



# THE IHS PRIMARY CARE PROVIDER



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## Interprofessional Education

*Linda Trujillo, MSN, BSN, RN, Nurse Educator, IHS Clinical Support Center, Phoenix, AZ. Corresponding Author: L Trujillo: linda.trujillo@ihs.gov*

What is all the buzz about Interprofessional Education (IPE) in regards to Continuing Education (CE)?

The Institute of Medicine's 2003 Report determined that when healthcare professionals understand each other's roles and are able to communicate and work effectively together, patients are more likely to receive safe, quality care. In other words when healthcare professionals work collaborative as a team, patient outcomes improve. Since this report, Interprofessional Education is recognized as being one of the first steps toward developing effective healthcare teams. The World Health Organization (WHO) in 2010, defines IPE as "when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes."

The practice of healthcare professionals learning and working as teams is not something new for the Indian Healthcare System (Indian Health Service, Tribal and Urban programs). Perhaps not fully aware, but due to several factors such as limited staffing and working in remote locations, healthcare professionals within the Indian Healthcare System to some extent have been providing IPE, that is continuing education activities developed by and for the multidisciplinary healthcare team of professionals years before the Institute of Medicine's 2003 Report. However, with the increased focus on IPE, accredited organizations have further defined and established criteria for what constitutes an Interprofessional Education activity. In light of this new criteria, it is important that healthcare professionals providing continuing education have an understanding of the IPE planning process and criteria.

Interprofessional Education activities enable participants to learn individually and as part of a team to improve patient care. The following is a brief description of the continuing

education process regarding Interprofessional Education provided by the American Nurses Credentialing Center (ANCC)

When planning interprofessional educational activities, the planning process must integrate members of the professions for which continuing education credit will be awarded. An interprofessional planning process is not a parallel planning process, i.e. each profession evaluating needs for and planning educational activities that happen to take place at the same time. Additionally, an interprofessional activity is not defined by members of professions who happen to attend or participate in an educational activity.

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To be classified as an interprofessional educational activity, the planning process must:

1. be an integrated process that includes healthcare professionals from two or more professions;
2. be an integrated process that includes healthcare professionals who are reflective of the target audience members the activity is designed to address;
3. demonstrate an intent to achieve outcome(s) that reflect a change in skills, strategy or performance of the health care team and/or patient outcomes; and
4. reflect of one or more of the interprofessional competencies to include: values/ethics,

roles/responsibilities, interprofessional communication, and/or teams/teamwork.

In developing interprofessional continuing education activities, planners must assess and document the professional practice gaps of the members (professions) of the healthcare team, and design educational activities to address those gaps. It is important to note that planners should not assess the needs of one profession then extrapolate those needs to another profession without clear evidence that the needs are similar.

Since the 2003, IOM Report, there is increased evidence that IPE promotes collaborative relationships among healthcare providers that positively affect patient, family, and provider outcomes. Indian Health System professionals and educators can improve patient outcomes by identifying opportunities to develop and offer continuing education that is truly Interprofessional Education.

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# What is Continuing Education (CE)?

*Theodora R. Bradley, MPH, RN, Director, Office of Continuing Education, IHS Clinical Support Center, Phoenix, AZ. Corresponding Author: [theodora.bradley@ihs.gov](mailto:theodora.bradley@ihs.gov)*

Each discipline’s accrediting body defines continuing education as follows:

- (ACCME) CME consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.
- (ANCC) Those learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to improve the health of the public and RNs’ pursuit of their professional career goals.

- (ACPE) Continuing education for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

The overall purpose of CE is to facilitate life-long learning among the healthcare team so that their practices may reflect the best care for their patients. The goal of CE is to enhance the healthcare team’s performance in practice. The review and validation of the content of CE activities by all those involved in the development of the activity is critical to assuring the public and learners that the CE content is based on evidence and is free from commercial bias.

