2020 Joint Accreditation Leadership Summit: The Transformative Value of IPCE

The Accreditation Council for Continuing Medical Education (ACCME®)
The Accreditation Council for Pharmacy Education (ACPE)
The American Nurses Credentialing Center (ANCC)
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Introduction

On October 1-2, 2020, 273 registrants consisting of interprofessional continuing education (IPCE) professionals, representing 100 organizations, participated in the sixth annual Joint Accreditation Leadership Summit, held virtually for the first time.

The Summit was convened by the three co-founding accreditors: the Accreditation Council for Continuing Medical Education (ACCME®), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC).

Although we were unable to meet in person due to COVID-19 travel restrictions, the Joint Accreditation Leadership Summit continued to support and strengthen the community of practice of jointly accredited providers through a virtual forum. Bringing together leaders of interprofessional continuing education, the Summit explored the transformative value of IPCE and discussed topics of wellness and burnout, innovative strategies for overcoming COVID-19 challenges, health equity in IPCE, and achieving Joint Accreditation with Commendation. Despite our physical distance, participants engaged in a variety of interactive activities to build and sustain connections via breakout rooms and bonding activities like meditation and discussions about art.

What’s New in 2020?

The COVID-19 pandemic prompted a virtual format for the Summit, making the meeting more accessible than ever before

Over the course of two days, our community of jointly accredited providers gathered via Zoom for enriching discussion on the transformative value of IPCE. Due to the stressful circumstances brought on by the pandemic, we began this year’s summit with a few minutes of meditation and relaxation.

Following our virtual meditation session, we shared a mixed-media painting by Karen Wilcox titled Shared Grief. Participants were prompted to anonymously submit a word that came to mind when looking at the piece, which was then developed into a word cloud. By discussing our varying interpretations of the painting and shared grief, we were able to set a foundation of trust and empathy for the duration of the summit.

www.facebook.com/karenwilcoxart
www.artfinder.com/artist/karen-wilcox/#/
Managing Stress during the COVID-19 Era: The Imperative of Self-Care for the IPCE Professional

The first session was led by Aviad “Adi” Haramati, PhD, Professor of Integrative Physiology at Georgetown University Medical Center. This session explored the health and wellbeing of the healthcare professional workforce, the impact of stress on learner retention, and how IPCE can be leveraged as a strategic asset to address both.

Dr. Haramati began his session by addressing job-related burnout in nurses and physicians prior to the COVID-19 pandemic.

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<tr>
<th>Drivers of Burnout in Nurses</th>
<th>Drivers of Burnout in Physicians</th>
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<tr>
<td>Chronic nursing shortage</td>
<td>Excessive workload</td>
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<tr>
<td>Long shifts</td>
<td>Inefficient work environment</td>
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<tr>
<td>Putting others first</td>
<td>Problems with work-life balance</td>
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<tr>
<td>Busy, high-stress environments</td>
<td>Loss of autonomy/flexibility/control</td>
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<tr>
<td>Dealing with sickness and death</td>
<td>Loss of meaning in work</td>
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The COVID-19 pandemic not only exacerbated the drivers of burnout in healthcare professionals, but also created enormous stress on faculty and students who had to quickly move to virtual educational and clinical environments. In light of these challenges, Dr. Haramati provided evidence for several effective ways to manage stress:

- Get the right amount of quality sleep.
- Eat nutritious and balanced meals.
- Exercise and stay active.
- Adopt stress reduction techniques like meditation, journaling, or spending time with family and friends.

While discussing the stress brought on by the pandemic, Dr. Haramati highlighted the importance of understanding and embracing resiliency—the ability of an individual to respond to stress in a healthy, adaptive way such that personal goals are achieved at minimal psychological and physical cost. Resilient individuals not only “bounce back” rapidly after challenges but also grow stronger in the process. Dr. Haramati underscored that resiliency is not for the elite few; it’s a learned skill that anyone can adopt by employing the following techniques.
1. Be optimistic in a realistic way; write down one thing each day that gives you joy, which will generate positivity and provide a sense of grounding.

2. Establish a routine and solidify when it is time to shut down the computer while working remotely.

3. Be compassionate with yourself and others; recognize if/when you need help and ask for it.

4. Maintain connections and relationships; even though we’re physically isolated, we don’t have to be socially disconnected.

5. Manage uncertainty by staying in the present. Continuing education professionals and healthcare professionals all strive to “do” and we need to work on, and be role models for, simply needing to “be” rather than do.

