



# Introducing 'IPT-CPD':

## Continuing Professional Development for Interprofessional Audiences with a Shared Clinical Interest

Smith, K.M.<sup>1</sup>, Naumann, D.N.<sup>2</sup>, Donnelly, C.<sup>2</sup>, Dalgarno, N.<sup>3</sup>, & McDiarmid, L.<sup>1</sup>

<sup>1</sup>Office of Continuing Professional Development, Queen's University, Kingston, ON, Canada. <sup>2</sup>School of Rehabilitation Therapy, Queen's University, Kingston, ON, Canada. <sup>3</sup>Faculty of Education, Queen's University, Kingston, ON, Canada..

### Project Overview & Rationale:

#### We know that...

- Interprofessional (IP) models for patient-centred healthcare provision are best practice
- Because collaborative practice positively impacts health outcomes
- Therefore, there is an increased emphasis on IP team-based healthcare (Zwarenstein, Goldman & Reeve, 2009; Pecukonis, Doyal & Bliss, 2008; Reeves, Zwarenstein, Goldman, Barr, Freeth, Hammick & Koppel, 2009).

#### In Ontario, delivery of IP primary care is the recommended cornerstone of health care system (Drummond, 2012)

- IP in healthcare → CPD providers targeting IP audience (Mazmanian, 2009).
- IP education is an essential component of CHE (Hall & Weaver, 2001; Hertwig et al., 2011; Lowin et al., 2011; Reeves, 2009)
- Limitations accessing CPD outside of major urban centres
- Further (regarding these centres): Rural physicians are restricted in referral options, need more CPD in speciality areas

#### However, persistent profession-specific "silos" are a barrier to engagement in CPD outside of established sources

- Professional silos limit engagement in team-based CPD that focuses on addressing the shared clinical learning needs of an IP audience. (Hall, 2005)

#### In order to overcome these barriers and support IP delivery, we propose offering a Interprofessional Team-based Continuing Professional Development curriculum

### What is IPT-CPD?

Interprofessional Team-Based Continuing Professional Development (IPT-CPD) is **functional** continuing education that is designed to address the **clinical learning needs** of a **multi-disciplinary** audience of healthcare professionals who provide care for **specialized clinical areas**.

#### IPT-CPD ≠ IPE

- IPT-CPD is grounded in enhancing shared CanMEDS roles and competencies in common clinical CHE interests.
- IPT-CPD strengthens the clinical impact of CPD
  - Mirroring the team environment that naturally provides clinical interventions across the continuum of care
  - Reinforcing IPE competencies naturally and breaking down professional/educational silos
  - Providing local CPD opportunities in speciality areas that would not otherwise be represented in the curriculum
  - Forming new IP links in shared clinical areas
  - Enhancing shared roles and competencies in clinical areas by indirectly learning about and from one another while learning together

#### Phase 1: Environmental Scan

- Surveyed Live CPD opportunities between Sept 2014 & Sept 2015 in Ontario
  - ✓ specialist physicians, family physicians, nurse practitioners, nurses, occupational therapists, physiotherapists and pharmacists

Table 1: Common Clinical Areas for naturally-occurring IP CHE

Common Clinical Theme	# Opportunities
Womens Health	41
Mental Health, Suicide, Trauma	40
Pediatrics	33
Gerontology/Aging	21
Ortho/MSK/Sports Med.	21
Neuro (Stroke/TBI/Neuro Rehab)	20
Cardio-Pulmonary	20
Oncology	19
Radiology/Imaging/Ultrasound	17
Professionalism/QI	15
Diabetes & Obesity	13
General Primary Care for Family Health Teams	10

#### Phase 2: Focus Groups of Key Informants

- 4 Focus discussion groups conducted, in order to discuss barriers to IPT-CPD, expectations for CHE, shared roles and competencies, unique expectations, successes, and opportunities for collaboration.
- Participants were key opinion leaders from:
  - ✓ Royal College of Physicians and Surgeons
  - ✓ College of Family Physicians of Canada
  - ✓ College of Occupational Therapists of Ontario
  - ✓ Ontario Society of Occupational Therapists
  - ✓ Canadian Physiotherapy Association
  - ✓ College of Physiotherapists of Ontario
  - ✓ Canadian Pharmacists Association
  - ✓ Ontario College of Psychologists
  - ✓ Ontario College of Nurses
  - ✓ Queen's University Department Head (Nursing)
  - ✓ Office of Interprofessional Education and Practice

