



JOINT ACCREDITATION™
INTERPROFESSIONAL CONTINUING EDUCATION

Let's Go, Team! Planning Education for Maximum Impact!

Report from the 2019 Joint Accreditation Leadership Summit



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The Accreditation Council for
Continuing Medical Education
(ACCME®)

The Accreditation Council for
Pharmacy Education (ACPE)

The American Nurses
Credentialing Center (ANCC)

Introduction

On September 20, 2019, 109 interprofessional continuing education (IPCE) professionals, representing 60 organizations, participated in the fifth annual Joint Accreditation Leadership Summit.

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

Building upon last year's Summit, the 2019 Joint Accreditation Leadership Summit focused on how to maximize the impact of IPCE. In doing so, we brought together leaders in IPCE and jointly accredited providers to explore educational methodology that demonstrates excellence in identifying professional practice gaps of teams, choosing formats for learning that will be most effective for the team, facilitating planning processes that highlight the roles of team members, and evaluating changes in the team.

The Nuts and Bolts of Activity Planning

In the morning sessions, participants explored best practices and strategies for effective team-based education.

Keynote Session

The first session was led by Deborah Witt Sherman, PhD, APRN, ACHPN, FAAN, Professor in the Nicole Wertheim College of Nursing and Health Sciences at Florida International University. Dr. Witt Sherman began the day with an overview of the challenges facing the current healthcare landscape and how interprofessional collaboration can help meet those challenges and new expectations.

Dr. Witt Sherman explained that by understanding how teams form and work, educators can better approach planning and delivering team-based activities. She describes the team process as occurring in four stages:

1. **Forming:** The team is created. Somebody gathers the group together, bringing in the individuals who should be at the table and individuals with a stake in the objectives of the team.
2. **Storming:** The team members discuss conflicting ideas. The storming process usually leads to some type of norming.
3. **Norming:** The rules of engagement are identified. Team members learn how workload is distributed and how they can depend on colleagues.
4. **Performing:** The entire team has developed a plan and is working together toward established goals.



Interprofessionalism should bring us to not only a higher level of practice, but a higher level of ourselves.”

-Deborah Witt Sherman, PhD, APRN, ACHPN, FAAN

Dr. Witt Sherman explored the core competencies for interprofessional collaboration, which are essential for building effective teams. Educators can integrate these competencies into their own planning processes, as well as use them as a foundation for building activities.

- **Shared values and ethics:** The interprofessional team should have shared values to function effectively toward a common goal. Furthermore, the interprofessional team shares accountability and responsibility for the processes and outcomes of care they provide.
- **Communication:** Interprofessional team communication includes verbal and nonverbal forms of communication. It is important to establish clear and open

communication within the team. Working as a member of an interprofessional team is like learning a dance in which you learn not to step on each other's toes, but rather demonstrate fluid movements.

- **Team-based practices:** The team should be led by the individual who is most qualified to address the issue at hand. This role is dependent on the stage of the illness, clinical issues, and points of rehabilitation, recovery, or peaceful death. The team leader is responsible for keeping the team focused on purpose, goals, and approach; building commitment and confidence; ensuring the appropriate skill mix of team members; removing obstacles; managing external relations; and creating opportunities. Educators must also recognize that teams and team-based practices are subject to external forces from the healthcare system, as well as changes in the educational system or society at large.
- **Climate of mutual respect:** A highly functional team requires mutual respect. Team members should recognize and value shared competencies as well as unique disciplinary competencies based on individual professions.
- **Knowledge of the roles and responsibilities of team members:** Team members must recognize their own abilities and limitations based on their scope of practice, as well as their place in the continuum from novice to expert. The team's expertise may be dependent on the length of time the team has worked together, group dynamics, and changes as members leave and join the team.

Table Work: 10 Takeaways

Following Dr. Witt Sherman's remarks, each table of participants was assigned a vignette highlighting challenges specific to IPCE. Working together, participants analyzed the vignette and shared their thoughts with their group. After discussion, the whole group collectively generated ten takeaways that participants could take back to their organizations and apply to their IPCE initiatives.

1 Use data. Data, such as patient safety or quality data, should be relevant, timely, and matter to the team. It is also important to recognize that IPCE providers do not have to measure everything. That is one of the benefits of collaboration. If you are in a healthcare setting, use the quality data that is already being collected. If you partner with organizations that have data, such as community health organizations or government agencies, you can access the change data that they may already have.

