

INTERPROFESSIONAL EDUCATION SUPPLEMENT

The Imperative for Interprofessional Education

Susan M. Meyer, PhD

Guest Editor

University of Pittsburgh School of Pharmacy

In the evolving contexts of health care delivery and health professions education, issues of patient safety; public health, health promotion, and disease prevention; and team-based, patient-centered care are at the forefront. Within each of these issues, interprofessional education and interprofessional practice are strategies to achieve the goals of effective, patient-centered, timely, efficient, and equitable health care.¹ Pharmacy education has embraced the vision of the Institute of Medicine Committee on the Health Professions Education Summit that “[a]ll health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.”² *Educational Outcomes 2004*, the document published by the American Association of Colleges of Pharmacy’s (AACP) Center for the Advancement of Pharmaceutical Education that guides curriculum development at colleges and schools of pharmacy, incorporates language that explicitly describes the expectation that graduates will collaborate with other health care providers in the provision of pharmaceutical care, management of systems, and engagement in public health.³ The Accreditation Standards and Guidelines (Standards 2007) promulgated by the Accreditation Council for Pharmacy Education now hold colleges and schools of pharmacy accountable for designing, delivering, and assessing educational programs that prepare future pharmacists to provide patient-centered care as members of interprofessional health care teams.⁴ Development of a contemporary student’s identity as a pharmacist must now include how he or she, as a pharmacist, will participate in the care of patients as a member of a team of professionals.

The topic of interprofessional education is not new to the *Journal*. Remington and colleagues provided a review of evidence for interprofessional education in 2006.⁵ The authors reported on their review of the literature in which they attempted to determine “what educational interventions for health professions trainees are likely to enhance learner-based outcomes (knowledge, skills, and behaviors) relevant to the provision of interprofessional care.” The authors identified a lack of quality information to

guide interprofessional curriculum development and little direct evidence for persistent improvement in interprofessional knowledge and skills.

In its report, the 2006-07 AACP Professional Affairs Committee reviewed AACP activities related to interprofessional education and provided an overview of the positions of other health care organizations such as the Joint Commission, the Association of American Medical Colleges, and the Institute for Healthcare Improvement-Health Professions Education Collaborative.⁶ The Committee offered recommendations for AACP and its member institutions to expand, enhance, and sustain interprofessional collaboration as an underpinning of the doctor of pharmacy (PharmD) curriculum and to facilitate the advancement of patient care practices in a variety of care environments.

The *Journal’s* theme issue on Interprofessional Education provides a comprehensive overview of the state of interprofessional education and pharmacy education’s engagement in it—from issues of administrative structure and support to facilitate cross-program interaction, to working definitions, to accreditation issues, to instructional and assessment strategies being implemented and evaluated. One might question how effectively a profession-specific journal with a fairly homogeneous audience might address a topic as complex and seemingly broad-reaching as interprofessional education. Yet, some of the component knowledge, skills, and attitudes identified as core to interprofessional practice can be learned in profession-specific courses, while others must be taught, practiced, and refined in collaboration with others. The mastery of interprofessional education competencies must be progressive over the course of a student’s development and the content integrated across a curriculum, from conceptual to experiential, and from theoretical to contextual.

The manuscript by Buring and colleagues, “Interprofessional Education: Definitions, Student Competencies, and Guidelines for Implementation,” provides a context and grounding for the papers that follow. Outlining the work of the AACP Task Force on Interprofessional Education, the paper provides a clear definition of interprofessional

education, what it is and is not, and the current evidence supporting interprofessional education. The delineation of interprofessional competencies and learning objectives provides useful guidance for the development of a curriculum to prepare students for interprofessional practice, components of which might be implemented in pharmacy-specific courses and others in interprofessional courses and patient care experiences. The second Buring manuscript, “Keys to Successful Implementation of Interprofessional Education: Learning, Location, Faculty Development, and Curricular Themes,” offers additional detail to facilitate the implementation of interprofessional education initiatives.

In 2007, as part of their participation in the AACP Academic Leadership Fellows program, Smith et al conducted focus group discussions with administrative leaders in colleges and schools of pharmacy and other health professions programs across 6 campuses. The manuscript, “Interprofessional Education in Six US Colleges of Pharmacy,” outlines the current realities and environments associated with advancing interprofessional education.

Papers by Cameron et al, Odegard et al, and Dodson et al provide campus-specific examples of how interprofessional education is being approached, the role the college or school of pharmacy has had in the design and implementation of interprofessional education strategies, and how pharmacy students are engaged in interprofessional learning activities.

ACKNOWLEDGMENTS

In addition to the authors of the component manuscripts, this theme issue would not have become a reality without the diligence of the *Journal* editorial staff and thoughtful input of the reviewers.

REFERENCES

1. Institute of Medicine Committee on Quality of Health Care in America. *Crossing the Quality Chasm*. National Academy Press, Washington, DC 2001. http://www.nap.edu/catalog.php?record_id=10027#toc Accessed June 11, 2009.
2. Institute of Medicine Committee on the Health Professions Education Summit, *Health Professions Education: A Bridge to Quality*. National Academy Press, Washington, DC; 2003. http://www.nap.edu/catalog.php?record_id=10681#toc Accessed June 11, 2009.
3. Center for the Advancement of Pharmaceutical Education Educational Outcomes 2004, American Association of Colleges of Pharmacy, 2004. <http://www.aacp.org/resources/education/Documents/CAPE2004.pdf>. Accessed May 19, 2009.
4. Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree, Accreditation Council for Pharmacy Education, 2006. http://www.acpe-accredit.org/pdf/ACPE_Revised_PharmD_Standards_Adopted_Jan152006.pdf. Accessed May 19, 2009.
5. Remington TL, Foulk MA, Williams BC. Evaluation of evidence for interprofessional education. *Am J Pharm Educ*. 2006;70(3):Article 66.
6. Kroboth P, Crismon LM, Daniels C, et al. Getting to solutions in interprofessional education: Report of the 2006-2007 Professional Affairs Committee. *Am J Pharm Educ*. 2007;71:Article S19.