“Self-care is not a luxury – it is a necessity for all IPCE professionals. Lead by example, especially during a time of crisis.”

- Aviad “Adi” Haramati, PhD
  Professor of Integrative Physiology, Georgetown University Medical Center

Best Practices in IPCE – Panel Discussion

Prior to the Joint Accreditation Leadership Summit, participants were encouraged to submit Lightning Talk videos discussing the new and innovative practices they implemented in response to the COVID-19 pandemic. These videos were then distributed as pre-work and are available here. Based on the Lightning Talk videos, several providers were asked to speak about their best practices in IPCE during a panel discussion during the Summit. The panel consisted of:

- Laura Burns, LCSW, Rutgers University Behavioral Healthcare
- Jim Ruiter, MD, CCPE, Vice President, Medical Director, Salus Global Corporation
- Kim Honcharenko, Continuing Medical Education Coordinator, Children’s Minnesota
- Lolita O’Donnell, PhD, MSN, RN, Director, Continuing Education Program, Defense Health Agency, US Department of Defense
- Kim Barcher, Accreditation and Compliance Specialist, Baystate Continuing Interprofessional Education, Baystate Health
Key Takeaways

- Characteristics of organizations and IPCE professionals that contribute to success:
  - Leadership that supports its people is instrumental in the success of continuing education activities.
  - Strong relationships with planners, educators, and program directors to allow teams to quickly and efficiently collaborate.
  - Purposeful communication and teamwork.
  - A can-do attitude and a willingness to join together to live the organization’s values.

- The technological learning curve was a major barrier when implementing innovation that was overcome through continuous practice and troubleshooting.

- Overpreparing attendees and speakers with tips for troubleshooting and encouraging practice meetings helped decrease anxiety over using an unfamiliar system or program.

- Embracing and supporting the psychological safety of learners was essential in creating an optimal learning environment. Creating a tone where everyone has an equal and important voice to ask questions helped people practice and learn in a safe environment.

- Virtual learning helped break down silos in education by bringing together interdisciplinary teams in the planning process and collaborating to tackle pressing topics.

- Many educational planners will continue to implement virtual training in the future, with a potential for hybrid learning including a mix of virtual and in-person learning.

- The virtual format has increased availability and accessibility for speakers and participants alike, including cost-savings from not traveling.

- Despite the benefits of online learning, Zoom fatigue can arise from the absence of an in-person audience. To circumvent this issue, it is helpful to record activities as enduring materials for viewing at a later time in order to give participants a break from long stretches of screen time.

“"When we talk about psychological safety, everybody has an equal and important voice. Leadership has to set that tone to engage all members of the team.

- Kathy Chappell, PhD, RN, FNAP, FAAN, Senior Vice President, American Nurses Credentialing Center, Co-founder, Joint Accreditation

“"In order to continue to offer the best care to our patients, we must continue to support our staff to maintain their mental health and well-being.

- Kim Barcher, Accreditation and Compliance Specialist, Baystate Continuing Interprofessional Education, Baystate Health
Challenge
• Had to move weekly in-person grand rounds presentation, an institution for years at the organization, to a completely virtual format for the first time as a result of the pandemic.

Solutions
• Leveraged WebEx to deliver weekly one-hour talks to a virtual audience, tripling live attendance numbers on average, with one week featuring more than 700 attendees.
• Featured an electronic evaluation form for users which popped up in a separate window after closing the webinar.

Lessons Learned
• The virtual series enables learners to tune in who would not have had the opportunity to attend in-person, including a more interdisciplinary and geographically diverse audience.
• The electronic evaluation form was easy and straightforward for learners to complete.
• By including members of the marketing and outreach team during the planning process, the team was able to turn the effort around quickly and launch virtual grand rounds much faster.
• Virtual presentations saved the cost of travel and expense to host out of town speakers in person.

“We started the process scared to fail but did it anyway, and have had success we didn’t imagine.
– Corinne Wilcox-Schowalter, Interprofessional Education Manager, Children’s Minnesota
Innovation Workshop

Building on the lessons learned and strategies shared in the Provider Best Practices session, we explored how innovation can come out of disrupting forces. Using the COVID-19 health crisis as a case study, this workshop helped learners process what they have learned during the pandemic that can positively impact their IPCE program moving forward. This session was moderated by:

- Kathy Chappell, PhD, RN, FNAP, FAAN, Senior Vice President, American Nurses Credentialing Center, Co-founder, Joint Accreditation
- Daniel Pace, CHCP, Chief Strategy Officer/Vice President, Education and Research, American Academy of PAs

The workshop began with an overview of the various challenges weighing on the IPCE system during the COVID-19 pandemic, including:

- The abrupt move to virtual education for in-person conferences and meetings.
- Increased need for timely education organizationally and on a unit level.
- Multiple competing resources.
- Significant reduction in revenue related to conferences.
- Increased stress on health professionals, including increased feelings of burnout.
- Co-location opportunities being hampered and negatively impacting collaboration.

