

Curriculum for Planners of Accredited Interprofessional Continuing Education for Health Care Professionals: Results of a Modified Delphi Process

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ABSTRACT

Introduction: Our academic institution is planning training for accredited interprofessional continuing education professionals. Focused training is essential to ensure planners can effectively design, implement, and evaluate educational activities while meeting accreditation standards.

Methods: A modified Delphi process was used to develop the training curriculum. Initial content statements were grouped into 6 areas. In round 1, 15 panelists rated each statement, explained their ratings, and suggested additions. In round 2, 13 panelists rated original and new statements after reviewing aggregated round 1 feedback.

Results: Final mean ratings ranged from 2.7 to 4.8. New statements included both unique contributions and expansions of original content. Of 84 statements rated across both rounds, 58% reached agreement (mean rating ≥ 4.0).

Conclusions: The modified Delphi process was feasible, in both process and results, and can inform development of similar programs in other institutions.

INTRODUCTION

Accredited continuing education professionals who plan or manage activities for health care professionals should have expertise in designing, implementing, and evaluating educational activities, while ensuring compliance with accreditation standards. (We refer to these professionals as planners hereafter.) New planners, regardless of clinical or nonclinical background, require focused training to fulfill their roles effectively. Ongoing professional development is essential for all continuing education professionals to remain current with educational innovations and to adapt to evolving accreditation requirements.

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Professional organizations for providers of accredited continuing education offer learning opportunities for planners, such as annual conferences, the Accreditation Council for Continuing Medical Education (ACCME) Academy,¹ and the ACCME's CE Educator's Toolkit.² These opportunities are typically complemented by workplace orientations and trainings. For example, institutions often provide courses^{3,4} and other resources⁵ for coordinators of regularly scheduled series (RSS) tailored to their continuing education programs. RSS is an educational activity designed as a series with multiple, ongoing sessions, typically offered weekly, monthly, or quarterly, and is primarily planned by and presented to the accredited organization's staff.⁶ Formats include grand rounds, tumor boards, and morbidity and mortality conferences.

The University of Wisconsin–Madison Interprofessional Continuing Education Partnership (UW–Madison ICEP) team is developing a training program for planners of interprofessional continuing education activities for practicing clinicians. While various groups offer educational resources for planners within our institution and nationally, we are not aware of any comprehensive training specifically for interprofessional continuing education planners that also provides formal recognition of completion. Our goal is to establish a customizable curriculum that provides relevant, substantial content and inspires planners to strive for excellence in their practice. Planners who complete the training will be eligible to earn a digital badge recognized at our institution. A digital badge is an online record of demonstrated competency, skills, and/or knowledge achieved through a learning activity. It can be displayed and verified online and includes detailed metadata about the learner and their achievement, such as the date the

badge was earned, issuing organization, criteria for earning a badge, and a description of the assessments used.

RSS coordinators comprise the first cohort of planners to participate in the training. We expect this training will enhance their competence and performance as accreditation managers, improve RSS coordinator retention, and elevate recognition of their role within their department or program.

METHODS

Our team of accreditation specialists developed global learning objectives for the training. As a result of participation, planners will:

1. Apply principles of interprofessional continuing education for health care professionals to activity planning and implementation, leading to desired educational outcomes.
2. Optimize planning team dynamics through increased knowledge and appreciation of each team member's roles and responsibilities.
3. Integrate UW-Madison ICEP policies and best practices into the workflow for planning and implementing accredited interprofessional continuing education.
4. Increase skills in using tools, technology, and other resources that support planning and implementation of educational activities accredited under the UW-Madison ICEP umbrella.

A modified Delphi process^{7,8} was used to identify the content blueprint for the training that addresses the stated global objectives. Initial content statements were developed by the authors based on a review of the CEhp National Learning Competencies,⁹ which offers a comprehensive compendium of abilities for practitioners in continuing education for health professions, and internal planning resources. Each statement pertained to knowledge and skills required to successfully work in the accredited interprofessional continuing education space and included “what” and “why” components (eg, “Practical considerations for communication with the activity faculty regarding conflict of interest (COI)—to help planners set up expectations for the COI process and collect COI disclosures on time”). The statements were organized into 6 curriculum buckets and mapped to the learning objectives.

Table 1. Examples of Panelists' Comments

Bucket 1—Overview of Interprofessional Continuing Education

C. Explanation of interprofessional competencies. Purpose: to improve planners understanding of interprofessional continuing education (CE).

Round 1: The average group rating was 4.5 (n=15). Round 2: The average group rating was 4.5 (n=12).

Rationales for high ratings (ie, 4 and 5)

- Panelist 3: Explanation of competencies is very important.
- Panelist 9: Value of interprofessional continuing education is important as a “selling” point.

Rationales for lower ratings (ie, 1, 2, or 3)

- Panelist 5: For Statement C—I think competencies are important for those developing programming and content, but for most of your target audience, I don't think that it needs a detailed overview (if that's what you were planning). I think this will be addressed organically in the content development and strategies section. I also think that the IPEC [Interprofessional Education Collaborative] subcompetencies are much more helpful than the core competencies. Our continuing education office staff gets hung up on the core competencies and then things seem to click once we introduce the subcompetencies.

