

# FINAL REPORT OF THE 2006-2007 COUNCIL OF FACULTIES INTERPROFESSIONAL EDUCATION TASK FORCE

## TASK FORCE MEMBERS

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## CHARGES

1. Define and develop vertically integrated interprofessional curricula.
2. Identify faculty development resources to promote competency in interprofessional education with the eventual goal of establishing excellence in interprofessional education.
3. Disseminate your findings on interprofessional needs in pharmacy through publication in professional journals.
4. Identify common curricular themes that can be used in a vertically integrated curriculum.
5. Recommend means for implementing your findings and potential charges for the 2008-2009 Task Force

### 1. AND 4. VERTICALLY INTEGRATED CURRICULUM/CURRICULAR THEMES

The task force initially developed a lengthy list of potential common topics that crossed interdisciplinary lines. Developing a workable list of topics from the initial list was difficult because many of the topics were either too general, too specific or had considerable overlap with other topics. Therefore the list was refined and consolidated. (See Appendix A) Next, from that list, the task force identified and prioritized the most important and applicable interprofessional education (IPE) topics for inclusion into the integrated vertical curricula. Each of these 6 priority topics was then developed in considerable detail including the IOM category; possible detailed learning objectives for each topic; potential teaching methods; and what professional year(s) each topic could be taught. (See Appendix B) Topics are ranked in priority from 1st to 6th as determined by the task force.

Regarding the 5 models of pharmacy schools (See Appendix C) and the implementation of the vertical curriculum, the task force felt that there were more commonalities than differences among the schools in terms of implementation. All 5 models could implement interprofessional education activities during IPPE and APPE activities. Where the models differed was in the potential for interprofessional education in professional years earlier in the curriculum and the number of potential partners in IPE. Schools with one or health professions co-located on their campus would have the most difficulty and would require individual and creative approaches to

implement IPE early in the curriculum. Also the actual difference between models 2 and 3 appeared to be insignificant. Therefore, it was the consensus of the task force that trying to separate all schools into these artificial categories would be counterproductive and that a more general approach would be effective. To assist in implementation, an aid entitled *Elements Critical to the Development of Interprofessional Education* was developed. (See Appendix D). It is hoped that, regardless of model, schools can selectively use both documents to assist in developing IPE at their school.

## **2. FACULTY DEVELOPMENT**

Over the past two years the task force has identified multiple resources that potentially could be used. However, the task force felt that its primary efforts for 2006-2007 should be focused on charges 1 and 4. *This would be an excellent charge for the 2007-2008 task force since some of the preliminary work has already begun.*

## **3. DISSEMINATING TASK FORCE FINDINGS**

Because of the difficulty in finding a time and place for a face to face meeting, this goal was not addressed. *However, the first two years of the task forces work is now robust enough for publication and would be an appropriate charge for the 2007-2008 task force.*

## **4. DEVELOP CURRICULAR THEMES**

See Appendices A and B

*At some future point in time (potentially the 2007-2008 task force or later) the task force could prioritize the remaining topics from Appendix A and begin to develop learning objectives, teaching methodologies and place in the curriculum using the format in Appendix B.*

## **5. RECOMMENDATIONS/FUTURE TASK FORCE CHARGES**

The recommended charges to be carried over to the 2007-2008 task force are listed above.

*In addition, the task force felt one step that would facilitate implementing IPE and develop faculty competencies would be the creation of an Interprofessional Education SIG within AACCP.*

## APPENDIX A- CONSOLIDATED LIST OF TOPICS FOR INTERPROFESSIONAL EDUCATION

- Adherence/Persistence** (including behavioral modification)
- Biomedical and clinical sciences** (including pathophysiology, pharmacology)
- Care for patients with chronic illnesses**
- Care for patients with acute illnesses**
- Communication skills** (including both provider to patient and provider to provider skills)
- Contemporary Health Care System** (including the economics of health and medicine)
- Cultural Awareness/International Health**
- Elements/dynamics of patient management** (including electronic/informatics)
- Emergency preparedness** (including bioterrorism, natural disasters, CPR, ACLS)
- Evidence based medicine** (including clinical research methods, biostatistics, literature eval)
- Professional Ethics**
- Public Health** (includes nutrition, health promotion and disease prevention)
- Quality Assurance/Patient Safety**
- Special patient populations**
  - Patients with disabilities
  - Underserved populations
  - Palliative care
  - Rural populations
  - HIV
  - Mental illness
- Team Member Roles and responsibilities** (including value of each profession, professionalism)