## Shifting from Knowledge to Practice

The current and evolving healthcare environment requires proof that continuing education provided through certified CE activities has a positive impact on practice patterns and on patient outcomes. Traditional lectures are passive learning formats that have little, if any, lasting impact on the practice patterns of attendees. The ACCME and the Institute

of Medicine have called for a reevaluation of the design and evaluation of CME activities. In the past, a simple literature search, suggested topics from past program evaluations, a planning committee member's opinion, or simply asking a friend to come give a lecture was adequate to describe the "need" for a particular topic or activity—these easy steps are no longer sufficient. The focus has shifted toward other innovative and interactive educational methods to ensure that formats are selected based on learner needs and desired results.

CE concepts today focus on more than imparting knowledge; it links professional practice with education that changes behaviors, enhances performance, and improves patient outcomes. It now asks ...“What is the practice problem you are trying to solve?” To answer this, you need to know what the problem is, why the problem exists and what is needed to solve the problem.

ACCME President and Chief Executive Officer, Dr. Graham McMahon stated that “Effective CME programs have the capacity to help physicians and healthcare teams learn how to improve practice and patient care; how to intervene in health behaviors, social and economic factors, and the public's physical environment; and how to improve the health of the nation.”

The ACCME Accreditation Criteria call on accredited providers to develop CME activities that address the real-world problems that physicians and other health care professionals encounter in their practice, whether they work in clinical care, research, administration, executive leadership, or other areas of medicine. ([www.accme.org](http://www.accme.org)). Accredited CME helps physicians meet requirements for maintenance of licensure, maintenance of specialty board certification, credentialing, membership in professional societies, and other professional privileges. Similar benefits

apply to nurses and pharmacists when they participate in accredited CE activities.

### **Designing CE for Meaningful Impact**

To measure the impact of CE activities, they should be designed to meet the learners' needs, with the aim to make a change in their competence (knowing what to do and how to do it), practice performance (doing it), and/or patient outcomes.

- Knowledge = the degree to which participants state what the CE activity intended them to know and how to do what the CE activity intended them to know how to do.
- Competence = the degree to which participants show in an educational setting how to do what the CE activity intended them to do.
- Performance = the degree to which participants do what the CE activity intended them to be able to do in their practices.
- Patient Outcomes = the degree to which the health status of patients improves due to changes in the practice behavior of participants.

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# IHS Clinical Support Center

Correspondence may be sent to: [ihspsc@ihs.gov](mailto:ihspsc@ihs.gov)

The Clinical Support Center (CSC) is an Indian Health Service national program administered under the Office of Clinical Preventative Services (OCPS) and physically located at the Phoenix Area Office in Phoenix, Arizona.

As the premier leader for Indian health care education, CSC is committed to quality continuing education by the healthcare team for the healthcare team to improve American Indian/Alaska Native health care delivery and patient care. The CSC directs the planning, implementation, and evaluation of accredited continuing education activities for the healthcare team working for Indian health programs throughout the United States; enhances communication and information sharing for primary care providers and continuing education planners; and coordinates and facilitates special initiatives and activities for IHS clinical programs.

## The Office of Continuing Education Accreditation

CSC carries accreditation from three prominent national accreditation bodies:

1. Accreditation Council for Continuing Medical Education (ACCME)

The Indian Health Service Clinical Support Center was awarded Accreditation with Commendation through July

2019. This is the highest recognition awarded to a Continuing Medical Education Provider by the Accreditation Council for Continuing Medical Education, reflecting CSC's compliance with all 22 of ACCME's accreditation criteria.

2. American Nurses Credentialing Center's Commission on Accreditation (ANCC)

The Indian Health Service Clinical Support Center achieved Accreditation with Distinction by The American Nurses Credentialing Center (ANCC) through March 2020. ANCC Accreditation distinguishes organizations that demonstrate quality and excellence in the curriculum design and delivery of continuing nursing education (CNE). Accredited organizations, like the Indian Health Service Clinical Support Center meet comprehensive, evidenced-based criteria to ensure CNE activities are effectively planned, implemented and evaluated. (Only organizations that demonstrate zero deficiencies requiring a progress report achieve Accreditation with Distinction. As of September 2012, less than 10% of all ANCC-accredited organizations achieve this honor).

3. Accreditation Council for Pharmacy Education (ACPE)

The Indian Health Service Clinical Support Center is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

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