LETTERS

Interprofessional Education: Thoughts of a Current Pharmacy Resident

To the Editor. I greatly appreciate the recent contribution from Jones and colleagues, and it excites me to discover that pharmacy colleges and schools are incorporating interprofessional education into their curriculum.¹ I would like to highlight the importance of the topic and offer a few examples of successful interprofessional education activities that I have been a part of in my clinical years. Although I believe interprofessional education is important throughout education, in my experience, the value is maximized in the clinical years and even further in postgraduate training when clinicians are not overwhelmed with class work.

I received my PharmD from a large university associated with a medical center and, although some interprofessional education activities were available during the first 3 years of pharmacy school, what I found most powerful came during my final clinical year. The hospital placed students on medical teams which included medicine residents and medical students. The environment allowed the pharmacy students to work with both the medicine residents and students, giving both parties insight into the role a pharmacist could play and the value he or she could bring in that environment. It also offered the pharmacy student a chance to gain confidence in offering his or her expertise.

As I continued my education and started a postgraduate residency, I participated in an activity that I felt was very helpful. As a part of my residency, I take part in an interprofessional faculty development program with physicians. This program provides a unique setting in which pharmacists and physicians work closely in developing professional skills needed to pursue a faculty position in the future. In an effort to help the pharmacists and physicians better understand the education and expertise of each profession, all members shared in a discussion

comparing and differentiating between pharmacists' and physicians' educational paths, licensing processes, and postgraduate training opportunities. The discussion was facilitated by a faculty member and comments were transcribed on a white board for further thought and discussion. Although very simple, all who participated felt that their understanding of the other profession improved considerably. I feel that this model could easily be incorporated into many different settings, whether academic or professional, and expanded to include other health care professionals.

There are many possibilities for improving interprofessional education and they can be incorporated throughout pharmacy school and postgraduate training. Incorporating activities, like the one described above, can greatly aid in health professionals' understanding of and respect for the capabilities of other professionals. Developing interprofessional education early in academic training is important to introduce the topic, but it is most valuable later, in clinical training, when it is more applicable. Interprofessional collaboration is of paramount importance as health care continues to evolve into a team environment. As Jones and colleagues point out, there is much room for growth in incorporating interprofessional education. It is an exciting time to be a part of the health-care team and I am ready to embark on my new career and act as a catalyst for change in the world of clinical pharmacy through helping to educate my interprofessional colleagues on what we, as pharmacists, can accomplish and contribute.

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REFERENCES

1. Jones KM, Blumenthal DK, Burke JM, et al. Interprofessional education in Introductory pharmacy practice experiences at US colleges and schools of pharmacy. *Am J Pharm Educ.* 2012;76(5): Article 80.