VIEWPOINT

Advancing Interprofessional Education via Strategic Planning

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Standard 11 of the 2016 Accreditation Council for Pharmacy Education (ACPE) stipulates that the curriculum should prepare all students to be contributing members of an interprofessional team in a variety of practice settings.¹ The team should include prescribers and other health care professionals. The standard indicates that this preparation should occur throughout the curriculum including didactic, introductory pharmacy practice experiences (IPPEs), and advanced pharmacy practice experiences (APPEs). The standard also indicates that schools must demonstrate achievement of the Interprofessional Education Collaborative (IPEC) core competencies.² We suggest a strategic plan is needed to effectively address interprofessional education (IPE) throughout the curriculum, including experiential education and addressing challenges and assessment approaches needed for this type of experience to be successful.

The current approach to IPE can be described as a series of isolated events. The literature is abundant with individual examples and how they address core competencies, but not one overarching strategic model encompasses Standard 11 in its entirety.³⁻⁶ For example, some IPEC competencies are addressed early in the didactic curriculum with classroom teaching, case based study, and team-based projects.³⁻⁵ In the experiential setting, IPE is achieved via simulations, service learning, and as a part of IPPEs or APPEs.⁶⁻⁹ Although the latter is not as well documented in the literature, a few examples, such as Hays's study, provided examples of how IPE could be addressed in a community setting through activities that could involve multiple health care providers including, in some cases, a pharmacist.⁷ The examples cited are out of the box and atypical of what is normally considered, such as the supermarket visit. Goldstone and Cooley described the development of an interprofessional psychiatric APPE elective that developed communication and collaboration skills in patient-care settings.⁹ An emerging focus on prevention education may be another focused area for IPE as pharmacy enhances its public health role.¹⁰

Another important area for a strategic model to address is assessment of IPEC competencies. Examples are

limited to assessing knowledge and attitudes and sometimes patient care skills but rarely interprofessional skills. Common assessment tools are restricted to surveys, reflections, and preceptor evaluations.¹¹ In their survey, Jones et al indicated 55% of US schools of pharmacy addressed IPE in IPPEs with a variety of formats. However, this data did not indicate if the core competencies were actually developed or assessed during this time.¹² It is unclear if schools had a strategic plan for addressing and assessing the IPEC competencies. Additionally, in their literature review, Abu-Rish et al identified inconsistencies and shortcomings in how IPE events are conceptualized and assessed.¹¹ Reeves et al advocated for more robust assessment of the IPE competencies than knowledge and attitudes, such as evaluation of interprofessional skills and their effects on patient outcomes.^{13,14}

The more developed models for IPE are those affiliated with IPE centers and/or academic health centers such as University of Washington, University of Minnesota, University of South Carolina, Rosalind Franklin University, University of Toronto, University of British Columbia, Western University, and Thomas Jefferson University.¹⁵⁻¹⁸ While every school cannot duplicate these resources, it may still be possible for a program to learn from the center model for IPE and address challenges in IPE planning. Kahaleh et al provided recommendations for implementing instructional and assessment strategies for IPE.¹⁹

While a published strategic model does not yet exist, the literature does contain conceptual frameworks for developing a strategic plan for IPE. The University of Toronto advocated for a longitudinal model with three phases: exposure, immersion, and competence.¹⁸ This model integrated IPE throughout the curriculum where knowledge, attitudes, and skills were developed as students progressed from an introductory phase to development and ultimately competencies to practice interprofessionally. Another model for addressing the IPEC competencies is the Leicester Model, which is based on the Kolb cycle of experiential and reflective learning.²⁰ In this model, students first immerse into patient and professional experiences, then analyze and

relate perspectives. Following these phases, students consider solutions to problems and finally become change agents. The “seamless care” model developed at Dalhousie University is another approach.²¹ Students are organized into teams where they learn about, from, and with each other while caring for patients transitioning from acute care to the community. In this model, the focus is not only to develop the IPE competencies but also to enhance patient care outcomes.

A 2015 Institute of Medicine (IOM) report on measuring the impact of interprofessional education on collaborative practice and patient outcomes is also a noteworthy conceptual framework for developing a strategic plan.²² This report describes developing interprofessional learning as a continuum that should include Kirkpatrick’s levels of outcomes for assessment. These levels include learner reaction, attitudes/perception, knowledge/skills, behavioral change, changes in organization practice, and benefits to patients and communities.

Using theoretical frameworks such as the IOM model is a good starting point for developing a strategic plan for IPE that fully addresses Standard 11 of the ACPE Standards. A strategic plan would ensure the IPEC competencies are developed throughout the curriculum including didactic as well as experiential education. It would also include monitoring and assessment planning of the core IPEC competencies as students’ progress through the curriculum. The ultimate goal is to address IPE learning to affect change where interprofessional practice, including teamwork and collaboration, become the norm for practice. It will be much more challenging to reach this goal without a strategic plan.

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