

Health, Interprofessional Practice & Education

Volume 3 | Issue 3

Article 8

Snowball Fights and Spaghetti Towers: A Classroom Perspective on Interprofessional Education

Emily F. Loudermilk

Ohio Northern University, e-loudermilk@onu.edu

Michelle Renee Musser

Ohio Northern, m-musser@onu.edu

Recommended Citation

Loudermilk, EF, Musser, M. (2018). Snowball Fights and Spaghetti Towers: A Classroom Perspective on Interprofessional Education. *Health, Interprofessional Practice & Education* 3(3).

Available at: <https://doi.org/10.7710/2159-1253.1158>

© 2018 Loudermilk et al. This open access article is distributed under a Creative Commons Attribution License, which allows unrestricted use, distribution, and reproduction in any medium, providing the original author and source are credited.

HIPE is a journal published by Pacific University | ISSN 2641-1148

Snowball Fights and Spaghetti Towers: A Classroom Perspective on Interprofessional Education

Acknowledgements and Funding

The authors would like to recognize Dr. Erin Petersen, Dr. Megan Lieb, and Dr. Lisa Walden for their contributions and participation the course.

Snowball Fights and Spaghetti Towers: A Classroom Perspective on Interprofessional Education

Emily F. Loudermilk PharmD *Ohio Northern University*

Michelle Renee Musser PharmD, RPh, BCPS, CTTS *Ohio Northern University*

As a pharmacy student in my final year of schooling, I have accumulated an impressive knowledge base over the course of my pharmacy career. I can tell you about the renin-angiotensin system, why CYP2C19 poor metabolizers should not be prescribed clopidogrel, and much more. While all of these things will be important to my future career (and passing the North American Pharmacist Licensure Examination), I will not be able to use this information effectively if I lack exposure to interprofessional education (IPE). IPE is an essential component of pharmacy education as reflected in the Accreditation Council for Pharmacy Education (ACPE) standards dedicated to IPE.¹

While the definition of IPE may seem self-explanatory, IPE is more than just working with someone from a different discipline. The World Health Organization states,

“IPE occurs when students from two or more professions learn about, from, and with each other to enable effective

¹ Accreditation Council for Pharmacy Education. ACPE Standards 2016. <https://www.acpe-accredit.org/pharmd-program-accreditation/>.

collaboration and improve health outcomes. *Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team.*”²

Our success in the workplace depends on us being able to work effectively with other healthcare professionals (HCP). Because of the importance of IPE, an interprofessional elective course was offered for the first time in spring 2017 at my institution and, based on my experience, I hope yours does too!

The course, titled “Interprofessional Patient Care for Health Professional Students,” had limited enrollment to promote a more collaborative environment. The course was offered to pharmacy, nursing, and pre-professional students on campus, but the number of students per major was limited so that there could be more diversity--after all, what is the point of an

² Department of Human Resources for Health. Framework for action on interprofessional education and collaborative practice (2010). World Health Organization. 2010; 1-64. Available from: http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HPN_10.3_eng.pdf?ua=1

Received: 03/27/2018 Accepted: 04/08/2018

© 2018 Loudermilk & Musser. This open access article is distributed under a Creative Commons Attribution License, which allows unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

interdisciplinary class with only pharmacy majors in it? My class consisted of senior nursing, pharmacy, pre-physician assistant, and pre-medical students. When including faculty involved with the class, medical laboratory sciences (MLS) was also represented. We started the course with an icebreaker activity to help us get to know each other. Interdisciplinary groups were formed, and each group tried to build the tallest tower made with spaghetti, marshmallows, string, and tape. The students had a “snowball” fight with crumpled pieces of paper, but this was not all fun and games. On the snowballs, students had written descriptive words (both positive and negative) about one’s own profession and the other professions represented in the room. Believe me, hearing other perspectives of your own profession can be eye-opening, especially when it is coming from the people who will be on your team in the workplace. By clearing the air early, the students were able to come together throughout the semester to build upon the positive characteristics and tear down the negatives. Again, working as a group, students created presentations on problems experienced in healthcare today, and together we came up with ideas on how our team could try to overcome them. No one profession had all the answers to these problems, but together the groups came up with methods to collaboratively surmount these issues and improve patient care. By working with my classmates, I developed more confidence that I would be able to tackle similar issues while in practice.