## APPENDIX B

### POTENTIAL INTERPROFESSIONAL EDUCATION CURRICULAR TOPICS TO DEVELOP A COLLABORATIVE, REFLECTIVE PRACTITIONER

#### PREFACE

The primary goal of interprofessional education is to develop a collaborative, reflective practitioner capable of functioning effectively in an interprofessional healthcare team, to optimize patient care outcomes. Essential to any such practitioner is the ability to engage in critical thinking, self-assessment and reflection. The Institute of Medicine (IOM) has recommended that health care professionals be educated in 5 core competencies: (1) provide patient centered care, (2) work in interdisciplinary teams, (3) employ evidence based practice, (4) apply quality improvement, and (5) utilize informatics.

Interprofessional Education and Interprofessional Team has been defined previously by the task force;

***Interprofessional Education*** Interprofessional education involves educators and learners from two or more health professions and their foundational disciplines who jointly create and foster a collaborative learning environment. The goal of these efforts is to develop knowledge, skills and attitudes that result in interprofessional team behaviors and competence. Interprofessional education is incorporated throughout the entire curriculum in a vertically and horizontally integrated fashion.

*Adapted from several sources.*

Interprofessional Education **IS NOT**: A few examples of what interprofessional is not include: Students from different disciplines in a classroom receiving the same learning experience without reflective interaction among students of the various disciplines; a faculty member from a different discipline leading a classroom learning experience without relating how the disciplines would interact in an interprofessional manner of care; and participating in a patient care setting led by an individual from another discipline without sharing of decision-making or responsibility for patient care.

***Interprofessional Team*** An interprofessional team is composed of members from different professions and occupations with varied and specialized knowledge, skills, and abilities. This team assesses and plans patient-centered care in a collaborative manner. A common goal is established and each discipline works to achieve that goal. The team members integrate their observations, bodies of complementary expertise, and sphere of decision making to coordinate, collaborate, and communicate with one another in order to optimize care for a patient or group of patients. Joint decision making is the norm. Members feel empowered and assume leadership on the appropriate issue depending upon the patient's needs and their expertise.

*Paraphrased from definitions provided by the Institute of Medicine and the Geriatric Interdisciplinary Team Training Program*

An Interprofessional Team **IS NOT**: A group of people from different disciplines who develop treatment plans independently. Generally, each discipline conducts an independent assessment of patient. One person, (case manager) usually the physician, orders the services and coordinates the care. Lack of collaboration can lead to overlap, conflict, and lack of cohesion.

*Adapted from the Geriatric Interdisciplinary Team Training Program materials (<http://www.gitt.org>).*

It is recommended that teaching methodologies used in interprofessional education rely on a predominance of active learning processes involving small groups of students from multiple disciplines to provide experience in practicing as interprofessional healthcare teams. Shared biomedical courses among professions using lecture only format with no interaction between students have been shown to be ineffective in promoting collaborative practice via interprofessional healthcare teams as recommended by the IOM. Thus, the traditional lecture format is not the ideal method to deliver IPE. There are effective alternatives to lecture format, even for the basic sciences that would foster interprofessional team function, such as the use of "team learning" with the learning teams being composed of students from multiple disciplines.

Interprofessional education should begin as early as possible in the professional curriculum, build on simulations and small group processes in the academic environment, and be applied in patient-centered care during IPPE and APPE. While many early interprofessional education efforts can be started within existing curricula, it is anticipated that significant changes in curricular structure of all involved professional schools will be required to facilitate many interprofessional education activities. Effective IPE should deliver positive outcomes at acceptable cost, without unacceptable side effects.

