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IPE Report

An evaluation of the opportunities for collaborative practice occurring in and the impact of interprofessional education on advanced pharmacy practice experiences

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ABSTRACT

Background: To evaluate the impact of interprofessional (IP) education (IPE) programs during the first three years of a four-year doctor of pharmacy program on student preparedness and ability to function as a collaborative team member and to garner student feedback on collaboration experienced during the Advanced Pharmacy Practice Experiences (APPEs).

Interprofessional education activity: Likert scale based statements and open-ended questions were added to the student course evaluations for the APPEs for two graduating classes of students. Quantitative data were analyzed using SPSS (repeated measures ANOVA and MANOVA). Thematic analysis by three reviewers reaching consensus was used to evaluate the qualitative data. Students reported being well prepared for IP collaboration (average ratings ranged from a mean of 3.37–3.46 on a scale of 1–4; 1=not at all prepared and 4=very well prepared). On average, students spent 26–50% of their time working with colleagues from other healthcare professions. In describing their preparedness for IP collaboration, the IP core competency of teams/teamwork was addressed in 50% of the submitted responses. The competencies of values/ethics, roles/responsibilities and IP communication were addressed by 2%, 20% and 28% of the written responses, respectively.

Discussion: Required longitudinal IP programs in the first three years of the pharmacy curriculum contribute to the students' perceived preparedness for collaborative practice during their APPEs. Developing practice sites to increase the opportunities for students to practice collaboratively is key. Further education of and emphasis by preceptors relative to the IPE competencies is desired.

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Background

Healthcare in the United States and abroad has placed increasing focus on the delivery of patient-centered care through highly functioning interprofessional (IP) medical teams. The Institute of Medicine (IOM) has been a strong voice in encouraging this reform, citing significant quality gaps in the delivery and organization of healthcare.

¹ Furthermore, the IOM and World Health Organization (WHO) have both advocated for IP collaboration and education to better meet the needs of patients and an evolving healthcare system.^{2,3} As the healthcare sector continues to develop and resources become more limited, it is imperative that value-based healthcare becomes the norm.² IP healthcare teams need to collaborate in an efficient, effective and precise manner. Consequently, interprofessional education (IPE) has received increased attention in the professional development and education of future pharmacists.

Accreditation bodies of healthcare professions schools have been incorporating IPE into new curriculum standards. The Accreditation Council for Pharmacy Education (ACPE) Standards 2016 state: “The curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team.”⁴ The Standards place importance on IP team dynamics (values, ethics, communication, roles, responsibilities), IPE (both didactic and experiential) and practicing competently as a member of an IP team.⁴ These elements need to be developed throughout the curriculum through introductory pharmacy practice experiences (IPPEs) and various IPE activities, and then demonstrated in the advanced pharmacy practice experiences (APPEs).⁴ Schools and colleges of pharmacy are, thus, developing, incorporating and improving IPE endeavors throughout the students’ pharmacy education.

IPE has been well received by the faculty of colleges of pharmacy and other healthcare professions, as the benefits to students, patients, and institutions is clear.⁵ Specifically, faculty express that IPE prepares students to be more effective in clinical practice, improves communication, and ultimately improves the quality of care and patient outcomes.⁵ Another article looking at the impact of an IPE teaching clinic on preventative care services found that patient outcomes could be improved while simultaneously training students to work in an interprofessional environment.⁶

In evaluating the current literature and per ACPE Standards 2016, there does not appear to be a standard, prescribed curricular approach to IPE among pharmacy programs.⁴ However, through evaluation of current IPE initiatives and scholarly publications, the frameworks for IPE implementation and suggested IPE program characteristics are emerging.^{7,8} The case has been made for a required IP IPPE course as a sustainable method for developing pharmacy students’ confidence and communication in an IP environment.⁹ Other studies suggest the development of IPE programs focusing on clinical topics that frequently involve the whole healthcare team, such as pain management, tobacco cessation, and mass casualty incident simulations.^{10–12} These learning models offer effective methods for enhancing IPE in a clinically relevant context.^{10–12} One study found that developing faculty relative to IPE expanded their involvement and range of activities, as well as peer learning, support and networking.¹³

The continuous monitoring and improvement of IPE programs in healthcare professions schools are critical to the success of the program.^{7,14} In order to further drive IPE development, pharmacy programs should evaluate IPE’s impact on students, faculty and patient outcomes.¹⁵ Central core competencies should be outlined to guide the goals and evaluations of IPE programs.⁷ Research conducted on IPE programs should utilize validated quantitative evaluation tools and strategies for eliciting qualitative feedback from students.⁷

While the current body of literature on IPE is continually growing, the need for studies evaluating its impact on developing pharmacy students is needed. Further, the call for strong evidence supporting a positive impact on patient health outcomes remains.¹⁶ Mu et al.¹⁷ through the use of qualitative and quantitative data analysis, showed that students from allied health professions who were enrolled in three years of IP training had a significant increase in positive perceptions of IP practice. Specifically, students who participated in long-term training reported more positive attitudes than those who had short-term training.¹⁷ Maldonado et al.¹⁸ examined how pharmacy students’ perceptions of IP roles changed after completing an APPE rotation on a solid organ transplant team. In this study, quantitative data revealed that the majority of students had an increase in positive perceptions of IP teams.¹⁸ Hood et al.¹⁹ conducted similar studies in Australia examining nursing students’ perceptions of learning roles, identity, and teamwork, after completing an IP clinical placement. Qualitative and quantitative program evaluation supported the belief that ward-based IP clinical placements would facilitate student acclimation to working on an IP team.¹⁹ Additional studies examined IP workshops and courses, Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) communication training model, and other various IPE activities; each found a positive association with IPE and improved collaboration, communication and professional identity.^{20–24} The need for continued research relative to IPE’s impact on the preparedness of health professions students for collaborative practice is clear.

Rationale and objectives

The research presented in this article expands the current body of literature for IPE. Specifically, through quantitative and qualitative analysis, the impact of IPE occurring in the first three years of the Jefferson College of Pharmacy (JCP) curriculum on students’ preparedness for and success in participating as part of an IP collaborative team in their APPEs is evaluated. This offers a unique perspective on IPE as it relates to its impact on pharmacy students during their final year clinical rotations, which has not been presented to date.

JCP students, along with other university multidisciplinary students, are required to participate in a two-year, longitudinal, IPE

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