

**Identification of Professional Practice Gaps, Educational Needs, and Desired Results and Additional Application Questions including Commendation**

## **State the professional practice gap(s) of the healthcare team/members on which the activity was based**

## **(100 words max):**

## **State the educational need(s) that you determined to be the cause of the professional practice gap(s)** *(1 is required)*

|  |  |
| --- | --- |
| Knowledge need **and/or** |  |
| Skills/Strategy need **and/or** |  |
| Performance need |  |

**Explain what this activity was designed to change in terms of the healthcare team’s skills/strategy or performance or patient outcomes (100 words max)***.*

**Objectives/Learning Outcome**

**What do you expect your participants to be able to do as a result of participating in this activity? *List up to 3 objectives/learning outcomes appropriate for your activity.*** *(1 is required)*

**At the conclusion of this activity, participants will be able to:**

**1.**

**2.**

**3.**

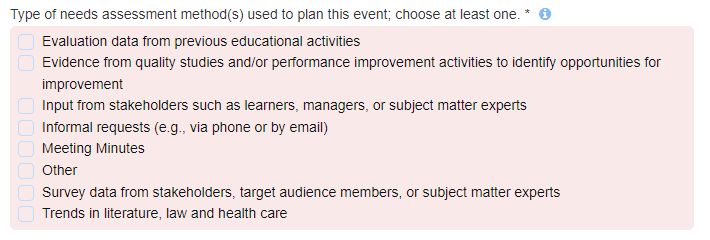
**Explain how you ensured the activity was planned using a process reflective of the target audience for the activity. (50 words max):**

## **Educational format(s)**

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## **Explain how the activity promotes active learning/learner engagement for the healthcare team that is consistent with the activity’s desired results (50 words max): (50 words max):**

## **Needs assessment**

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**Please provide a brief explanation of the data gathered as a result of the needs assessment that validates the need for this activity, especially as it relates to team-based care, if appropriate (100 words max).**

**The Joint Accreditation Commendation Criteria aims to encourage and incentivize providers to broaden their reach and impact within the IPCE/CE environment.**

**Please consult with the Lead Planner(s) to select the appropriate commendation criteria that apply to your activity. Accuracy is essential. Follow-up information may be requested.**

