

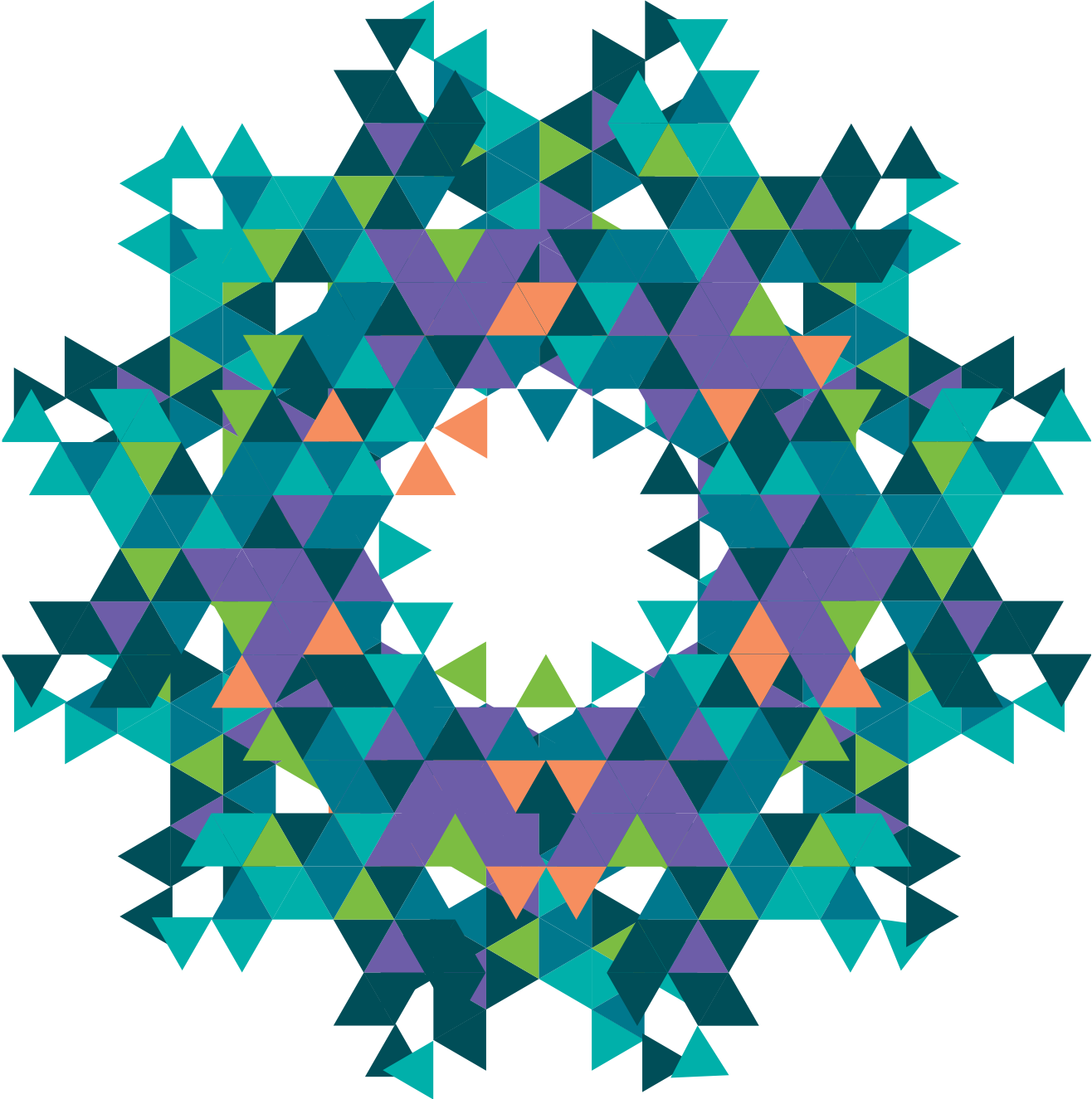


The Accreditation Council for Continuing Medical Education (ACCME®)

The Accreditation Council for Pharmacy Education (ACPE)

The American Nurses Credentialing Center (ANCC)

**JOINT ACCREDITATION™**  
INTERPROFESSIONAL CONTINUING EDUCATION



# 2024 Joint Accreditation Leadership Summit

The Kaleidoscope of Learning:  
Building Inclusive and Dynamic Teams

September 30 - October 1, 2024



JOINT ACCREDITATION™  
INTERPROFESSIONAL CONTINUING EDUCATION

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# Introduction

More than 200 interprofessional continuing education (IPCE) professionals representing over 80 jointly accredited providers joined together online for the virtual 10th Annual Joint Accreditation Leadership Summit on September 30 and October 1, 2024.

The Summit was convened by the three accreditors that cofounded Joint Accreditation: the Accreditation Council for Continuing Medical Education (ACCME®), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC). See page 20 for the complete list of collaborating organizations.

Many thanks to the members of the Planning Committee for organizing a successful conference: Dionne Brown-Bushrod, MSW, LCSW-C, Association of Social Work Boards, Jennifer Graebe, DrPH, MSN, RN, NEA-BC, FAAN, American Nurses Credentialing Center, Jack Graham, JD, Great Valley Publishing Company, Courtney Hugo, MEd, MS, Geisinger College of Health Sciences, Molly Mooney, Cleveland Clinic, Daniel Pace, CHCP, American Academy of Physician Associates, Sierra Powell, Association of Regulatory Boards of Optometry, Dion Richetti, Accreditation Council for Continuing Medical Education, Andrea Zimmerman, EdD, CHCP, HMP Education.

