

National Interprofessional Education Initiatives

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OBJECTIVE

The main objective of this program is to define the IPE activities that meet the national competencies and share strategies for designing, implementing, and assessing IPE programs.

METHODS

- According to the World Health Organization (WHO), interprofessional education (IPE) is defined as students from 2 or more professions learning about, from, and with each other to enable effective collaborations and improve health outcomes.
- The Institute of Medicine (IOM) reports indicated that IPE must be included in the education and training of health care professionals to enhance the delivery of health care services. Consequently, the Accreditation Council for Pharmacy Education (ACPE) included IPE in the 2016 Standards. Many colleges and schools of pharmacy have successfully developed and implemented IPE programs at their institutions.
- National IPE initiatives were implemented to better meet IPE competencies based on the WHO framework and ACPE standards.
- Innovative strategies were developed for designing, implementing, and assessing the quality of IPE programs in various national pharmacy programs.
- Faculty and administrators from various U.S. pharmacy programs described didactic and experiential IPE programs at their institutions. The presenters have shared innovative examples of IPE programs and provided “lessons learned” for developing, implementing, and assessing IPE programs.

RESULTS AND DISCUSSION

- In 2013, a panel of administrators and faculty members, whose institutions offered IPE, funded by the Josiah Macy Jr. Foundation, shared best collaborative practice models at the American Association of Colleges of Pharmacy (AACP) Annual Meeting. These presenters subsequently collaborated to write a primer as guidance for other institutions interested in successfully implementing and continuously enhancing the quality of IPE programs.

American Journal of Pharmaceutical Education 2015; 79 (6) Article 78.

STATEMENT

An Interprofessional Education Panel on Development, Implementation, and Assessment Strategies

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Submitted October 17, 2014; accepted January 16, 2015; published August 25, 2015.

- In this article, these IPE faculty members provided a rationale for creating IPE reforms, discussed successful strategies for innovative IPE programs, and shared “lessons learned” for implementing effective assessment tools. A structure and process for determining outcomes of IPE models were presented and strategies for exploring shared education opportunities across health professions and for integrating top-down and bottom-up methods for IPE programs were given.

Description of Longitudinal Curricula:

1. Basic science coursework introduces, exposes and assesses learners grasp of IPEC competencies
2. During high fidelity simulation, learners are immersed into clinical scenarios and apply concepts and debrief on best practices and areas in need of improvement
3. Learners then move into various practice settings (acute care, general medicine, ambulatory care, etc.) to integrate into “real-life” collaborative practice settings
4. Finally, learners demonstrate interprofessional competencies while integrated into actual interprofessional clinical settings

CONCLUSIONS

Re-designing the education and training of health care professionals, to better meet national competencies, will reduce medication errors, enhance the quality of health care services, and ultimately improve health outcomes.