Table 4: Key recommendations for an IPT-CPD curriculum

Key Recommendations for IPT-CPD
Work in collaboration with key CPD representatives of the target populations
Target clinical learning needs with learning objectives, and embed IP competencies
Provide breakout sessions during the event where professions can address profession-specific competencies, as well as collaborative sessions for all professions
Represent each target profession on the planning committees for CPD
Conduct needs assessments for all target professions, and not just the host profession
Provide opportunities for professions to network and define roles, and to inform referrals
Represent the patient voice within the IPT-CHE opportunity
Develop an outline of accreditation requirements for professions
Work with accrediting bodies to ensure smooth accreditation processes for participants
Provide a sliding scale for cost associated with professions

### IPT-CHE Curriculum Development: Research Method

- Step 1: Environmental Scan of CHE/CPD in Ontario**
  - Includes all health care professions
  - Identify emergent themes (key IPT-CPD content areas)
- Step 2: Focus Groups with Key Opinion Leaders**
  - Identify key content areas for IPT-CPD and links to 2015 CanMED roles
  - Develop matrix that connects CanMED roles, key content areas and life-long learning health care professions
- Step 3: IPT-CPD Curriculum Development**
  - Based on CanMed roles, key content areas (themes), and professions involved in IPT-CPD
  - Construct a checklist of IPT-CPD topics with learning outcomes

Figure 1: Sample Distribution in Ontario



Table 2: Professions Learning Together

Clinical Theme	Professions Targeted
Oncology	All professions Plus: social work, spiritual care, support personnel
Women's Health	Physio, OT, Nurse, NP, Primary Care, specialist, Nursing, OT, FP, Midwives, social work, chiropractors
Ortho/MSK	Physio, OT, primary care, specialists (ortho, hospitals), FP, Plus: support personnel, BMT, chiropractor, support personnel
Addictions	OT, physio, primary care, FP, psychology, specialists (psychiatrists), support personnel
Mental Health	FP, NP, primary care, specialist (psychiatrists), psychology
Palliative Care	Primary care, FP, nursing, OT, Physio, specialist, community members
Pediatrics	Specialist (Pediatricians, psychiatrists, radiologists), OT, Psychology, Physio, FP, primary care, nursing, NP
Senior's Wellness	Specialists (Geriatricians, hospitalists), FP, primary care, nursing, OT, Physio, Pharma, NP Plus: spiritual care, social work
Cardiology	Specialists (hospitalists, cardiologists), nursing, FP, primary care, NP
Diabetes	FP, NP, nursing, PT, OT, dieticians, pharmacy, specialists
Pain	All professions
Dermatology	FP, nursing, primary care, OT, Physio, specialist (Dermatologists), NP

Table 3: Barriers to IPT-CPD

Identified Barriers to IPT-CPD
Attitude/Bias against IP competencies (clinical competencies hold greater motivation)
Business model of some associations/societies promoting profession-specific CPD
Cost of some CPD (i.e. higher cost of physician-sponsored CPD)
Conflicting schedules (i.e. hospital-based CPD often conflicts with clinical rounds)
Uncertainty and responsibility regarding accredited programming for other professions

#### Key References:

Frank, L., Chen, L., Bhatta, Z., A., Cohen, J., Chiu, N., Evans, T., ... & Zurayk, H. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*, 376(9726), 1123-1156.

Reeves, S. (2009). An overview of continuing interprofessional education. *Journal of Continuing Education in the Health Professions*, 29(3), 142-146.

Donnelly, C., Brecheen, C., Crawford, C., & Kelly, L. (2012). The integration of occupational therapy into primary care: a multiple case study. *Design, BMC Family practice*, 14(1), 66.

Kennedy, J. M., Valeri, R., Zilli, S. M., & Washburn, R. (2014). How do physicians and trainees experience outcome-based education in BMC research notes, 7(1), 944.

Falls, K., & Moseley, C. (2014). Interprofessional Simulation: A Concept Analysis. *Clinical Simulation in Nursing*, 10(1), 374-380.

Hall, P. (2005). Interprofessional teamwork: Professional culture as barrier. *Journal of interprofessional care*, 19(5), 388-396.

Hall, P., & Weaver, L. (2001). Interdisciplinary education and teamwork: A long and winding road. *Medical education*, 35(5), 667-675.