2 Classify the problem. Ask yourself whether the practice gap is a system issue or an education issue. Is it something that can be addressed through an educational intervention? While a gap might not always be an education issue, CE providers have the opportunity to address system fixes or identify system issues as part of their processes. Education may not always be the most effective solution. With this in mind, it's important not to ignore the system issues, but recognize them and figure out strategies to address them while also providing education.

3 Assess unprofessional gaps as they relate to a team-based issue. There are times when you might determine that it is best to focus on a uniprofessional gap before you address a team-based gap. If you have multiple team members from different professions represented and they are at different levels of understanding, you may need to address a single profession gap first before you

can effectively work together as a team. Furthermore, it is important to recognize that people are coming in with different frames of reference and different skills. For example, social work may have in-depth expertise in a particular topic area that can be shared with other members of the healthcare team. That might impact how you design your education activity. You can leverage the skill sets of different professions to address different educational needs.



We're trying to redefine education. We want to give you license to think more broadly about education and to be open to thinking of education in a totally different way."

– Dimitra Travlos, PharmD, Assistant Executive Director & Director, Continuing Pharmacy Education Provider Accreditation, Accreditation Council for Pharmacy Education (ACPE)



We have to remember that we are teaching people how to better care for other people. It's very personal. It's a combination of teaching compassion in addition to technical procedures. There is a human being on the other end of all that science."

- Kathy Chappell, PhD, RN, FNAP, FAAN, Senior Vice President, American Nurses Credentialing Center (ANCC)

4 Be prepared for increased complexity as the IPCE team grows. One of the challenges in IPCE is the complexity that develops as the team gets bigger. There are often significant logistical issues in trying to manage a large team of healthcare professionals.

5 Let the IPCE team self-identify. Rather than creating the IPCE team to address the problem, let the team form itself. As an educator, you may not always know who should be involved in developing a solution. Put out a call for participants by saying, "Here's the problem that we're going to be addressing. Come to the table if you want to be part of the solution."

6 Validate that the gap has been correctly identified and matched to the education.

Before creating the education, drill into the initial evaluation and perhaps do a reevaluation to ensure that the education will address the appropriate practice gaps.

7 Recognize the core humanism in IPCE.

Take a step back and teach clinicians how to interact as a team, with respect and care, and teach faculty how to teach teams. Team education and clinical education are often seen as two separate kinds of education, but you can't have one without the other. The education should be integrated and work together.

8 Engage leaders as change agents.

Unless you have the support of your leadership, you very likely will not have the resources and time you need to build and sustain a successful IPCE program.

9 Unlearn in order to learn. In the practice setting, sometimes clinicians need to unlearn what they are doing in order to learn something new. Research suggests that it's often more difficult to get clinicians to unlearn, or abandon their current practices, than it is to get them to adopt new interventions. CE providers need to create effective learning programs that facilitate unlearning and support new practice patterns and change.

10 Think about evaluation as a growth mindset process not a fixed mindset process.

Use techniques like formative feedback. Rather than saying, "No, you're doing that wrong," you highlight the positive aspects of the care or the process, provide learners with the educational tools and resources they need to improve, and then go back and reevaluate.

Best Practices in IPCE

Prior to the Joint Accreditation Leadership Summit, jointly accredited providers were asked to submit pre-work. Based on their submissions, several providers were asked to present their case studies at the Summit that demonstrate best practices in IPCE.



Boston Children's Hospital

**Victoria Cunningham, MBA, CHCP,
Continuing Medical Education Specialist**

Topic

Professional Development and Clinical Teaching Series

The Boston Children's Hospital (BCH) Teaching Certificate Program is open to clinical teachers from across professions. This program includes an annual seminar series focusing on core educational principles, teaching strategies, and best practices. The interactive, case-based seminars are taught by Interprofessional Education (IPE) faculty with advanced degrees and training in education. Participants practice, are coached, and reflect on incorporating educational strategies into their own teaching.

