

VIEWPOINTS

Interprofessional Education: Fad or Imperative

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There has been increased focus with a call to implement interprofessional learning experiences for health profession students. Some of the attention has come from highly respected sources, such as the Institute of Medicine.¹ In 2011, the Interprofessional Education Collaborative identified 4 core competencies of interprofessional education which include: values and ethics for interprofessional practice, roles and responsibilities, interprofessional communication, and teams and teamwork.² Last fall, the Accreditation Council for Pharmacy Education sponsored a national conference on “Advancing Quality in Pharmacy Education: Charting Accreditation’s Future” which highlighted the need to implement interprofessional competencies and learning.³ To many in academia, all this attention has been perceived as another trend which schools will frantically need to address in order to meet accreditation standards.

Integration of interprofessional education within health profession curricula provides learning opportunities for students in an environment which prepares them to practice. Effective communication and teamwork in providing health-care has demonstrated improved patient outcomes.⁴ Interprofessional education is an imperative because it is each profession’s responsibility to their patients.

The resistance encountered among colleagues can be disheartening, especially for those who buy into interprofessional education as a professional mandate and responsibility to patients. In our experience, students may be more open to the concept than faculty members. Reasons for this include faculty perceive implementation challenges and time commitments as too much work, therefore interprofessional education is not a top priority. Faculties in academia are not known for agile responses when making curricular changes. It took over 50 years from the first suggestions of need for change within the profession’s curriculum to become more patient-care focused to implementing the doctor of pharmacy degree as the first professional degree.

Another challenge is the misconception among faculty members that interprofessional education is already occurring because of multidisciplinary collaborations in research efforts. This attitude reflects the lack of understanding of the importance and the nature of interprofessional education.⁵ Interprofessional education is “when students from 2 or more professions learn about, from, and with each other to enable effective collaborations and improve health outcomes.”⁶ Faculty members may not be prepared for the cooperative role without professional ego that is required for interprofessional education. Each profession may desire to lead their own interprofessional education efforts.

To implement effective interprofessional education, students learning together will need to be matched according to comparable levels of knowledge and skills. If students at a more senior level are matched with novices in the profession, this leads to an imbalance and incompatibility, with the senior-level students dominating the team. Students need to be acculturated to the professionalism responsibilities of their profession. A simple consideration of how they should dress when engaging with other professionals can result in students’ having more respect for the other profession.

Performance standards are needed which are similar and cross disciplines. One profession having lower expectations will create another area for imbalance. There is a need to develop validated and sensitive tools that can assess the impact of interprofessional education. In particular, tools for assessing teamwork skills are needed.

Logistics such as finding a common schedule and an appropriate size room for interprofessional education collaborations are also challenges. These logistical issues are often the rate-limiting step for implementing interprofessional education. Additionally, sustaining efforts over a longer period of time becomes difficult.

As there are many challenges, colleges and schools should start small. Look for opportunities where others are seeking collaborations. Elective offerings may be a good place to start. Accept the notion that even small undertakings are steps in the right direction for the profession of pharmacy and patients served.

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Recently, Southern Illinois University Edwardsville (SIUE) implemented 2 interprofessional education programs. SIUE is not affiliated with an academic health science center. It has schools of pharmacy and nursing located on the main campus, and schools of dental medicine and medicine located 20 and 75 miles from the campus, respectively. The first interprofessional education program implemented involved pairing third-year pharmacy and first-year dental students in teams to apply ethical decision-making principles to cases. The second interprofessional education program involved second-year pharmacy and sophomore nursing students coming together for cross-cultural communication learning sessions.

With each program, students came together for two 2-hour sessions. Although the dose of interprofessional education was low in both of these programs, the potency was high based on student feedback. The pilot programs helped to create a model for future required courses in ethics and cultural competency taught together with other health professional students. Starting in fall 2013, first-year pharmacy students will come together with first-year dental students for a required interprofessional education ethics for health-care course. The course consists of both uniprofessional and interprofessional sessions.

Faculty attitudes and knowledge can be addressed by hosting an institutional interprofessional education retreat. The retreat planning committee should be made up of an interprofessional team. To instill teamwork and collaboration, the planning committee could attend 1 of the institutes sponsored by the IPEC. The retreat should consist of showcasing existing institutional interprofessional education efforts as well as active learning exercises to engage faculty members. One example is to have interprofessional teams of faculty members using shared thematic interests, (ie, patient safety, global health, simulations, health promotion, etc) to design an effective interprofessional education experience by applying principles of teaching and learning.⁷

Bringing together comparable students requires mapping of each profession's curriculum to determine where courses are taught. Developing validated assessment tools should be a priority research focus in interprofessional education. Scheduling and room challenges can be

addressed by exploring creative approaches to collaborations including the use of technology.⁸

If pharmacy education is to achieve the desired outcomes of interprofessional education, which is improved patient care, then major infrastructure changes to curricula as well as changes in attitude among faculty members will be essential. Not only will colleges and schools need to be flexible and adapt to the needs of other professions, but the culture of how students are educated must change, too. We suggest that the standard for interprofessional education in pharmacy education requires interprofessional education across the curriculum (classroom and experiential) with extensive collaborations in learning so pharmacy students can learn about and with many other health professions. The academy should publish best practices in interprofessional education in the *Journal*. Funding for the development of innovative interprofessional education models and assessment tools should be a top priority. Clearly, interprofessional education is an imperative for healthcare professional practice and is not a fad.

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