*In the table below, the curricular topics are listed with IOM core competency, potential learning objectives, teaching methodology and place in curriculum.*

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<b>Curricular Topic and IOM Category</b>	<b>Possible Learning Objectives</b>	<b>Potential Teaching Methods</b>	<b>Year in Professional Pharmacy Program</b>
<p>1. Interprofessional team roles, responsibilities, and professionalism</p> <p><b>IOM: Work in interdisciplinary teams; Provide, patient-centered care</b></p>	<ul style="list-style-type: none"> <li>• Describe individual roles and responsibilities</li> <li>• Recognize limitations of your professional role</li> <li>• Describe roles of other team members and other professions</li> <li>• Identify and describe team dynamics</li> <li>• Describe the change process</li> <li>• Describe professional role hierarchies</li> <li>• Compare various financial compensation strategies for each team member</li> <li>• Describe education requirements within each profession</li> <li>• Perform assessment of self, individual roles, and team performance</li> <li>• Demonstrate consensus building within a team</li> <li>• Describe and use conflict resolution and negotiation skills</li> <li>• Describe interdependent relationships amongst team members</li> <li>• Develop leadership skills for each team member</li> <li>• Demonstrate professionalism</li> </ul>	<ul style="list-style-type: none"> <li>• Role-playing</li> <li>• Standardized patients, OSCE or TOSCE (used for feedback purposes, not evaluation)</li> <li>• Video:               <ul style="list-style-type: none"> <li>○ Identify and discuss examples of good/poor team dynamics</li> <li>○ Self- and group-assessment</li> <li>○ Demonstrate progression throughout course(s)</li> </ul> </li> <li>• Case presentations</li> <li>• Small group case discussions               <ul style="list-style-type: none"> <li>○ Patient care scenarios</li> <li>○ Why professions were chosen</li> <li>○ Recognizing biases and stereotypes</li> </ul> </li> <li>• Written assignments               <ul style="list-style-type: none"> <li>○ Self-reflection</li> <li>○ Team-reflection</li> </ul> </li> <li>• Service learning and/or community outreach</li> <li>• Large group interview (patient or another professional)</li> <li>• Experiential education or</li> </ul>	<p>Appropriate in any year; should start early and be longitudinal</p>

		<p>“exchange”</p> <ul style="list-style-type: none"> <li>• “Mini-lectures”</li> <li>• Focused (e.g., topic specific) workshops</li> </ul>	
<p>2. Communication</p> <p><b>IOM: Provide patient-centered care, work in interdisciplinary teams</b></p>	<p><b>Provider-to-Provider:</b></p> <ul style="list-style-type: none"> <li>• Demonstrate effective verbal communication skills with other team members</li> <li>• Demonstrate effective listening skills</li> <li>• Demonstrate patient case presentation skills</li> <li>• Describe communication barriers on interprofessional teams</li> <li>• Document appropriate written communication among interprofessional providers</li> <li>• Describe and use conflict resolution and negotiation skills</li> <li>• Use technology to communicate on healthcare teams</li> <li>• Demonstrate professionalism</li> <li>• Compare generational methods of effective communication</li> </ul> <p><b>Provider-to-Patient:</b></p> <ul style="list-style-type: none"> <li>• Demonstrate effective listening skills</li> <li>• Demonstrate empathetic responses/negotiation skills</li> <li>• Describe HIPAA rules and regulations</li> <li>• Demonstrate effective patient education techniques including verification of understanding and use of lay language</li> </ul>	<ul style="list-style-type: none"> <li>• Role-playing</li> <li>• Standardized patients, OSCE or TOSCE (used for feedback purposes, not evaluation)</li> <li>• Video: <ul style="list-style-type: none"> <li>○ Identify and discuss examples of good/poor communication</li> <li>○ Self-assessment</li> <li>○ Demonstrate progression throughout course(s)</li> </ul> </li> <li>• Case presentations to other providers (e.g., SBAR)</li> <li>• Small group case discussions</li> <li>• Grand rounds/seminars</li> <li>• Telephone simulations</li> <li>• Written assignments <ul style="list-style-type: none"> <li>○ SOAP note (or other system)</li> <li>○ Portfolio</li> </ul> </li> <li>• Service learning and/or community outreach</li> <li>• Large group interview (patient or another professional)</li> <li>• Experiential education</li> <li>• “Mini-lectures”</li> <li>• Focused (e.g., topic specific) workshops</li> </ul>	<p>Appropriate in any year; longitudinal</p>

