**JAC-1:** The provider has a continuing education (CE) mission statement that highlights education for the healthcare team with expected results articulated in terms of changes in skills/strategy, or performance of the healthcare team, and/or patient outcomes.

**Guidance:** Attach the provider’s CE mission statement to verify the expected results section of the mission statement clearly reflects the changes that are the expected results of the organization’s CE program (i.e., attach the CE mission statement and highlight the expected results).

**Mission Statement**

To expand access to continuing education that advances the evidence-based practices, military readiness, and interprofessional collaboration and skills of healthcare teams throughout the enterprise.

**Strategic Priorities**

* To provide enterprise-wide support by meeting the diverse and evolving continuing education needs of interprofessional military healthcare teams.
* To maximize engagement in life-long learning opportunities using effective education strategies and a supportive program infrastructure.
* To ensure quality, integrity, and validityby upholding standards and procedures that ensure high-quality educational activities based on unbiased, evidence-based content.
* To implement continuous program improvements by expanding opportunities to capture and/or incorporate learner feedback during the planning, implementation, and evaluation of CE activities.

**Expected Results**

Guided by its mission and strategic priorities, CEPO expects the results of its CE program to reflect the following changes:

|  |  |  |
| --- | --- | --- |
| **Evidence-based practices** | **→** | Enhanced clinical competency and evidence-informed strategies among members of the healthcare team. |
| **Military readiness** | **→** | Improved capabilities and skills that equip providers and teams to meet the unique healthcare needs of active-duty service members and their families. |
| **Interprofessional collaboration and skills** | **→** | Advanced communication skills, collaborative practices, and interdisciplinary approaches to patient care among interprofessional healthcare teams. |

**JAC 2:** The provider gathers data or information and conducts a program-based analysis on the degree to which its CE mission—as it relates to changes in skills/strategy, or performance of the healthcare team, and/or patient outcomes—has been met through the conduct of CE activities/educational interventions.

**Guidance:**

1. Describe/include **examples** of information gathered from the program evaluation.
2. Based on the data and information gathered, provide a narrative that describes the conclusions of your program-based analysis on the degree to which the provider has met its CE mission.

**Program Evaluation Strategy**

The CEPO team conducted a comprehensive, program-based analysis on the extent to which developing and facilitating CE activities supports CEPO’s mission to advance healthcare teams’ evidence-based practices, military readiness, and interprofessional collaboration and skills. Specifically, we synthesized information from the following data sources to determine whether the planning, execution, and impact of CEPO-accredited activities have aligned with the mission’s expected results.

**Data Sources and Definitions**

|  |  |
| --- | --- |
| Evaluation surveys | The post-activity survey that learners complete to evaluate the quality and effectiveness of the activity and provide feedback on CEPO’s CE program. |
| Focus groups | Moderated discussions during which learners share feedback and opinions about CEPO’s program and accredited activities. |
| Program analytics | Data from CE activities, credits, and learner profiles that are collected, stored, and reported through CEPO’s online CE platform (i.e., the CEPO Continuing Education Management System [CMS]). |

**CE Activity Planning**

CE activity planning at the program level encompasses the development of CEPO’s entire catalog of accredited activities. While CEPO’s high standards for the rigor and utility of continuing education content align with its mission to advance evidence-based practices, its focus on supporting military health organizations in developing IPCE activities reflects its mission to advance military readiness and interprofessional collaboration and skills among military healthcare teams.

To verify the effectiveness of activity planning in achieving the mission, we conducted a thematic analysis of the program’s activities and assessed whether the themes aligned with the mission’s expected results. The analysis used Microsoft Copilot to review over 2,000 activity titles and a random sample of 3,400 learning objectives from January 2020 to December 2024.

