

## 2020 Joint Accreditation Leadership Summit

### "Innovation Workshop" Chat Log

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00:19:07	JA - Melody Cohn (she/her):	Materials are available for download at <a href="https://jointaccreditation.org/2020-joint-accreditation-leadership-summit">https://jointaccreditation.org/2020-joint-accreditation-leadership-summit</a>
00:33:05	JA - Melody Cohn (she/her):	Materials are available for download at <a href="https://jointaccreditation.org/2020-joint-accreditation-leadership-summit">https://jointaccreditation.org/2020-joint-accreditation-leadership-summit</a>
00:55:22	Jan Wong:	I will be doing this for my team.
00:55:59	Jessica Joseph:	considering new formats too (i.e. podcasts, Project ECHO, etc.)
00:56:27	David Sklar:	The clinical environment had some unique needs and challenges that continuing education was not prepared for. We assume with continuing education that we are building on a base of knowledge but that was not the case with COVID.
00:56:44	Sharon Joubert Frezza:	My organization had webinars to help with setting up telemedicine appointments.
00:56:51	Christopher Gusack:	Surge Capacity - Leveraging <ul style="list-style-type: none"><li>• ACCME guidance on bringing activities out -- rapid approval only related to COVID approval was very helpful to bring content out.</li><li>• Created content jointly provided webinars with CDC and webinars (in era of covid) using incorporating the stroke scale</li><li>• Page on website to include additional resources about COVID.</li></ul>
00:56:59	Christopher Gusack:	Telehealth For Indian Health Service – division did telehealth sessions already and echo program – they did weekly training on COVID on Navaho, used Zoom. Able to deliver medical care via telehealth. There were great challenges to deliver telehealth on reservations. People had to be really innovative.
00:57:06	Barb Anderson, UW Madison:	Our group focused on re-evaluate the roles and responsibilities of our IPE CE team in order to continue to support accredited IPE activities; Also we discussed continuing to show value for the CE units
00:57:07	Jessica Burkybile:	Our group mentioned having to be flexible with formats to reach and address the needs of the members on the team and also making sure the content is appropriate to the target audience.
00:57:13	Christopher Gusack:	ASCO already incorporated telehealth....developed guidelines and how to implement effectively.

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		Changes in technology – if you used zoom....difficulty to get closed captioning....
00:57:35	Peggy Paulson:	Group 25: 1) Increased requests for RSS/Grand Round Series. Creating education that keeps the patient at the center of the conversation. 2) None of us have really spent time with education regarding telehealth. 3) Spending time looking at roles based on competencies. Less resistance to team based education after COVID started.
00:57:50	Christopher Gusack:	Now it has become available and they use closed captioning regularly
00:57:56	Christopher Gusack:	Re-evaluate roles and responsibilities of the providers Our group was able to be flexible and adaptable in working with healthcare providers given their obvious focus on delivering content.
00:58:20	Diana Durham:	Some created podcasts for clinicians on the run (Medcast, Stanford, Lightning Talks National Center for IPCE)
00:58:44	susan.bodin@vcuhealth.org:	Forced groups out of silos and increased collaboration
00:58:50	Jessica Burkybile:	At my facility, we've done provider education on the use of Zoom for telehealth visits and our Patient Experience Advisors have shifted their coaching sessions to a virtual format.
00:59:01	Jodi:	now that people are getting bored with virtual education, they are looking for higher quality and more engagement
00:59:09	Sterling North:	those of us working in health care centers found it difficult to keep up with all the information and education that learners needed to have. Procedures and protocols were getting changed on a daily or even hourly basis.
01:00:07	Jodi:	Consider on demand versus enduring material with content that could be outdated even before the material expires
01:00:19	Jessica Burkybile:	Members of our group have identified working with more individuals in IT and Marketing to ensure IT compliance and figure out ways to creatively advertise and promote virtual activities.
01:00:25	Barbara Flakus:	1. In Pediatric Hospitals, focus was to train peds nurses to take adult patients being transferred from adult hospitals to open bed space (surge capacity)
01:00:32	John Juchniewicz:	@Jodi Agree people are expecting more. Tech issues that would have been laughed off early in the pandemic are now frustrating learners
01:00:37	Sterling North:	Telemedicine presented itself as an important option for healthcare delivery as governmental groups relaxed their rules to allow for reimbursement of telemedicine consults.
01:02:02	*Laura Werts - Cincinnati Children's:	We leveraged our Grand Rounds to address the science behind new COVID discoveries. The hospital had daily operational updates; our Grand Rounds took a month to provide the science behind those operational changes. We solicited

		questions from across professions and community providers each week that was used to develop the content. We are utilizing on an going basis & providing new updates every other month.
01:02:33	Jodi:	someone in our group did a conference just on covid and were surprised how well it was received because they assumed they already knew a lot of it, but basics were still needed.
01:04:59	Jodi:	Two organizations in our breakout group said that they used their IT departments instead of their continuing education departments to train staff on use of the technology and conducting telehealth visits. This could have been much more effective if they had been brought into the education of the staff.
01:06:04	John Juchniewicz:	It's not just rural areas that are having IT issues. With my spouse and I both working from home and 3 kids on zoom, we've had to upgrade our internet to the top level so don't have screen freezing. Faculty also running into this when leading sessions from home.
01:07:26	Jodi:	Our group also saw a need for more specific education on the effect of Covid on other conditions
01:09:29	Angela Willson:	definitely!
01:10:55	Sterling North:	People in our group were particularly grateful for the flexibility our staffs showed in transitioning to more online and electronically delivered activities. Clearly our staff need to be flexible in their CE skills and will take on new roles to deliver educational content.
01:12:00	Jessica Joseph:	Some virtual platforms now have 1:1 networking components as well as breakout rooms that attendees can create themselves (as a form of social activity)
01:12:00	Jodi:	we had virtual Zumba classes and virtual happy hours
01:12:45	Jessica Burkybile:	As requested in the last session, below is the link to join the JA Organization Slack group I created (hopefully it works!). <a href="https://join.slack.com/t/jointlyaccred-pbp2631/shared_invite/zt-i1o65kup-g6PHuYgxFNATurE1Bt0AgA">https://join.slack.com/t/jointlyaccred-pbp2631/shared_invite/zt-i1o65kup-g6PHuYgxFNATurE1Bt0AgA</a>
01:14:09	Jessica Burkybile:	@David - great point and one I've encountered in every activity I work with our residency coordinators. The residents are quick to jump into action and are willing to help develop education, whereas some of the faculty seem to be holding on to hope that we can go back to in-person sooner rather than later.
01:14:58	*Laura Werts - Cincinnati Children's:	Is there going to be an opportunity to continue that easier credit options (how to continue ACCME/JA's own innovation for providers)?

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01:16:32	JA - Kate Regnier:	@Laura and all...yes, we are working on revisions to the COVID19 expedited planning form to see how we can encourage flexibility and innovation in IPCE...
01:16:54	Stacy A:	Thank you... great afternoon. Looking forward to receiving the slides
01:16:57	*Laura Werts - Cincinnati Children's:	Great - thank you!

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