	<ul style="list-style-type: none"> <li>• Describe health literacy issues</li> <li>• Develop motivational interviewing skills</li> <li>• Demonstrate cultural sensitivity during interactions with patients</li> <li>• Demonstrate professionalism</li> <li>• Establish a comfortable environment and rapport with patients</li> <li>• Compare generational methods of effective communication</li> <li>• Use technology to communicate with patients</li> <li>• Perform effective history taking (patient interview)</li> <li>• Identify patient perspective in specific situations</li> <li>• Demonstrate appropriate response to patient questions</li> </ul> <p><b>General communication:</b></p> <ul style="list-style-type: none"> <li>• Describe techniques for responding to the media</li> <li>• Describe the skills necessary to create and facilitate effective teams</li> <li>• Demonstrate effective presentation skills</li> <li>• Describe the components of professional writing</li> <li>• Describe effective advocacy techniques including advocacy plans (patient, political, for IP practice)</li> </ul>		
3. Quality Assurance and Patient Safety	<ul style="list-style-type: none"> <li>• Describe CQI/6 Sigma processes and use them to design potential interventions</li> <li>• Evaluate health system and medication</li> </ul>	<ul style="list-style-type: none"> <li>• “Mini-lecture”</li> <li>• Simulated QA project</li> <li>• Service learning (e.g., perform QA</li> </ul>	3 <sup>rd</sup> & 4 <sup>th</sup> year

<p><b>IOM: Apply QI, Provide patient-centered care, work in interdisciplinary teams, employ evidence-based practice, and informatics</b></p>	<p>errors</p> <ul style="list-style-type: none"> <li>• Develop medication reconciliation strategies</li> <li>• Perform systems analysis (e.g., root cause analysis)</li> <li>• Complete and submit incident reports, including ADRs</li> <li>• Interpret the IOM reports that discuss patient safety and quality</li> <li>• Evaluate quality measures / standards of care (e.g., HEDIS, Joint Commission National Patient Safety Goals)</li> <li>• Demonstrate proper use of medical abbreviations</li> <li>• Describe the role of the FDA, USP, and AHRQ in health care quality</li> <li>• Describe practice-based research networks and identify their place in contemporary practice</li> <li>• Describe and apply risk assessment and analysis techniques</li> <li>• Analyze patient/customer satisfaction data to make system improvements</li> </ul>	<p>for health system or community pharmacy)</p> <ul style="list-style-type: none"> <li>• Small group case-based examples and discussion</li> <li>• Written assignments</li> <li>• Experiential education</li> <li>• Focused workshops</li> <li>• Interactive video training programs</li> <li>• Expert guest speaker</li> <li>• Student QA competition</li> <li>• Incident reporting and documentation (e.g., site-specific, Medwatch)</li> <li>• Mock or actual attendance at M&amp;M conference</li> </ul>	
<p>4. Adherence</p> <p><b>IOM: Provide patient- centered care</b></p>	<ul style="list-style-type: none"> <li>• Demonstrate provider behaviors that support optimal patient adherence</li> <li>• Demonstrate techniques to motivate appropriate patient behavior (e.g., motivational interviewing)</li> <li>• Analyze the ability of tools to support optimal adherence or identify potential barriers to adherence</li> <li>• Demonstrate the ability to detect potential</li> </ul>	<ul style="list-style-type: none"> <li>• “Mini-lecture”</li> <li>• Patient education plan</li> <li>• Role-playing (e.g., “walk a mile in patient shoes”)</li> <li>• Small group case-based examples and discussion</li> <li>• Written assignments <ul style="list-style-type: none"> <li>○ Marketing materials</li> <li>○ Portfolio</li> </ul> </li> </ul>	<p>May be appropriate in all years; longitudinal</p>