The themes identified in the analysis included:

|  |  |
| --- | --- |
| * Behavioral Health and Mental Health * Clinical Skills and Practice * Ethics and Legal Considerations * Healthcare Leadership and Management * Interdisciplinary and Collaborative Care | * Military Health and Readiness * Patient Safety and Quality Improvement * Public Health and Preventive Medicine * Specialized Medical Training * Technology and Innovation in Healthcare |

While all themes encompass focus areas that are conducive to achieving the program’s mission, three fundamentally align with the mission’s expected results, as outlined in Table 1.

**Table 1. CE Activity Themes and Corresponding Expected Results**

|  |  |
| --- | --- |
| **Expected Result** | **Theme** |
| **Evidence-based practices**  *Enhanced clinical competency and evidence-informed strategies among members of the healthcare team.* | **Clinical Skills and Practice** “Emphasis on enhancing clinical skills across various medical specialties” with courses on topics such as “clinical practice guidelines, immunization best practices, and management of specific conditions.” |
| **Military readiness**  *Improved capabilities and skills that equip teams to meet the unique healthcare needs of active-duty service members and their families.* | **Military Health and Readiness**  “Courses addressing health issues specific to military personnel,” as well as “preparing healthcare professionals for deployment and operational environments, focusing on readiness and resilience.” |
| **Interprofessional collaboration and skills**  *Advanced communication skills, collaborative practices, and interdisciplinary approaches to patient care among interprofessional healthcare teams.* | **Interdisciplinary and Collaborative Care** “Workshops promoting interdisciplinary approaches to care,” as well as “teamwork and collaboration among different healthcare disciplines to provide comprehensive patient care.” |

Given the analysis identified themes among the program’s CE activities that directly reflect each aspect of the mission’s expected results, we conclude that the program’s overall approach to CE activity planning effectively progresses CEPO’s mission by fostering CE activities that aim to advance the evidence-based practices, military readiness, and interprofessional collaboration and skills of healthcare teams throughout the enterprise.

**CE Activity Implementation**

CE activity implementation defines how learners access and experience CEPO’s CE content, which in turn influences how much they engage in and learn from educational activities. Driven by its impetus to consolidate CE management within MHS, CEPO aims to sustain a streamlined, centralized infrastructure through which MHS practitioners in over a dozen healthcare disciplines may learn about CE opportunities, complete activity requirements, and claim CE credit at no cost to them. Moreover, the collaborative program structure empowers activity planners and faculty to use formats and teaching strategies that optimize learning among the activity’s target audience. Using Microsoft Copilot to identify implementation strategies among a comprehensive list of over 100 high-level CEPO-accredited activity descriptions from the past few years revealed a wide range of educational methodologies used to conduct CE activities, including:

* Didactic lectures and panel discussions
* Seminars and breakout discussions
* Simulations and role-playing exercises
* Labs and experiential learning
* Case studies and problem-solving exercises
* Polls and knowledge checks
* Self-paced learning modules

To assess whether the implementation of these strategies has served to achieve the mission, we analyzed evaluation responses submitted between January 2020 and December 2024, as well as input from focus group discussions conducted in 2024 that underscore participants’ overall opinions on aspects of CE delivery. Among a random sample of 100 CE activities with at least 30 evaluation responses each, average ratings on a scale of 1 (poor) to 5 (excellent) for the applicable criteria were:

|  |  |  |
| --- | --- | --- |
| **4.62 out of 5**  Teaching strategy employed | **4.63 out of 5**  Quality of the materials used | **4.65 out of 5**  Overall quality of the activity |

On average, **97.2%** of evaluation respondents indicated that the course was **“reflective of the stated mission and vision of DHA J-7 CEPO.”**

When asked to provide feedback on their experience registering for the activities and completing the CE requirements, most respondents expressed neutral or positive sentiments about the overall process, with some going so far as to mention that the program’s user-friendly process inclined them to engage in more learning opportunities. Among those who experienced setbacks, commonly reported grievances included difficulty navigating to the post-activity survey and a desire for greater consolidation among and between CE requirements, particularly for multi-session events. Additionally, focus group participants who provided feedback on the program’s flagship series—the Clinical Communities Speaker Series—indicated that they appreciated that the events enabled interactions with faculty and peers and were presented as virtual webinars and on-demand recordings to maximize accessibility.