Professional Practice Gaps

- Clinical teachers are faced with the challenging task of delivering high-quality patient care, producing high-impact scholarship, and contributing to health professions' education, all at the same time.
- There's a need for optimal and evidence-based teaching strategies clinical teachers can implement in diverse clinical venues.
- Teachers need to know and understand:
 - The need to establish a safe learning environment
 - The impact of team dynamics and inclusivity on learning
 - How to give effective, interactive presentations
 - How to use questions to deepen learners' critical thinking
 - Criteria for effective supervision and feedback
 - The effect of cognitive biases on learning and clinical decision making
 - How educational technology enhances educational experiences

IPCE Team

- Physicians, nurses, social workers, pharmacists, dentists, psychologists, and psychiatrists were all included as planners and learners.
- We continually seek other interprofessional groups to increase inclusion of the entire healthcare team in this series of educational sessions.



Challenges and Solutions

- Ensure that the teaching cases apply to the interprofessional participants and address their variety of needs.
- Provide access to seminars for busy clinical teachers, both on and off-site.
- Recognize the significant time demand for program administration.

Lessons Learned

- It is important to have multiple learning formats that include all learners and their preferred methods of learning.
 - Program directors must meet with facilitators to help design sessions to ensure use of interprofessional teaching methods and inclusive terminology.
 - Review seminar feedback and make a concerted effort to incorporate suggestions and recommendations. There is no way to please everyone. Interprofessional education is a great tool for teaching, but not every educational session will hit the perfect mark for every attendee. As feedback is received, every point is considered and incorporated, if possible, in upcoming sessions.
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Postgraduate Institute of Medicine (PIM)

**Michael R. Lemon, MBA,
FACEHP, CHCP, President**

Topic

Adolescent Substance Use and Prescription Medication Misuse

This initiative was the result of a collaborative effort of multiple stakeholders from several

healthcare professions. The stakeholders, all of whom represented the target audience, considered the differences among the various members of the healthcare team, and the PIM team members present at the planning meeting helped to focus the discussion on the problem the activity was designed to address.

During the discussion of practice gaps, one of the “aha!” moments occurred when stakeholders realized that teens are usually introduced to opioids when they have their wisdom teeth extracted. The group realized they needed to think beyond the pediatrician and family medicine office setting and include all healthcare settings: the urgent care clinic, oral surgeons, dermatologists treating teens for acne, etc.

Professional Practice Gaps

- Healthcare professionals are not screening, providing info on impact, or encouraging teens to avoid substance use.
- They should be performing a brief screening and intervention with every adolescent patient at every encounter no matter what the setting.
- The healthcare team was waiting until negative consequences occurred for a teen before considering referral to specialized treatment.

IPCE Team

- The planning process began with an in-person stakeholder meeting where family medicine physicians, pediatricians, adolescent health specialists, addiction medicine specialists, nurse practitioners, registered nurses, physician assistants, and oral surgeons, along with the Lead Nurse Planner and a Medical Education Director from Postgraduate Institute of Medicine

reviewed data from the National Institute on Drug Abuse on substance use disorder among teens.

Challenges and Solutions

- Articulate needs and gaps. We couldn't only write, “It's a huge problem.” We had to articulate the underlying needs to determine how to address the gap.
- Consider the context of a busy clinical practice. While it would be optimal for clinicians to have half an hour to engage in an in-depth discussion of substance use with each teen, the reality is that they may only have a few minutes.
- Consider what clinicians can realistically accomplish in the time they have with patients when designing the educational intervention.

Lessons Learned

- Seek feedback from members of the healthcare team in advance and limit the number of individuals that attend live planning sessions.
 - It can be difficult to agree on the need underlying a gap when you are working with subject matter experts from multiple specialties.
 - It's critically important to consider the differences among the various members of the healthcare team.
 - Keep the discussion focused on the problem the activity is designed to address.
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Washington University School of Medicine

Allyson Zazulia, MD,
Associate Dean for CME

Topic

10th Annual International Pediatric
Antimicrobial Stewardship Conference

The objective of this activity was to improve antimicrobial prescribing for children by increasing the knowledge and competence of individuals beginning an antimicrobial stewardship program (ASP) and improving performance of existing ASPs. This activity was planned by a team of clinicians who have successfully developed interprofessional antimicrobial stewardship programs around the country. They chose topics that covered not only why an antimicrobial stewardship program is necessary, but how to develop one. They spoke about the updated guidelines that stress interprofessional teams, the importance of communicating treatment recommendations when interacting with various healthcare team members, interventions to shape prescribing behavior via effective communication, and prescribing etiquette with regard to communication among the team.

Professional Practice Gaps

- There is a general lack of knowledge about clinical and economic benefits of ASPs.
- Clinicians are often unable to implement and evaluate the performance of an ASP.
- Communication between ASP members and clinicians is ineffective.

