of IP learning	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 NVivo 12.
2020 (Spring and Fall)	Impact of COVID-19; quantifying responses about IP learning	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
2021	Quantifying impact from all activities on healthcare teams and patients they serve	Questions about educational impact were converted from open-ended to multiple choices questions; questions about diversity were added	Descriptive statistics; qualitative analysis; review of data in relation to JAC

JAC 5

JAC 5. The provider <u>generates activities/educational interventions</u> that are designed to change the skills/strategy, or performance of the healthcare team, and/or patient outcomes as <u>described in its mission statement</u>.

Agreement Regarding Education Being IP

Statement	On a scale from 1=Strongly Disagree to 5=Strongly Agree SURVEY YEAR (Mean)					
	2016	**2017**	**2018**	**2019**	**2020**	**2021**
This activity met the definition of continuing IP education	4.5	4.4	4.4	4.4	4.5	4.2
Number of Responses	698	487	447	548	410	344

JAC 8

JAC 8. The provider develops activities/educational interventions in <u>the context of desirable attributes of the healthcare team</u> (e.g., Institute of Medicine competencies, professional competencies, healthcare team competencies: values/ethics, roles and responsibilities, interprofessional communication, teams and teamwork).

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
15 IP live/virtual live conferences (142 responded)	4.13	4.17	3.97	4.08
26 IP asynchronous online activities (117 responded)	4.07	4.11	3.93	4.11
Total: 41 IP activities (259 responded)	**4.10**	**4.14**	**3.95**	**4.09**

JAC 10

JAC 10. The provider implements strategies to remove, overcome, or address barriers to change in the skills/strategy or performance of the healthcare team.

Barriers to IP Practice

- 2018 survey: A total of 444 responded; 73 of 444 (16.4%) reported no barriers.
- April 2019 survey: A total of 447 responded; 48 of 447 (10.7%) reported no barriers.
- September 2019 survey: A total of 843 responded; 26 of 843 (3.1%) reported no barriers.
- Spring 2020 survey: A total of 626 responded; 84 of 626 (13.4%) reported no barriers.
- Fall 2020 survey: A total of 161 responded; 15 of 161 (9.3%) reported no barriers.
- May 2021 survey: A total of 286 responded; 39 of 286 (13.6%) reported no barriers.

Barriers to IP Practice (Cont.)

Barriers	2018 Survey Reported Barriers		Spring and Fall 2019 Survey Reported Barriers		Spring and Fall 2020 Survey Reported Barriers		2021 Survey Reported Barriers	
	Percen-tage	Respons es	Percen-tage	Respons es	Percen-tage	Respons es	Percen-tage	Respons es
Time-related issues	17%	234	15%	359	16%	406	15%	145
Resistance to change	15%	210	14%	338	14%	351	15%	147
Not understanding each other's roles and/or workflows	12%	161	13%	305	12%	305	12%	115
Working in silos	11%	160	11%	264	11%	283	11%	112
Systems barriers	11%	154	11%	251	12%	289	12%	116
Professional bias/different perspectives	10%	139	11%	258	10%	250	10%	94
Communication barriers	10%	135	11%	261	10%	255	12%	111
Resource-related issues	9%	123	8%	197	8%	202	9%	85
Other barriers	1%	20	1%	33	1%	30	2%	16
No barriers	5%	**73**	3%	74	4%	99	4%	39
Total	100%	1409	100%	2340	98%	2470	102%	980

Barriers to IP Practice (Cont.)

Examples

- "Working within different sites of a healthcare system, we tend to do things only how we have been accustomed; accounting for systems barriers, resistance to change, and not understanding each other's work patterns."

- "I find that that younger members of various disciplines seem more open to an Interprofessional collaborative practice. In my secondary place of employment, an unhappy physician seems to like to downplay every other non-physician discipline even if they have a terminal degree in their discipline. I find this to be limited but when I do come across it, it definitely is a negative."

- "There are many great resources, but we do not have the time during patient care to leave to go to a one hour grand rounds. Often what others learn is not shared collaboratively. Sometime changes are made at one level but not communicated well to the other collaborative disciplines, resulting in frustration."

Overcoming Barriers to IP Practice

Examples

- "Team huddle to share the issue."

- "Weekly interdisciplinary rounds. Someone leading rounds and calling on each discipline to speak."

- "Always working to improve communication."

- "We always try to increase communication in stressful situations and plan ahead so we are ready when chaos comes in."

- "Having something similar to meet/greet with donuts and coffee or snacks where different professions are presented with quiz/tools that other profession uses and different weeks that profession discusses in detail what they do"

- "These gaps are closing with dedicated work of the department and teams"

- "Conferences like these help"

- "Use of clear communication tools such as SBAR; teaching students to approach health care with an open mind to different perspectives; embracing change; encourage/emulate working as a health care team to provide quality holistic care."

Discussion

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