Hall, P., Weaver, L., & Corbett, P. A. (2013). Historical, relationships and interprofessionalism: Learning to work. *Journal of interprofessional care*, 27(1), 73-80.

Ho, K., Joo, S., Schilling, S., Boudreau, F., Frank, P., Handfield Jones, K., & Boudreau, M. (2009). Making interprofessional education work: The strategic roles of the academy. *Academic Medicine*, 84(10), 916-918.

Kennedy, J.M., Fisher, J., Simpson, L., Echebel, K., Reeves, S., & Silver, L. (2013). Positioning continuing education: boundaries and intersections between the domain continuing education, knowledge translation, patient safety and quality improvement. *Advances in Health Sciences Education*, 18(1), 141-156.

Kohn, S., Goldstein, L., Schmitt, M., & Olson, C. A. (2014). Examining the intersection between continuing education, interprofessional education and workplace learning. *Journal of interprofessional care*, 28(1), 181-185.

Low, B. A., Kozlowski, J., Biber, C., Little, D. M., Kelly, C., Berger, R., & Lub, A. (2013). Continuing professional development for interprofessional teams supporting patients in healthcare decision making. *Journal of interprofessional care*, 27(6), 611-616.

Mazmanian, P. E. (2009). Continuing medical education: costs and benefits: Lessons for competing in a changing health care economy. *Journal of Continuing Education in the Health Professions*, 29(3), 133-134.

McDiarmid, L., Saxe-Watshwate, M., Alward, D., Cross, D., Boyd, L., Mannes, K., Hill, Y., Ross, C., ... Woodman, M. (2009). Interprofessional Education Curricula Models for Health Care Providers in Ontario: Scoping Review of Best Registration, Continuing Education & Post-Graduate Literature on Curricula for Interprofessional Education. Retrieved from <https://www.healthcarequality.ca/Files/Files/HealthcareQualityResearch/continuing%20review%20interprofessional%20education%202009%20en.pdf>

Owen, J. A., & Schreier, M. H. (2012). Integrating interprofessional education into continuing education: a planning process for continuing interprofessional education programs. *Journal of Continuing Education in the Health Professions*, 32(2), 109-117.

Owen, J. A., Reardon, V. L., Littlewood, E. E., Wright, E., Childress, R. M., & Thomas, S. (2014). Designing and evaluating an effective theory-based continuing interprofessional education program to improve acute care by enhancing health care team collaboration. *Journal of interprofessional care*, 28(3), 212-217.

Peckham, G., Dwyer, G., & Biles, L. L. (2008). Reducing barriers to interprofessional learning: Promoting interprofessional cultural competence. *Journal of interprofessional care*, 22(4), 417-426.

Porter, A., Cohen, D., & Shauer, C. L. (2014). Simulation Based Interprofessional Education Guided by Kolb's Experiential Learning Theory. *Journal of Simulation in Nursing*, 10(3), 424-427.

Reeves, S. (2009). An overview of continuing interprofessional education. *Journal of Continuing Education in the Health Professions*, 29(3), 142-146.

Reeves, S., Goldman, L., Burton, A., & Sorrauld-Gilbert, B. (2010). Synthesis of systematic review evidence on interprofessional education. *Journal of Allied Health*, 39(Supplement 1), 196-201.

Reeves, S., Govereaux, M., Goldman, L., Barr, J., Freeth, G., Hamrick, M., & Koppel, S. (2009). Interprofessional education: effects on professional practice and health care outcomes. *Cochrane Database Systematic Reviews*, 1.

Sergiovanni, L. (2009). Theories to aid understanding and implementation of interprofessional education. *Journal of Continuing Education in the Health Professions*, 29(3), 170-184.

Thompson, J., & Norris, M. (2010). Learning outcomes for interprofessional education (IPE): Literature review and synthesis. *Journal of interprofessional care*, 24(5), 503-513.

Ullrich, J., Mann, K., Biss, C., & Ong, C. M. S. (1997). *Utility of Continuing Interprofessional Education in CME*. Retrieved from <http://www.cme.com>

Zwarenstein, M., Goldman, L., & Reeves, S. (2009). Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes. *Cochrane Database Systematic Reviews*, 1.

Participate in the Discussion!

Danielle Naumann  
dnn@queensu.ca

CPD Office  
cpd.che@queensu.ca

Dr. Karen Smith (PI)  
k.smith@queensu.ca