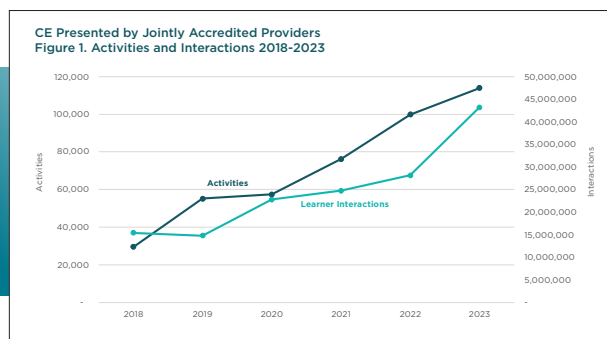
## Purpose of the Summit

The purpose of the summit is to connect jointly accredited providers as leaders of interprofessional continuing education (IPCE) to celebrate achievements and discuss strategies for best practices as we ascend towards collaborative education.

This year's theme—The Kaleidoscope of Learning: Building Inclusive and Dynamic Teams—explored strategies to elevate IPCE's impact. Our conversations centered around building inclusive and effective teams and measuring the success of educational initiatives. The program included six Innovate & Collaborate sessions planned and facilitated by our IPCE colleagues.

## Our Growing Community

Since its inception in 2010, our growing system continues to innovate and rise to meet today's challenges and demonstrates record numbers of accredited CE activities and record levels of engagement by healthcare professionals.



## Scope of Joint Accreditation in 2023

- 10 professions' accrediting bodies
- 169 accredited organizations
- Over 113,000 accredited educational activities
- 43 million learner interactions with healthcare professionals

# Keynote Presentation: Building Inclusive and Dynamic Teams



## Presenters

### Jackie Hunter, MHA, DC

Inaugural Vice President, Health Equity Strategies  
American Hospital Association's (AHA) Institute for Diversity and Health Equity



### Jennifer Graebe, DrPH, MSN, RN, NEA-BC, FAAN

Director, Nursing Continuing Professional Development & Joint Accreditation Programs  
American Nurses Credentialing Center (ANCC)



### Dion Richetti

Vice President of Accreditation and Recognition  
Accreditation Council for Continuing Medical Education (ACCME)



When we think about diversity, we tend to think automatically about race and gender. Jackie Hunter, MHA, DC, Inaugural Vice President, Health Equity Strategies, at the American Hospital Association's (AHA) [Institute for Diversity and Health Equity](#), challenges us to go beyond race and gender.

“Diversity is any dimension that can differentiate a person,” Dr. Hunter said. “And it’s not only what makes us different, but it’s also what makes us similar as well.”

Dr. Hunter presented a wheel of diversity that organizes the variety of aspects of an individual’s identity into primary, secondary, organizational and culture components.

Source: Adapted from Workforce America! by Marilyn Loden and Judy Rosener, 1991; Diverse Teams at Work, Lee Gardenswartz and Anita Rowe, 2003; and Global Diversity Puts New Spin on Lode’s Diversity Wheel by Kimberley Lou and Barbara Dean, 2010

“And these can change,” she said. “You know, your relationship status, military affiliation, geography. ... We don’t just fit in one box.”

The different elements of someone’s diversity will impact their health outcomes as well as their experience within a team. “Belonging is a feeling we all want as humans,” Dr. Hunter said. “We want to feel that we belong, that we’re part of something. And this truly impacts our health and wellbeing. We saw that during the pandemic.”

As leaders and team builders, we must cultivate awareness of our internal biases – our tendency to put a person into a single box.

“Guess what? We all have bias,” she said. “If you’re breathing today, you have bias. I have bias, and I’ve been doing this work for a long time, and sometimes that’s very uncomfortable. It doesn’t mean you’re racist, and it doesn’t mean that you are a horrible person. It means that you are breathing.”

The keys to success, Dr. Hunter added, are self-awareness, humility, openness, and commitment.

Jennifer Graebe, DrPH, MSN, RN, NEA-BC, FAAN, Director, Nursing Continuing Professional Development & Joint Accreditation Programs at the American Nurses Credentialing Center (ANCC), added: “I think it’s about appreciating the contributions and the lived experiences of other people. I believe that inclusive leaders and servant leaders are very aware of what their biases are, and they use that to navigate how they behave and how they treat other people.”

Respect for diversity and inclusion is at the heart of Joint Accreditation and interprofessional continuing education, added Dion Richetti, Vice President of Accreditation and Recognition for the Accreditation Council for Continuing Medical Education (ACCME).

“IPCE really helps foster collaboration and understanding by nature,” he said. “Whether you knew it or not, when you started down the road of becoming an IPCE provider, you had to break down stereotypes and biases, whether it’s from your faculty or from your learners around the other professions, and you have to really develop a mutual respect and understanding. It’s bringing together different groups with diverse perspectives and experiences. And we have learned with IPCE that a more diverse healthcare workforce is better equipped to meet the needs of our diverse patient population.”

# Innovate & Collaborate Sessions

These concurrent sessions were planned and presented by our educator colleagues and presented on Days 1 and 2.

## **Barriers to Collaborative Practice: Are We Moving the Needle with Continuing Education?**

### **Presenters:**

#### **Marianna Shershneva, MD, PhD, CPD**

Evaluation and Assessment Specialist, Office of Continuing Professional Development,  
University of Wisconsin School of Medicine and Public Health

#### **Barbara Anderson, MS**

Director, Office of Continuing Professional Development,  
University of Wisconsin School of Medicine and Public Health

This session addresses Joint Accreditation Criterion (JAC) 10: The provider implements strategies to remove, overcome, or address barriers to change in the skills/strategy or performance of the healthcare team.

