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Research

Exploring first-year pharmacy and medical students' experiences during a longitudinal interprofessional education program

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Abstract

Background: Health profession schools have been tasked with implementation of interprofessional education (IPE) within their programs to better prepare students to build effective collaborative health care teams. In 2011, the IPE core competencies were introduced. There is a need to understand whether IPE experiences help students achieve these core competencies. The goal of our research was to explore student-reported experiences relating to IPE core competencies using a qualitative approach.

Methods: Pharmacy and medical students enrolled in combined longitudinal IPE courses during their first professional year were invited to participate in focus groups. Discussions were audio-recorded, transcribed verbatim, and qualitatively analyzed to produce thematic content.

Results: Overall, 18 students participated in three separate focus groups (six students per group). Emergent themes from focus group discussions relating to IPE core competencies included patient care concerns, shared feelings, disconnect between expectations and experiences, perceived role of pharmacists, new learning of pharmacist roles, strategies for effective communication, teamwork, and shared goals. Additional emergent themes were identified that differed and were similar between pharmacy and medical students.

Conclusions: These emergent themes provide evidence that students are at the preliminary stages of demonstrating IPE core competencies. Our study supports the introduction of IPE early in health profession curricula, the adoption of longitudinal course delivery, and the implementation of faculty development to promote achievement of IPE core competencies in a developmentally appropriate manner.

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Abbreviations: CC, interprofessional communication competency; CCCP, Camden Community Collaborative Practice; CMSRU, Cooper Medical School of Rowan University; HIV, human immunodeficiency virus; IPE, interprofessional education; IPEC, Interprofessional Education Collaborative; M1s, first-year medical students; P1s, first-professional year pharmacy students; PharmD, Doctorate of Pharmacy; RR, roles and responsibilities competency; TT, teams and teamwork competency; USciences, University of the Sciences; VE, values and ethics competency; WHO, World Health Organization.

Keywords: Experiential education; Interprofessional education; Competencies; Collaborative practice

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Introduction

The World Health Organization (WHO) defines interprofessional education (IPE) as the following: “when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve

health outcomes.” This was adapted from the Center for the Advancement of Interprofessional Education’s definition to better reflect the global health context.^{1,2} Many organizations, most notably the WHO, the Institute of Medicine, and the Accreditation Council for Pharmacy Education, have recommended that health profession schools implement IPE within their programs to prepare future health care providers to build more effective collaborative health care teams once they enter the workforce.^{1,3–5} Health care reform promotes collaborative practice as one strategy for enhancing the quality and safety of health care.^{6,7} The interdependence between health profession education and collaborative practice is the theoretical basis for implementing IPE within all health profession curricula.^{8,9} In 2011, the Interprofessional Education Collaborative (IPEC) introduced four core competency domains to create a coordinated effort across all health professions to incorporate essential content into all health profession curricula (Table 1).⁸ Each domain is linked with behavior-based objectives that learners should demonstrate by the completion of the curriculum. The establishment of these competencies encourages purposeful learning with the goal of preparing all health professions to intentionally and effectively work together to improve the current health care system.⁶

Although the IPEC report defines the core competencies of IPE, it does not provide guidelines for implementation within curricula. As a result, there are a variety of designs that have been described in the literature, including extracurricular activities, one-day on-campus events, simulation exercises, shadowing, case-based learning sessions, and voluntary student-run clinics.^{10–13} A number of investigators have focused their research on objectively assessing students’ attitudes and perceptions towards IPE within their respective programs.^{10,13–17} There is a lack of both published instruments and qualitative evaluations that assess the effectiveness of programs in relation to the achievement of the core competencies, nor are there benchmarks for curricular planning or assessment of IPE outcomes in a developmentally appropriate manner.⁸ We designed this study to begin filling in these gaps in the literature. We chose a qualitative approach to gain a better understanding

of the educational experience and solicit students’ observations, opinions, and descriptions of their own learning.¹⁸ This would allow us to see through the learners’ eyes what gaps exist between our intended curriculum versus the actual delivered curriculum and build on what is currently reported in the literature. The primary objective of this study was to explore student-reported experiences relating to IPE core competencies within our combined IPE courses, and secondarily to identify key emergent themes related to the overall student experience.

Methods

Study design

This was a qualitative study involving focus groups of students enrolled in the first year of a series of required longitudinal IPE courses. Focus group discussions were used to elicit student-reported interprofessional experiences.¹⁹ Computer-assisted qualitative data analysis techniques that rely on coding content were used to produce thematic content about student-reported experiences within IPE.²⁰ The study was submitted to both University of the Sciences’ (USciences) and Rowan University’s Institutional Review Boards and approved as exempt research.

Description of the IPE courses

Cooper Medical School of Rowan University (CMSRU) and USciences Philadelphia College of Pharmacy created an IPE experience combining two courses that run simultaneously for 24 weeks throughout the year: an ambulatory clerkship experience of 50 first-year medical students (M1s) and an introductory pharmacy practice experience of 25 selected first-professional year pharmacy students (P1s). The medical school requires participation of all students, whereas, the pharmacy school requires interested students to submit an application for admission into this course. At present, the Doctorate of Pharmacy (PharmD) program is a direct-entry, six-year curriculum and a majority of the students enrolled have earned only a

Table 1
IPE core competency domains and general competency statements

Domain	Competency statement
Values and ethics for interprofessional practice	Work with individuals of other professions to maintain a climate of mutual respect and shared values.
Roles and responsibilities	Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served.
Interprofessional communication	Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
Teams and teamwork	Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

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