

# Interprofessional education: preparing future pharmacists for 2020

Neena Lakhani and Elizabeth Anderson describe the involvement of Leicester pharmacy students in a programme of inter-professional learning that aims to improve the effectiveness of team working between health and social care professionals and thus the quality of patient care

Interprofessional education is defined by the UK Centre for the Advancement of Interprofessional Education (CAIPE) as “occasions when two or more professions learn from and about each other to improve collaboration and the quality of care”.<sup>1</sup>

In health and social care, patients are cared for by multidisciplinary teams involving a wide range of healthcare-regulated professionals and the voluntary sector. In some instances cross-boundary working involves many other statutory organisations such as police, teachers and housing. It is essential that effective team working, collaboration and communication exists across practitioner boundaries. Interprofessional education (IPE) and interprofessional collaboration between different professions are vital aspects of achieving such team working.

IPE should not be confused with multi-professional education, which involves two or more professions learning the same content side by side. IPE focuses on the way in which practitioners learn together to work together for the benefit of the user. Pharmacy students need to develop respect for other professions who work in different ways, to build trust and to acquire communication skills in working together to enhance and strengthen a diverse workforce. It is also useful to understand their contribution to the principles required for collaborative working within the NHS.

Hospital pharmacists are already familiar with participating in multidisciplinary ward rounds and discussions about patient care. However, community pharmacists often work in isolation from other healthcare professionals. They are frequently asked by patients about social care problems or where to go for more specialist help. In this way they become part of the complex web of advisers who can help to ensure people's health care needs are met. It follows that community pharmacists need to appreciate the roles of other healthcare professionals and refer appropriately.

Communication between health and social care professionals in primary care seems to be fraught at the best of times. Professional prejudices are still rife, creating barriers that have long been impermeable, with many people still working in silos.

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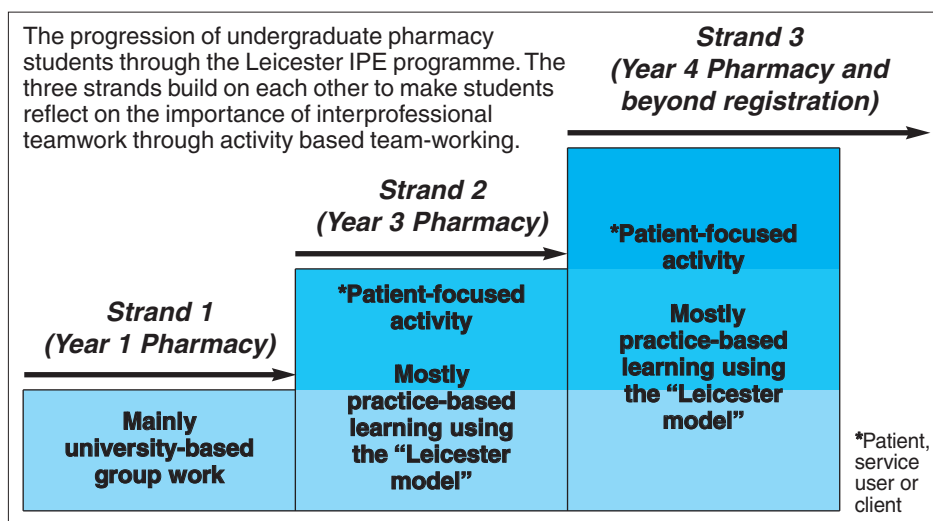


Figure 1. Increasing interprofessional competencies: the Leicester IPE strategy

The Department of Health has announced radical proposals for reconfiguring pharmacy services to meet the demands of patients, posing challenging problems for service delivery and pharmacy education.<sup>2</sup> Interprofessional working is now seen as an integral part of service delivery and this poses some intriguing questions, regarding preparation for higher education institutions. How are these skills learnt? With whom should students interact? At what stage in the curriculum should this be taught? Can IPE be taught in the traditional ways of teaching? Will tutors be comfortable teaching other disciplines?

## The Leicester IPE programme

At the Leicester School of Pharmacy, De Montfort University, we have become part of a new continuum of interwoven interprofessional education linked with existing, multi-professional and uniprofessional learning within the pharmacy programme. We recognised that IPE needed to be integrated within the core curriculum. Since 2005, the school has signed up to a regional IPE strategy jointly designed and shaped by all partners. This strategy is an evolving endorsed agreement between the healthcare region's three higher education institutions (HEIs) — the University of Leicester Medical School, De Montfort University and the University of Northampton. Collectively, these HEIs annually prepare over 3,500 learners for the professions of medicine, nursing and midwifery, speech and language therapy, podiatry, clinical psychology, physiotherapy, occupational therapy, operating theatre practice, social work,

audiology, clinical psychology, paramedical practice and pharmacy, with recent alliances with teachers and police.

The strategy follows an interactive three-strand model (see Figure 1).<sup>3</sup> Pharmacy students, alongside other students, engage with IPE a minimum of three times (called inter-professional learning sets) during their undergraduate programme. These are designed to fall at the beginning (Strand 1), middle (Strand 2) and towards the end (Strand 3) of their undergraduate study. Each strand allows students to develop their interprofessional team working and collaborative competencies reflecting on their knowledge, skills and attitudes.

The strategy also incorporates the international award-winning Leicester model for IPE, which places the patient at the heart of learning.<sup>4</sup> Using problem-based learning techniques and working in multidisciplinary groups, students are immersed into service users' perspectives. They listen to the service users and the healthcare professionals involved in their care, then discuss the situation, apply their professional and theoretical perspectives to the problem, analyse the situation and consider possible solutions. In this way, they are introduced to becoming agents of change through feedback. It also complies with the quality standards endorsed by CAIPE.