Despite these new challenges, the pandemic also offered an opportunity to:

- Increase engagement across professions.
- Retool and reskill to achieve a common mission.
- Demonstrate the value of IPCE in meeting department, organizational, and professional strategic goals.

The future of IPCE will:

- Be tied to the organization’s strategic goals.
- Feature an increased focus on decreasing silos to achieve a common goal.
- Include an opportunity to better align and close the education/practice gap.
- Deliver education across multiple platforms with wider engagement across professions.
- Continue to be cost-effective and outcomes-driven.
- Require the upskilling of faculty from uniprofessional to interprofessional.

Participants were divided into breakout groups to reflect on key learnings from the COVID-19 pandemic and identify lessons to retain as a component of their IPCE programs. Key takeaways include:

- It will be important to continue to create enduring materials from virtual training and ensure that the materials are accessible via on demand recordings because not everyone can come together at the same time due to competing schedules.
Faculty and educational organizers need to keep their fingers on the pulse of their organization to ensure they are hearing from all the constituents and producing events and materials that are addressing their needs. For example, a weekly virtual town hall meeting may evolve to a monthly meeting and then again to a weekly meeting based on the circumstances.

In addition to scientific content, IPCE should continue to address how to build time management and communication skills, as well as ways to handle stress in a healthy way.

The use of virtual breakout groups can be very effective in keeping participants engaged and provide an opportunity to share thoughts and questions in a smaller group.

Ensure there are backup presenters in place for educational activities in case a presenter experiences connection issues.

Challenges

- The US Department of Defense’s Joint Medical Executive Skills program needed to continue training would-be commanders who were planning to assume responsibilities in different military treatment facilities worldwide.
- Ensure there would be adequate staff to meet the needs of more patients.

Solutions

- Capitalized on technology, including Microsoft Teams and Adobe Connect, to offer a collaborative platform for virtual training.
- Trained additional healthcare professionals, including administrative nurses, clinicians, and technicians, for clinician work in anticipation of increased demand.

Lessons Learned

- Purposeful and timely communication is essential during crisis.
- Harness the expertise of team members across disciplines to maximize efficiency and collaboration.
- Telework, when strategically planned, is a useful strategy for staff and clients moving forward.
Diversity in IPCE

How can we ensure diversity is addressed in IPCE? This session offered suggestions and guidance to addressing and incorporating diversity considerations in relation to both instructor selection and content development. The goal of this session was to provide a framework for Joint Accredited providers so that they can establish an IPCE Action Plan that addresses diversity for their programming and processes. This session was led by Antoinette “Toni” Minniti, PhD, Office of CE Sponsor Approval, American Psychological Association.

Dr. Minniti emphasized the importance of not just “going through the motions” of addressing and incorporating diversity in continuing education. She explained practices that are sufficient and insufficient, outlined below.

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<thead>
<tr>
<th><strong>SUFFICIENT PRACTICES</strong></th>
<th><strong>INSUFFICIENT PRACTICES</strong></th>
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<tbody>
<tr>
<td>Higher-level, thoughtful consideration</td>
<td>Tick-box exercises</td>
</tr>
<tr>
<td>Systematic process of how to address and incorporate diversity</td>
<td>Statements of importance and strivings/aspirations</td>
</tr>
<tr>
<td>Integrated procedures that include program planning committee</td>
<td>Templated or copy-paste responses</td>
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A best practice for understanding and addressing diversity can be illustrated by the diagram to the right.

1. **Gather information**
   - How do you gather information that is relevant for your particular activity or session and how can you make this the best activity possible in terms of diversity?

2. **Review content and instructors**
   - Look at your content and ensure you are working with your instructors effectively; this should never be a siloed approach. Are your instructors representing diverse perspectives? Have you selected a diverse faculty?

3. **Engage in a feedback loop**
   - Discuss and work with instructors to ensure the selection process meets the standards of integrating diversity into practice.

4. **Evaluate your process**
   - How do we know that what we’ve said and what we’re going to do will address diversity?
Breakout groups shared ideas and strategies on addressing diversity in IPCE, resulting in the following takeaways:

- It is important to identify barriers to diversity in the workplace and strategize ways to overcome these barriers.
- Ensure that diversity and equity in activities is sustainable and not structured or talked about as a passing fad.

