



JOINT ACCREDITATION™  
INTERPROFESSIONAL CONTINUING EDUCATION

# Promoting Research Across the Continuum of Health Professions Education:

## *Making Patient Care Better*

Report from the 2017 Joint Accreditation Leadership Summit

The Accreditation Council for  
Continuing Medical Education (ACCME®)

The Accreditation Council for  
Pharmacy Education (ACPE)

The American Nurses Credentialing  
Center (ANCC)

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### INTRODUCTION

On June 9, 2017, more than 60 interprofessional continuing education (IPCE) professionals participated in the third annual Joint Accreditation Leadership Summit, convened by the Accreditation Council for Continuing Medical Education (ACCME®), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to continue the discussion about evolving IPCE. The Summit was an opportunity for jointly accredited organizations, along with those interested in Joint Accreditation, to join together to discuss challenges and opportunities related to IPCE.

**The Leadership Summit and this report were supported  
(in part) by the Josiah Macy Jr. Foundation.**

This publication is published as an addendum to *By the Team for the Team: Evolving Interprofessional Continuing Education™ for Optimal Patient Care*, which is available on [www.jointaccreditation.org](http://www.jointaccreditation.org).

A key recommendation of the previous year's Joint Accreditation Leadership Summit was to build a body of research that demonstrates the effectiveness of IPCE in improving team performance and patient care. This year, the Summit focused on strategies for conducting and disseminating such research.

"How do we mobilize you to be better investigators and enable you to tell your stories?" asked Peter Vlases, PharmD, DSc (Hon.), FCCP, Executive Director of ACPE, during an introduction to the 2017 Summit. "Likewise, what is the opportunity to work together across institutions on common issues that can generate important literature on the impact of collaborative continuing education in driving better patient care?"

To address this need, the Summit brought together leaders in IPCE research and IPCE professionals.

"We need to develop better models for sharing what works," said Graham McMahon, MD, MMSc, President and CEO, ACCME. "We do that by looking at ourselves, looking at our programs, counting our wins, understanding the challenges we have, measuring that change, and sharing it with each other. That is research, and that is how we learn from each other."

Conducted in three parts, the Summit included discussion about publishing research and disseminating success stories about IPCE; case examples of research in action; and "hot topics" in IPCE, with attendees participating in breakout sessions to share and learn from each other's experiences in managing IPCE programs.

### Sharing the IPCE Story

In the morning session, participants explored how to design IPCE activities in a way that also produces data that

can be published or otherwise shared with colleagues. Scott Reeves, PhD, MSc, PGCE, BSc, Professor in Interprofessional Research at Kingston University and St. George's, University of London, and Editor in Chief of the *Journal of Interprofessional Care*, led the session. He offered insight to IPCE professionals about how to broaden their objectives to reach beyond their own institution and learners, including research and dissemination of outcomes that offer insight to the wider IPCE community. The purpose of gathering and publishing data, Reeves said, is two-fold: to understand the impact of activities on participants, and to disseminate those findings for the benefit of others.

There are several key reasons for undertaking data collection and research projects:

- To ensure IPCE program objectives have been met
- To identify areas for IPCE program improvement
- To understand the short and long-term effects of an IPCE program
- To inform future resource allocation
- To develop generalizable evidence

Reeves recommends identifying the purpose of your research and the methods you will use to collect and use data as early as possible during the curriculum development process. In planning data collection and evaluation, Reeves recommends considering several core questions:

- 1) What do you want to research and why?  
One reason, for example, could be to provide your senior management team with evidence demonstrating the value of the activity and the return on their educational investment.
- 2) How will this data contribute to stakeholders' needs?

## LEADERSHIP SUMMIT PARTICIPANTS

Thank you to the following organizations that sent IPCE professionals to learn and share their insights during the 2017 Joint Accreditation Summit.