A multidisciplinary tutor team from our three HEIs helps to deliver this innovative programme. Students are divided into small interprofessional groups from the outset.

In Strand 1, students are introduced to different aspects of team working during a set of classroom-based activities. They discuss

stereotypical identities and modern perspectives of teamwork. All learning is designed to ensure fun, but clearly links each activity to the theoretical aspects of effective team co-operation and collaboration.

As students progress to Strands 2 and 3, the philosophy is to move this learning into practice. Using the Leicester model, the initial learning from Strand 1 is applied to practice-based settings.

In Strand 2 the pharmacy students access a learning set entitled "Health in the community". In this two-day event, students of various disciplines come together and are enabled to appreciate the patients' and carers' perspectives of being on the receiving end of team working. Students visit patients in their homes or point of care (eg, a ward) and listen to their priorities and their worries about whether health and social care services meet their requirements. The students subsequently speak to the various practitioners involved in the patient's care, reflecting on the issues and outcomes of the service they receive. In this way the students encounter a range of health and social care practitioners as well as learning the method by which the various agencies operate and interact. Students become empowered to engage in the system and suggest changes to enhance multidisciplinary working.

In Strand 3, the learning experienced in Strand 2 is enhanced further. Pharmacy students access one of two learning sets designed for this strand — patient safety awareness and listening to people who have communication difficulties. Both these learning sets incorporate the ethos of the Leicester model.

The patient safety event engages students to appreciate the impact of four major points relating to a real life patient event. These are the importance of situational awareness, leadership, empowerment and communication. The listening event emphasises the importance of good communication skills and the importance of listening effectively. Students are invited to listen to the stories of patients (or patients' carers) who have communication difficulties (eg, due to a stroke, laryngectomy, Parkinson's disease) and their experiences of the care they have received.

The interprofessional dialogues enable students to realise how they differ, resulting in a rich appreciation of the reason for teams working. Students frequently discover that there are failures in communication. Pharmacy students discover that they do not have to be "walking BNFs", but bring their professional and ethical perspectives into the discussion. This is an excellent foundation for joined-up working. Students also learn what it will be like to be at the coalface and how they will relate to other professions working alongside them.

All students are given a portfolio to assemble and record their experiences. All pharmacy students are required to write one account for each of their IPE learning sets in this portfolio. These include descriptions of what they did at the events, their reflections on its meaning and evidence to demonstrate

## Students' perceptions of their IPE experiences

- "I think you don't really look at other professions, you may look at GP practices as that is the closest person you work with but you never think of the social workers and the nurses and actually working with them you actually realise their role a bit more and how it does affect the patients health overall, so I think that was actually quite good." (Strand 1 student)
- "In hospital you find that the teamwork is a lot more and you do find that you do work with other members of staff on a more regular basis but, like you said, the community pharmacists are often isolated and it is a good way of introducing how teamwork can be used working in the community as well as in hospitals in general." (Strand 2 student)
- "I actually really enjoyed going to see the patients, as I think you do not actually experience this as a student and I think actually going to do that for the first time was really enjoyable and actually interviewing them and going to their home, it made you think this is what I need to be doing and it made you feel actually happy that you were going to be helping people and it was a real life situation for the first time so I really enjoyed that." (Strand 2 student)

the achievement. Students are also invited to reflect on how this learning will impact on their future practice. Students are referred to the Royal Pharmaceutical Society's continuing professional development guidelines for reflective writing and the assessment gives them a good introduction to this personal developmental role. These accounts are assessed on the basic interprofessional competencies, including the knowledge students have gained, the skills they have acquired and the development of their professional attitudes.

## The future of IPE programme

There have been challenges in delivery of the strategy and ensuring that it was integrated effectively to the new MPharm curriculum at De Montfort University. A high level of commitment from the organisers and facilitators was required, with many educators requiring training in skills of facilitation and the appreciation of the design of an interprofessional curriculum. Appropriate resource allocation needed to be considered. Training tutors to be facilitators for IPE was important and is ongoing.

The strategy is regularly evaluated to incorporate new perspectives of interprofessional collaboration. Further learning sets such as e-learning, interprofessional care planning, child health perspectives and mental health programmes are being developed and where possible, incorporated into the various health-care curricula at the three universities.

The programme has been exhibited at several national and international meetings,

including conferences organised by the European Interprofessional Education Network in health and social care, the Health Education Academy and CAIPE.

The academic team have had some positive feedback. Conference organisers have valued the input from pharmacy, which has generally been underrepresented.

Our IPE programme is in the process of being robustly evaluated by an independent researcher. To date, the evaluations have been positive and we are encouraged by our students' comments (see Panel). We need more research for the long-term impacts on registered professionals.

## Conclusion

For IPE to be successful, prejudices must be broken down, and there must be willingness among all involved to engage in the process. Of course, one of the aims of IPE is to remove such prejudices, thus allowing effective collaboration.

We believe that IPE has the potential to improve the effectiveness of team working between health and social care professionals and thus the quality of patient care in both hospital and community. This has also been highlighted in a recent article for preparing pharmacists for 2020<sup>5</sup> and the recently published White Paper for pharmacy in England.<sup>6</sup> If successfully implemented, barriers between professions should be broken down. The challenge to become interprofessional remains for the professionals already in practice who similarly require IPE within post-qualification programmes.

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