

A Closer Look at the Education and Training PRN

Overview of the PRN

The Education and Training (EDTR) PRN was founded in 2002 after 22 ACCP members identified the need for a PRN targeted for educators to network with others having similar interests and facilitate collaborative work to advance pharmacy education and training. Now, the EDTR PRN has over 600 members, and the mission statement still emphasizes the same values under which the PRN was created. The EDTR PRN's mission is "to promote dialogue and interaction among members and to develop programs that enhance the knowledge and skills of members involved in education and training within clinical pharmacy." Major initiatives within the PRN include providing yearly programming at the Annual Meeting, conducting mock interviews for students and residents, and publishing a yearly newsletter of PRN member activities and accomplishments.

Opportunities and Resources for Resident and Fellow Members

We encourage our postgraduate members to serve on one of several committees within our PRN so that they can become more engaged and network with other PRN members. Through some of these committees, residents may work on membership recruitment initiatives, promotion of our PRN through social media and newsletters, and planning of our business meeting and mock interviews at the ACCP Annual Meeting in the fall. Another significant opportunity for PRN involvement is participation in the mock interview session that is held each year after our business meeting at the ACCP Annual Meeting. Residents and fellows may serve as interviewers or, if they want to hone their skills, interviewees.

To support our resident and fellow members presenting at the Annual Meeting, our student and postgraduate trainee support committee has developed best poster criteria for our poster walk-rounds. Members of our PRN conduct the walk-rounds, which facilitates networking opportunities for our postgraduate members. In addition to the poster walk-rounds, the PRN offers a travel award to at least one resident member of our PRN each year.

Clinical Issue: Interprofessional Education

According to the World Health Organization, interprofessional education (IPE) is "when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes."¹ The term *interdisciplinary* is the interaction between disciplines, whereas *interprofessional* emphasizes the collaboration between disciplines, which is one of the skills educators want pharmacy students to learn through their varying experiences.

A significant amount of literature is available on the importance of interprofessional collaboration in pharmacy education. Consequently, the American Association of Colleges of Pharmacy (AACCP), in conjunction with five other health disciplines, including nursing and medicine, formed the Interprofessional Education Collaborative (IPEC), which developed the Core Competencies for Interprofessional Collaborative Practice.² The first version of the competencies, published in 2011, was updated in 2016. Since the first initial document with contributions from the six disciplines, over 60 other professions have participated in the initiative or endorsed the guideline. The core competencies are listed in Table 1. Each core competency also has sub-competencies that further outline specific actions and qualities of professionals working within the health care setting.

The overall goal of the competencies is to emphasize that interprofessional collaboration is imperative to safe, high-quality, accessible, patient-centered care. The document emphasizes the Triple Aim, which is improving the experience of care, improving the health of populations, and reducing the per capita cost of health care.³ The newest version of the competencies focuses more on population health and the need for focused professional activities in this subset of health care.

Interprofessional education is included in the Center for the Advancement of Pharmacy Education (CAPE) 2013 educational outcomes as well as the Accreditation Council for Pharmacy Education (ACPE) 2016 standards.^{4,5} The AACP developed the 2013 CAPE outcomes to provide a guide to curricular planning, delivery, and assessment.⁴ Interprofessional education is included in domain 2.3 (Health and Wellness). The guidance specifically states that students should “participate with interprofessional health care team members in the management of, and health promotion for, all patients.” Interprofessional education has an entire section under domain 3 recommending that students “actively participate and engage as a health care team member by demonstrating mutual respect, understanding, and values to meet patient care needs.” In addition to the CAPE outcomes, IPE is included in the ACPE 2016 standards.⁵ Standard 11 is devoted solely to IPE and covers a wide range of topics including team dynamics, education, practice, use of simulations, and interactions with prescribers. Preceptors and educators of pharmacy students will be expected to incorporate activities into their rotation and classroom teaching to emphasize the importance of IPE.

In addition to the IPE requirements in pharmacy student education, IPE is a component in residency training. The American Society of Health-System Pharmacists (ASHP) accreditation standards and residency competencies for postgraduate year one (PGY1) and postgraduate year two (PGY2) residents include recommendations for IPE as part of the residency year.⁶⁻⁸ Specifically, the standards require a collaboration between the health care disciplines that IPEC emphasizes in its core competencies.

Interprofessional education is not always easy to incorporate into practice and teaching; however, Table 2 includes some of the resources available for practitioners interested in strengthening these experiences within their setting. Practitioners may use the information obtained through these resources to strengthen their rotation experiences or prepare for a future career in pharmacy education.

Table 1. Core Competencies for Interprofessional Collaborative Practice

Competency 1: Values/Ethics for Interprofessional Practice Work with individuals of other professions to maintain a climate of mutual respect and shared values
Competency 2: Roles/Responsibilities Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations
Competency 3: Interprofessional Communication Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease
Competency 4: Teams and Teamwork Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable

Information from: Interprofessional Education Collaborative (IPEC). Core Competencies for Interprofessional Collaborative Practice: 2016 Update. Washington, DC: IPEC, 2016. Available at https://ipecollaborative.org/uploads/IPEC-2016-Updated-Core-Competencies-Report_final_release_.PDF. Accessed December 14, 2016.

Table 2. Interprofessional Education Resources

Organization	Website
National Center for Interprofessional Practice and Education	https://nexusipe.org

American Interprofessional Health Collaborative	https://aihc-us.org
Interprofessional Education Collaborative Institute	https://ipecollaborative.org

Prepared by:

Lindsay Saum, Pharm.D., BCPS, CGP
 Andrew Smith, Pharm.D., BCPS-AQ Cardiology
 Eliza Dy-Boarman, Pharm.D., BCPS
 Joshua Caballero, Pharm.D., FCCP, BCPP

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2. Interprofessional Education Collaborative (IPEC). Core Competencies for Interprofessional Collaborative Practice: 2016 Update. Washington, DC: IPEC, 2016. Available at https://ipecollaborative.org/uploads/IPEC-2016-Updated-Core-Competencies-Report_final_release_.PDF. Accessed December 14, 2016.
3. Berwick DM, Nolan TW, Whittington J. The triple aim: care, health and cost. *Health Aff* 2008;27:759-69.
4. Medina MS, Plaza CM, Stowe CD, et al. Center for the Advancement of Pharmacy Education 2013 educational outcomes. *Am J Pharm Educ* 2013;77:Article 8.
5. Accreditation Council for Pharmacy Education (ACPE). Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. Available at <https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf>. Accessed December 8, 2016.
6. American Society of Health-System Pharmacists (ASHP). ASHP Accreditation Standard for Post-graduate Year One (PGY1) Pharmacy Residency Programs. 2014. Available at www.ashp.org/menu/Residency/Residency-Program-Directors/Accreditation-Standards-for-PGY1-Pharmacy-Residencies.aspx. Accessed December 8, 2016.
7. American Society of Health-System Pharmacists (ASHP). ASHP Accreditation Standard for Post-graduate Year Two (PGY2) Pharmacy Residency Programs. 2015. Available at www.ashp.org/DocLibrary/Residents/ASO-PGY2-Residency-Accreditation-Standard.pdf. Accessed December 8, 2016.
8. American Society of Health-System Pharmacists (ASHP). Required Competency Areas, Goals, and Objectives for Post-graduate Year One (PGY1) Pharmacy Residencies. 2015. Available at www.ashp.org/DocLibrary/Residents/PGY1-Required-Competency-Areas.pdf. Accessed December 8, 2016.