Given evidence that the program’s CE activities employ constructive educational methodologies about which learners generally hold strong, positive views, we conclude that CEPO’s overall approach to implementing CE activities effectively advances its mission by maximizing learning and engagement in CE activities designed to advance the evidence-based practices, military readiness, and interprofessional collaboration and skills of healthcare teams throughout the enterprise.

**CE Activity Impact**

The impact of the program’s CE activities is determined by their contribution to healthcare teams’ capacity to deliver effective care. While CEPO’s framework for CE activity planning supports lessons that aim to advance skills and strategies that relate to its mission, its implementation of CE activities serves to maximize learners’ capacity to absorb and develop those practices.

To assess whether the program's impact on healthcare teams is congruent with its mission, we examined evaluation responses submitted between January 2020 and December 2024 to uncover if and how CE activities have contributed to learners’ capacity to deliver effective healthcare. Among 100 randomly sampled CE activities with at least 30 evaluation responses each, the average results for applicable criteria were:

|  |  |
| --- | --- |
| **4.62 out of 5[[1]](#footnote-1)**  Contributed to my knowledge, skills, and attitude to enhance the delivery of patient care | **94.8%**  Indicated that they did not see any barriers to implementing changes |

When asked, “What do you anticipate changing or how will you apply what you have learned in your professional practice and/or when working with your healthcare team?”, respondents provided specific examples of how they planned to implement what they learned from the CE activity. Regarding CEPO’s Clinical Communities Speaker Series, participants described notable changes that relate to the expected results of the mission, including:

**Evidence-based practices**

* “I plan to work more closely (as a [psychologist]) with our PCMs to implement behavioral intervention options earlier for insomnia, prior to trialing medication. I already provide CBT-i but this presentation gave me additional ideas.”
* “I will not only use this personally and professionally but will share the open mouth self-care strategy with colleagues, family, and friends. this was an OUTSTANDING presentation, and I say that with the utmost respect for the presenter and whomever deemed this topic should be included”
* “Ensure clinical MSW/LPC interns placement/agency orientations/onboarding include VA/DoD presentations outlining guidelines to assess CMI using tools such as Clinical Pocket Card.”

**Military readiness**

* “I am in social work and I plan to make the effort to use the term "moral injury" when I do work with military members in order to provide a more cohesive terminology for their experiences.”
* “Our healthcare team is still using paper charts but I hope that we can move to EHR and utilize AI to streamline our processes for assessing employees for overseas assignments with the DoD”

**Interprofessional collaboration and skills**

* “I think there needs to be more discussion among my team members about how to move forward with new research coming out and what we'll do to implement it as an interdisciplinary program.”
* “When engaging with clinical teams for case consultation, I'll incorporate what we learned today specifically related to SAMHSA’s perspectives on integrated care and the implications, to ensure that our teams are considering all aspects of the patient’s care.”
* “As part of a BDE with a Holistic Health and Fitness team, our partnership with BH is extremely vital. I now have a better understanding of different workflow components incorporated within targeted care components. Because of the relationship between BH, PCM, and the H2F team, we can use the warm hand-off approach since we are integrated within our BDE.”

Given the evidence that the program’s CE activities contribute to pertinent strategies and skills that healthcare team members will apply to enhance patient care, we conclude that the impact of the program’s CE activities effectively achieves CEPO’s mission by advancing healthcare teams’ evidence-based practices, military readiness, and interprofessional collaboration and skills.

**JAC 3:** The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve its ability to meet the CE mission.

**Guidance:**

1. As a result of program-based analysis, describe identified changes that could help the provider better meet its CE mission.
2. Based on the changes identified that could be made, describe the changes to the CE program that were implemented. For any potential changes that were not implemented, explain why they were not implemented and what plans there are to address them in the future.