SALUS GLOBAL CORPORATION

- Jim Ruiter, MD, CCPE, Vice President, Medical Director, Salus Global Corporation

“\textit{It’s all about the application of knowledge as a team, while increasing the quality and safety of care within a positive culture.}”

- Jim Ruiter, MD, CCPE, Vice President, Medical Director, Salus Global Corporation

Challenge

- To help healthcare teams and staff implement frequently changing COVID-19 safety guidelines.

Solutions

- Worked with more than 250 obstetrics units to help them cope and manage the application of knowledge in their context.
- Leveraged the power of simulation, not as a tool to educate, but to understand how best to apply the deluge of recommendations within teams’ unique contexts and to understand the “why” of the recommendations.
- Developed two in-situ simulations of a woman giving birth with COVID-19, encouraging teams to pause and ask questions in addition to a debrief following the simulation.

Lessons Learned

- Simulations are helpful to identify gaps or application of knowledge.
- Incorporate how an organization is going to include diversity on an activity application for a grant, for example.
- Emphasize that any positive change, big or small, in supporting diversity can make a difference.
- Pausing the simulation to address questions, in addition to conducting a debrief at the end, can lead to more efficient solutions and fruitful information sharing.
- This approach makes the application of recommendations much easier in teams across networks, as well as harmonizing the care, leading to fewer variances across the system.
Achieving Commendation Workshop

This workshop reviewed the implementation timeline for Accreditation with Commendation and helped jointly accredited providers identify opportunities for improvement, key priorities, and next steps for positioning their IPCE program to meet expectations of Commendation. This session was led by Kate Regnier, MA, MBA, Executive Vice President, Accreditation Council for Continuing Medical Education, Co-Founder, Joint Accreditation.

In 2019, Joint Accreditation added the option to achieve Joint Accreditation with Commendation in response to jointly accredited providers’ requests to promote the value of interprofessional continuing education, encourage the continued evolution of IPCE programs, and reward providers that implement exemplary practices and generate meaningful outcomes.

To achieve Joint Accreditation with Commendation, jointly accredited providers must demonstrate compliance with Joint Accreditation Criteria 1–12 and 7 of the 13 Commendation Criteria. This menu approach creates flexibility, reflects the diversity of the IPCE community, and offers a pathway for all provider types to achieve commendation. Here are key questions to ask when thinking about achieving commendation:

- Are you focusing on the strengths of your program? What are you already doing that might meet the expectations of the Joint Accreditation Commendation Criteria?
- Where would you like your program to grow? What are your organization’s priorities? What is your IPCE mission?
- Can you identify any opportunities to meet multiple criteria with the same activities or efforts?
- Have you reviewed the Critical Elements and Standards to be sure you meet the expectations?

As jointly accredited providers apply for and achieve Joint Accreditation with Commendation, Joint Accreditation will share case examples and lessons learned. For more information about Joint Accreditation with Commendation, please visit www.jointaccreditation.org/commendation.

Important dates to note include:

- Providers submitting their “intent to apply” for initial or reaccreditation on or after June 1, 2020 will be eligible to seek Joint Accreditation with Commendation.
- Providers receiving joint accreditation decisions through 2020 will continue to be eligible to receive a term of six years if compliance is demonstrated for the current JAC 1-13.
- First Commendation decisions expected in July 2021 and after.
“One of our goals at Joint Accreditation is to urge accredited providers to develop creative strategies for approaching IPCE, particularly in relation to achieving Joint Accreditation with Commendation. There is not a one-size-fits-all approach to achieving commendation and we are here to support and foster innovation in continuing education.

– Kate Regnier, MA, MBA, Executive Vice President, Accreditation Council for Continuing Medical Education, Co-Founder, Joint Accreditation

CHALLENGES

- Quickly respond to the educational needs of the healthcare system during the COVID-19 pandemic, including the swift distribution of new education.
- Learn how to use virtual platforms and pivot to live internet courses.
- Loss in revenue due to the cancellation of in-person courses.

SOLUTIONS

- Accredited virtual programs within a 30-day time frame, with no grant support required.
- Created a checklist for this new process and published it on their website.
- Increased revenue by increasing the volume of activities.

