Introducing ‘IPT-CPD’:
Continuing Professional Development for Interprofessional Audiences with a Shared Clinical Interest

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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

In Ontario, delivery of IP primary care is the recommended cornerstone of health care system (2010).

IP in healthcare → CPD providers targeting IP audience (Simeonow, 2009).
IP education is an essential component of CHE (Brashers, 2012; Drummond, 2012; Smith, 2013).
Limitations accessing CPD outside of major urban centres
Further (regarding these centres), rural physicians are restricted in referral options, need more CPD in specialty 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.

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

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 CanMEDS roles
  - Develop matrix that connects CanMEDS roles, key content areas and life-long learning health care professions

**Step 3**
- IPT-CHE Curriculum Development
  - Based on CanMEDs roles, key content areas (themes), and professions involved in IPT-CPD
  - Construct a checklist of IPT-CPD topics with learning outcomes

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 interusions across the continuum of care
  - Reinforcing IPE competencies naturally and breaking down professional/educational silos
  - Providing local CPD opportunities in specialty 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>
<thead>
<tr>
<th>Common Clinical Theme</th>
<th># Opportunities</th>
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<tbody>
<tr>
<td>Mental Health, Addictions</td>
<td>73</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>60</td>
</tr>
<tr>
<td>Gerontology/Aging</td>
<td>50</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>40</td>
</tr>
<tr>
<td>Emergency</td>
<td>25</td>
</tr>
<tr>
<td>Critical Care</td>
<td>25</td>
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<tr>
<td>Ethics</td>
<td>25</td>
</tr>
<tr>
<td>Primary Care</td>
<td>20</td>
</tr>
<tr>
<td>Geriatric</td>
<td>20</td>
</tr>
<tr>
<td>Midwifery</td>
<td>20</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>15</td>
</tr>
<tr>
<td>Production/OP</td>
<td>15</td>
</tr>
<tr>
<td>Diabetes &amp; Obesity</td>
<td>15</td>
</tr>
<tr>
<td>General Primary Care for Family Health Teams</td>
<td>10</td>
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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, success, and opportunity 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

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<tr>
<th>Table 4: Key recommendations for an IPT-CPD curriculum</th>
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<tbody>
<tr>
<td>Professional, Targeted, and Supportive training</td>
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<td>Facilitate collaboration between all partners</td>
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<td>Establish multidisciplinary educational opportunities</td>
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<tr>
<td>Enhance communication and shared learning experiences</td>
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<td>Promote cross-training and shared learning opportunities</td>
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<tr>
<td>Develop a common language and approach to IP care</td>
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<tr>
<td>Increase awareness and understanding of IP care</td>
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**Table 1: Common Clinical Areas for currently delivering IPT-CHE**

**Table 2: Professions learning together**

**Table 3: Barriers to IPT-CPD**