

## LETTER

### Response to Standardized Colleagues in Pharmacy Education

*To the Editor:* We would like to thank Drs. Berenbrok and Sparks for their letter and kind words about our study. We agree with the letter, that standardized colleagues are a method toward teaching pharmacy graduates to be both “practice- and team-ready.” Previous research in this area has shown that student pharmacists are better able to recognize the role of other health care professionals than before the encounters and were more comfortable disclosing an error to a patient’s prescriber with standardized patient encounters on cases with students in different health care professions.<sup>1-3</sup> In fact, all health professionals could potentially benefit from standardized colleague exercises.

An interesting aspect of the letter by Drs. Berenbrok and Sparks is the idea of standardized colleague exercises, which have been shown to be effective in helping develop team-based competencies.<sup>4,5</sup> We believe that research into developing “team-ready” health care professionals is in its infancy because of the more recent importance on developing those skills in health professional students. For example, the most recent educational standards in medical education, physician assistant education, pharmacy education, physical therapy education, and nursing education require that graduates perform as members of an interdisciplinary team.<sup>6-9</sup> Moreover, a recent article in the *Journal of Public Health* identified that the implicit hierarchy (with physicians at the top) as well as the perceived roles of pharmacists were barriers to developing interprofessional collaboration.<sup>10</sup> Future research in other health professions education also should examine the utility of standardized colleagues.

We also support initiatives that create situations for health profession students to practice their role with students from other disciplines. For example, the Medical College of Georgia has recently initiated simulated learning experiences, including addressing a medical error, with “senior” students (fourth-year medical students, fourth-year pharmacy students, etc.) to provide opportunities to learn how each discipline’s role complements one another and creates a cohesive team unit. Simple aspects of teamwork, such as which discipline to reach out to when patients require community resources (social workers), may be overlooked by seasoned health care educators, but are crucial teamwork skills for the next generation of health care professionals.

As such, it seems that the impetus to improve the teamwork aspect of health care has been appreciated by

the respective accrediting bodies because of the addition of these salient standards within accreditation guidelines. Further, we support any intervention that can reduce those barriers during the educational process so that future graduates of all health professions are more comfortable practicing in patient-centered, interprofessional teams.

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