- American Society of Clinical Oncology
- Boston Children's Hospital
- Cerner Corporation
- Clinical Care Options, LLC
- Contemporary Forums
- Creative Educational Concepts, Inc.
- Dannemiller
- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
- Duke University Health System
- Medscape
- National Center for Interprofessional Practice and Education
- National Kidney Foundation
- National Lipid Association
- Nationwide Children's Hospital
- Penn Medicine
- Permanente Federation, The
- Postgraduate Institute for Medicine
- PRIME Education, LLC
- Rush University Medical Center
- Rutgers Biomedical and Health Sciences
- Salus Global US Corporation
- Society of Gynecologic Oncology
- SSM Health
- Texas Health Resources
- Therapeutic Research Center
- University of Minnesota Interprofessional Continuing Education
- University of Vermont Continuing Medical Education (The Robert Larner College of Medicine at The University of Vermont)
- University of Wisconsin-Madison Interprofessional Continuing Education Partnership
- VHA Office of Connected Care
- Vizient, Inc.



*Scott Reeves, PhD, MSc, PGCE, BSc, works together with Summit participants to design a research study using a case scenario.*

- 3) Who will conduct the research?
- 4) How long should the study last? While the most common approach is to conduct pre-and post-activity evaluations, longitudinal studies are also valuable.
- 5) What funds are needed?

The evaluation of IPCE activities is strengthened by the use of a theoretical perspective and evaluation model. Choosing a theoretical and/or evaluation framework can help to focus the work, as well as create more generalizable knowledge that contributes to scholarly work about IPCE. An evaluation model helps to capture a wider range of data and produce more comprehensive studies. There are several models commonly used in IPCE studies: Tyler, Pawson and Tilley, Stufflebeam (CIPP), Biggs (3P), Kirkpatrick

(modified), and Moore. Finally, researchers will need to choose an evaluation design, whether quantitative (understanding what happened in an IPCE activity), qualitative (understanding why something happened in an IPCE activity), or mixed methods. They may also need to pursue ethical review, including IRB (Institutional Review Board) or REC (Research Ethics Committee) approval, when appropriate.

Dissemination of findings is an important part of the research process that requires the investigator to take into account several key considerations.

- What is the intended audience – internal, national, or international?
- What is the purpose of publishing this research – to provide information about the effects of a certain intervention so

## ABOUT JOINT ACCREDITATION FOR INTERPROFESSIONAL CONTINUING EDUCATION

Joint Accreditation for Interprofessional Continuing Education™ establishes the standards for education organizations to deliver continuing education planned by the healthcare team for the healthcare team. This innovation promotes interprofessional continuing education (IPCE) that leads to improved healthcare delivery and better patient outcomes.

Joint Accreditation enables education organizations to achieve distinction from three leading healthcare continuing education accreditors; increase operational efficiency, saving time, money, and resources; provide continuing education for physicians, pharmacists, or nurses separately or together; and improve collaboration and reduce hierarchies among healthcare professions. Jointly accredited providers are entitled to award Interprofessional Continuing Education (IPCE) credits.

Launched in 2009, Joint Accreditation for Interprofessional Continuing Education is a collaboration of the Accreditation Council for Continuing Medical Education (ACCME®), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC).

**For more information, visit [www.jointaccreditation.org](http://www.jointaccreditation.org).**



*Much of the focus in interprofessional education and research is about the student setting, but those same lessons are just as important when clinicians enter practice. Our learners treat patients in teams, they support each other in teams – and we want to provide an opportunity for them to learn and grow together as teams. A solid foundation of best practices, based on sound research, will help IPCE professionals deliver the highest possible quality continuing education for teams. ”*

— Kate Regnier, MA, MBA, Executive Vice President, ACCME

that others may achieve similar results, or is it academic, generalizable research?

- What type of publication will best meet your publishing needs and reach your audience – a report, paper, academic journal, conference, institutional or regulatory body’s newsletter, website, or even social media?

If you are considering publishing your research in an academic journal, there are many options. Peer-reviewed interprofessional journals include the *Journal of Interprofessional Care*, *Journal of Research in Interprofessional Practice and Education*, *Health and Interprofessional Practice*, and *Journal of Interprofessional Education & Practice*.

### Research in Action Case Studies

Summit participants explored real-world examples of research projects that are part of the National Center for Interprofessional Practice and Education’s Nexus Innovations Network, a community of practice and education collaborations. As of June 2017, the Nexus Innovations Network included

more than 100 projects at 73 different sites across the country.

