



Speaker Guidelines

Centene Institute
FOR ADVANCED HEALTH EDUCATION

Enhancing Leadership Through
Interprofessional Continuing Education

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Part I: Program Overview

Purpose

The Centene Institute appreciates your interest to be a Planner and/or Speaker for an interprofessional continuing education (IPCE) activity. The **goal of the Centene Institute Speaker Guidelines** is to ensure standards for accredited continuing education are met to deliver balanced, independent, evidence-based, and clinically valid content, while also providing tips to help speakers to develop and deliver their presentation.

Overview of the Centene Institute

Continuing education provides clinicians unique opportunities to stay current on leading diagnostic and therapeutic theories, as well as the practice of medicine, and is often mandatory for healthcare professionals to maintain current licensure. The **mission of the Centene Institute for Advanced Health Education®** is to educate teams of healthcare professionals through empowering, research-informed content that aims to improve the skills, strategy, and performance of the healthcare team, patient quality of care, and health outcomes of the community.

Through increased access, at no charge, to a network of innovative education activities, providers can share best practices and study the most current therapies to improve quality of care. Since new therapies and clinical practices are in continuous development, the Centene Institute aims to provide clinicians with the most up-to-date health and medical information – through curricula designed to impart critical health lessons that make an impact on health outcomes in our communities.

Interprofessional Education



Significance of Interprofessional Continuing Education

Interprofessional clinical education (IPCE) that synthesizes multidisciplinary principles to advance team-based patient care improves the skills and knowledge of participating clinicians, as well as patient outcomes. IPCE activities focus on improving interprofessional communication and the roles of members of the healthcare team to deliver patient-centered care and improve community health, as well as recognition and elevation of shared values and outcomes amongst teams.

Through this lens of collaborative connectivity, the Centene Institute emphasizes interprofessional educational principles for multidisciplinary teams throughout its learning activities, to make health advancements more attainable.

What are potential formats of my educational activity?

The following formats of potential educational activities are currently supported by the Centene Institute:

- **Live Course:**
 - **In-person** presentation to a live audience or
 - **Live-Streamed** synchronous, virtual presentations to a live audience
- **Enduring Material (Online):** Recorded presentations that are available online and asynchronously for participants
- **Regularly Scheduled Series (RSS):** Reoccurring meeting structure (i.e. Monthly Grand Rounds); Education typically occurs as synchronous, virtual presentations to a live audience.

In fulfillment of our mission, all of these educational activities aim to advance the knowledge, competence, skills, and/or abilities of clinicians to facilitate improvements to quality of care, performance of the healthcare team and health outcomes.

What content is permitted for an educational activity?

The Centene Institute aims to ensure balance, independence, and objectivity in all educational activities, based on, and in compliance with, the Standards for Integrity and Independence in Accredited Continuing Education published by the Accreditation Council for Continuing Medical Education (ACCME)¹. Content of educational activities and related materials must promote improvements or quality in healthcare and must be free from commercial bias.

Specific guidance to ensure clinically valid content includes, but is not limited to:¹

- All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
- All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.

¹ Standards for Integrity and Independence in Accredited Continuing Education. (2020, December). Accreditation Council for Continuing Medical Education. Retrieved from: <https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>

- Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
- Content cannot be included in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Additionally, independent peer review may also be conducted to ensure independence and objectivity with this guidance.

Disclosure of Financial Relationships

All Planning Committee Members shall comply with the standards to deliver optimal interprofessional continuing clinical education that improves quality of care, performance of the healthcare team and health outcomes. More specifically, speakers shall:

- Deliver educational content free of commercial bias
 - All education shall lack influence or involvement from the owners and employees of an ineligible company; no marketing or sales of products or services is permitted.
- Disclose any relevant financial relationships
 - Financial relationships of any dollar amount are relevant if the educational content is related to an ineligible business line or products.