### **Common Barriers**

- Time-related Issues
- Resistance to Change
- Working in Silos
- Systems Barriers
- Not Understanding Each Other's Roles and/or Workflows
- Professional Bias/Different Perspectives
- Communication Barriers

### **Address Barriers Through Educational Interventions**

Relevant theoretical frameworks: Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS), improvement models, interprofessional educational opportunities.

Interactive strategies: Workshops, simulations, case-based learning, team-based and project-focused interventions, train-the-trainer, multiple educational interventions, and longitudinal approaches.

Engagement strategies and supporting factors: Post-activity group discussions; long-term support groups; structured huddles; academic-practice partnership; deep dive process; snorkel approach; tools; readings. Plan for team performance evaluation.

### **Useful Resource from ACCME**

[Innovation Toolkit: Piecing Together Novel CE Planning Approaches](#)

## Elevating Organizational Excellence: Strategic Approaches to Advance JA & IPCE

### Presenters:

#### **Amanda Hall**

Department Manager IV,  
Accreditation & Operations, Cleveland Clinic

#### **Bethany Frampton**

Department Manager, Production Services,  
Cleveland Clinic

#### **Steven Kawczak, PhD**

Director, Center for Continuing Education  
and Professional Development, Cleveland Clinic

#### **Molly Mooney, CHCP**

Administrative Director,  
Center for Continuing Education, Cleveland Clinic

### **Clear Benefits of Joint Accreditation**

Organizational Improvements: Offers single accreditation for the enterprise, making it cost-effective and efficient while improving team collaboration and communication.

Increased Efficiency in Healthcare Delivery: Streamlines processes and reduces waste of time and resources.

Enhanced Team Collaboration: Improves communication among healthcare professionals, leading to better teamwork and coordination.

Improved Patient Outcomes: Enhances quality of care for patients and leads to better health results.

### **Competitive Advantage of Joint**

**Accreditation:** Differentiates the organization in the healthcare market. Availability of diverse credit attracts top talent. In-house education for a wide range of caregivers, allowing them to develop their careers. Opportunity to teach the team. IPCE enhances the organization's competitive edge, appeals to skilled professionals.

**Organizational Alignment:** Joint Accreditation is consistent with organization's mission, vision, values, and priorities.

**Stakeholder Alignment:** Joint Accreditation meets healthcare professionals' requirements, patients' needs and expectations, and leadership strategic goals; creates IT efficiencies by uniting learning management systems; and reduces costs.

**Evidence of Success:** Demonstrate success by documenting an increase in activities, participants and diversity of participants, activities focused on teamwork. Share positive feedback through learner testimonials.

**Ongoing Communication Strategy:** Tailor messages to meet the needs and expectations of key stakeholders and decision-makers. Craft clear and concise messages. Effectively communicate the value proposition. Use appropriate communication channels that reach stakeholders effectively. Build a coalition of supporters who can champion initiatives. Monitor, evaluate, and maintain communication efforts.

## Doing It Together: Innovative Practices to Integrate Clinical Librarians into the IPCE Team

### Presenters:

#### Lindsey Gillespie, MLIS

Clinical Librarian, Dignity Health

#### Michelle Lieggi, MLS, AHIP

Clinical Education Librarian,  
Dignity Health Northern California

A medical librarian is a master's degree information professional. They are experts in finding, accessing, and sharing evidence-based information. Clinical librarians support clinicians primarily in the hospital or in the healthcare setting. Clinical librarians provide direct support for incorporating best evidence into clinical practice. They conduct literature searches for patient care, policy, procedure, and practice change. They support planning and development of education activities, support identification of practice gaps, and also design, coordinate and lead IPCE.

### Purpose of literature searches

- To find evidence-based recommendations for patient care
- To find evidence-based information about implicit bias for all CE
- To identify emerging topics
- To identify any gaps that could lead to development of an IPCE activity.

## Mastering the Art of Facilitated Feedback in Evaluating Accredited Continuing Education

### Presenter:

#### Monica Bourke, MSN, RN

Director, Continuing Professional Education and Medical Library, Dignity Health

Develop new strategies to evaluate the effectiveness of teams in IPCE activities without the use of a post evaluation survey.

Use verbal feedback at the end of educational sessions. Consider giving the questions in advance and allowing learners time to prepare a response. Ask specific questions that relate to the concepts that you want learners to incorporate into their practice. Facilitate a conversation. Hearing from peers is a great way to hardwire learning, and it sparks further conversations around concepts. Capture responses in chat for virtual events.

**Sample questions:** Now that you have been participating in this conference, what have you learned over time that has helped you work more collaboratively with other interprofessional team members? What barriers are being faced by the interprofessional team when trying to implement new skills and strategies into your practice? What have you been able to do to reduce those barriers?



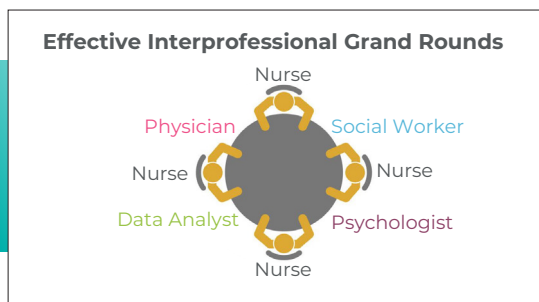
## Strengthening Teams and Reducing Harm through the Grand Rounds Model

### Presenter:

**Anna Herbert, MSN, BA, RN, NPD-BC**

Education Consultant,  
Cincinnati Children's Hospital

**Grand Rounds:** Speaker-led sessions addressing different cases or topics. A well-established regular series, i.e., weekly, monthly, quarterly, within hospitals, well-attended, often inclusive within a single profession.