	<p>adherence problems</p> <ul style="list-style-type: none"> <li>• Apply principles of disease prevention and health promotion to specific patient situations</li> <li>• Demonstrate the ability to aid patients in setting realistic goals</li> <li>• Apply principles of stages of change, self-agency, self-efficacy, and locus-of-control for adherence promotion strategies</li> <li>• Describe the principles of adult learning and verification of patient understanding</li> </ul>	<ul style="list-style-type: none"> <li>• Standardized patients, OSCEs or TOSCEs (for feedback, not evaluation)</li> <li>• Service learning</li> <li>• Student assessment of adherence scenario</li> <li>• Experiential education</li> <li>• Focused workshops</li> <li>• Video examples/series with reflection/discussion</li> <li>• Experiential “exchange”</li> <li>• Expert/patient guest speaker</li> </ul>	
<p>5. Professional Ethics (Refer to Ethics SIG sample curriculum)</p> <p><b>IOM: Provide patient centered care, work in interdisciplinary teams</b></p>	<ul style="list-style-type: none"> <li>• Define ethics</li> <li>• Describe each professions’ code of ethics</li> <li>• Apply the 4 major ethical principles (beneficence, justice, do no harm, respect for autonomy) to specific situations</li> <li>• Perform ethical reasoning (process for making ethical decisions)</li> <li>• Identify plagiarism and demonstrate the ability to submit original work</li> <li>• Demonstrate the ability to maintain the confidentiality of patient information</li> </ul>	<ul style="list-style-type: none"> <li>• Small group case discussion with ethics cases in various professions</li> <li>• Mini-lecture</li> <li>• Role-playing</li> <li>• Debate</li> <li>• Written assignments <ul style="list-style-type: none"> <li>○ Take both sides of an issue and render a decision</li> <li>○ Portfolio</li> </ul> </li> <li>• Online discussion/blog, audience response systems</li> <li>• Journal club</li> <li>• Experiential education</li> <li>• Focused workshops</li> <li>• Grand rounds</li> <li>• Video examples (e.g., contemporary news or entertainment) with reflection/discussion</li> <li>• Expert/patient guest speaker</li> </ul>	<p>Appropriate in all years, should start early and be longitudinal</p>

		<ul style="list-style-type: none"> <li>• Examples of plagiarism</li> <li>• Mock table discussions (e.g., end-of-life)</li> </ul>	
<p>6. Evidence Based Medicine; Clinical Research Methods and Biostatistics</p> <p><b>IOM: Employ evidence-based practice, informatics, Provide patient-centered care, work in interdisciplinary teams</b></p>	<ul style="list-style-type: none"> <li>• Define EBM</li> <li>• Define a clinical/research question (e.g., PICO method)</li> <li>• Perform effective literature and database searches</li> <li>• Evaluate and analyze literature that applies to patient care (e.g., clinical trials, POEMs)</li> <li>• Evaluate various statistical methods and apply them to various patient data</li> <li>• Define and describe the development and application of clinical practice guidelines and standards of care</li> <li>• Describe scientific methods, study design, and role of IRB</li> <li>• Describe the role of translational research in the health professions</li> </ul>	<ul style="list-style-type: none"> <li>• “Mini-lecture”</li> <li>• Mock IRB/DUR/P&amp;T</li> <li>• Computer laboratory activity <ul style="list-style-type: none"> <li>○ Literature and database searching</li> <li>○ Simulations of statistics</li> </ul> </li> <li>• Small group presentations based on literature search and evaluation</li> <li>• Develop research plan</li> <li>• Written assignments <ul style="list-style-type: none"> <li>○ Executive summary</li> </ul> </li> <li>• Small group journal clubs</li> <li>• Group debates</li> <li>• Experiential education</li> <li>• Focused workshops</li> <li>• Longitudinal topic assignment to therapeutic area (e.g., basic diabetes knowledge building to expertise with clinical trials, etc)</li> </ul>	<p>Years 2-4 (but strategies to use databases could be taught in year 1 via uni-professional education)</p>

#### DEFINITIONS

Experiential Exchange-Participating in another disciplines rotations to observe different practice environments and professional roles

Mini Lectures- short 10-15 minute lectures/demonstrations followed by individual or group practice

OSCE - objective structured clinical examination

PICO- Patient, Intervention, Comparison, Outcomes

POEM-Patient-oriented evidence that matters

Standardized patients: Simulated patients with feedback( resources needed may include hiring and training actors/actresses; theater students?, real patients)

Small groups could be live, or virtual (blogs, posting boards, etc.)

