This Tent Can Get Bigger: Enlarging the Scope of Continuing Education at an Academic Medical Center

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PROBLEM STATEMENT

In spite of Winthrop's identity as an Academic Medical Center since 2011, continuing education for clinicians has been provided in different departmental silos, if at all. There was little inclusion of non-physicians in planning committees or audiences of CE activities, resulting in an alienation of some licensed clinicians, leading our Medical Staff Organization's CME Governance committee formally to vote in April 2014 to enlarge the mission of CME, program to include Interprofessional clinical education(IPE) outside of Nursing.

These clinical professions included Social Workers, Occupational Therapists, Athletic Trainers, Sonographers, Radiation Technologists, Certified Diabetes Educators and Dietitians. At roughly the same time as the enlarging of the IPE mission, the hospital's CME governance committee voted to enlarge the scope of service for physicians to include MOC Part IV activities under the ABMS Multispecialty Portfolio Program, as well as MOC for ABIM, ABP, and ABA.

APPROACH USED – INTERVENTION/INNOVATION

Over the course of four years, planning committees for CME and CE activities were tasked to answer the question: "Who else can benefit from this topic? Who else can inform this topic, and how does their perspective differ?"

This resulted in gradual enlargement in planning committees AND topics of our recurring annual symposia, such as Breast Cancer (adding Social Workers, Nurse Navigators, Physical Therapists). Once the target professions were included in planning, interest in accreditation of activities for that profession logically ensued, such as Diabetes Certification Prep Course (adding Dietitians, MCHES credentials, CDE credits).

In some cases, we made formal outreach to leaders in targeted clinical professions in order to accomplish lasting recognition of our institution as a provider of CE (as in the case of Social Worker CE recognitions by the state of New York, and Athletic Trainer CE recognition by the ATCBOC).

RESEARCH QUESTION

What is the effect on learner participation and on activity instructional hours produced, of changing the mission of a physician-focused CME office formally to include interprofessional (IPE) learners as a constituency?