**Benefits of adapting the grand rounds model or interprofessional education:** When we learn together, we see fewer drug reactions, fewer medication errors, lower incidence of morbidity and mortality, coordinated holistic care, lower costs, and reduced harm.

### 5 core elements of developing effective grand rounds

1. Create a core planning team who values IPCE.
2. Leveraging technology to streamline input and planning.
3. Use standard templates for consistent communication.
4. Conduct a presenter meeting in advance to confirm that the presentation addresses interprofessional needs.
5. Evaluation

## Transforming the CE Planning Processes: Empowering CPD Consultants to Coach Healthcare Providers on Education Best Practices

### Presenters:

**Kerri Maya, PhD(c), MSL, RN, NPD-BCM**

Director, Sutter Health's Continuing Professional Development

**Nirupa Chakravarthi, MPH**

Manager, Sutter Health's Continuing Professional Development

**Our goal:** To empower our CPD consultants to become confident subject matter experts on healthcare education best practices capable of coaching clinical planning teams. We used quality improvement strategies to improve the utilization of healthcare education best practices in Continuing Professional Development (CPD). CPD Journal Clubs and ACCME educator resources supported improved confidence in team competencies and empowered CPD consultants as experts capable of coaching clinicians and education.

### Tools

Self-Assessment: All team members received an Individualized Learning Plan.

Learning From, With & About Those We Support: Health Impact's Clinical Faculty & Educator Certificate Series

Application to Practice: Team Teach-Backs

Experiential Learning: A CPD "Bootcamp" inspired by ACCME's CE Educator's Toolkit Companion Course

Growth Mindset: Initiated a CPD Journal Club

### Key Takeaways

- Confidence in one's competencies is key!
- Non-clinical CPD consultants can become content development role models for clinical teams.
- Viewing continuing professional development through the lens of implementation science can be helpful.

# Value in Joint Accreditation's Interprofessional Diversity

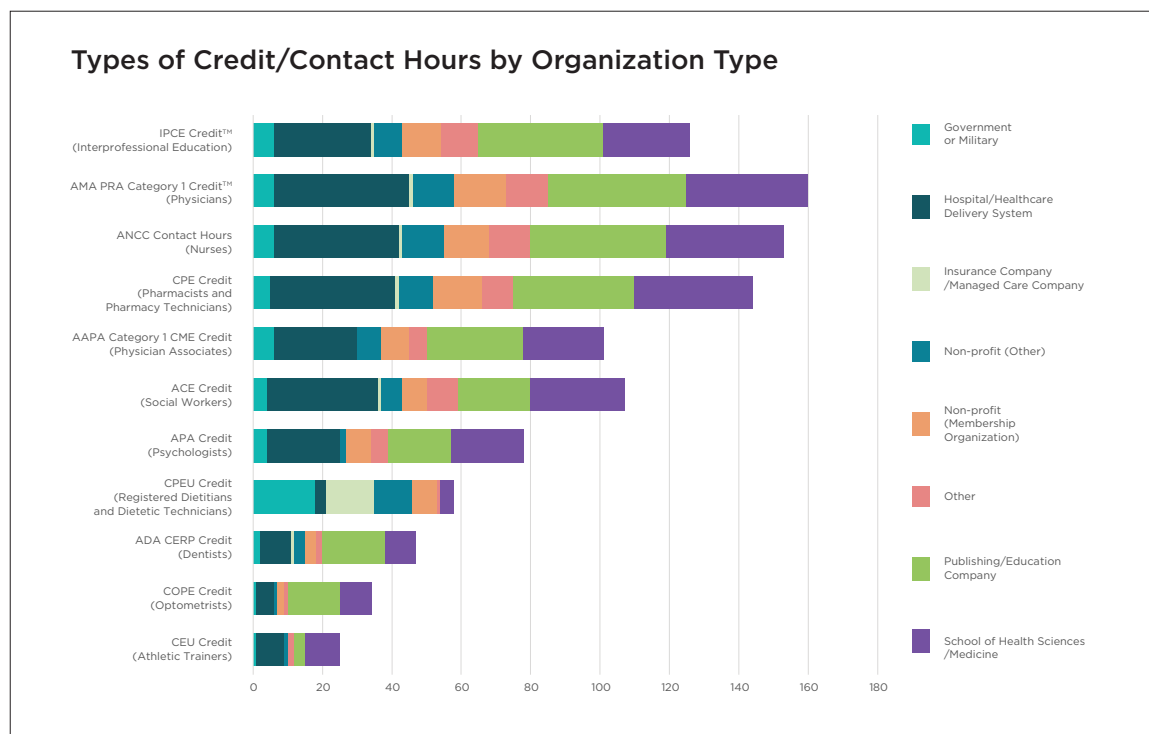
During the opening session of Day 2, attendees had an opportunity to meet representatives of the [Collaborating Accreditors](#) of Joint Accreditation, who discussed the value and diversity that IPCE can offer. Attendees were encouraged to reflect on what professions are represented in their organizations' care teams and IPCE team, and whether there is room at the table to include other professions in their educational efforts.

