# Indian Health Service Clinical Support Center Office of Continuing Education Information for CE Planning Document



The IHS Clinical Support Center (CSC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education. CSC is also approved by the American Academy of PAs (AAPA), American Psychological Association (APA), and Association of Social Work Boards (ASWB) to offer continuing education for these disciplines. CSC is committed to providing education for the I/T/U healthcare team designed to improve health care delivery for better AI/AN patient outcomes.

Currently, CSC may provide accredited continuing education activities in the professions of medicine, nursing, pharmacy, physician assistants, psychology, and social work, and **may award single profession** or **interprofessional continuing education credit (IPCE)** to participating professions without needing to obtain separate accreditations.

# **Definition of Continuing Education (CE)**

Continuing education consists of educational activities, which serve to maintain, develop or increase the knowledge, skills, and professional performance, and relationships that a healthcare professional uses to provide services for patients, the public or the profession. The content of CE is that body of knowledge and skills generally recognized and accepted by the profession as within the basic healthcare sciences, the discipline of healthcare, and the provision of health care to the public.

## **CE Content Validation**

- All the recommendations involving healthcare in a CE activity must be based on evidence that is accepted within the profession as adequate justification for their indications and contraindications in the care of patients.
- All scientific research referred to, reported, or used in CE in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.
- Providers are not eligible for Joint Accreditation if they present activities that promote recommendations, treatment, or manners of
  practicing healthcare that are not within the definition of CE, or known to have risks or dangers that outweigh the benefits or known
  to be ineffective in the treatment of patients. An organization whose program of CE is devoted to advocacy of unscientific
  modalities of diagnosis or therapy is not eligible to apply for Joint Accreditation.

# **Designing IPCE Activities**

Interprofessional continuing education (IPCE) enhances communication and collaboration across diverse healthcare teams aligning it well with IHS' patient-centered medical home initiative. When planning your educational activity, determine if the activity is intended to be IPCE, wherein an interprofessional team (e.g. physicians and nurses; physicians, pharmacists, nurses and therapists, etc.) develops the activity content for the healthcare team as a whole, emphasizing team-based, collaborative action.

IPCE is when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes (ACCME, ACPE, ANCC, 2015).

Educational activities classified as "interprofessional" must demonstrate:

- An integrated planning process that includes health care professionals from 2 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.
- An 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 1 or more of the interprofessional competencies to include: values/ ethics, roles/ responsibilities, interprofessional communication, and/or teams/teamwork.
- An opportunity for learners to learn with, from, and about each other.
- Activity evaluations that seek to determine:
  - o changes in skills, strategy, performance of one's role of contribution as a member of the healthcare team; and/or
  - o impact on the healthcare team; and/or
  - impact on patient outcomes

# **CE Request Planning Document**

**Instructions**: Submit this completed form, along with all required attachments, at least 30-45 days before the start of the activity. Please email to IHS-CSC@ihs.gov or fax to 602-364-7788.

