

Designing, Implementing, and Evaluating Continuing Interprofessional Education (CIPE) Activities Using a Systematic Planning Process

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Acknowledgements

Portions of this presentation are based on content developed by Drs. Owen and Schmitt for a 2012 Webinar hosted by the Alliance for Continuing Education in the Health Professions and on a paper by the same authors published in the Spring 2013 [33(2):118–126] issue of the Journal of Continuing Education in the Health Professions.



Presentation Goals

- Provide a step-by-step planning process to design, implement, and evaluate CIPE programs by integrating CIPE into the familiar systematic CE planning process.
- Provide an example to illustrate this step-by-step approach .

Definitions

- Interprofessional Education: When students from two or more professions learn *about, from and with* each other to enable effective collaboration and improve health outcomes (WHO, 2010)
- Continuing Interprofessional Education → intentional interprofessional learning for practitioners
- Interprofessional Practice → “multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care.” (WHO, 2010)

Recent Reports Support Continuing Interprofessional Education

- Expert meeting and first report- 2007/2008- *Continuing Education in the Health Professions*
- Follow-up meeting, second report and recommendations-2010- *Lifelong Learning in Medicine and Nursing*
- Institute of Medicine Committee and report-2010- *Redesigning Continuing Education in the Health Professions*

Why Is Continuing Interprofessional Education (CIPE) Important?

CIPE addresses practice gaps linked to work force shortages, access to care, prevention, poor intra and interprofessional communication, safety, care coordination, comprehensive care, and team-based practice

Integrating CIPE into the CE Systematic Planning Process

1. Support Mission Statement
2. Analyze Practice Gaps
3. Identify Barriers
4. Articulate Goals and Objectives
5. Design educational interventions
6. Evaluate outcomes

Integrate CIPE into CE Planning Process

Educational Planning Component	CE	CIPE
Support Mission Statement	•Focus on profession-specific knowledge and skills to improve patient care and outcomes.	•Focus on profession-specific and interprofessional competencies to improve patient care and outcomes relevant to the current healthcare environment.

Example of a Traditional Mission Statement

The (name of university) continuing medical education (CME) program promotes continuous improvement in patient health care by providing physicians and other health care professionals with high quality, evidence-based educational activities focusing on advances in medicine, new medical technology, biomedical research, and changes in the health care environment. The overall goal of the program is to augment physician knowledge, enhance competence and performance in practice, and improve patient outcomes.

Example of a Mission Statement Supporting CIPE

The (name of university) continuing medical education (CME) program works collaboratively with the health system, academic programs, research centers, faculty, and clinicians to provide healthcare professionals with patient-centered, evidence-based, profession-specific and interprofessional educational activities. These activities focus on patient safety, quality improvement, collaborative-team practice, profession-specific and interprofessional core competencies, advances in healthcare, new technology, research, and changes in the healthcare environment. The overall goal of the program is to enhance team-based care, improve patient outcomes, promote quality and safety, and increase knowledge, competence and performance in profession-specific and collaborative practice.

Integrate CIPE into CE Planning Process

Educational Planning Component	CE	CIPE
Analyze Practice Gaps	<ul style="list-style-type: none"> •Profession-specific gap analysis •Profession-specific practice guidelines and self-reported interests are utilized 	<ul style="list-style-type: none"> •Profession-specific and interprofessional shared, pooled gap analysis •Clinical performance data of individual team members and care teams are utilized

Practice Gap Analysis

How do you complete an IP gap analysis?

Analyzing practice gaps involve comparing current practice with the best available standard(s) of profession-specific and interprofessional practice (gold standard)

Current practice is the existing way the learner is applying knowledge, competence or performance relative to the focus, e.g. disease state, patient safety issue, of the CIPE activity.

Best practice is the highest standard of care (gold standard) supported by evidenced based data, clinical practice guidelines, peer reviewed literature, and other similar sources.

Sources for Practice Gap Analysis

What are good sources for finding research on practice gaps involving interprofessional patient care?

- Sources include, but not limited to, the following:
- Pooled gap analysis conducted by interprofessional planning committee
 - Clinical performance data of individual teams/care teams from Quality Improvement Office
 - Clinical practice guidelines, e.g. Agency for Healthcare Research and Quality, consensus statements
 - Peer reviewed literature

Integrate CIPE into CE Planning Process

Educational Planning Component	CE	CIPE
Identify Barriers	Address barriers to CE learning (e.g., time not allotted for CE, insurance doesn't reimburse for treatments, patient compliance issues, healthcare delivery system issues).	Address barriers to CE and CIPE learning (e.g., different educational philosophies and approaches, siloed planning processes, questioning value of this CE work, practical issues, such as scheduling and working with different accreditation structures/ procedures)

Integrate CIPE into CE Planning Process

Educational Planning Component	CE	CIPE
Articulate Goals and Objectives	<ul style="list-style-type: none"> •Focus on transfer of new clinical knowledge •Profession-specific competency development •Describe changes in knowledge, competence, or performance. 	<ul style="list-style-type: none"> •Focus on care delivery process •Profession-specific and interprofessional competency development •Describe changes in individual and/or team-based practice performance •Encourage knowledge sharing

Writing CIPE Learning Objectives

1. Reflect on the identified practice gaps and barriers, and IPEC competencies, and write learning objectives that are measurable and which improve interprofessional team-based practice and/or patient health.
2. Use verbs that describe interprofessional practice "in action."
3. Examples of descriptive verbs include the following: define, apply, identify, initiate, display, influence
4. Verbs to avoid: know, thinks critically, appreciate, grow

Examples of CIPE Learning Objectives

1. Discuss the sepsis guidelines relative to the knowledge and expertise of each of the interprofessional team members.
2. Recognize which interprofessional team member(s) is(are) responsible for implementing each sepsis guideline step.
3. Identify collaborative behaviors necessary for the effective implementation of the sepsis guidelines.