All jointly accredited organizations may offer the following credits:

- AMA PRA Category 1 Credit™
- ANCC Credit
- ACPE Credit
- IPCE Credit™

Each year, providers can opt in to award these additional health profession credit types:

- AAPA Category 1 CME Credit
- COPE Credit
- ASWB ACE CEUs
- APA Credit
- ADA CERP Credit
- CDR CPEU Credit
- BOC CEU Credit



## Presenters:

### Association of Regulatory Boards of Optometry Council on Optometric Practitioner Education (ARBO/COPE)

#### Sierra Powell

Manager of Accreditation Services

“Optometry is much more than eyeglasses and contact lenses. The scope of practice for optometrists is changing a lot. Optometrists are co-managing a lot of areas like diabetes, autoimmune disorders, and rheumatological conditions, so optometrists are really becoming more part of the healthcare team, especially in military and government organizations.”

### American Academy of Physician Associates (AAPA)

#### Daniel Pace, CHCP

Chief Strategy Officer and Vice President, Education and Research

“Interprofessional collaborative practice is core to the DNA of the PA profession. The profession was originally created to collaborate with physicians to help address some of the physician workforce shortages back in the 1960s. Currently there are over 178,000 PAs across all medical and surgical specialties in all 50 States. PAs are collaborating with all the other professions within Joint Accreditation.”

### American Dental Association Continuing Education Provider Recognition (ADA CERP)

#### Kelli Cousins, MFA, CAPM

Manager, Commission for Continuing Education Provider Recognition

“Participating as an associate member accreditor of Joint Accreditation helps provide opportunities for healthcare teams to learn more about how oral health relates to a number of disease states, and how to plan and coordinate care. It can encourage dental providers to improve overall health outcomes through collaboration with other healthcare professions. For example, there’s a strong correlation between periodontal disease and cardiovascular disease, diabetes, chronic obstructive pulmonary disease (COPD), and adverse pregnancy outcomes. This represents opportunities for collaborative education regarding preventive care and treatment.”

### American Psychological Association (APA)

#### Greg Neimeyer, PhD

Senior Director, Office of Continuing Education in Psychology

“About 45% of psychologists are in independent practice, which means they don’t have institutional support for continuing education and lifelong learning. So, they’re thirsty and eager for knowledge because they don’t have in-service trainings that you might have in a broader institutional context.”

## **Association of Social Work Boards (ASWB)**

### **Dionne Brown-Bushrod, MSW, LCSW-C**

Director of Education Programs

“Very often in healthcare, social workers are touching every aspect of patients’ lives and the lives of their families, friends, and workplaces. We’re there from intake to discharge to follow up. After medical teams have completed their services, social workers are still there. Team-based education is important, because social workers often help, deter, or reduce excessive burden on our healthcare system.”

## **Board of Certification for the Athletic Trainer (BOC)**

### **Heather Collins, MLS**

Director of Continuing Professional Development

“Athletic trainers are credentialed healthcare professionals whose skill set focuses on emergency care: clinical diagnosis, injury, prevention, and rehabilitation. We emphasize learning with and about other professions, because athletic training is highly interrelated with emergency services as well as all healthcare providers that are part of helping persons return to activity or participate in physical activity.”

## **Commission on Dietetic Registration**

### **Samantha Love, MS, RD**

Director, Recertification and Compliance

“The Commission values IPCE as essential for dietitians and dietetic technicians to effectively collaborate with diverse healthcare professionals and enhance patient care. Registered dietitians and dietetics technicians frequently collaborate with optometrists when working with patients that have diabetes. They collaborate with social workers, psychologists, dentists, physicians, nurses, and physician assistants when working with patients that have eating disorders and those struggling with mental health and addictions. Dietitians are required to collaborate with pharmacists and physicians when working with nutrition support patients. And many times, we see them collaborating with athletic trainers in the sports and human performance arenas.”

For more information about awarding IPCE credit and credit for collaborating accreditors, visit: [Credit Requirements & IPCE Credit Mark | Joint Accreditation](#)

# Leveraging Emerging Technology in IPCE

## Artificial Intelligence: JA Practical Applications

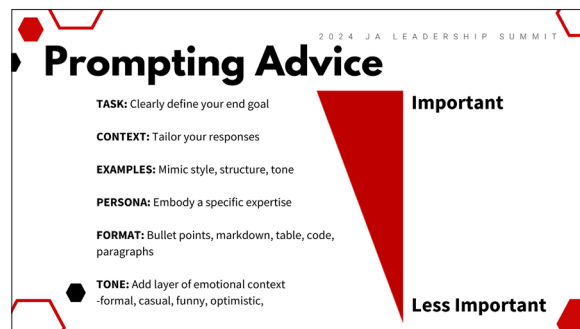


### Presenter

**Kurt Snyder, JD, MBA IT**

Executive Director of CME, Stanford University School of Medicine

“If you haven’t used AI, I encourage you to start using it.”



This presentation included guidance on how to prompt AI for different purposes.

### Prompting Frameworks

**RTF (Role, Task, Format):** Tell the AI system who you are, what you want it to do, and in what format you want the result. Be conversational.

**Chain of Thought:** Encourage the AI to provide step-by-step reasoning to handle complex tasks, ensuring that each part of the problem is addressed in sequence.

**RISEN (Role, Instructions, Steps, End goal, Narrowing):** Useful for complex or multi-part prompts, this method structures the task clearly, focusing on the process and narrowing the scope when needed. For example, “Act like a CME Marketing Professional. Develop a detailed timeline to launch an online CME course on breast cancer, with the end goal of launching by December. Focus on key tasks such as content development, marketing strategies, audience targeting, regulatory compliance, and post-launch engagement. Narrow the focus to digital marketing techniques such as email campaigns, social media promotion, and partnerships with relevant medical organizations that have no hard costs.”