	<u>110-000@11</u>		002 001	1100.			
Date of Application:		Activity Title:					
Activity Description:							
Location:							
Proposed Activity	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):	Commercial Support Received?		□No □ Yes		
Start and End Dates	(1111,00,9999).	(1111100333333).			A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.		
Activity Type:					ls, M&M, journal club, etc.)		
Activity Planned For:	Select one:           Interprofessional Healthcare Team (for the healthcare team to enable effective collaboration and improve health outcomes)           Profession Specific						
Target Audience:	Other memb	pers of the heal	thcare team	-	Assistants  Psychologists  Social Workers		
Credit Type Requested:	Continuing Medical Education Continuing Nursing Education Continuing Pharmacy Education Continuing Physician Assistant Education Continuing Psychology Education Continuing Social Work Education						
Describe the <b>problem(s) in clinical practice</b> that you are trying to solve. How do current clinical practices fall short of ideal clinical practices (gap)? (maximum 100 words). (JAC4)			ctices				
How was the problem identified? How did you determine this need? The following lists some of the many valid methods and data by which needs are discovered. Check as many that apply to your activity:			of the are activity:	<ul> <li>Patient care</li> <li>Hospital Con</li> <li>New medical</li> <li>IHS or Area</li> <li>Practice prof</li> </ul>	of prior CE activities Questionnaire/survey GPRA audit data QA/PI Data Incident reports Healthy People 2020 mittee data or findings Aww products or services available /nursing/pharmacy knowledge Adverse outcome data Office priority or initiative Program priority Epidemiologic data ile (frequency of common diagnoses or conditions sensus/requests Nature of frequently asked questions ibe):		
State the educational (factual information and/							
to be the cause professional pro (maximum 50 v	e of the actice gap	f the Skills/Stra tice gap need (abi rds each). incorporate).					
(JAC4) Performance need (ability to perform)							
State what this CE activity is designed to change in terms of learners' skills/strategy or performance of the healthcare team or patient outcomes (maximum 50 words). (JAC5)			e of the n 50	<ul> <li>Skills/Strategy (gain new abilities/strategies to apply to practice)</li> <li>Performance (practice modification as a result of application learned)</li> <li>Patient Outcomes (change in patient health status due to change in practice behavior)</li> </ul>			
Document how the CE content is valid and matches the healthcare team's current or potential scope of professional activities (i.e., evidence-based references, planning representative review) (maximum 25 words). (JAC6)			e of				
Select the educational format used to engage the learners and achieve the program objectives. (JAC7)				Demonstratio	Q&A Case-based Presentations Hands-on Practice on Workshop Panel Discussion Roundtable onference Other:		

Explain how this educational format will promote active	
learning (so that teams learn from, with, and about	
each other)	

### Learning Outcomes/Objectives

CE activities are expected to be designed with an intent of changing the learner's competence, performance, and/or patient outcomes, as opposed to merely increasing knowledge. Outcomes/Objectives need to clearly link to the educational need and must be behavioral rather than instructional. Avoid non-measureable words such as *understand, know, learn, increase, improve, be familiar with, be aware of,* etc.

Behavioral verbs that can	be used to measure	changes in COMPETENC	CE:				
Analyze Assess Develop Differentiate Modify Plan		Compare Distinguish Recommend	Contrast Evaluate	Design Examine	Detect Formulate		
Behavioral verbs that can	Behavioral verbs that can be used to measure changes in PERFORMANCE:						
Employ	Calculate Examine Prepare	Classify Incorporate Prescribe	Compute Integrate Utilize	Counsel Interpret	Diagnose Manage		
or another reference on how to write learning objectives: https://www.acpe-accredit.org/pdf/BloomsTaxonomyActivityTypesGuidanceJuly2017v3.pdf							
List what the healthcare tea	am and/or the learne	rs should be able to DO as	s a result of participating i	n this educational activity.			
At the end of this activity, t 1. 2. 3.	he healthcare team/le	earners should be able to:					
This activity will incorpo	rate the following des OM), Interprofession	al Collaborative Practice,	nealthcare team. Identify	1-3 the national core comp or Graduate Medical Educ			
Institute of Medicine C		Interprofessional Collabor Competencies	ative Practice	ACGME/ABMS Compete	ncies		
Provide patient-ce	ntered care	□ Values/Ethics for Inter	professional Practice	rofessional Practice   Patient Care and Procedural Skills			
Work in interdiscip	linary teams	Roles/Responsibilities		Medical Knowledge			
Employ evidence-	based practice	Interprofessional Com	munication	Practice-based Learning & Improvement			
Apply quality improvement Teams and Teamwork		(	Interpersonal and Communication Skills				
Utilize informatics				Professionalism			
					Systems-based Practice		
Non-Educational Strat	egies/Supplementa	Educational Tools to R	einforce/Sustain Learnir	ıg			
		/reinforcement techniques le, please attach example		o enhance change in your	learners or as an		
None		Quantitative Surveys		Screening Tools			
Stickers		Pocket Guidelines		Information on Websi	te		
Patient Satisfaction	n Surveys	Posters and Signs		Patient Reminders			
Chart Reminders		Standing Orders		Patient Education Ma	terials		
Changes in Hospit	tal Policy	Incentives		Peer Review			
Factors Outside of Control/Barriers and Strategies to Address or Overcome							
1.Identify factors/barriers that could prevent implementation of changes in practice that will impact patient outcomes:			2.How will the content presented in the CE activity attempt to address these barriers so learners can overcome them and make changes in practice?				
Lack of time to assess or counsel patients			Brovido stratogios fr	r overcoming the identifier	dharriara		
Insurance/reimbursement issues			<ul> <li>Provide strategies for overcoming the identified barriers</li> <li>Discuss barriers that the learners may encounter</li> </ul>				
Lack of administrative support/resources			Provide a list of available resources learners could refer to				
☐ Cost	on professional quide	lines	when encountering				
Patient compliance				Continue collaboration with team members from this activity			
No perceived barrier			on improving practices and/or patient outcomes				
☐ Other (specify):			Other (please descr	ibe):			
L			l				

