**JAC 11**

JAC 11: The provider analyzes changes in the healthcare teams (skills/strategy, performance) and/or patient outcomes achieved as a result of its IPCE activities/educational interventions.

Guidance:

1. Describe and provide an example of each of the method or methods you use to analyzes changes in the healthcare team (skills/strategy, performance) and/or patient outcomes.
2. Provide the conclusions you have drawn from the analysis of changes in the healthcare team’s skills/strategy or performance, or the patient outcomes achieved as a result of the **overall CE program’s** activities/educational interventions. Provide a summary of the data upon which analysis of changes in the healthcare team was based and/or documentation of patient outcomes.

To evaluate changes in healthcare teams’ skills/strategy, the CEPO team analyzes data from activity evaluations and CEPO’s CE management system using multiple methods. For example, for the program-based analysis, we identified focus areas among the program’s educational activities by using Microsoft Copilot to extract themes among 2,000 activity titles and a random sample of 3,400 learning objectives from January 2020 to December 2024. We then aggregated statistics and qualitative feedback from CE activity evaluation surveys to confirm whether healthcare teams experienced corresponding changes in skills/strategy.

The themes identified in the preliminary 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 |

Additionally, among 100 randomly sampled CE activities with at least 30 evaluation responses each, the average results for key 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 data summarized above, we conclude that CEPO’s CE program develops activities that successfully advance the evidence-based practices, military readiness, and interprofessional collaboration and skills of healthcare teams.

A snapshot of the data obtained from the questions listed above are included below:

* *“Be able to recognize multi-symptom illness, create goals with a team and develop a plan for management within the context of being a team member.”*
* *“Listening more, developing more rapport and trust with the patient. Coordinating care with the healthcare team at my MTF”*
* *“Great topic. I learned something new as a clinical laboratory scientist. I hope to work together with physicians in learning their thoughts in diagnostic testing needed to rule out other diseases or support diagnosis of illnesses contributing to CMI.”*

The analysis of the changes within the healthcare team as a result of the overall CE Programs activities /education intervention are found in the post event data. The responses we gathered tie into the overall CE Mission by demonstrating that the our CE Activities increase communication and collaboration between providers, streamline and customize patient care and further the incorporation of evidence based practice and interventions to improve patient outcomes.

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