After conducting program-based analyses on the degree to which CEPO’s CE program achieved its mission through the planning, implementation, and impact of its CE activities, we identified the following changes that could help CEPO better meet its CE mission:

1. Constructing a mission statement that clearly articulates the CE program’s expected results in terms of assessable changes in healthcare teams’ skills/strategies.
2. Encouraging CE activity planners to develop activities that best address healthcare teams’ needs.
3. Promoting and facilitating access to CE opportunities and resources to expand the program’s impact and inspire lifelong learning.
4. Improving data collection and management to conduct more accurate and informative performance analyses of the CE program.

**Identifying and Articulating CEPO’s Core Mission**

Previously, CEPO’s mission listed all of its mandates and objectives without distinctly highlighting the CE program’s expected results in terms of changes in healthcare teams’ skills/strategy, performance, and/or patient outcomes. Conducting a systematic analysis of the degree to which the CE program achieved the expected results of its mission revealed the need to develop a focused mission statement that clearly defines the expectations that drive the organization to sustain its CE program. As an educational organization first and foremost, we resolved that CEPO’s primary mission is to generate positive changes in healthcare teams’ skills/strategies, specifically those related to evidence-based practices, military readiness, and interprofessional collaboration. Additional objectives represent strategic priorities that support CEPO in achieving its core mission.

**Optimizing Educational Content**

CEPO routinely evaluates its CE program to ensure its CE activity planning processes and standards—as outlined in the CEPO CE Activity Development Guidance Document—effectively support its mission. For instance, in response to the release of the current JAC 6 criterion, CEPO updated its standards to require that the professional background of at least one activity planner, faculty member, content reviewer, or author of referenced literature corresponds to each profession included in the target audience for the activity.

A more recent evaluation revealed the need to revise CEPO’s CE activity application—the form through which CE activity planners document information about educational opportunities—to better assist planners in articulating the practice gaps, educational needs, and desired results that underline the need for the activity. As such, we aligned the prompts on the application form with the information requested for the Joint Accreditation structured abstract to better ensure and document the relevance and usefulness of CE activities designed to meet CEPO’s mission.

**Supporting Access to Continuing Education**

In 2019, after analyzing the program’s capacity to accredit and disseminate CE activities for healthcare teams across MHS, CEPO adopted an integrated CE Management System for reviewing, distributing, awarding, and tracking continuing education. Since then, analyzing the program’s implementation of CE activities revealed several opportunities to promote CE opportunities to a broader audience, elevate the program’s user experience, and increase knowledge-sharing around best practices among educators and stakeholders. Changes implemented to support the mission include:

* Redesigning the CE program’s marketing materials, expanding distribution channels, and increasing outreach to MTFs across the enterprise
* Polling stakeholders about their approach to CE planning and delivery and designating time during monthly IPCE meetings to discuss successful activities and effective practices.
* Modernizing and simplifying the user interface of the CE program’s website, updating automated reminder emails with additional instructions for accessing CE requirements, and consolidating evaluation surveys and posttests to reduce administrative burdens around claiming CE credit.

**Accurately Tracking the CE Program’s Performance**

Evaluating the impact of CEPO’s CE activities revealed limitations in the program’s data collection tools and data management practices. For instance, the evaluation questionnaire included questions and rating scales that failed to accurately reflect their intended purpose. To address this, we reduced survey bias by refining and consolidating questions and incorporating more opportunities for qualitative feedback. These improvements enabled us to gather the qualitative insights presented in response to JAC 2, showcasing how healthcare teams plan to apply changes in skills and strategies that align with the intended outcomes of CEPO’s mission.

A timeline of notable program updates and changes is provided on the following page.

A calendar with text and images

Description automatically generated with medium confidence

1. Average activity rating on a scale of 1 (poor) to 5 (excellent). [↑](#footnote-ref-1)