

Short communication

Development and implementation of a collaborative
interprofessional learning program ☆Mark Chirico, PharmD^a, John Richardson Thompson, PharmD, MBA, BCPS^{b,*},
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Abstract

The Lipscomb University and Belmont University Colleges of Pharmacy partnered with Vanderbilt University School of Medicine and School of Nursing and Tennessee State University College of Social Work to produce a longitudinal didactic and experiential curriculum for interprofessional learning. Faculty worked collaboratively to create an interprofessional classroom and clinic learning experience. In total, 29 first professional year students began as a cohort in July 2010 with a two-week long immersion course in interprofessional learning. Weekly seminar sessions for the entire cohort and an ambulatory clinic experience for teams of four distinct interprofessional students at multiple sites began in August and continues through subsequent professional years. Students completed an initial self-assessment in December and met with faculty to receive expert oral feedback on their performance. On a 10-point scale, the mean satisfaction rating in the clinic experience was 8.84. There was a lower level of satisfaction with the didactic material with a mean rating of 4.98. This work suggests positive benefits, as well as some areas for improvement, of interprofessional students working together in experiential settings and provides a format for other institutions to follow.

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Introduction

Interprofessional education is defined as “occasions when [students] from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.”¹ While efforts to achieve interprofessional education and collaboration date back to the 1960s, more attention has been given to the issue through the World Health Organization (WHO) and

Institute of Medicine (IOM) reports, as well as the formation of interprofessional organizations such as the American Interprofessional Health Collaborative (AIHC).^{2,3} As recently as 2001, the lack of interprofessional collaboration in practice has been linked to the deaths of babies undergoing cardiac surgery in the United Kingdom.² Because of circumstances such as this as well as increasing documentation of medical errors across professions, accreditation agencies now require documentation of interprofessional education among many professional disciplines.

In 2007, the Accreditation Council for Pharmacy Education (ACPE) revised its standards for pharmacy school accreditation to include interprofessional education.⁴ Specifically, standard 12 states that competencies pharmacists must attain include providing care, managing health care resources, and promoting wellness and disease prevention in

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cooperation with patients, prescribers, and other members of an interprofessional health care team. Additionally, the Center for Advancement of Pharmaceutical Education (CAPE) recently released Educational Outcomes 2013, that includes active participation and engagement as a health care team member as one of the desired outcome goals.⁵

Numerous approaches have been taken by educational institutions to involve pharmacy students in interprofessional education. In 1997, the University of Washington formed the Center for Health Sciences Interprofessional Education (CHSIE) to integrate the teaching and research activities of its various health sciences program.⁶ They developed an interprofessional structured clinical examination (OSCE) for dental, medical, nursing, pharmacy, and social work students utilizing standardized patients and videotaping techniques. They also instituted a two-day Interprofessional Student Leadership Conference that students planned and delivered. Shrader et al.⁷ described a simulated interprofessional rounding experience in which pharmacy students participated during a clinical assessment course. Vrontos et al.⁸ described the development of an Interprofessional Day at the Medical University of South Carolina to increase the knowledge of nonpharmacy health profession students about community pharmacists' roles and services. However, few, if any, published interprofessional ventures to date have actually engaged students from diverse professional backgrounds in the ongoing delivery of care to patients in a true clinical environment.

Rationale and objectives

In 2009, the Vanderbilt University School of Medicine and School of Nursing invited the Lipscomb and Belmont University Colleges of Pharmacy and the Tennessee State University School of Work to participate in the Vanderbilt Program in Interprofessional Learning (VPIL). The program enrolled first-year medical and pharmacy students and first-year Master's Degree nurse practitioner and social work students. The goals of the program were to cultivate respectful professionals, create self-directed learners, prepare leaders who contribute to a collaborative-practice-ready workforce, and improve the health care delivery system. In early 2010, a group of clinical practitioners and administrators acting as representatives for each of the aforementioned programs met to develop a set of blended competencies that would guide the VPIL curriculum. The group agreed that these competencies were applicable across all disciplines and were fair expectations for each student in the program. We address these competencies in more detail in the design segment of this article. This article describes the implementation and first two years of follow-up of a novel interprofessional program. The program was reviewed and approved by the Vanderbilt University institutional review board.

Materials and methods

Immersion program

In an effort to create a leveling experience for new students coming into the VPIL program from diverse backgrounds and training, an intensive two-week immersion program was provided. This unique immersion experience served several purposes. Primarily, it allowed interprofessional students to get to know each other and their faculty on an interpersonal and social level. The students were introduced to their clinic teams during the immersion experience and began their work together at that point. The immersion experience also provided the students with a common understanding of the program intent and baseline knowledge of the health care model, community resources, and desired health outcomes. During the immersion experience, Myers-Briggs personality assessments, team-building assessments, and interprofessional assessments were conducted, as well as health information privacy (HIPAA) and technology training.

Students were instructed to arrive at the medical university facility two weeks prior to the beginning of their professional curriculum start dates to avoid schedule conflicts with their primary curriculum. The immersion experience was conducted prior to the beginning of fall semester for all programs and was scheduled from 8:00 a.m. until 5:00 p.m. on Monday through Friday for two weeks. The experience utilized multiple pedagogical approaches including didactic lecture and discussion, team breakout problem-solving sessions, patient visits, community partner site visits, and small group team meeting project work. Topics covered during the immersion experience are provided in [Table 1](#). Two to four instructors representing each of the professions were provided from each of the participating university faculty. The students were comprised of eight medical and eight pharmacy students who were first professional year students and eight nursing and eight social work students who were first professional year Master's Degree students.

Upon completion of the immersion program, students continued to meet together for a half-day per week for didactic instruction and discussion and worked in teams of four (one student per profession) in a local clinic setting for an additional half-day per week. This interprofessional curriculum was overlaid on their individual professional curricula at their home institutions and any academic credit awarded for participation in the program was based on the criteria of the individual institution. Baseline assessments were made during the immersion experience and evaluations continued throughout the ongoing interprofessional experience.

Classroom experience

The VPIL classroom experience was designed as an organized approach to providing a view of the current

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