IPCE Team

- The IPCE team included six physicians, two pharmacists, one nurse, two certified research professionals, and the Executive Director of Pediatric Infectious Diseases Society.

Challenges and Solutions

- Get all planners from different professions in the same room at the same time.
- Use small group break-out sessions, rather than large group sessions, to give teams the opportunity to interact.

Lessons Learned

- Encourage as much involvement as possible from all professions in the planning of the activity.
 - Determine in the planning process what communication issues exist among professions and address these.
 - Encourage interprofessional small group activities with a facilitator who can engage participants.
 - Allow time for informal interaction.
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Baystate Health

**Kim Barcher, Accreditation
& Compliance Specialist**

Topic

Infusing Arts and Humanities into Continuing Interprofessional Education

Our BERST Academy (Baystate Education Research & Scholarship of Teaching Academy) brings both clinical and non-clinical educators together to provoke reflection about how we can communicate better about the different ways team members see the same situation.

Held at the Museum of Fine Arts in Springfield, MA, learners moved through five activities in different galleries. The activities prompted learners to apply visual thinking strategies to understand problem solving techniques and enhance one's ability to take in multiple perspectives, especially those of an interprofessional team.

In one activity, learners were shown a painting, asked to choose a person in the painting, and to view the landscape from that person's perspective. The painting was "Landscape with the Fall of Icarus" by Pieter Brueghel. Learners were not told the title to ensure

they relied only on their own interpretation. From the perspective of their chosen person, the learner was asked to reflect on what s/he was doing, how s/he sees the landscape, and how it makes her/him feel. After sharing their reflections with the group, the facilitator pointed out that Icarus is drowning in the corner of the painting. Learners were asked a series of questions: What drew your focus elsewhere? Why didn't you take in Icarus? How did your eyes move over the painting? Was any of your analysis wrong? Was your analysis based in the evidence you saw?

Then, the physician facilitator showed several clinical images, asking: What do you see? What do you wonder? There was a detail in the image that was missed in the clinical encounter which caused an adverse outcome. Learners discussed the importance of visual thinking skills and communication among team members who see the same image differently.

Professional Practice Gaps

- There is a need for problem-solving strategies among a diverse interprofessional team, specifically with clinical problem-solving.

IPCE Team

- The planning team included a physician who specializes in teaching clinical reasoning, a pharmacy educator, nurse educator, museum educators, and a non-clinical curriculum design specialist who has a background in the humanities.

Challenges and Solutions

- Break down silos to promote team-based learning and thoughtful discussion.
- There is a significant time constraint in that clinicians typically need up to six months advance notice to attend a half-day event.

Lessons Learned

- Using art in educational activities creates a successful, interprofessional space to learn problem-solving and communication.
 - Using the humanities to support participants in the design of educational activities and innovative teaching strategies has created quite a lot of interest and excitement at Baystate.
 - We hope to continue the momentum with our upcoming 2020 BERST Graphic Medicine Rounds and the continued growth of BERST Academy.
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National Comprehensive Cancer Network

Karen Kanefield, Manager, CE Accreditation & Program Operations

Topic

National Comprehensive Cancer Network 2019 Annual Conference Keynote Address: Patient Experience with Innovative Therapies

When we were designing the keynote session for our 2019 annual conference, we planned to address the patient experience with

innovative therapies. We anticipated that the session would begin with a brief lecture, followed by a discussion between a physician and one of his patients.

During the initial planning process, we learned that nurses and other members of the oncology care team had not been involved in the treatment process, which negatively impacted the patient's and caregiver's experience. We saw this as an ideal opportunity to improve our "by the team, for the team" approach and, subsequently, we included the lead nurse coordinator involved in the trials in the session planning process and also added her to the panel.

While we wanted our audience to learn about the patient experience with an innovative therapy, we realized it was equally important for the members of the oncology care team in our audience to hear about problems that occurred along the way and how one institution identified and addressed these issues to improve its team processes, enhanced the clinical trial experience and, ideally, improved patient outcomes.

The content of this session evolved in an exciting and unanticipated way following inclusion of the nurse in the planning process. The CE planning staff learned how the involvement of nurses and other members of the oncology care team (pharmacists, dieticians, psychologists, and social workers) made a significant difference not only in how the team interacted with patients and how patients experienced the clinical trial, but also improved the experience for caregivers in terms of education and support. The patient who spoke on the keynote panel participated in the clinical trial prior to these system improvements and shared how he felt his experience would have been enhanced

if there had been greater coordination among the healthcare team members.

