

LETTERS

A New Practitioner's Perspective on Combining Interprofessional and Cultural Competence Instruction in Pharmacy School Curriculum

To the Editor: In the June 2015 issue of *AJPE*, Okoro and colleagues published an insightful and thorough study regarding the current state of cultural competence instruction in pharmacy school curricula.¹ The article concisely demonstrated areas of strength and weakness in teaching pharmacy students how to become culturally competent health care providers. I would like to add to the conversation by providing a way to incorporate interprofessional instruction with cultural competence.

Cultural competence is the ability of health care providers to “provide care to patients with diverse values, beliefs, and behaviors. . .to meet patients’ social, cultural, and linguistic needs.”² Two of the barriers to culturally competent care, which Okoro and colleagues allude to, are lack of diversity in health care’s workforce and poor communication between providers and patients of different backgrounds.^{1,2} The first is a more long-term obstacle, but I believe much can be done in the short-term.

As a recent pharmacy school graduate, I—like many of the students who completed the surveys for Okoro’s study—feel that much of my cultural competency training came from outside the curriculum. It came from service-learning, volunteering in the community, and through the IPSF (International Pharmaceutical Students Federation) Student Exchange Program. Okoro and colleagues addressed how cultural competence instruction can be made a seamless part of pharmacy school curriculum, attainable for all students, not just for those from other cultures or with a vested interest in expanding their cultural horizons.

One potential solution and area for further research is partnerships between pharmacy schools and local health sciences schools, such as medicine, nursing, physical therapy, or occupational therapy. Multiple authors have published about cultural competence education already embedded into medical school curriculum.^{3,4} Rutledge

and colleagues described how nurse practitioners attained cultural competence.⁵ In all of these scenarios, direct patient interaction was the most beneficial learning tool for students. Perhaps it is feasible to combine students from various professional programs into one learning activity, use standardized patients, and integrate health care providers before they graduate from their respective schools. This demands further research.

The concept of combining interprofessional and culturally competency instruction, perhaps by using standardized patients, could touch upon several Accreditation Council for Pharmacy Education (ACPE) requirements: cultural sensitivity (Standard 3.5) and interprofessional education (Standard 11, 24.3, and 25.6).⁶ This could be an opportunity to not only enhance cultural competent instruction for future pharmacists but also bridge the gaps among health science students who will all be expected to provide interprofessional and culturally competent care after graduating.

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