Jennifer Kertz, MPP, Deputy Director of the National Center for Interprofessional Practice and Education, said that through their network partners across the country, the National Center has learned that:

- 1) The process of care redesign is about changing culture.
- 2) A compelling vision is required. Spending the time to work on a vision together with all of your participants provides an easier path to success.
- 3) Resourcing is critical.
- 4) The involvement of senior leadership is essential.
- 5) Participants’ impressions of team training effectiveness are mixed. The context of interprofessional team training—how it happens, who participates, and how participants are supported—has an important effect on the effectiveness of training.

The following groups joined the Summit to discuss their collaboration with the National Center. Many of them credit the National Center for helping to connect them with a community of engaged scholars, and providing international visibility and credibility, faculty development, and research design and support.

### **South Dakota Interprofessional Practice and Education Collaborative (SD-IPEC)**

was created to promote a transformational environment of interprofessional team-based care, rural population health, and quality and process improvement concepts in education and practice supporting the goals of the Triple Aim. The collaborative includes multiple universities with several health professionals delivering healthcare education, and organizations delivering care.

The SD-IPEC brought together 134 leaders from institutions to collaborate—instead of compete—for limited resources. To begin this effort, the SD-IPEC convened a summit that identified challenges and opportunities for collaboration, discussed current initiatives and successes, and prioritized needs. To help develop an “ours” mentality, versus a “mine” mentality, participants conducted relationship and trust-building activities, developed foundational statements, and established an organizational structure and defined responsibilities.

The group has three current projects:

- Transdisciplinary Obesity Prevention, led by the Exercise Science Department of South Dakota State University, brings together a team of students, faculty, and staff, and focuses on helping students understand the importance of transdis-

ciplinary work in the field of childhood obesity prevention. The primary focus has been on nutritional- and activity-related behaviors.

- Promoting Quality Conversations about Advance Care Planning (ACP) in South Dakota through Interprofessional Teams, led by the University of South Dakota, partners with other university systems, healthcare systems, and community groups to implement a statewide initiative to train interprofessional students and practice providers who will advance a systematic approach to increase awareness and patient-centered decision-making surrounding end-of-life ACP.
- Teach Back method project is led by Sanford Health and Augustana University, with partners representing nursing, respiratory therapy, and pharmacy students. The purpose of the project is to determine if an interprofessional team, using a standard Teach Back method, improves the quality of patient discharge transition, has a positive effect on team collaboration, improves the patient experience, and reduces cost by decreasing 30-day readmissions. (The Teach Back method is a communication confirmation method used by healthcare providers to confirm whether a patient or caretaker understands what is being explained to them. If a patient understands, they are able to accurately “teach back” the information.)

**Loyola Institute for Transformative Inter-professional Education (I-TIE)** is supported by working groups comprising approximately 80 faculty, students, and administrators representing a range of disciplines and specialties. I-TIE received funding from the Health Resources and Services





*Guercie Jean-Baptiste, MSN, ACNP, Quality Program Manager at the VHA Office of Connected Care, participates in a small group discussion about innovative strategies to evaluate interprofessional teams.*

Administration (HRSA) to develop the I-Care Path Grant to redesign the care delivery model for family medicine clinicians and a school-based health center in an underserved area, so that the care model included nurse-led interprofessional teams. The group used a participatory action research model, in which healthcare teams led the redesign. A second goal of the project included educating clinicians and students on the new model. The group has recently received new funding to integrate behavioral health into the model.

One project led by I-TIE, *Creating Inter-Professional Teams in Primary Care*, studied

outcomes of patient education conducted by nurse-led interprofessional teams. The study followed 200 patients, and outcomes included improvement in diabetes control, blood pressure, and weight loss through education.

**Creighton University**, a jointly accredited provider, has two Nexus projects, the Center for Interprofessional Practice, Education and Research (CIPER) and the Accelerating Interprofessional Project.

The CIPER acts as a hub for interprofessional education and collaborative practice for Creighton University and its academic



health partner CHI Health. CIPER provides resources for student, faculty, and clinician development on IPE and supports both didactic and clinical IPE activities. CIPER includes a curriculum, the IPE Passport, which consists of student learning activities focused on meeting the Core Competencies for interprofessional collaborative practice and each profession’s interprofessional education accreditation requirements. Creighton health sciences students must complete three “Passport” activities to graduate. The project’s aim is to develop healthcare professionals who are prepared to work in collaborative teams.