Professional Practice Gaps

- There are significant challenges related to treating patients with new and innovative therapies.
- There are barriers to receiving treatment (cost, access, etc.).
- Lack of patient and caregiver education results in diminished clinical trial experience.
- There is a system-level exclusion of some members of the interprofessional oncology care team.

IPCE Team

- The IPCE team included physicians, nurses, nurse practitioners, pharmacists, physician assistants, case managers, and tumor registrars.

Challenges and Solutions

- Content evolves throughout the planning process.
- It is challenging to stay up to date in the rapidly changing clinical environment of oncology.
- Understanding the role of the interprofessional oncology care team in clinical trial management and patient outcomes can be difficult.

Lesson Learned

- It is important to have the IPCE team participate as planners and as faculty.
 - Include the patient voice wherever applicable and possible, even though it may be challenging.
 - There is value in including big picture topics, such as patient experience, balanced with clinical presentations.
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MedStar Health

Mikki Ashin, Director, Continuing Professional Education

Cynthia Pineda, MD, Medical Director

Topic

QI-IPCE Mind Map

A mind map is a diagram used to visually organize information to show relationships among pieces of the whole. We have started to utilize mind mapping during IPCE hospital committee meetings as a tool for needs assessment planning and to systematically identify relevant topics based on strategic areas of quality improvement.

Starting from the central concept of quality improvement interprofessional continuing education (QI-IPCE), the following are identified:

1) areas of Improvement; 2) sources of data; 3) IPCE activity topics. The discussion is led by a QI leader and all professions representative of the target audience have a voice in the planning process. Quality improvement in healthcare is an evolving and dynamic process and healthcare team and institutional needs change over time. Therefore, the QI-IPCE mind map is updated as needed to accommodate real-time gaps and needs.

Professional Practice Gaps

- There is a lack of a systematic process for integrating QI in continuing education activities at our local hospitals, such as grand rounds and morbidity and mortality conferences.
- Education has shifted from focusing predominantly on teaching medical knowledge and procedural skills to teaching care coordination, system science, patient safety, and interprofessional collaboration. It is critical to develop and strengthen links between QI and IPCE to address these gaps.

IPCE Team

- The IPCE team included nurses, pharmacists, physicians, and PAs.

Challenges and Solutions

- As we continue to expand our IPCE portfolio, we have found that planners, faculty, and staff continue to need ongoing education in planning, delivering, and evaluating IPCE activities.
- During the planning process, planners need assistance in writing learning objectives that capture healthcare team competencies.

Lessons Learned

- DISCOVER (dynamic, interprofessional, strategic, concise, on-demand, versatile, engaging, and relevant) tools that work for your learners.
- IPCE is a strategic asset for improving patient outcomes when relevant healthcare teams, institutional quality, and patient safety gaps are identified during the planning of educational activities.



Joint Accreditation Updates

At the conclusion of the day, participants took part in a discussion of timely topics related to Joint Accreditation including IPCE Credit and incorporating different professions into your IPCE activities.

IPCE Credit

The IPCE credit designation enables healthcare stakeholders to identify activities specifically designed to improve team collaboration and patient care. Jointly accredited providers may include the IPCE credit mark and statement with their IPCE activities in addition to the Joint Accreditation statement. IPCE credits identify team-based CE activities – they do not replace education or credits for individual professions. Activities that offer IPCE credits may also offer credits for individual professions.

IPCE credit is currently endorsed by the Federation of State Medical Boards (FSMB) and accepted by the Georgia State Board of Pharmacy. However, there is still a journey ahead of us to increase the recognition of IPCE credit. To garner broader acceptance, we need to show both that accredited providers are awarding IPCE credit and that there are benefits to learners.



The learners who participate in your education have to report to their licensing boards individually and some of those licensing boards don't yet know about IPCE credit and or do not value that IPCE credit. That's why we need to work together to build the value of IPCE credit. Our goal is for the IPCE credit to represent interprofessional CE. It's a journey."

—Kate Regnier, MA, MBA, Executive Vice President, Accreditation Council for Continuing Medical Education

IPCE Credit Mark and Statement of Credits



This activity was planned by, and for, the healthcare team, and learners will receive (#) Interprofessional Continuing Education (IPCE) credits for learning and change.