**Select all that apply:**

|  |  |  |  |
| --- | --- | --- | --- |
| Criterion | | Rationale | Critical Elements |
| JAC13 | The provider **engages patients** as planners and teachers in accredited IPCE and/or CE. | Accredited continuing education (CE) is enhanced when it incorporates the interests of the people who are served by the healthcare system. This can be achieved when patients and/or public representatives are engaged in the planning and delivery of CE. | At least one patient and/or public representative must serve as a planner **AND** teacher (does not have to be the same person). |
| JAC14 | The provider **engages students** of the health professions as planners and teachers in accredited IPCE and/or CE. | This criterion recognizes providers for building bridges across the healthcare education continuum and for creating an environment that encourages students of the health professions and practicing healthcare professionals to work together to fulfill their commitment to lifelong learning. For the purpose of this criterion, 'students' refers to students of any of the health professions across the continuum of healthcare education, including professional schools and graduate education. | At least one student of the health care professions (i.e., residents/fellows, students in nursing/medicine or other health-related disciplines) representative must serve as a planner **AND** teacher (does not have to be the same person). |
| JAC16 | The **provider engages in research and scholarship** related to accredited IPCE and/or CE and disseminates findings through presentation or publication. | Engagement by jointly accredited providers in the scholarly pursuit of research related to the effectiveness of and best practices in IPCE and/or CE supports the success of the enterprise.  Participation in research includes developing and supporting innovative approaches, studying them, and disseminating the findings. | Conducts scholarly pursuit relevant to IPCE and/or CE; **AND**  Submits, presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum. |
| JAC17 | The provider **integrates the use of health and/or practice data** of its own learners in the planning and presentation of accredited IPCE and/or CE. | The collection, analysis, and synthesis of health and practice data/information derived from the care of patients can contribute to patient safety, practice improvement, and quality improvement. Health and practice data can be gathered from various sources, including electronic health records, public health records, prescribing datasets, and registries. This criterion will recognize providers that use these data to teach about health informatics and improving the quality and safety of care. | Teaches about the collection, analysis, or synthesis of health/practice data; **AND**  Uses health/practice data to teach about healthcare improvement. |
| JAC18 | The provider **identifies and addresses factors beyond clinical care** (e.g., social determinants) that affect the health of patients and integrates those factors into accredited IPCE and/or CE. | This criterion recognizes providers for expanding their IPCE and CE programs beyond clinical care education to address factors affecting the health of populations. Some examples of these factors include health behaviors, economic, social, and environmental conditions, healthcare and payer systems, access to care, health disparities, or the population’s physical environment. | Teaches strategies that learners can use to achieve improvements in population health. |
| JAC19 | The provider **collaborates with other organizations** to more effectively address population health issues. | Collaboration among people and organizations builds stronger, more empowered systems. This criterion recognizes providers that apply this principle by building collaborations with other organizations that enhance the effectiveness of the IPCE program in addressing community/population health issues. | Creates or continues collaborations with one or more healthcare or community organization(s); **AND**  Demonstrates that the collaborations augment the provider’s ability to address population health issues. |
| JAC20 | The provider **designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize communication skills** of learners. | Communication skills are essential for professional practice. Communication skills include verbal, nonverbal, listening, and writing skills. Some examples include communications with patients, families, and teams, as well as presentation, leadership, teaching, and organizational skills. This criterion recognizes providers that help learners become more self-aware of their communication skills and offer IPCE/CE to improve those skills. | Provides IPCE/CE to improve communication skills; **AND**  Includes an evaluation of observed (e.g., in person or video) communication skills; **AND**  Provides formative feedback to the learner about communication skills. |
| JAC21 | The provider **designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize technical and procedural skills** of learners. | Technical and procedural skills are essential to many aspects of professional practice, and need to be learned, updated, reinforced, and reassessed. Some examples of these skills are operative skill, device use, procedures, physical examination, specimen preparation, resuscitation, and critical incident management. This criterion recognizes providers that offer IPCE/CE to help learners gain, retain, or improve technical and/or procedural skills. | Provides IPCE/CE addressing technical and/or procedural skills; **AND**  Includes an evaluation of observed (e.g., in person or video) technical or procedural skill; **AND**  Provides formative feedback to the learner about technical or procedural skill. |
| JAC22 | The provider **creates and facilitates the implementation of individualized learning plans.** | This criterion recognizes providers that develop individualized educational planning for the learner and/or healthcare team; customize an existing curriculum for the learner/team; track learners/teams through a curriculum; or work with learners/teams to create a self-directed learning plan where the learner/team assesses their own gaps and selects content to address those gaps. The personalized education needs to be designed to close the individual/team’s professional practice gaps over time. | Tracks the repeated engagement of the learner/team with a longitudinal curriculum/plan over weeks or months; **AND**  Provides individualized feedback to the learner/team to close practice gaps. |
| JAC23 | The provider **demonstrates improvement in the performance of healthcare teams** as a result of its overall IPCE program. | Research has shown that accredited IPCE can be an effective tool for improving healthcare teams’ performance in practice. This criterion recognizes providers that can demonstrate the impact of their IPCE program on the performance of teams. | Measures performance changes of teams; **AND**  Demonstrates improvements in the performance of teams. |
| JAC24 | The provider **demonstrates healthcare quality improvement** achieved through the involvement of its overall IPCE program. | IPCE has an essential role in healthcare quality improvement. This criterion recognizes providers that demonstrate that their IPCE program contributes to improvements in processes of care or system performance. | Collaborates in the process of healthcare quality improvement; **AND**  Demonstrates improvement in healthcare quality. |
| JAC25 | The provider **demonstrates the positive impact** of its overall IPCE program on patients or their communities. | Impact of its overall IPCE program on patients or their communities. Our shared goal is to improve the health of patients and their families. This criterion recognizes providers that demonstrate that the IPCE program contributed to improvements in health-related outcomes for patients or their communities. | Collaborates in the process of improving patient or community health; **AND**  Demonstrates improvement in patient or community outcomes. |

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