VIEWPOINTS

Transition of Pharmacy Educators to Faculty Champions of Interprofessional Education

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Pharmacy educators are entrusted with preparing pharmacy students for effective implementation of professional knowledge and skills to patient care. In fulfilling this important task, they are frequently challenged with pedagogical demands to adjust pharmacy education to ever-evolving innovations in delivery of healthcare services. Interprofessional education (IPE) has become an integral part of teaching and learning in health professions programs. In the patient-centered healthcare model, it is not enough for health workers to be professional; they need to be *interprofessional*. The Centre for the Advancement of Interprofessional Education defines IPE as “Occasions when two or more professions learn with, from, and about each other to improve collaboration and the quality of care.”¹ This definition has guided health professions educators worldwide in their efforts to implement interprofessional strategies to uniprofessional curricula. Interprofessional education has a positive impact on the quality and safety of healthcare delivery.

Implementation of IPE into professional pharmacy programs is driven by emerging models of a team-based delivery of healthcare services and rapidly evolving new roles for pharmacists. The Accreditation Council for Pharmacy Education’s call for development and implementation of meaningful IPE experiences² prompted pharmacy programs to undertake initiatives to incorporate IPE into professional and postgraduate training. Advancements in IPE made by pharmacy educators are published in several *American Journal of Pharmaceutical Education* articles.³⁻⁵

The key to successful development and implementation of IPE is an adequately prepared cadre of educators who can learn with, from, and about each other. Studies have shown that pharmacy faculty members are not prepared for IPE^{3,5} and this deficiency significantly hampers IPE. Competent IPE pharmacy educators with adequate knowledge, skills, and attitudes are needed to develop effective strategies to support successful implementation

of IPE to pharmacy curricula, coordinate IPE activities, and lead others in IPE endeavors.

The making of an IPE faculty champion is a process.⁶ Faculty members’ transition to the new role and responsibilities requires not only specific faculty development programs but also resources and organizational support. Through this process, pharmacy educators acquire competencies essential to master the growth and development of IPE. The transitioned IPE champions should possess unique characteristics. Most of all, they should have determination and extraordinary interest in the adoption, implementation, and success of IPE. Appreciation of the value, benefits, and importance of IPE in health care is essential as much as deep understanding of, and respect for, other health professionals’ skills and contributions to patient care. Interprofessional education knowledge and understanding should be accompanied by adequate pedagogical skills. Successful IPE champions should be able to create novel learning environments, innovative teaching methods, and diverse active-learning activities. Approaches to the IPE curriculum should involve self-directed, case-based, and problem-based learning. Furthermore, inclusion of discipline integration as an educational strategy can significantly enrich IPE. As educators, IPE champions should be prepared to facilitate and mediate student learning. Their expertise in group dynamics and in team teaching, organization, function, and assessment of team performance is essential. The IPE faculty champions should value diversity and understand the importance of bringing together students and faculty members from a range of disciplines to learn about, from, and with one another. Excellent communication skills, conflict resolution, and consensus-building skills should be strong attributes of IPE faculty members. Moreover, champions of IPE should effectively share their vision and lead others in IPE. Faculty members who have transitioned into the IPE champion role can become positive role models for students and others involved in IPE within classroom-based, experiential and postgraduate education. A survey of more than 400 healthcare educators showed that faculties engaged in IPE have better attitudes toward IPE.⁷

Faculty development programs for IPE should be an integral component of the process necessary for pharmacy

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educators to transition to IPE experts. Effective faculty development was shown to have significant correlation with effective IPE.^{8,9} Buring and colleagues reported that 90% of colleges and schools of pharmacy have no faculty development programs for IPE.³ The literature reports from evidence-based studies on faculty development for IPE are limited.^{6,10} A few initiatives for a specific IPE faculty development program were undertaken by pharmacy^{10,11} and other health professions programs.¹² The key concepts that transpired from the IPE literature indicate that faculty development programs need to adhere to the basic domains of IPE.¹³ The principles of IPE need to be incorporated in every aspect of continuing faculty transition programs. Ideally, educators should embed IPE into their teaching, research, clinical work, service and other academic functions.¹⁰ Moreover, transitioning faculty member to IPE champions should happen in the context of the practice environment and with other professionals (ie, learn together to work together). The IPE training should not be limited to clinical faculty members; it is important to explore how other faculty members can transition and contribute to IPE.

In addition to effective faculty development programs, the transition to an IPE faculty requires adequate resources. One medical program showed that a valuable resource for faculty transition to IPE may be mentoring programs.¹² Midcareer or senior faculty mentor leaders with adequate IPE credentials and experience along with confidence and enthusiasm can become an invaluable IPE mentoring community to prepare faculty champions for IPE. The more successful models for IPE faculty transition become available, the more resources may be identified. Dedicated individuals who commit huge amount of time to IPE are priceless human resources. The organizational support for pharmacy faculty transition to IPE educators is in place and continues to grow. Pharmacy professional organizations in collaboration with educators from other health professions programs developed core competencies for interprofessional collaborative practice (ICP).¹³ This ICP framework can effectively guide IPE faculty development programs and facilitate transition to IPE champions. The future should bring new initiatives on implementation of IPE. There is a need for more scholarly projects on development of IPE faculty. Findings from these studies can guide academic pharmacy in overcoming challenges related to IPE implementation.

Transition of pharmacy educators to IPE champions is the key to the success of IPE, but it cannot happen

without effective IPE faculty development programs, adequate resources, and organizational support from different health professions. The IPE challenge can be met successfully with the transition of faculty members to IPE champions. Implementation and development of IPE should be led by highly competent IPE faculty champions able to foster respect among the health professions, and ultimately, transform the healthcare landscape.

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