**RODES (Role, Objective, Details, Examples, Sense Check):** Ideal when you need specific examples and a check for clarity or logic at the end.

**Chain of Density:** This is when you ask in-depth questions. For example, “Act like a CME Planner. Create a CME course outline on AI in healthcare. Then, improve it by focusing on interactivity for learners. Repeat until it’s well-rounded and ready for accreditation.”

# Celebrating Joint Accreditation's Growth, Trajectory, and Future Goals



## Presenters

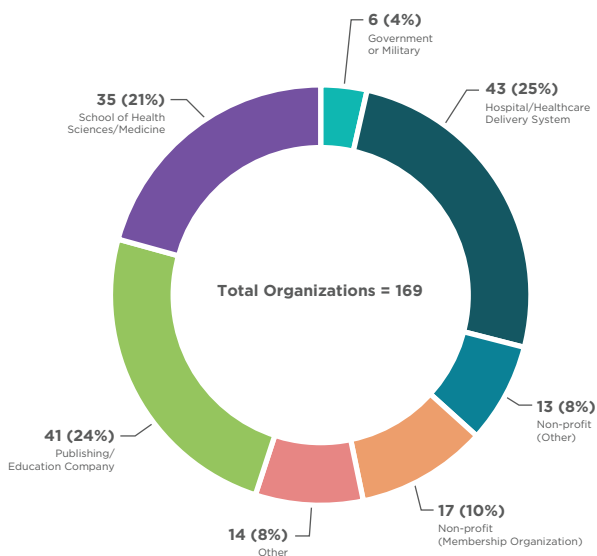
**Kate Regnier, MA, MBA**  
Executive Vice President,  
ACCME



**Ellen Sullivan, MS, MSJ**  
Vice President,  
Communications, ACCME



## Key Findings from the [2023 Joint Accreditation Data Report](#)



The 2023 data report paints a picture of a growing system, one that continues to innovate and rise to meet today's challenges and demonstrates record numbers of CE activities and record levels of engagement by healthcare professionals.

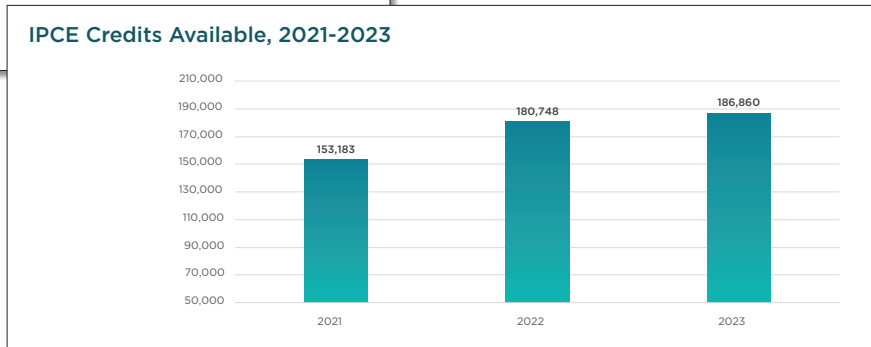
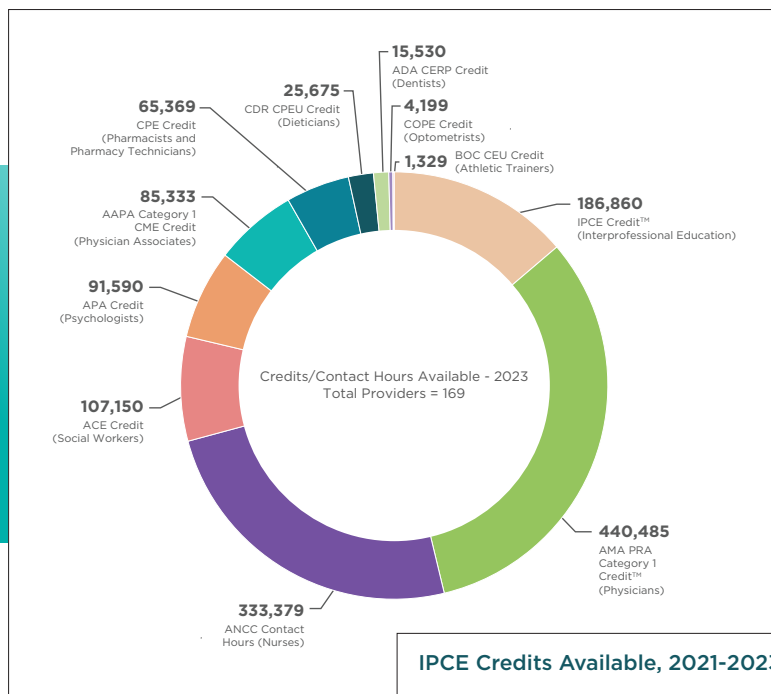
- 169 jointly accredited providers from 42 states and 4 countries
- 20 to 25 new providers each year
- High retention: Loss of about 1-2 providers each year mostly due to mergers

## Diversity in the Size and Scope of CE Programs

Organization Type	Count of Organizations	Activities		Learner Interactions	
		Total	Average	Total	Average
Hospital/Healthcare Delivery System	43	21,502	500	2,276,819	52,949
Publishing/Education Company	41	36,610	893	28,946,247	706,006
School of Health Sciences/Medicine	35	18,813	538	2,410,869	68,882
Non-profit (Membership Organization)	17	4,208	248	2,000,433	117,673
Not Classified	14	2,093	150	704,714	50,337
Non-profit (Other)	13	2,647	204	3,071,111	236,239
Government or Military	6	28,061	4,677	3,785,342	630,890
<b>Grand Total</b>	<b>169</b>	<b>113,934</b>	<b>674</b>	<b>43,195,535</b>	<b>255,595</b>