#### **CE Coordinator Contact Information**

Name:					Title:	
Organization:					Phone:	
Address:					Fax:	
City/State/Zip:					Email:	
Organization is:	□ IHS	Tribal/638	🗌 Urban Program	Other		

Planning Committee Members Any person who contributes to the planning and course content and/or can influence the goals or objectives of the course. NOTE: The planning committee MUST include at least one representative from each profession for which you plan to offer CE credit.

Name and Credentials	Individual's role in activity	Disclosure Form Attached
Ex: Jane Smythe, MD	Course Director	🗌 No 🖾 Yes
Ex: Thomas Jones, RN	Planner & Presenter	🗋 No 🖾 Yes
		🗌 No 🗌 Yes
		🗋 No 🗋 Yes
		🗌 No 🗌 Yes
		🗋 No 🗋 Yes
		🗋 No 🗌 Yes
		🗌 No 🔲 Yes
		🗌 No 🗌 Yes

(If there are additional individuals in control of content for the activity, please attach a separate page using same column headings.)

How will <b>disclosure information</b> be provided <u>to learners</u> about the relevant financial relationships (or absence of relevant financial relationships) that each individual in a position to control the content of CE disclosed? (JAC9 SCS 6.1-6.2, 6.5)	<ul> <li>Flyer/Promotional Material</li> <li>Faculty List</li> <li>Slides</li> </ul>
<b>Partnerships</b> Is this educational activity planned in collaboration and/or cooperation with other stakeholders?	☐ No ☐ Yes – please indicate stakeholders:
Is this activity receiving specific funding?	☐ No ☐ Yes - please contact <u>IHSCSC@ihs.gov</u> .

# Attachments

Attachment 1	<b>Proposed Agenda</b> , showing topics and start/end times including breaks and lunches. Content, including overall nurse practitioner pharmacology hours, if applicable. If this activity is an Internet enduring material, please include the actual CE product (or a URL and access-code if applicable).
Attachment 2	<ul> <li>Signed Disclosure of Relevant Financial Relationships forms from all planning committee members and faculty/speakers. (JAC9, SCS 2.1)</li> <li>Please ensure all appropriate boxes are checked before signing and dating. Incomplete forms will be returned and may delay the CE accreditation process.</li> <li>If a potential conflict of interest is indicated, please fully explain the relationship and in addition, speaker slides will be requested for review to determine if presentation is fair, balanced, objective and free from bias.</li> <li>CE credits cannot be awarded for a presentation for which a disclosure was not completed in advance.</li> </ul>
Attachment 3	<ul> <li>Faculty List - disclosure information <u>as provided to learners</u> about the relevant financial relationships (or absence of relevant financial relationships) that each individual in a position to control the content of CE disclosed to the provider. (JAC9, SCS 6.1-6.2, 6.5)</li> <li>In lieu of a faculty list, ensure the Faculty Disclosure Statement is on the promotional material/flyer.</li> <li>In lieu of a faculty list, ensure speaker names, their credentials and titles are on the agenda.</li> </ul>
Attachment 4	Evaluation Tool - the data or information generated from this activity about changes in the healthcare teams' skills/strategy or performance or pateint outcomes. (JAC13)
Attachment 5	Publicity Materials/Flyer/Announcement, showing the Joint Accreditation statement with logo for this activity, as provided to learners.

For CE forms/documents and additional information, please go to https://www.ihs.gov/CSC/index.cfm