LESSONS LEARNED

- Education and communication are critical—the planning committee needed to be interprofessional if they were going to target an interprofessional audience.
- Office of Continuing Professional Development demonstrated it is nimble, agile, and flexible in responding to the educational needs during the global health crisis, in addition to creating a new revenue stream.
Conclusion: Be a Champion for Change

This session concluded the 2020 JA Leadership Summit by discussing the next steps and priorities for organizations to be champions for change as well as what priorities Joint Accreditation should focus on in the upcoming year. This session was led by Dimitra Travlos, PharmD, Assistant Executive Director & Director, Continuing Pharmacy Education Provider Accreditation, Accreditation Council for Pharmacy Education, Co-founder, Joint Accreditation.

At the conclusion of the 2020 Summit, participants were asked to reflect upon the following:

- Leveraging IPCE within your organization: What are two concrete steps you can take to position education as a change agent? Who will benefit?
- What are some next steps and/or priorities for your team?
- What common themes have resonated with you over the course of the Summit related to transformative change? What has been most memorable?

In addressing the prompts above, participants noted the transformative value of IPCE and Joint Accreditation in the following changes:

- Culture change—including/expanding the team in planning continuing education activities.
- Streamlined workflow process in collaboration with professions.
- Increased relevant discussions and engagement with the entire care team on the advancements in oncology medicine.
- Robust and diverse outcomes.
- Brings the whole healthcare team to the table to help deliver optimal patient care.
- Increased collaboration to develop interprofessional learning activities.
- Innovation in team-based training for high-value care.
- A holistic approach to patient-centered care due to improved communication pathways amongst health care team members and higher regard for each clinician’s contribution to patient care.
- The relationship with the social worker profession has strengthened teamwork practices and IPCE culture.
- No longer implementing silo and compartmentalized education; we are producing all hands-on-deck, quality, and purposeful education that leads to better teamwork and improved outcomes.

We are proud to lead a community of IPCE professionals that are dedicated to supporting the delivery of effective, safe, and compassionate care for patients and families around the world.

“I’m proud to be a part of the IPCE community where our underlying philosophy is working together, learning from one another, and having a diversity of input and ideas.”

- Daniel Pace, B.S., CHCP, Vice President, Education and Research, Chief Strategy Officer, American Academy of PAs
“I’d like to think of this Summit as a two-day retreat where we all stopped to think and reflect upon how we have been dealing with the impact of the pandemic and how we’re going to move forward. I think the changes that we’ve seen and discussed are truly a reflection of how the IPCE community came together and triumphed during a difficult year.

- Dimitra Travlos, PharmD, Assistant Executive Director & Director, Continuing Pharmacy Education Provider Accreditation, Accreditation Council for Pharmacy Education, Co-founder, Joint Accreditation

10 YEARS OF JOINT ACCREDITATION
2020 marked the 10th anniversary of Joint Accreditation! We are proud to celebrate our community’s growth and success. Now, our IPCE community has grown to include:
- 10 professions
- 100+ accredited organizations
- 55,000 educational activities each year
- 15 million interactions with healthcare professionals each year
- Leadership Summit reports and events

What is the definition of IPCE?
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)

About Joint Accreditation for Interprofessional Continuing Education
Joint Accreditation for Interprofessional Continuing Education™ offers organizations the opportunity to be simultaneously accredited to provide continuing education for multiple healthcare professions through a single, unified application process, fee structure, and set of accreditation standards. Jointly accredited providers may award single profession or interprofessional continuing education credit (IPCE) to participating professions without needing to obtain separate accreditations. Joint Accreditation for Interprofessional Continuing Education is the first and only process in the world offering this benefit.

Joint Accreditation for Interprofessional Continuing Education is a collaboration of the following organizations:
- Accreditation Council for Continuing Medical Education (ACCME): Co-founder
- Accreditation Council for Pharmacy Education (ACPE): Co-founder
- American Nurses Credentialing Center (ANCC): Co-founder
- American Academy of PAs (AAPA)
- American Dental Association’s Continuing Education Recognition Program (ADA CERP)
- American Psychological Association (APA)
- Association of Regulatory Boards of Optometry’s Council on Optometric Practitioner Education (ARBO/COPE)
- Association of Social Work Boards (ASWB)
- Board of Certification for the Athletic Trainer (BOC)
- Commission on Dietetic Registration (CDR)

For more information, visit www.jointaccreditation.org.

This publication is the fifth in a series. The previous four reports from the Joint Accreditation Leadership Summits 2016-2019 are available at www.jointaccreditation.org.
The virtual format of this year’s summit not only increased accessibility for our participants, but their pets as well! Leading off the final session, we encouraged everyone to introduce their pets to the group which helped end the summit on a positive note.