## Number of credits/contact hours available in 2023

- IPCE credits: 186,000+



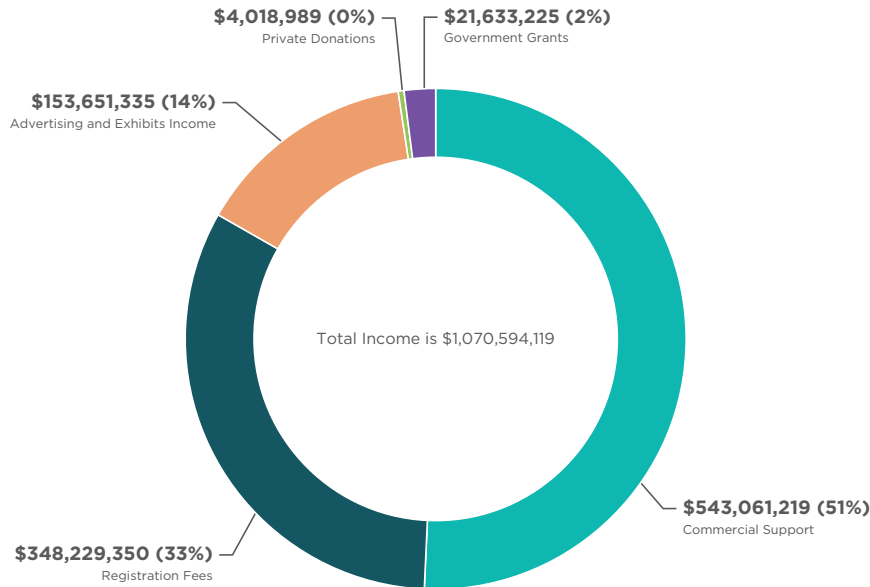
Total Learner Interactions: 40 million+

**Table 4. Learner Interactions by Profession and Activity Type<sup>1</sup>—2023**  
 Total Organizations = 169



Activity Type	Nurse interactions <sup>3</sup>	Physician interactions <sup>3</sup>	Pharmacist interactions <sup>3</sup>	Pharmacy Technician interactions <sup>3</sup>	Social Worker interactions <sup>3</sup>	Physician Assistant interactions <sup>3</sup>	Psychologist interactions <sup>3</sup>	Registered Dietitians <sup>3</sup>	Dentist interactions <sup>3</sup>	Dietetic Technicians interactions <sup>3</sup>	Optometrist interactions <sup>3</sup>	Allied Dental Staff interactions <sup>3</sup>	Athletic Trainer interactions <sup>3</sup>	Other learner interactions <sup>3</sup>	Total learner interactions <sup>3</sup>
Directly provided <sup>2</sup>	566,405	336,788	250,160	52,916	118,420	32,602	39,817	34,760	7,333	317	5,896	4,067	525	584,465	2,030,431
Enduring Material	15,624,385	7,554,276	3,443,170	1,771,821	694,706	821,025	132,677	115,029	38,771	949	26,471	20,581	2,046	5,149,040	35,394,947
Regularly Scheduled Series	464,217	1,504,589	91,902	2,890	47,391	85,938	26,386	2,769	3,254	61	1,816	468	1,660	359,659	2,593,000
Other/Blended Learning	11,805	11,904	1,100	16	2,245	1,205	220	929	21	-	4	1	4	11,291	40,745
Journal CME/CE	27,001	39,032	2,777	12	269	6,622	12	1,397	9	-	1	4	1	8,734	85,671
Performance/Quality Improvement	1,027	2,204	29	-	10	66	6	2	-	-	-	-	-	229	3,573
Test-Item Writing	75	526	1	-	-	-	-	-	-	-	-	-	-	3	605
Committee Learning	14	1	-	1	-	-	-	-	-	-	-	-	-	30	46
Learning from Teaching	34	211	3	-	1	6	1	-	2	-	-	-	-	5	263
Manuscript Review	14	15,428	9	-	-	-	-	-	-	-	-	-	-	359	15,810
Internet Searching and Learning	1	7	-	-	-	-	-	-	-	-	1	-	-	3	12
<b>Total</b>	<b>16,694,978</b>	<b>9,464,966</b>	<b>3,789,151</b>	<b>1,827,656</b>	<b>860,042</b>	<b>947,464</b>	<b>198,119</b>	<b>154,886</b>	<b>49,390</b>	<b>1,327</b>	<b>34,149</b>	<b>25,121</b>	<b>4,236</b>	<b>6,113,818</b>	<b>40,165,303</b>

Total income reported: \$1 billion





## Joint Accreditation's New Strategic Plan (2024-2028)

Joint Accreditation presented its Strategic Plan for 2024-2028. The plan was developed with input from all 10 collaborating accreditors as well as the jointly accredited providers. We welcome your on how the plan may grow and evolve.



JOINT ACCREDITATION™  
INTERPROFESSIONAL CONTINUING EDUCATION

# Joint Accreditation for Interprofessional Continuing Education™ Strategic Plan

ONE VISION, ONE MISSION: BY THE TEAM, FOR THE TEAM

To reflect the continued commitment to Joint Accreditation™, the following vision and mission were crafted to guide the program for the next four years.

 **VISION**

Advancing interprofessional continuing education (IPCE) for all members of the health care team.