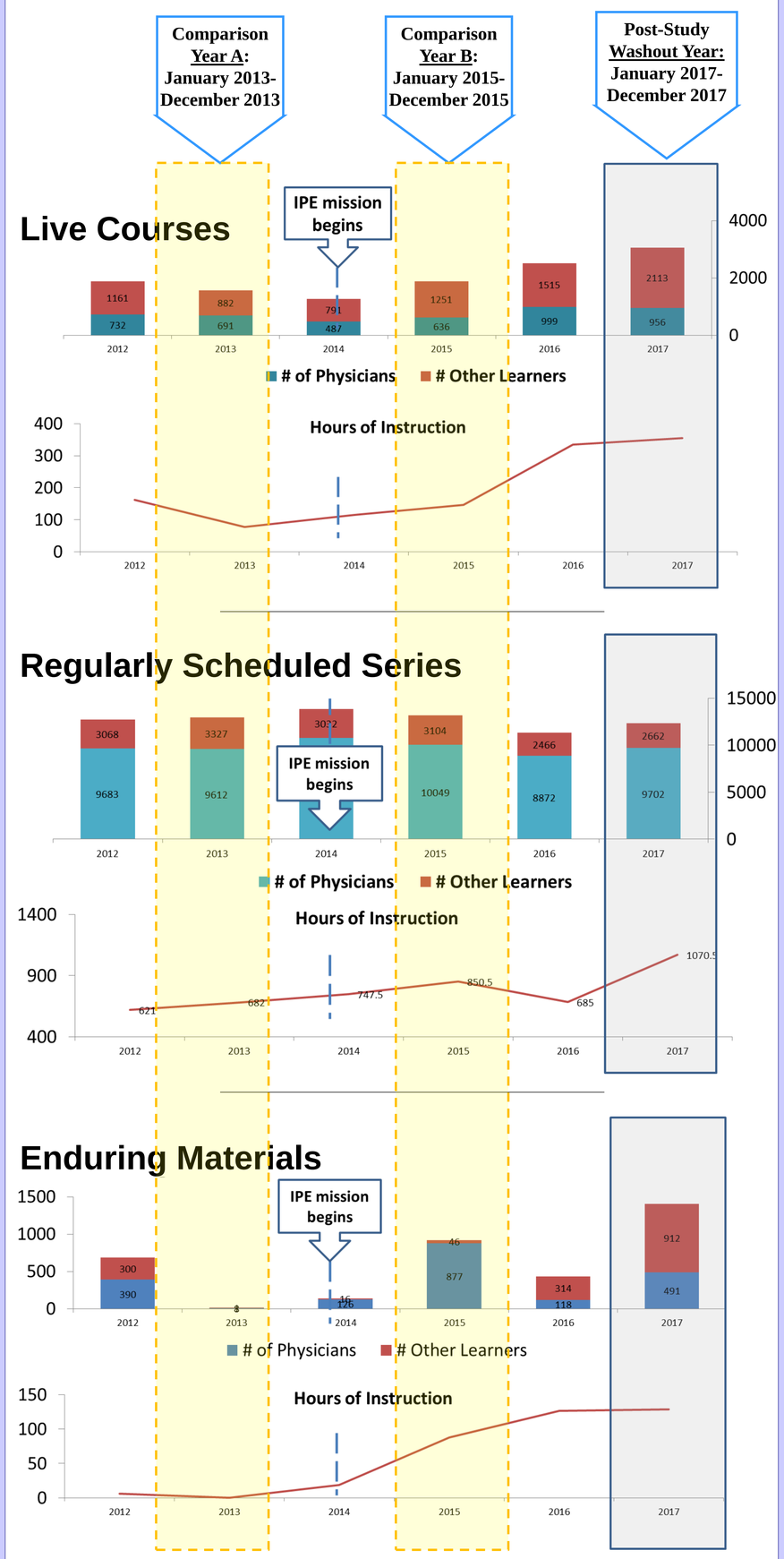
SAMPLES AND METHODS

We studied two indicators (Participation, Hours of Instruction), for one calendar year (2013) immediately prior to the year in which the IPE mission began (2014) and for one year (2015) immediately following the year of the mission change. We omitted the year of the mission change in order to limit the impact of intra-annual (seasonal) differences as a study confounder. We compared these two cohorts to measure changes in the target indicators, as displayed in the trend charts at center, and in the aggregate table at right.

RESULTS

Over six years, thirteen licensed clinical professions were added to constituency of the CME office. Three professions collaborated with CME staff to acquire institutional accreditations, and 10 professions routinely partner to seek activity-level certifications on an annual basis.

PARTICIPATION AND ACTIVITY INSTRUCTIONAL HOURS PRODUCED



Cohort Comparison	Year A	Year B	% diff	Wash-out Year	% diff (v. Year A)
Hours of Instruction					
Live Courses	77.5	146.75	***89%***	354.3	***357%***
Enduring Material	0.5	88	***17500%***	128.5	***25600%***
RSS	682	850.5	***25%***	1,070.5	***57%***
# of Physicians					
Live Courses	691	636	***-8%***	956	***38%***
Enduring Material	8	877	***10863%***	491	***6038%***
RSS	9,612	10,049	***5%***	9,702	***1%***
# of Other Learners					
Live Courses	882	1,251	***42%***	2,113	***140%***
Enduring Material	1	46	***4500%***	912	***91100%***
RSS	3,327	3,104	***-7%***	2,662	***-20%***

BARRIERS AND FACILITATORS TO IMPLEMENTATION

Communications Strategy Effect: No hospital wide announcement of the IPE mission change was released. Instead the awareness of IPE was incremental and slow to pervade activity planning.

Leader Level Effect: Tapping the "right" leader of a clinical profession is critical, both in scope of practice interest, and in responsibility level. For example, we found that high level of responsibility (unit Director, Clinical Service Chief or greater) is a motivational barrier to participating in accreditation, whereas being management-naïve activated faculty and staff interest in accreditation as a professional development activity.

Leader Turnover Variable: In addition, churn in experienced Activity Directors/ leaders leaving the institution was a confounding variable on Hours of Instruction produced.

SUMMARY/CONCLUSIONS

The largest effect of the IPE mission change was the increase in non-physician learners involvement in all activity formats.

A secondary effect was seen in the increase in Physician learners, from -8% drop in the post intervention year, to a rebound of =38% in the washout year.

A tertiary effect of -7% reduced participation of non-physicians in RSS was seen, which did not rebound and intensified in the washout year.

Clear effect of the IPE mission change seen in the washout year, indicating that positive audience and faculty (activity initiation) response to the change in IPE capacity and service was dependent on awareness propagation.

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FURTHER STUDY

We are currently developing a survey to measure Interprofessional attitudes toward diversity of professional background, satisfaction with IPE learning settings, and the importance of referencing professional boundaries and scope of practice/licensure within IPE settings.