

## **WNA POSTER: Abstract 7/11/2016**

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### **Name of Organization or Institution**

University of Wisconsin-Madison, Interprofessional Continuing Education Partnership

### **Title of Poster/Abstract**

Development of a Continuing Interprofessional Education Partnership at UW Madison: Learning from Our Learners

### **Professionals Involved**

This poster reflects the evolving continuing interprofessional education (CIPE) program at the University of Wisconsin-Madison (UW).

### **Approaches Used**

Well-designed CIPE contributes to the development of an interprofessional workforce and patient-centered, collaborative practice. The UW-Madison Schools of Nursing, Medicine and Public Health, and Pharmacy formed the Interprofessional Continuing Education Partnership (ICEP) to explore opportunities to support the growing need for CIPE across health professions. In 2015, ICEP launched the Joint Accreditation application process, and in Spring 2016 conducted two online surveys reaching the participants of 24 interprofessional live conferences and 22 interprofessional regularly scheduled series. Survey questions focused on perceptions about the activity, educational outcomes, and barriers to collaborative practice. Analyses included descriptive statistics and qualitative analysis.

### **Evaluation and Outcomes**

4,830 learners received the survey and 698 (14.45%) responded. The respondents represented more than 20 professions, with nurses and physicians being the two largest groups at 35% and 33%, respectively. Nursing perspectives will be highlighted.

Analysis revealed high levels of agreement regarding activities being perceived as interprofessional. Many reflected on the interprofessional focus and strategies consistent with best practices in continuing education. When asked how their interprofessional team utilized the information provided during the activity, 74% described a positive impact on their team's knowledge, competence and/or practice. Notably, many acknowledged sharing information with their team members and peers, which extended learning and supported practice change.

Reported barriers to collaborative practice were categorized into six themes: different cultures/professional bias; working in silos; communication; lack of time and resources; administrative/systems issues; lack of clinical knowledge; and resistance to change. A few negative responses and suggestions for improvement demonstrated that gaps exist in how the education is delivered.

Future directions include improving CIPE through faculty development, linkage to quality improvement, and refining practices in activity planning by, for, and with the team.