

What advice do you have for the journey toward interprofessional continuing education?

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>>**MORGAN:** The best advice that I could give is to be flexible and be prepared for, if you're think you're going one way, things may happen that take you a totally different way and be willing to embrace that because it's all going to turn out good.

>>**WHEELER:** No one said it's going to be easy, but it will be worth it because it brings about a different atmosphere. There's a culture that comes with interprofessional education. You want that culture that spreads not only from the top down but from the bottom up. You want people to feel that they belong, that they're a part of something bigger than themselves, that they are taking and servicing something greater than themselves. And so it's very important that people who are embarking on this journey know one: it's possible, it can be done, we did it. We don't have a staff of 9, 15, 20, there are two of us that service 5,500 health service providers and 220,000 inmates, so it can be done. It's possible. It's not overwhelming, if you just take one piece at a time.

>>**RUITER:** Our colleagues who work in the trenches have an incredibly hard job, day-in day-out. And as they approach interprofessional education, it almost seems like it's something on the corner of their desk, that they have to do this from the corner of their desk. And so what we may interpret as resistance at the beginning, may just be somebody who's overwhelmed. Absolutely has a desire to change but is overwhelmed. And so how can we approach them from a different point of view to not only stimulate their intellects, and yes, this is something that I should be doing, but also stimulating their passion for the care that they already provide to their patients? What we must do as providers is absolutely make sure that it isn't just about education, it has to be about application of education. And if that isn't done, then we've only gone half way.

>>**FULLER:** Patience. [chuckle] Be patient because it is... You're going to have your pitfalls, you're going to have your celebratory times, you're going to have times that you feel that you want to throw your hands up and just say, "Forget it." I would say be patient, ensure that you know what you're doing, so that you can get the buy-in because people are going to be skeptical about it in the beginning anyway. So if you cannot show the best outcomes, if you cannot talk to it and be able to be very confident about it, then people are not going to get on board. So be very patient, be knowledgeable about it and know how to show the best way to execute it in a most efficient and effective way.

>>**THOMAS:** I think that you need to involve the key stakeholders, your highest levels of leaders and definitely your quality improvement and patient safety folks. They're bringing to you initiatives that you can align with and they're bringing the data that is able to demonstrate that we can impact outcomes.

>>**HECKLINGER:** As difficult as it may be at some times listen to everyone, listen to everything they have to say, ask everyone. I literally asked my own pharmacist what kind of education was lacking, what the trends are, where they're going for their education. The more information you have, the more you can address any issues or even find issues that you may not have known existed before. So really going out there, being open to suggestion and changing. It's a dynamic process, it evolves and it's going to continue to evolve, so be ready for that.

>>**ANDERSON:** One of the surprising things was understanding that there's really a broad definition of interprofessional education. And that joint accreditation is a means to an end, but it's not necessarily what this is about. For me, joint accreditation is about streamlining a process and helping everyone kind of think about an easy way to accomplish something. But what is coming out of that is more integration and more interprofessional practice. And encouraging everyone to be more thoughtful about that. And so really thinking first about where your institution stands as an interprofessional organization and that potentially it can be supported by joint accreditation, rather than... I think for us, where we started was, we want joint accreditation because we want to make things more streamlined and hopefully more cost effective. But the process of getting there has really moved us into thinking about what our education looks like.

>>**CHERAMIE:** Human Resources can be both supportive of interprofessional continuing education as well as a resource. So if you're going out there and you're finding a need in a team of providers and you're addressing that in your continuing education. One of the things that is a requirement is that you're measuring team changes or behaviors of the team changes in outcomes. Well, if you start off with the Human Resource department, and you say, "Okay, annual appraisals are done. What are some areas that our clinicians need improvement in, in general?" And so you get that from your HR, that's hard data, you build continuing education for teams off of that data. Well, that's going to be measured not only in the performance appraisals but also the organization should see changes. And so if you bring in that HR, you're bringing them in as part of that... Validate they have skin on the table there too.

>>**RIPLEY:** Use your team and make sure that you can use every resource that you can find, use the folks who have been through it, who are going through it for the support, and I think that's the best advice I can give.

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