While so far I have mentioned healthcare professionals needing to work as a team, we also need to consider the team MVP, our patient. How does our patient view our involvement in their care? One of the course assignments was to find a popular media clip that shows a portrayal of our profession. Students brought those clips to class and discussed whether the portrayal of the profession was accurate or not. I watched some of my favorite shows in a whole new light after this assignment. Imagine if the only exposure your patient or other HCP had to pharmacy practice was left to Hollywood to portray. Would you be happy with it? Is that what you would want your team to think of you? Some medical shows portray pharmacists as the bad guy getting in the way of the all-knowing doctor’s genius plan or, even worse, they portray dispensing errors that cause patients harm. The news channels show pictures of counting trays when talking about pharmacy, but

pharmacy students know our profession is so much more than that. Based off what our patients and fellow HCP see, do they know pharmacy is more than counting pills? If they only see what the media shows, will other HCP or the patient want us, the pharmacist, to be on the team? By stepping up and practicing to our fullest extent within a multidisciplinary team, we not only improve patient care and advocate for our profession, but we also show patients and HCP that we are more than what the TV, movies, and media show. We are valuable members of the healthcare team and we should all want to be practicing together to achieve the same goal.

In addition to discussion-based learning, some of the class consisted of hands-on activities. Multidisciplinary teams went into the community for service learning events that were planned and coordinated by students. My group attended a community meal to troubleshoot medication side effects, talk about medication adherence, and discuss methods to help patients remember to take their medications. I found having my fellow students there to be a big advantage. Patients were pleased to see that we had both nursing and pharmacy there, and this improved participation in the event. We talked to an animated senior citizen about her rheumatoid arthritis. She talked to us about how she still goes out dancing every week at a local church and how her medication really helps her to continue dancing. Her main complaint was that her medication did not seem to be helping her hands feel better, especially in the winter when it is cold. Our nursing student spoke with her about using a rice heating pack around her hand to see if that helps her. She was really excited about trying this since it was not another medication she had to take and she already had a rice pack available at home. Since this was not an option I had thought of, I was really grateful to have my classmate there for a different perspective, and I enjoyed watching the bond between my classmate and our patient form as they continued talking.

Another patient we spoke to had recently been started on metformin. He vocalized that he really likes his doctor, but she was running behind on the day of his appointment, so she had not explained anything to him about his medication or why he was supposed to take it. He knew if his doctor sent a prescription for it that it must be important, so he had started taking it, but he

was experiencing some side effects. He stated that it seemed like his body hated him once he started taking it. Before I spoke to him about metformin and what it is used for, our nursing student jumped in and asked critical follow-up questions that helped us to better understand the full picture of the problem our patient was having. From this, we learned that he was having trouble remembering to take his morning dose and that he was experiencing the gastrointestinal distress that often accompanies metformin initiation. We were able to educate him about his new medication and reasons why he may have been started on it. I talked to him about the side effects he was experiencing and how the body develops a tolerance to this after taking the medication for some time. We talked about his daily routine and found that since he gets up at the same time each day, we were able to set a phone alarm to help him remember his morning dose. I followed up with this patient when I saw him about a week later, and he happily indicated that he had been feeling better, that he had a second alarm set on his phone for 10 minutes after he wakes up, and that he had not missed a dose since talking with us. After the event, my group chatted about how we liked hearing each other's recommendations because some of them were not ones that would have occurred to us if we had been talking to the patient by ourselves. All of the principles learned in class about the importance of IPE were seen in just one hour of being in the real world, and I found that this experience was my favorite part of the class.

Of course, these activities were not the only things we did as part of the class, but I hope by now you are catching a theme. Pharmacists cannot take care of patients alone, none of the health professions can. The healthcare team needs the help of patients, nurses, doctors, pharmacists, medical laboratory scientists, physician's assistants, respiratory therapy, and so many others. All professionals want the same thing, to improve the health and quality of life for the patient, and there is no reason to try to do that independently. I am guessing that right now some of you reading this might be asking yourself why I want to brag about snowball fights, spaghetti towers, and a class topic that every pharmacy school is required to teach about. To me, this class is different than just meeting an ACPE standard. In this case, IPE was not an activity we needed to complete in order to pass a required class. We were all there because we *chose* to be. None of us were required to take that particular elective course; we easily could have registered for one of the many

Health & Interprofessional Practice | commons.pacificu.edu/hip

other options offered. Everyone in that room realized the importance of IPE. We wanted to take this elective to better ourselves and the healthcare system that we will be a part of soon. Is this not how it should be? After all, we are not ready to be a part of the workforce until we can effectively collaborate and improve health outcomes with IPE. My time in this class made me a better student, and I know it will make me a better pharmacist. I am hopeful other HCP students can have an experience like this because I am counting on you to be part of my team. I cannot wait to see what we will do together!

Corresponding Author

Emily F. Loudermilk

Ohio Northern University
College of Pharmacy
525 South Main Street
Ada, Ohio 45810

e-loudermilk@onu.edu