



# Overcoming Barriers to Create Synergy and Improve Outcomes in Interprofessional Continuing Education

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## This article addresses ACEhp National Learning Competency:

- **Competency Area 2.1: Designing Educational Interventions.** Implement CE activities/interventions to address health care professionals' practice gaps and underlying learning needs by... (E) Creating interprofessional CE activities for the health care team when appropriate

Interprofessional education (IPE) occurs when two or more health care professions join forces to improve collaboration and the quality of care for individuals, families and communities. Employing a repertoire of face-to-face and e-learning methods in the classroom or during practice placements, IPE may be built into pre-licensure training for different professions or during continuing interprofessional education.<sup>1</sup>

Interprofessional continuing education (IPCE) incorporates the educational needs that underlie the practice gaps of licensed members of the health care team. IPCE activities must be designed to change the skills, strategy or performance of the health care team (i.e., improve communication skills) or patient outcomes (i.e., reduce readmission rates). Interprofessional activities also reflect the health care team's current or potential scope of practice. In 2010, the World Health Organization (WHO) recommended updated accreditation standards for all professions with a shared theme of interprofessional education and collaborative practice.<sup>1</sup>

The planning process for education activities classified as "interprofessional" should demonstrate:<sup>2</sup>

- An integrated planning process that includes health care professionals from two or more professions

- An integrated planning process that includes health care professionals who are reflective of the target audience members the activity is designed to address
- The intent to achieve outcome(s) that reflect a change in skills, strategy or performance of the health care team and/or patient outcomes
- Reflection of one or more of the interprofessional competencies to include: values/ethics, roles/responsibilities, interprofessional communication, and/or teams/teamwork

### Why Is IPCE Important to Patient Care?

The Institute of Medicine (IOM) has established that health care providers are inadequately prepared to work together, especially as part of interprofessional teams.<sup>3</sup>

Consequences to the health care system include:

- Reduced provider and patient satisfaction
- Increased medical errors and patient safety issues
- Reduced workforce retention
- Increased costs due to system inefficiencies

A number of entities have established competencies to tackle this issue. These educational changes encourage individual health professions' movement toward incorporating competency expectations for interprofessional collaborative practice. The IOM, Accreditation Council for Graduate Medical Education (ACGME) and Interprofessional Education Collaborative (IPEC) Expert Panel have outlined team-related competencies, including:<sup>3,4,5</sup>

- Work in interdisciplinary teams—cooperate, collaborate, communicate and integrate care in teams to ensure that care is continuous and reliable<sup>3</sup>
- Improve interpersonal and communication skills<sup>4</sup>
- Work with individuals of other professions to maintain a climate of mutual respect<sup>5</sup>
- Use the knowledge of one's own roles and those of other professions to appropriately address the health care needs of the patients served<sup>5</sup>
- Communicate with patients, families and other health professionals in a responsive manner that supports a team approach to the maintenance of health and the treatment of disease<sup>5</sup>

### IPCE and Joint Accreditation™: To Jointly Accredit or Not to Jointly Accredit?

Joint Accreditation offers entities the opportunity to be simultaneously accredited to provide medicine, pharmacy and nursing continuing education activities through a single, streamlined application process, fee structure and set of

accreditation standards. Joint Accreditation promotes IPCE activities specifically designed to improve interprofessional collaborative practice (IPCP) in health care delivery.<sup>2</sup>

In order to qualify for Joint Accreditation, 25 percent or more of all educational activities developed by the provider during the previous 18 months must be categorized as “interprofessional,” and they should demonstrate an integrated planning process that includes a health care team of two or more professions that are reflective of the interprofessional target audience the activity is designed to address. This benchmark must be maintained in order for jointly accredited providers to apply for reaccreditation.

Jointly accredited providers use the 13 Joint Accreditation criteria, regardless of whether they are planning educational activities for a single profession or planning an interprofessional education activity. Single profession activities do not need to be planned by the interprofessional health care team.

Nonaccredited organizations are eligible to apply for Joint Accreditation, but are limited to a maximum of a two-year term. Existing providers of one or more of the three accreditations (ACCME, ACPE, ANCC) may be awarded four- or six-year terms, based on the extent of compliance demonstrated in the self-study and file review process.