Integrate CIPE into CE Planning Process

Educational Planning Component	CE	CIPE
Design Educational Interventions	<ul style="list-style-type: none"> •Adult learning theories - build on what learners know; give ownership in their learning. •Teaching/Learning Methods/Formats -Interactive; use multiple modalities to aid learning transfer. 	<ul style="list-style-type: none"> •CIPE learning theories -Self-reflection, self-assessment, experiential, identity theory. •Teaching/Learning Methods/Formats -Interactive, i.e., learning about, with, and from other health profession(al)s -Social, workplace, point-of-care

Application of Adult Learning Theories to Design CE Activity

Adults are goal oriented and are ready to learn when they experience a need to learn something related to real-life tasks or problems. Adults' awareness of the need for new knowledge or a new skill, and the corresponding desire to learn this new knowledge or new skill can be facilitated by providing real-life case studies pertaining to practice-based tasks or problems.

Application of CIPE Learning Theories to Design CE Activity

Social Identity theory is the recognition that the identities of people are developed through membership in social groups whose members have shared knowledge and values. To counter the influence of traditional professional group identity and to encourage team cooperation, assign participants to stable interprofessional groups to enable participants to experience and reflect on their own dynamic interprofessional group process and apply what they are learning interprofessionally.

Integrate CIPE into CE Planning Process

Educational Planning Component	CE	CIPE
Evaluate Outcomes	<ul style="list-style-type: none"> •Knowledge transfer •Self report of behavior change 	<ul style="list-style-type: none"> •Individual behavioral changes •Standardized assessment process of core competencies/documentation of competence •Improved team function •Improved team process and clinical outcomes

Evaluation of CIPE Activity

It is recognized through Social Identity theory that participants likely will encounter some internal resistance to incorporating the views of other professions. For this reason, it is helpful to assess that resistance and address it positively before learning can be optimized. The Readiness for Interprofessional Learning Scale (RIPLS) Questionnaire (Parsell & Bligh, 1999) may be used pre/post the CIPE activity to evaluate changes in readiness related to interprofessional learning.

CIPE in Combined Classroom and Workplace Setting Using Clinical Guideline Approach

University of Virginia
 CIPE Program Entitled:
A Continuing Interprofessional Education Initiative (IPEI) to Improve Sepsis Care by Enhancing Healthcare Team Collaboration



Goal of Program Supports Mission Statement

Goal: Provide a profession-specific and interprofessional educational program to improve the care and outcomes of patients with sepsis by enhancing healthcare team collaboration.

Analyze Practice Gaps

Shared, pooled gap analysis by a team of clinicians, faculty, and hospital leaders who provide care to patients with sepsis.



A recent study revealed that highest sepsis mortality rates are in states, including Virginia, located in Southeastern and mid-Atlantic regions.

Identify Barriers

Different educational philosophies and approaches.

Health system leaders and managers need to be convinced of the value of CIPE.

Scheduling so that busy clinicians are given time and support to participate.



Articulate Goals and Objectives

Identify and demonstrate the competencies necessary for effective team-based implementation of the resuscitation bundle for Surviving Sepsis Guidelines.

Describe the differences between profession-specific and interprofessional education.

State the appropriate use of simulation as an IPE teaching strategy.



Design CIPE Program

Implement a CIPE faculty development program for UVA clinicians where the resuscitation bundle for Surviving Sepsis is implemented.

Present a Sepsis Simulation Case to UVA clinicians who received the CIPE development training, thus shifting from individual to team learning.



Create a Sepsis Collaborative Care Best Practice Model behavior checklist to facilitate the translation of CIPE from the classroom to interprofessional practice.

Evaluate Outcomes

- Utilize the Readiness for IPE Learning Scale (RIPLS) Questionnaire to measure attitudes related to IPE learning.
- Identify interprofessional practice behaviors necessary for effective team implementation of guidelines.
- Evaluate self-report collaborative practice changes using the Commitment-to-Change survey.



Evidence for the Effectiveness of CIPE in the Workplace

- Workplace learning, defined as “the physical location, shared meanings, ideas, behaviors, and attitudes that determine the working environment and relationships” (AACN/AAMC Lifelong Learning, 2010) is a logical approach to match what is taught to the learners’ work roles.
- Learning transfer is improved by providing a strong relationship between what is taught and the learners’ work roles within the workplace environment (Merriam & Leahy, 2005).

Potential Barriers for CIPE

Most CE educators have not been prepared to deliver or evaluate CIPE; faculty development is critical to integrating CIPE into CE.

Successful CIPE requires the ability to work with multiple health professions for joint development, implementation, and evaluation of CIPE activities.

The integration of a wider variety of learning theories, teaching methods, and evaluation approaches is needed more than have typically been used.

Concluding Comments

CIPE is recognized as a positive influence in reducing medical errors and improving the quality of care of patients.

There is a need to provide guidance to CE professionals in the development, implementation, and evaluation of CIPE activities.

The design, implementation, and evaluation of CIPE activities supports recommended changes in CE to more effectively influence practice change and outcomes of care.

Thank you so much for your kind attention and for the privilege of speaking as part of the IAMSE SpringWeb Seminar Series:
Interprofessional Education and Practice.



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