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)

Joint Accreditation with Commendation: Setting a Strategic Plan for your CE Program

Kate Regnier, MA, MBA, Executive Vice President, Accreditation Council for Continuing Medical Education, engaged participants in a conversation about the new criteria to achieve Commendation in Joint Accreditation.



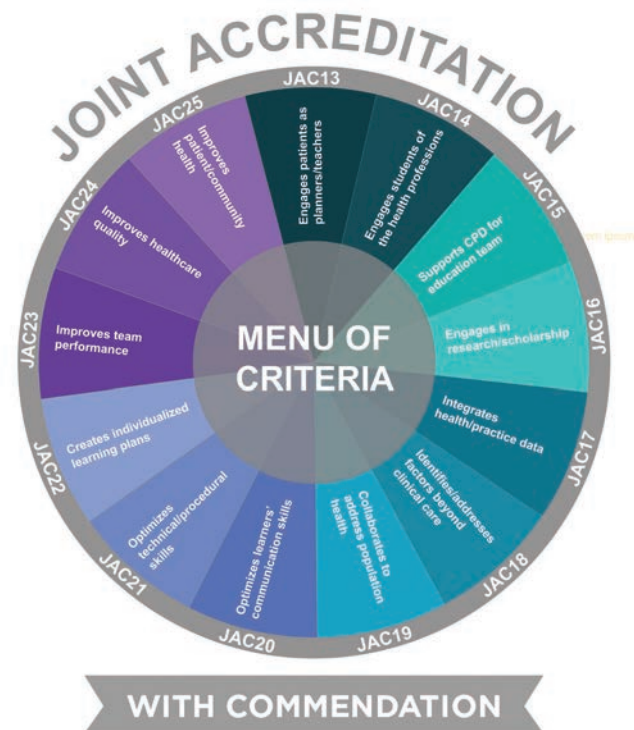
In 2019, Joint Accreditation added the option to achieve Joint Accreditation with Commendation in response to jointly accredited providers' requests to promote the value of interprofessional continuing education, encourage the continued evolution of IPCE programs, and reward providers that implement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



What to Expect When Your Team Expands!

At our leadership summits and other educational events, we have discussed the importance of expanding the Joint Accreditation team to include more health professions. In response to your requests and because of our commitment to team-based education, Joint Accreditation initiated collaborations with our colleagues at 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), and Association of Social Work Boards (ASWB).

In addition to medicine, nursing, and pharmacy, jointly accredited providers now have the option of offering accredited continuing education (CE) activities and profession-specific credit for dentists, optometrists, PAs, psychologists, and social workers. At the 2019 Joint Accreditation Leadership Summit, a panel of experts from APA, ARBO/COPE, and ASWB joined us for an informative discussion on adding additional professions to your IPCE activities.

- **Greg Neimeyer**, PhD, Director of the Office of Continuing Education and the Center for Learning and Career Development, American Psychological Association (APA)
- **Lisa Casler Haun**, LMSW, Manager of Continuing Competence and Continuing Education Services, Association of Social Work Boards (ASWB)
- **Sierra Powell**, Manager of Accreditation Services, Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE)



Number of Providers Offering Credit for Each Profession	
Profession	Number of Providers
Physicians	102
Nurses	102
Pharmacists	102
PAs	54
Social Workers	46
Psychologists	37
Optometrists	10
Dentists	6

Organizations that are jointly accredited may offer continuing education credit for physicians, nurses, and pharmacists. As a result of collaborations initiated with AAPA and ARBO/COPE in 2018, with APA and ASWB in 2019, and with ADA CERP in 2020, jointly accredited providers may also elect to offer credit for PAs, social workers, psychologists, optometrists, and dentists.

Why did you join?

Greg Neimeyer, APA: “We realized that the healthcare world is changing and most of us were trained in silos and probably all of us realized we need to have broken out of the silos long ago. At a manifest level, that was our goal. At a latent level, I think the reason we did it was because of what we’ve been doing today at this leadership summit. The experience we have working collectively and collaboratively is the reward for the effort that is taken to break through the silos to get to where we ought to.”

Sierra Powell, COPE: “Optometry is much smaller than nursing and medicine, but optometrists are still an integral part of an interprofessional team. We always want to promote the highest standards and quality in optometric continuing education and healthcare and found that JA was the way to go to obtain this. Our CE providers can now extend out and not just give CE to optometrists; they can reach a wider audience. We’ve also gained many new

CE providers that previously were unaware of how optometry plays into interprofessional education.”