We ask that you disclose **all financial relationships with any ineligible companies that you have had over the past 24 months**. Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. There is no minimum financial threshold; you must disclose all financial relationships with ineligible companies, regardless of the amount or if you view the financial relationship as relevant to the education. All Planning Committee Members must complete the required intake forms on the Centene Institute learning management system or through Centene Institute approved mechanisms to disclose all financial relationships, with no minimum financial threshold, with any ineligible companies over the past 24 months. For more information, please refer to the **Centene Institute Planner Guide** and the Standards for Integrity and Independence in Accredited Continuing Education.²

The Centene Institute shall ensure that all IPCE activities are fair and balanced, and void of commercial bias or inappropriate marketing.

² Standards for Integrity and Independence in Accredited Continuing Education. (2020, December). Accreditation Council for Continuing Medical Education. Retrieved from <https://www.accme.org/accreditation-rules/eligibility>

What occurs with this information?

The Centene Institute will review the provided information to **identify** whether your financial relationships are relevant to the education, and identify, as appropriate, ways to **mitigate** relevant financial relationships. **Disclosure** of relevant financial relationships is provided to learners prior to the initiation of the educational activity through the Activity Catalog of the learning management system among other mechanisms.

What is the timeframe?

All information requested should be returned at least three weeks prior to the planned date of the educational activity through the Centene Institute’s learning management. Please contact Centene_Institute@centene.com with any questions.

Part II: Tips for Developing Empowering Educational Activities

Why should my educational activity address a clinical practice gap?

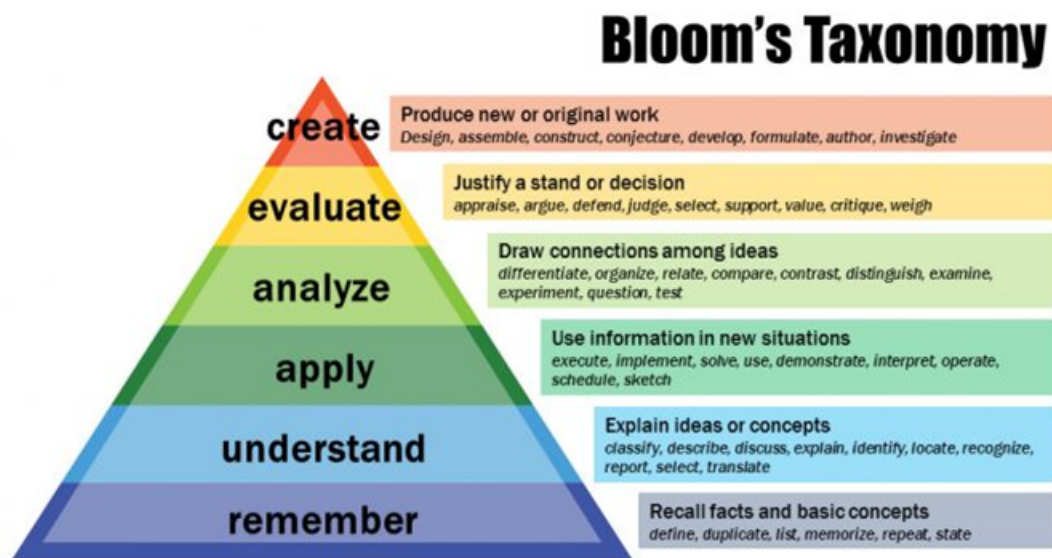
Needs assessment of professional or clinical practice gaps identify the difference between current practice and the clinical best practice that is optimal for rendering improved skill, performance, or patient outcomes. Structuring education to address the identified gap can support improvements in patient quality of care, performance of the healthcare team, and health outcomes in the community. Education structured in this format also clarifies how desired expected changes resulting from learning objectives can be facilitated in terms of competence, performance, or patient outcomes as a result of the educational activity.

Why should you use learning objectives?