The Accelerating Interprofessional Project’s aim is to accelerate the application of IPE in the primary care clinic at a new university campus ambulatory care center through the addition of a nurse practitioner, conflict engagement team training (through a partnership with the Creighton Werner Institute), and establishing a registry of high risk patients. Outcomes to be evaluated include total cost of care, emergency department visits, blood sugar levels, hospital readmissions, as well as healthcare professional/student outcomes.

### Hot Topics in IPCE

At the conclusion of the day, Summit participants separated into four topic-based breakout sessions, co-led by their peers and Joint Accreditation staff. During this session, the community of IPCE professionals had the opportunity to discuss a topic in-depth, to further learn from each other’s experiences in managing IPCE programs, and then to report back to the larger group. Topics included identifying educational gaps and needs for interprofessional teams; innovative strategies to evaluate change in interprofessional teams; identifying ways to recognize exemplary practices through accreditation with commendation; and further discussion on planning, conducting, and publishing IPCE research.

### Conclusion: Making a Difference

The Joint Accreditation Leadership Summits are designed to build a community of practice to sustain, stimulate, and nurture IPCE professionals. The accreditors and jointly accredited providers will continue to build the community through summits, reports, and other opportunities that help IPCE professionals strengthen connections with health leaders and other stakeholders, demonstrate their capacity to be strategic



*Interprofessional continuing education should be the norm, not the exception. As your accreditors, we look forward to supporting you as you pursue your research. This growing body of research will not only improve IPCE for healthcare teams, but will also reduce silos among IPCE professionals and strengthen our continuing education profession.*

— Kathy Chappell, PhD, RN, FNAP, FAAN, Senior Vice President, Accreditation, Certification, Measurement, and the Institute for Credentialing Research, ANCC

partners, and leverage the power of education to improve team-based care.

This community of practice will be instrumental to creating a body of research that identifies effective models for improving interprofessional collaborative practice through IPCE and demonstrating the value of IPCE in improving healthcare delivery, team performance, and patient care. Through sharing stories and best practices, the growing community of practice advances

the field, paves the way for future IPCE professionals, and generates collaboration with colleagues in undergraduate and graduate interprofessional education. With the support of their community, IPCE professionals will improve the care delivered to patients and communities across the country.

## KEY LESSONS FOR CONDUCTING RESEARCH

- 1) Create a plan:** Make sure to begin planning your research project early in the process of developing your curriculum. Consider what you want to measure, what questions you want answered, and, therefore, what information you need to collect and the best way to do so. Also determine early what funding you have available for research and whether your plan will fit your budget.
- 2) Develop partnerships:** Collaborating with other organizations can not only ease the burden of developing activities and their accompanying evaluations, but also assist with preparing results for dissemination, whether on a smaller, internal level, or through publishing your results to a wider audience. In addition, joining networks like the National Center for Interprofessional Practice and Education can support teams by providing research tools and other resources.
- 3) Share your results:** By collecting evaluation information about your activities that can be shared with your colleagues, not only are you measuring whether you've met your objectives, and identifying successes and areas for improvement, you'll also be able to see the short and long-term effects of your program, and make a case for future funding. By sharing your findings and new insights learned beyond your team or organization, you help strengthen the IPCE community. Your data can provide a roadmap for others planning similar activities, or using similar methods of teaching. If your data is more robust or generalizable, you provide overarching insights about the field as a whole.



*Caroline Robinson-Pardo, PhD, CHCP, Senior Director of Learning and Analytics at PRIME Education, LLC, shares the results of her breakout group's brainstorming on how to plan, conduct, and publish IPCE research.*

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*Not only is it important to develop research about IPCE, we also have to disseminate the information. We have to be able to share our research, our evaluations, and our outcomes. It is critical that we have a community and an environment that will support IPCE. That is what led us to this Summit. ”*

*— Dimitra V. Travlos, PharmD, Assistant Executive Director, and Director, CPE Provider Accreditation, ACPE*



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