Lisa Casler Haun, ASWB: “We believe that it’s always important to involve the team in care. We actually had one of our CE providers ask us if we were considering Joint Accreditation and that prompted us to take a look at it. Once we learned more, we realized what a great thing it was to be a part of and that’s why we joined. It aligns with social work values to include the entire team and consider the whole person and their environment when determining each patient’s care plan. Having the opportunity for Joint Accreditation providers to offer social work credit for their interprofessional education activities for healthcare teams was important to us because social workers are key members of many healthcare teams.”

What guidance would you offer providers about the types of activities that are relevant to your professions?

Greg Neimeyer, APA: Virtually every type of content is applicable to psychologists. Everything from social determinants of health all the way through traumatic brain injury, forensic psychology, trauma, neuro psych, and more. The only content exclusions that we have relates to therapies and interventions that have not yet accrued an empirical basis. For example, some energy therapies and alternative forms of intervention haven’t gained approval with some states and some licensing boards.

Sierra Powell, COPE: When most people hear optometry, they think eyeglasses, contacts, and visual training. But optometrists have extensive medical training. They are trained to treat and diagnose the ocular manifestations of diseases that affect your entire body.

Hypertension, glaucoma, macular degeneration, and diabetes are all topics that could be relevant to optometrists. Optometrists are able to refer patients for surgery and often are in charge of pre- and post-operative care for patients, so that is another topic area. Many optometrists can prescribe oral pharmaceuticals, so updates on pharmacology are always something they would be a target for. Education on general public health initiatives, such as the opioid crisis, is also relevant for optometrists. Furthermore, ethics training is another type of activity that optometrists would be interested in.

Lisa Casler Haun, ASWB: Social workers are involved in many different areas of healthcare, so it would be appropriate to include them in most activities. Social workers play a key role between the patient, family, and medical care team. Social workers may be engaged from referral, admission, treatment, all the way through discharge, and beyond. It important to note that many state boards of social work will not accept CE for certain topics. We have a list of unacceptable topic areas for credit on our website. Such topics include growing your practice, personal growth, and self-care, for example. Of course, these topics are important in the social work field, but they are not accepted for CE credit at this time.

What are some hot topics, professional practice gaps, or needs for your audience?

Greg Neimeyer, APA: Some needs are eternal and will never be satisfied, such as ethics. Interprofessionalism is another hot topic. Then there are the perennial standbys for us in psychology, which include diagnosis, assessment, and depression. These subjects always come up at the top of the list when we look at the predominant content areas in psychology.

Sierra Powell, COPE: Similarly, interprofessionalism is always a need for optometrists. Additional hot topics include the opioid crisis, the aging demographic, new medical devices and technologies, emergency medicine, plus many more.

Lisa Casler Haun, ASWB: Hot topics for the social work audience include interprofessionalism, multidisciplinary trainings, telemental health, and working with families/caregivers to include helping families determine ways to relieve the financial burden of long-term medical care and helping patients and caregivers learn how to more effectively communicate with their care teams.

More Professions Means More Opportunities

Through these collaborations, Joint Accreditation's goal is to increase the benefits that jointly accredited providers already receive from our unified accreditation process and to support their efforts to deliver high-quality, effective IPCE that improves team collaboration and patient care. It is our hope that Joint Accreditation continues to expand in the coming years, increasing the opportunities for jointly accredited organizations to bring professions together to learn from, about, and with each other.

Conclusion: Moving Forward Together

As we move forward together, we continue to build a community of practice to support the advancement of IPCE. We continue to initiate new collaborations and expand Joint Accreditation to include more professions, aiming to create sustainable frameworks for integrating IPCE into the continuing professional development for all professions to support the delivery of effective, safe, and compassionate care for patients and families around the world.

2020 marks the 10th anniversary of Joint Accreditation and we look forward to celebrating our community's growth and success!

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 activities in the professions of dentistry, medicine, nursing, optometry, pharmacy, psychology, and social work 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)
- Accreditation Council for Pharmacy Education (ACPE)
- American Academy of PAs (AAPA)
- American Dental Association's Continuing Education Recognition Program (ADA CERP)
- American Nurses Credentialing Center (ANCC)
- American Psychological Association (APA)
- Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE)
- Association of Social Work Boards (ASWB)

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