Bucket 2—Interprofessional Continuing Education Planning Process, Roles, and Responsibilities

N. New suggestion: Understanding that high quality interprofessional continuing education includes teams caring for patients. The patients help center the planning.

Round 2: The average group rating was 3.4 (n=13).

Rationales for high ratings (ie, 4 and 5)

- Panelist 1: I think it's of great value to have consistent reminders that the end result of what we do is for the best interest of the patient.
- Panelist 3: Patients are definitely beneficiaries of good continuing education so including them in planning is a good idea.
- Panelist 6: Statements N and O provide clarity on options for presenting the details of the statements included in this bucket.
- Panelist 8: Good point about patient-centered continuing education planning.
- Panelist 10: A, C and N should be combined, since they all are getting at the same concept.
- Panelist 11: N and P I think would be great additions to the curriculum; however, I'm not entirely sure how we could effectively execute suggestion P.

Rationales for lower ratings (ie, 1, 2, or 3)

- Panelist 5: While important, isn't that understood—by the team, for the team?
- Panelist 7: This does not make sense as worded. Is the idea to include patients/caregivers as part of the planning? If so, this is a commendation criterion.
- Panelist 9: This should have already been discussed, very general knowledge.
- Panelist 11: I think that patient discussion is important; however, for this curriculum/the sake of length, I would leave the commendation criteria and more in-depth discussions to future opportunities.

Likert scale: 1=strongly disagree to 5=strongly agree.

Sixteen accreditation specialists from our institution's interprofessional continuing education program and two other similar programs were invited to participate in the modified Delphi process. In round 1, panelists rated the importance of each content statement using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). At the end of each curriculum bucket, panelists provided explanations for the 2 statements they rated highest and the two they rated lowest and could suggest additional content. In round 2, panelists received a summary of their ratings and the anonymous aggregated findings and explanations. They then retook the survey, rating the same statements and those suggested during round 1 and providing additional comments. We used a predefined average group rating of 4.0 or higher to determine consensus on a statement. This study did not meet the definition of human subjects research and did not require Institutional Review Board review and approval.

RESULTS

The numbers of panelists in rounds 1 and 2 were 15 and 13, respectively. Table 1 provides examples of ratings and comments. Most comments in both rounds explained rationale for ratings. Some comments included suggestions for combining similar content or ideas for learning objectives corresponding to a content statement.

Table 2 features ratings for content statements included in 1 curriculum bucket. Rated statements for all 6 curriculum domains are available from the authors upon request or at the following link: <https://ce.icep.wisc.edu/delphi-method-build-curriculum-results-uw-madison>.

Mean ratings changed—either increased or decreased—from round 1 to round 2 for 69% of the 58 initial content statements. Some new statements proposed by the panelists in round 1 introduced unique content not mentioned in any of the initial statements, while others expanded on initial statements or suggested an educational strategy rather than new content. Nineteen percent of 26 new statements achieved a mean rating of 4.0 or higher. Overall, mean ratings for all statements in round 2 varied from 2.7 to 4.8. Fifty-eight percent of the 84 statements received a mean rating of 4.0 or higher, meeting the criteria for consensus.

DISCUSSION

We used a modified Delphi process to engage 15 panelists—all experts in adult education planning—to identify a content blueprint for training planners of accredited interprofessional continuing education for health care professionals in our institution. Panelists provided feedback on content statements organized into 6 curriculum buckets, which were subsequently translated into 5 online modules and 1 project. Content related to the inclusive excellence bucket was integrated across all 5 modules. Figure 1 outlines the training structure.

The first 4 modules are designed for all planners, while the fifth module is intended for RSS coordinators. The final component is an individual project. Planners will receive guidance and coaching for the project to help them develop and successfully implement innovations or improvements in their interprofessional continuing education practice. Initially, this training will focus on developing

the RSS coordinator role, while future iterations of the last module will be customized for additional audiences, including conference coordinators, enduring activity coordinators, and planning committee members.

The training curriculum was tailored to address the needs and context of our interprofessional continuing education program. Participation of panelists from outside our institution helped ensure comprehensive coverage of content and provided diverse perspectives on its importance. Notably, more than half of all content statements received high mean ratings, which we interpreted as strong agreement among panelists on the importance of many

Table 2. Content Statements Pertaining to Conflict of Interest: Results of the Delphi Process

