

VIEWPOINTS

Intraprofessional Sensitivity: A Must for the Academy and the Profession

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Submitted December 19, 2012; accepted December 20, 2012; published April 12, 2013.

The buzz term in healthcare professions education and practice is interprofessional education. Several articles have been published on this topic.¹⁻⁵ However, little attention is given to intraprofessional education or what I term intraprofessional sensitivity, to emphasize the importance for academics, graduates, and practitioners to be sensitized to and aware of the diverse role and contributions of professionals within pharmacy and to seek to communicate and collaborate with them to optimize the educational process and patient care. A review of the literature resulted in few articles related to intraprofessional education, training, and sensitivity.⁶⁻¹⁰ However, publication by the American Dental Association¹¹ (Point 1) and the American Physical Therapy Association¹² (Goal 16), specifically address intraprofessional education.

In 1995, we published a paper¹³ in which we identified valuing current practice skills as one of the challenges for implementing pharmaceutical care in a clear message to acknowledge the skills of baccalaureate-educated pharmacists during the push to an all PharmD degree. Since then and for several years before, pharmacy has evolved more and more into a clinical profession with major changes to the curriculum and pharmacists taking on many new responsibilities and specialty practice. However, pharmacy academia and the profession have not emphasized the need for intraprofessional sensitivity in teaching pharmacy students and among pharmacy academics or practitioners.

From the academic side, the guidelines and standards for the PharmD degree set forth by the Accreditation Council For Pharmacy Education (ACPE)¹⁴ are key to this discussion. Standard 9 of the document identifies the goal of the pharmacy curriculum as enabling graduates to practice as a member of or on an interprofessional team. Standard 12 highlights the competencies and outcome expectations for the graduates. Neither of the above

standards mentions achieving those within an intraprofessional approach. Standard 13 identifies the curricular core; however, none of the core areas address working with, acknowledging, or communicating with pharmacists in the different practice settings. Standard 14 discusses both early and advanced pharmacy practice experiences, but there is no emphasis on preceptors addressing with the students and highlighting ways in which they could establish interactions or collaboration with other pharmacists. Another important aspect to this discussion is while standard 13 clearly highlights the importance of all the sciences, standard 25 specifically identifies the importance of faculty members respecting their colleagues. Appendix B stresses the importance of students being competent in core basic science areas that are “critical to the foundation and delivery of effective patient care.” Unfortunately, however, some new and established programs have gradually started the process of devaluing the importance of the basic sciences, some administrators and faculty members have undermined the important role the sciences and science faculty play in the curriculum, and some science faculty members have developed an antagonistic relationships with clinical faculty members. All of the above deemphasize intraprofessional education within the academy and its members.

From the practice side, none of the major pharmacy organizations based on a literature review has published a white paper on intraprofessional sensitivity. Going back to the manuscript we published in 1995 – at a time when some PharmD graduates were proclaiming their superiority in providing clinical services as compared to baccalaureate-educated pharmacists - we asked for pharmacists to exhibit the same degree of care and support for each other as the era of pharmaceutical care unfolded. Regrettably, throughout the last 25 years of practice, I have seen turf conflicts among pharmacists within the same hospital, lack of respect among pharmacists, and/or no attempts at continuity of care between pharmacists (eg, hospital to community, hospital to nursing home, etc), and administrators who cater to the needs of other administrators or healthcare professionals at the expense of their own pharmacy employees.

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For our profession to prosper as pharmacy practice evolves, ACPE standards, educational outcomes, and the curriculum should specifically address the importance of intraprofessional sensitivity. The roles of basic, social, administrative and clinical faculty members have to be highlighted, respected, and appreciated. Courses (eg, healthcare systems, communication skills, and skills laboratories) should provide an in-depth look at the diverse scope of pharmacy practice, the role of pharmacists, pharmacy technicians or interns under each, and challenge students by different activities including simulations to explore models for how pharmacy practitioners in these areas can support, respect, collaborate, and complement each other to optimize patient care. In addition, innovative practice models among pharmacists (eg, hospital, ambulatory, community, regulatory, etc) and between academia and practice should be encouraged and promoted to develop research opportunities, address public health issues, and ensure continuation of care. Residency programs can play a major role in providing such opportunities. Further, administrators in academia and practice have to advocate for and support intraprofessional sensitivity efforts. The ultimate goal should be to instill the respect and care needed to be sensitized to all our pharmacy colleagues who contribute to our beloved profession.

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