Learning objectives are goals that are formally outlined for both the teacher and the student to understand the outcome of the pedagogic exchange. By establishing learning objectives, the teacher has a framework for designing, delivering and evaluating their instruction. These same learning objectives help the student to apply, understand, evaluate and remember the information reviewed during the course.

What is Bloom's Taxonomy? ^{3,4}

Bloom's Taxonomy of Educational Objectives, often referred to as "Bloom's Taxonomy", is a formal framework for educational objectives developed in 1956. The framework established that there are different layers of learning, and, with formal training, one can go from knowledge gained to behavior change, including the development and practice of new skills and abilities. This framework has had significant impact on the learning and teaching process at all levels of education and is particularly meaningful for clinical health education.



³ Vanderbilt University Center for Teaching: Bloom's Taxonomy. Accessed September 16, 2020 from: <https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy/>

⁴ Adams N. E. (2015). Bloom's taxonomy of cognitive learning objectives. *Journal of the Medical Library Association: JMLA*, 103(3), 152–153. <https://doi.org/10.3163/1536-5050.103.3.010>

How to create learning objectives? ⁱⁱ

Learning objectives for healthcare professionals should include action verbs that will influence clinical behavior as a result of the instruction. In addition, *creating learning objectives that require high levels of cognitive skill* can “lead to deeper learning and transfer of knowledge and skills to a greater variety of tasks and contexts”. Examples of learning objectives are included below.

- *Clarify* the 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain.
- *Assess* the variation and persistence in racial disparities in neonatal and infant outcomes.
- *Describe* genetic, environmental, and social risk factors that are associated with addiction and alcohol use disorder.
- *Delineate* how addiction is a chronic disease.

Active Learning – Why is it important?

According to the Association of American Colleges & Universities⁵, active learning describes engagement with the learning process. This engagement positions the learner to discuss, investigate, synthesize, practice, and enact lessons to contextualize, personalize and integrate education goals into actionable learning. Thus, active learning ultimately aims to improve quality of care, performance of the healthcare team and health outcomes.

Examples of Active Learning Techniques to Increase Engagement

Active learning responds to traditional lecture formats with more engaged activities including, but not limited to the following ideas:

- **Think-Pair-Share:** Use of break out rooms for small group discussion
- **Case-based learning:** The use of real-world examples promotes higher levels of cognition
- **Effective classroom dialogue:** Emphasizes knowledge gain through peer-to-peer dialogue
- **Concept mapping:** Integration of visual depictions of relationships and/or processes into place into focus complex or multifaceted models
- **Active feedback:**
 - Actively engages learners to participate by asking questions throughout the activity while ensuring an inclusive learning environment where everyone feels supported, engaged, and respected in their thoughts, ideas, opinions and questions

For more information on numerous ways to leverage active learning techniques into your educational activity, please see the additional resources listed below^{6,7,8,9}.

⁵ Association of American Colleges & Universities. (2005). “Engaged Learning: Are We All on the Same Page?” Retrieved from: <https://www.aacu.org/publications-research/periodicals/engaged-learning-are-we-all-same-page>

⁶ Strategies for Teaching (2021). Yale Poorvu Center for Teaching and Learning. Accessed January 28, 2021 from: <https://poorvucenter.yale.edu/FacultyResources/Teaching-Strategies>

⁷ Brome, Cynthia. (2014). “Active Learning.” Vanderbilt Center for Teaching. Retrieved from: <https://cft.vanderbilt.edu/wp-content/uploads/sites/59/Active-Learning.pdf>

⁸ Cornell University Center for Teaching Innovation. “Active Learning” Retrieved from: <https://teaching.cornell.edu/teaching-resources/engaging-students/active-learning>

⁹ Teaching Resources. (2020). Washington University in St. Louis Center for Teaching and Learning. Retrieved from: https://ctl.wustl.edu/resources/?fwp_resource_category=active-learning