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

### Is Joint Accreditation the Only Way for a Provider to Develop IPCE?

It is not the only way to develop IPCE. While it offers a streamlined way for many providers engaged in IPCE to offer education for physicians, nurses and/or pharmacists, providers for one reason or another may decide that Joint Accreditation is not for their organization. Instead, they may hold multiple individual accreditations from the ACCME, ACPE and/or ANCC, as well as from other accrediting bodies for professions beyond the three previously mentioned. Some organizations may also decide it is more beneficial to partner with other internal departments or outside organizations that hold accreditations other than those they themselves hold. Regardless of the route providers pursue, what is important is that they are engaging in a process of planning education “for the team, by the team.”

### What Are Common Barriers to Providing IPCE?

Barriers to planning and executing IPCE inevitably involve systems and people. Common barriers identified in the literature include:<sup>1,6,7</sup>

- Competing professional identities, values and professional/institutional culture (including language and jargon)
- Diversity of expertise areas and professional abilities
- Differences in schedules and professional routines, in addition to lack of time
- Stereotyping other professions
- Territorial behaviors among professions
- Learner perceptions of the value of IPCE
- Identifying faculty who value IPCE and can incorporate other perspectives besides that of their own profession

### How Do You Overcome Barriers in the Planning Process?

Interprofessional learning requires:

- Understanding how professional roles and responsibilities complement each other
- Recognizing the limits of professional expertise
- Buy-in to the need for cooperation, coordination and collaboration across professions to promote health and treat illness

It is essential that providers of IPCE train themselves on how to facilitate a planning process that may involve more complexity and personalities. Strategies for improving IPCE initiatives start when convening the planning team and include the following recommendations drawn from the IPCE Core Competencies for Interprofessional Collaborative Practice:<sup>5</sup>

- Place the interests of patients and populations at the center of interprofessional health care delivery. Always return to the *patient* as the focus of the training.
- Respect the unique cultures, values, roles/responsibilities and expertise of other health professionals.
- Engage diverse health care professionals with complementary professional expertise who will explore the roles and responsibilities of team members in the target audience.
- Express knowledge and opinions to team members involved with confidence, clarity and respect, working to ensure common understanding of information, treatment and care discussions.
- Listen actively and encourage the ideas and opinions of other team members.
- Give timely, sensitive, instructive feedback to others about their performance on the team; respond respectfully to feedback from team members.

## Points for Practice:

1. Interprofessional activities focus on improving communications between clinicians and better aligning care.
2. The literature robustly demonstrates the benefit of interprofessional collaboration in a variety of disease states.
3. A multitude of barriers exist when training two or more health care professions simultaneously, but can be overcome with a strategic and resourceful planning process.

- Share accountability with other professions, patients and communities for outcomes relevant to prevention and health care. 🌐

### References

1. World Health Organization (WHO). Framework for Action on Interprofessional Education and Collaborative Practice. Geneva, Switzerland: World Health Organization. 2010. WHO Publication: WHO/HRH/HPN/10.3. Available at: [www.who.int/hrh/resources/framework\\_action/en/index.html](http://www.who.int/hrh/resources/framework_action/en/index.html). Accessed October 2015.
2. Joint Accreditation for Interprofessional Continuing Education. Available at: [www.jointaccreditation.org](http://www.jointaccreditation.org). Accessed October 2015.
3. Institute of Medicine. A Bridge to Quality/2003. Available at: <http://iom.edu/Reports/2003/Health-Professions-Education-A-Bridge-to-Quality.aspx>. Accessed October 2015.
4. Accreditation Council for Graduate Medical Education. Core Competencies. September 1999. Available at: [www.acgme.org/acwebsite/RRC\\_280/280\\_corecomp.asp](http://www.acgme.org/acwebsite/RRC_280/280_corecomp.asp). Accessed October 2015.
5. Interprofessional Education Collaborative Expert Panel. Core competencies for interprofessional collaborative practice: Report of an expert panel. 2011. Washington, D.C.: Interprofessional Education Collaborative.
6. Owen JA, et al. Integrating interprofessional education into continuing education: a planning process for continuing interprofessional education programs. *JCEHP*. 2013;33(2):109-117.
7. Altin, et al. Barriers in the implementation of interprofessional continuing education programs – a qualitative study from Germany. *BMC Medical Education*. 2014;14:227.