Content Statement	Round 1 ^a	Round 2 ^a
Bucket 3 – Compliance, Conflict of Interest Disclosure, and Mitigation		
A. Discussion of how CE planners and presenters ensure CE content validity and integrity. Purpose: to expand planners' understanding of the roles of all involved in planning and implementation of CE in relation to COI.	4.7 (15)	4.8 (13)
B. High-level overview of the COI disclosure and mitigation process. Purpose: to help planners understand that this process applies to all accredited CE programs in the country.	4.7 (14)	4.8 (13)
C. Explanation of the ACCME's Standards for Integrity and Independence in Accredited Continuing Education. Purpose: to familiarize planners with the standards.	4.3 (15)	4.2 (13)
D. Discussion of practices that can be used to help ensure continuing education content validity, independence, and balance. Purpose: to expand planners' knowledge of the COI process.	4.5 (15)	4.5 (13)
E. Practical considerations for communication with the activity faculty regarding COI. Purpose: to help planners set up expectations for the COI process and collect COI disclosures on time.	4.5 (15)	4.8 (13)
F. Case studies of challenging disclosure statements. Purpose: to allow planners to practice researching the relevance of financial relationships to the activity content and mitigating COI, and to prepare planners for work with complex COI cases and mitigating issues in compliance with UW-Madison ICEP policies.	4.1 (15)	4.3 (13)
G. Explanation of UW-Madison ICEP policies for COI, commercial support, and presenter honoraria. Purpose: to provide planners with guidance for the planning and implementation of valid, independent, balanced, and evidence-based CE activities.	4.6 (15)	4.5 (13)
H. Demonstration of how the COI process is accomplished using the UW-Madison ICEP learning portal. Purpose: to enhance planners' skills in requesting and processing COI disclosures.	4.5 (15)	4.4 (13)
I. Discussion of common pitfalls, dealing with multiple accounts, and other challenging situations related to disclosure of COI, and supporting resources available at the learning portal. Purpose: to prepare planners for work with complex COI cases and mitigating issues.	4.3 (15)	4.3 (13)
J. New suggestion: A separate content segment for when individuals need to be excluded from controlling content.	N/A	3.8 (12)
K. New suggestion: A separate content segment for Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education (Standards for Integrity and Independence in Accredited Continuing Education).	N/A	3.5 (13)
L. New suggestion: Resources available on the community planners' site to assist with determining if a disclosure is a COI and tools to use for mitigation.	N/A	4.2 (13)
M. New suggestion: A video walk-through of H and a graphical representation of B.	N/A	3.7 (13)

^aDenotes mean rating (number of panelists).

Likert scale: 1=strongly disagree, 5=strongly agree.

Abbreviations: CE, continuing education; COI, conflict of interest; ACCME, Accreditation Council for Continuing Medical Education; UW-Madison ICEP, University of Wisconsin-Madison Interprofessional Continuing Education Partnership.

teaching points. Final ratings and panelists' comments guided decisions regarding inclusion of specific content and time allocation within the modules. Additionally, the "why" component of content statements informed the articulation of module-specific learning objectives.

To advance the curriculum development, we formed an activity planning committee separate from the Delphi process panelists. The planning committee included faculty and staff with expertise in adult learning, educational design, and interprofessional education, as well as members of the intended audience. This committee reviewed and recommended appropriate educational strategies for each segment of the training. The modules are currently under development and are expected to launch in 2026.

Limitations

We acknowledge a limitation of our methods: not all relevant resources may have been used to inform development of the initial content statements. For example, a guide for the professional development of frontline educators in continuing education for health care professionals¹⁰ was not available when we began the Delphi process. Another limitation is that the resulting content blueprint includes elements specific to our program, which may not be applicable to all providers of interprofessional continuing education.

CONCLUSIONS

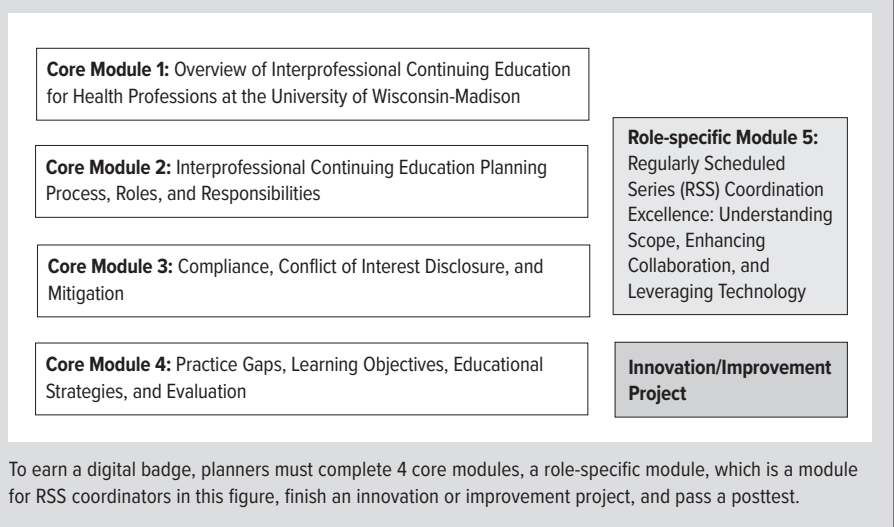
The Delphi study was feasible and provided guidance for developing interprofessional continuing education planner training in our institution. We recommend this method to other institutions seeking to establish similar training programs. The resulting curriculum framework is available for others to use and adapt and may be particularly relevant to academic continuing education units, especially Joint Accreditation providers. At the very least, it offers a foundation for discussing initial content components. Moving forward, we will revisit the curriculum framework based on assessment and evaluation data collected from training participants to ensure its continued relevance and effectiveness.

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Figure. Training Program for Planners of Accredited Interprofessional Continuing Education for Health Care Professionals: A Digital Badge Curriculum



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