Evidence-Based Approaches

Clinical best practices based on evidence-based approaches that combine strong scientific research with expert consensus and clinical reasoning are significant for data-driven clinical decision-making and are critical to portray a fair and balanced view of diagnostic and therapeutic options. These procedures integrate peer reviewed publications from the clinical literature as reputable source citations as well as inclusion of clinical practice guidelines published by leading academic and medical societies. Evaluating data, and the methodology utilized to acquire data is another key component. Some helpful questions to consider include:

- **Patient sampling:** What is the sample size of the study? Does the sample appropriately represent the demographics of the population being investigated?
- **Research design:** Were the investigators of the evidence subject matter experts of the topic? Was the data collected in the absence of commercial bias?
- **Methodology:** Which research methods were used to acquire the data? Was an equivalent comparison group utilized to draw conclusions between individuals receiving the intervention and those who did not? Were randomization, matching, or other statistical measures utilized to draw differences against a comparison group? Are both qualitative and quantitative approaches appropriately used?
- **Statistics:** Were appropriate statistical tests used? If statistical significance was demonstrated, were the data biologically or clinically meaningful? Are the sensitivity and specificity of the findings addressed?
- **General Attributes:** Have the data been replicated and/or verifiable? Are the findings generalizable?

Diversity, Equity & Inclusion ^{10,11,12,13,14}

Centene Institute recognizes that we must proactively engage learners to appreciate, cooperate, and communicate with the entire interprofessional healthcare team to improve the performance of the healthcare team, change learner skill and strategy, and most importantly to improve patient outcomes and quality. We strive to maintain awareness of diversity, equity and inclusion throughout the planning, implementation, and evaluation phase of each activity to provide equitable learning - while enriching learning for everyone. We include the following advice to ensure an inclusive and engaging learning environment:

- **Create an inclusive environment:** Instructors and learners should work together to create an inclusive learning environment to support thoughtfulness, respect, and educational excellence
- **Examine implicit biases:** Instructors should be aware of personal biases that can impact the activity and interaction with participants, in addition to the potential biases of learners
- **Maintain awareness of diversity:** The instructor's awareness of the diversity of the participants ensures everyone can be equally engaged in learning while also enriching the educational activity and discussion
- **Consider universal design principles:** The instructor should consider presenting information in different formats (text, audio, video, images, writing, speaking) to support participants with various learning preferences
- **Learn more:** This is not an exhaustive list of ideas, and we encourage all speakers to learn more about creating an inclusive learning environment

¹⁰ Diversity and Inclusion. (2020). Yale Poorvu Center for Teaching and Learning. Accessed January 8, 2021 from: <https://poorvucenter.yale.edu/FacultyResources/Diversity-and-Inclusion>

¹¹ Livingston, R. (September – October 2020). How to Promote Racial Equity in the Workplace: A five-step plan. Accessed January 28, 2021 from: <https://hbr.org/2020/09/how-to-promote-racial-equity-in-the-workplace>

¹² American Hospital Association (AHA) (2021). Diversity & Inclusion. Accessed January 28, 2021 from: <https://www.aha.org/resources/diversity-and-inclusion>

¹³ Goldbach, J. (2020 November 5). Diversity Toolkit: A Guide to Discussing Identity, Power and Privilege. Accessed January 28, 2021 from: <https://msw.usc.edu/mswusc-blog/diversity-workshop-guide-to-discussing-identity-power-and-privilege/>

¹⁴ CAST (2021). About Universal Design for Learning. Accessed January 28, 2021 from: <https://www.cast.org/impact/universal-design-for-learning-udl>

Part III: Next Steps

Centene Institute Learning Management System (LMS)

Please visit the [Centene Institute Planner Guide](#) for detailed instructions on how to utilize the Centene Institute LMS as a Planner and/or Speaker for an interprofessional continuing education (IPCE) activity.

Contact Us

Questions?

Please contact Centene_Institute@centene.com with any questions regarding the Centene Institute Speaker Guidelines or to further discuss interprofessional continuing educational activities with the **Centene Institute for Advanced Health Education®**.