 **MISSION**

Joint Accreditation for Interprofessional Continuing Education™ is committed to advancing team-based learning to empower collaborative practice and elevate the standard of patient care.

### 2024 - 2028 Strategic Goals

The Joint Accreditation Strategic Plan represents priorities and areas of focus in support of providers' IPCE and interprofessional learners within health professions.

-  1. Advance effective, accredited, team-based education that improves patient care.
-  2. Promote Joint Accreditation as a strategic resource for all health professions' CE accreditors, health care institutions, health professionals, teams, and patients.
-  3. Foster inclusive principles in the learning environment that will address health care disparities and create more diverse, equitable, and accessible learning.
-  4. Grow the IPCE community of practice to support effective education, scholarship, and research.
-  5. Expand the utilization of the IPCE Credit™ by licensure and regulatory agencies, certification and credentialing bodies, and employers.

9/10/2024 | 1

## IPCE Delivers Campaign

IPCE Delivers is a campaign to communicate the value of your team's work and the critical difference interprofessional continuing education (IPCE) can make for healthcare organizations. The campaign provides a common set of evidence-based messages so we can tell the story: organizations offering IPCE can become a force for change and innovation, improving outcomes for everyone.

Go to <https://jointaccreditation.org/joint-accreditation/ipce-delivers> for a toolkit, including a one-pager and social media graphics, and start telling your story today!



# IPCE Delivers

[jointaccreditation.org/IPCEdelivers](https://jointaccreditation.org/IPCEdelivers)

### Improving Health Outcomes through Interprofessional Continuing Education

Interprofessional continuing education (IPCE) has the power to transform our healthcare system. IPCE occurs when members from two or more professions learn with, from, and about each other to enable collaboration and improve health outcomes. Learning together, these teams become a force for change and innovation, improving outcomes for everyone.

**IPCE helps organizations:**

- Improve patient care.** IPCE has been shown to improve the coordination of care, resulting in improved mortality rates and reduced patient length of stay.<sup>1,2</sup>
- Retain valued team members.** IPCE creates greater job satisfaction through a culture of mutual respect and support. Team members who learn from each other also care for each other, reducing burdens that might otherwise impede effective patient care.
- Deliver cost-effective care.** Interprofessional teams create greater efficiencies for their organizations. They maximize shared resources, reduce redundancies, and work more effectively together to solve complex problems.<sup>3</sup>
- Increase their visibility.** Organizations offering IPCE can engage more healthcare professionals.<sup>4</sup> On average, organizations see an 80% increase in IPCE activities two years after achieving Joint Accreditation for Interprofessional Continuing Education.<sup>TM</sup>
- Lead strategically.** Health systems that invest in interprofessional collaboration are more resilient and better equipped to act effectively in times of crisis.<sup>5</sup>

IPCE is continuing education that is for the team and by the team. It motivates healthcare professionals to learn and work together in a way that encourages growth and widespread change.

Engagement with IPCE is at an all-time high with over 113,000 accredited educational activities and 43 million learner interactions reported in 2023.<sup>6</sup> Healthcare professionals know from experience the joy and satisfaction that comes from learning and working together as a team and having the right tools to more effectively improve the health and safety of patients.

 **JOINT ACCREDITATION**  
INTERPROFESSIONAL CONTINUING EDUCATION  
1051\_20240930\_IPCE Delivers



- Lead Strategically**
- Improve Patient Care**
- Increase Your Visibility**
- Retain Valued Team Members**
- Deliver Cost-Effective Care**

# Turning Insights into Action: Strategic Planning for Inclusive & Dynamic Teams

## Presenters

### Dion Richetti

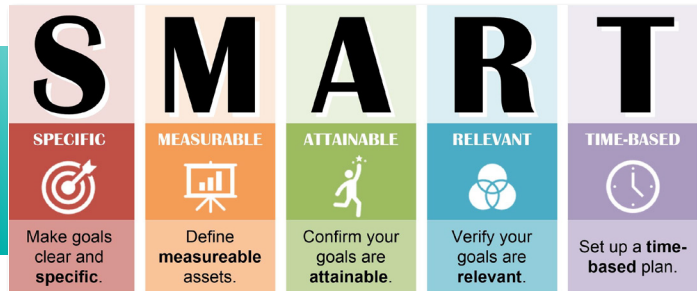
Vice President of Accreditation and Recognition, ACCME

### Molly Mooney

Administrative Director, Center for Continuing Education, Cleveland Clinic

In the closing session of the Leadership Summit, participants collaborated to develop S.M.A.R.T. goals for their individual professional development, organizational education initiatives, and the advancement of Joint Accreditation as a whole.

As a first step, reflect on and share at least one strategy, mechanism, idea, process, or tool that was new to you during the summit. Next, consider those new concepts and think about one goal you could put in place, following the parameters of SMART goals.



Then answer questions from page 152 in the [CE Educator's Toolkit](#) to put a personal action plan into effect.

# 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 athletic trainers, dentists, dietitians, nurses, optometrists, PAs (physician associates/physician assistants), pharmacists, physicians, psychologists, and social workers 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 Nurses Credentialing Center (ANCC)\*
- American Academy of Physician Associates (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)

\*Co-founder

We welcome engagement from other health professions to join our Joint Accreditation collaboration. For more information, visit [www.jointaccreditation.org](http://www.jointaccreditation.org).



JOINT ACCREDITATION™  
INTERPROFESSIONAL CONTINUING EDUCATION

Joint Accreditation for Interprofessional Continuing Education™

Advancing Healthcare Education by the Team for the Team

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