Implications and Future Research

Although a small number of pharmacy students participated in the IP Quality and Safety Curriculum, the survey results trended toward an improvement in QI knowledge, skills, and attitudes. Students self-assessed significant improvement in root cause analysis skills. Thus, offering interprofessional QI education, which mimics the clinical setting may build confidence in QI skills as well as foster incorporation of QI principles to ensure safe and effective care.

In addition, though an even smaller cohort of students were involved in the longitudinal IP QI Curriculum and clinic project it is evident that most anticipate participating in QI in the future. The authors anticipate that the disappointing post-survey results may have been due to student perceptions of being engaged in a “different” activity than their peers at other clinical sites. Ideally, we would engage all learners, rather than cohorts, in IP QI education that are appropriate for their level of learning and investigate the application of IP QI education across a multi-site campus model.

The lack of detailed language from pharmacy accrediting bodies and other organizations engaged in post-graduate training related to QI make guiding the education of future pharmacists challenging. The AAMC suggests that medical education includes the systematic analysis of QI methods to improve practice among the core entrustable professional activities (EPAs). Pharmacy education should consider aligning with our interprofessional partners as we continue to consider assessment of EPAs in our own curricula.

In order to define gaps, schools of pharmacy should consider mapping QI throughout the curriculum and determine where further integration of QI skills can be incorporated and evaluated. The authors believe scaffolding of QI education into pharmacy curricula, integrating QI “terminology” and principles into the Pharmacist Patient Care Process and helping students understand how QI is not only inherently interprofessional, but also embedded as part of patient care will better prepare them to engage in QI as part of EPAs and post-graduation.

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