SBAR- Summarize problem, Background, Assessment, Recommendation--a method for non-physicians to present patient information to physicians

TOSCE- Team-based-OSCE to evaluate team effectiveness

## APPENDIX C

### **MODELS OF CO-LOCATION OF PHARMACY SCHOOLS WITH OTHER DISCIPLINES**

1. **FULLY INTEGRATED ACADEMIC HEALTH CENTER (Minnesota, VCU, West Virginia, Cincinnati)**
2. **PARTIALLY CO-LOCATED PROGRAMS- Pharmacy and other disciplines under a common university ownership (Connecticut)**
3. **PARTIALLY CO-LOCATED PROGRAMS- Pharmacy and other disciplines under different university components (Texas)**
4. **PHARMACY WITH OTHER HEALTH DISCIPLINES BUT NO MEDICAL SCHOOL (Butler, Northeastern)**
5. **SCHOOLS WITH NO OTHER HEALTH PROFESSION EDUCATION PROGRAM ON CAMPUS (Albany)**

## APPENDIX D

### Elements Critical to the Development of Interprofessional Education

#### Implementation Basics

- Identify that interprofessional education is a goal of your college/school of pharmacy
- Identify administrative and faculty champions to lead and support IPE initiatives.
  - Commit the time, personnel and financial resources necessary for success
- Establish relationships with other health care programs, considering geographical location, university ownership/affiliation, and existing relationships
  - Schools/Colleges of pharmacy without other health profession programs at their institution can still accomplish effective IPE by partnering with other institutions of higher education that may or may not be within the geographical area.
- Identify the administrative and faculty champions at each of the partnering programs.
- Establish an IPE planning team with engagement from every player.
  - i.* Choose IPE curricular themes (refer to Appendix B)
  - ii.* Evaluate equivalent levels of education; match students based on education level and maturity
  - iii.* Determine when and where this IPE will occur in the curricular schedule and who will teach/facilitate the interprofessional curriculum
  - iv.* Gradually implement based on level of preparedness (start small)
  - v.* IPE planning team members must advocate for the acceptance of IPE curriculum at their individual colleges/schools
- Offer faculty development programs to support faculty teaching in IPE
- Establish faculty rewards and recognition for IPE involvement
- Determine an assessment strategy to evaluate the IPE initiative and share results with internal and external stakeholders as well as the academic community via scholarship

#### Interprofessional Team Partnerships

Consider other health professions which pharmacists may work with in providing collaborative patient care. Health profession students can come from a variety of geographical locations. Examples include: other programs within your university/school, programs near your school, or geographically more remote, but not affiliated with your institution, and health care systems who host your experiential students and other health profession students. IPE should include student-to-student contact, but student-to-professional contact is also beneficial.

These health professionals include but are not limited to:

- Audiology
- Dentistry

- Medicine (allopathic and osteopathic)
- Nursing
- Nutrition Sciences
- Occupational therapy
- Optometry
- Physical therapy
- Physician's assistant
- Psychology
- Public health
- Respiratory therapy
- Social work
- Veterinary Podiatry

### **Learning Opportunities** (where/how will they interact?)

#### Potential Learning Environments

- Live face-to-face interaction is best when possible

#### In a classroom

- Should focus on small group active learning activities, e.g. discussions, team learning
  - Scheduling could be by semester/quarter course, block scheduling, or workshops followed by follow-up meetings for discussions
  - Interprofessional students could be enrolled in a common course and assigned to team activities, with representation from two or more health programs in each team
- .
- In an experiential setting
    - IPPE and/or APPE
    - Develop learning communities between professional students in experiential settings that would meet regularly to discuss patient cases
      - Consider reaching out to community groups/events to provide IP care from health profession students ,e.g. faith-based communities, community health centers, long term care, senior centers, health fairs

- Through technology:
  - Face-to-face videoconferencing
  - Online/virtual meeting synchronous or asynchronous (Online meetings/blogs/wiki)
  - Optimally start with at least one live meeting followed by videoconferencing
- Encourage students to work collaboratively with other health professional student via student organizations; including planning ways to provide care to patients in need
- Health professional schools within a state could develop networks to bring health professional students together; may use state associations to assist in bringing these groups together