

INTERPROFESSIONAL EDUCATION

ACPE Standard 11: Interprofessional Education (IPE)

The curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. In the aggregate, team exposure includes prescribers as well as other healthcare professionals.

Key Elements

11.1. Interprofessional team dynamics – All students demonstrate competence in interprofessional team dynamics, including articulating the values and ethics that underpin interprofessional practice, engaging in effective interprofessional communication, including conflict resolution and documentation skills, and honoring interprofessional roles and responsibilities. Interprofessional team dynamics are introduced, reinforced, and practiced in the didactic and Introductory Pharmacy Practice Experience (IPPE) components of the curriculum, and competency is demonstrated in Advanced Pharmacy Practice Experience (APPE) practice settings.

11.2. Interprofessional team education – To advance collaboration and quality of patient care, the didactic and experiential curricula include opportunities for students to learn about, from, and with other members of the interprofessional healthcare team. Through interprofessional education activities, students gain an understanding of the abilities, competencies, and scope of practice of team members. Some, but not all, of these educational activities may be simulations.

11.3. Interprofessional team practice – All students competently participate as a healthcare team member in providing direct patient care and engaging in shared therapeutic decision-making. They participate in experiential educational activities with prescribers/student prescribers and other student/professional healthcare team members, including face-to-face interactions that are designed to advance interprofessional team effectiveness.

Guidance for Interprofessional Education

Standard 11

11a. Partnerships – To provide students with meaningful interprofessional education and practice experiences, colleges and schools partner with external academic institutions, healthcare systems, and health profession practitioners. Colleges and schools can tailor their approach to IPE based on the insight provided by evolving research within this important area. (11.1, 3.4)

11b. Interprofessional simulation experiences – Colleges and schools are encouraged to develop interprofessional simulations to ensure the expectations of Key Element 11.1 are met. In addition to face-to-face interprofessional interactions, simulations can include virtual interprofessional engagement. College/school and/or university financial and physical resources needed to support these interprofessional activities should be anticipated. (11.2)

11c. IPE dynamics – The evolving IPE literature provides numerous examples of effective IPE strategies and assessment instruments. Colleges and schools are encouraged to periodically review the IPE literature for further developments. (11.1)

11d. Non-pharmacist preceptors – Interprofessional practice-based educational experiences for pharmacy students involve pharmacist-preceptors serving as integral members of the team. On occasion, such experiences are precepted by non-pharmacist members of the healthcare team. ACPE recognizes the value of these experiences, but only as a small percentage of required APPE experiential time. Non-pharmacist preceptors are well-versed in the professional competencies and expectations of pharmacists and are supportive of the value they bring to the healthcare team. (11.3, 20.1)

11e. Interaction with prescribers – Key Element 11.3 states that IPE involves student pharmacist interaction with prescribers and students studying to be prescribers. This requirement is based on the fact that, to have the greatest impact on direct patient care, pharmacists and student pharmacists need to interact effectively with prescribers. Prescribers include physicians, dentists, nurse practitioners, physician assistants, veterinarians, and their respective students. The goal is to address a patient's drug therapy problems and attempt to achieve clinical care goals established by the patient and his/her healthcare team. (11.3)

11f. Interprofessional educational activities – To be most effective, such activities are conducted in "real-time," implying that pharmacy students interact with healthcare providers/students via face-to-face interactions, tele-health, or other telephonic/ videoconferencing technology. (11.2)

ACPE Board AMENDMENTS

Amendment to Guidance for Standard 11 (ACPE Board of Directors, January 2018)

In this policy statement, the Board reiterates the expectations of Standard 11 that all students participate in IPE activities; these activities will be found in both the didactic and experiential components of the curriculum; and these activities will include prescribers and student prescribers.

The Board provides further interpretation of its intention of prescribers and student prescribers to be included in both the didactic and experiential components of the curriculum; and that physicians and their students are to be included in the mix of prescribers and their students. Beginning in spring 2018, the Board guides site teams and further states its intention to find programs, at a minimum, partially compliant (less than expected for developing programs), with Standard 11 if any of the above referenced elements are not part of a program's implemented IPE plan.

Amendment to Guidance for Standard 11 (ACPE Board of Directors, June 2018)

Standard No. 11: Interprofessional Education

All focused and comprehensive on-site evaluations conducted during spring 2018 included a review of plans to meet the expectations of Standard 11: Interprofessional Education (IPE). Specially, following guidance from the Board issued in January 2018, evaluation teams gave particular attention to IPE activities during the didactic portion of the PharmD curriculum that include physicians and their students in the mix of prescribers and their students. Programs that did not include physicians and their students in IPE activities during the didactic curriculum were cited by

site teams as partially compliant. However, for those programs providing an acceptable plan for implementation during academic year 2018-2019, the ACPE Board adjusted the rating to compliant with monitoring. Programs not providing an adequately detailed plan for all students to participate in IPE opportunities with prescribers and their students that includes physicians and their students during the didactic curriculum were found to be partially compliant.

Key point:

1. Before completing the didactic curriculum, all students must have participated in IPE opportunities with prescribers and their students that include physicians and their students or the program will be found out of compliance with the standard.

Other Standards addressing IPE

Standard No 3: Approach to Practice and Care

The program imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary to solve problems; educate, advocate, and collaborate, working with a broad range of people; recognize social determinants of health; and effectively communicate verbally and nonverbally.

Key Elements:

3.4. Interprofessional collaboration – The graduate is able to actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.

3.6. Communication – The graduate is able to effectively communicate verbally and nonverbally when interacting with individuals, groups, and organizations.

Guidance for Approach to Practice and Care: Standard 3

3b. Interprofessional collaborations – Possible competencies for interprofessional collaboration include:

1. Working with individuals from other professions to maintain a climate of mutual respect and shared values

2. Using the knowledge of the pharmacists' role and the roles and responsibilities of other professions to appropriately assess and address the healthcare needs of patients and populations served

3. Communicating with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease

4. Applying relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient- and population-centered care that is safe, timely, efficient, effective, and equitable (3.4) From "Core competencies for interprofessional collaborative practice"

<http://www.aacn.nche.edu/education-resources/ipcreport.pdf>

Standard No 10: Curriculum Design, Delivery and Oversight

Key Elements:

10.8. Pharmacists' Patient Care Process – The curriculum prepares students to provide patient-centered collaborative care as described in the Pharmacists' Patient Care Process model endorsed by the Joint Commission of Pharmacy Practitioners.

Standard No 24: Assessment Elements for Section I: Educational Outcomes

Key Elements:

24.3. Student achievement and readiness – The assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the Educational

Outcomes in aggregate and at the individual student level. In addition to college/school desired assessments, the plan includes an assessment of student readiness to:

- Enter advanced pharmacy practice experiences
- Provide direct patient care in a variety of healthcare settings
- Contribute as a member of an interprofessional collaborative patient care team

Standard No 25: Assessment Elements for Section II: Structure and Process

Key Elements:

25.6. Interprofessional preparedness – The college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team.

Appendix 2 Expectations within the APPE Curriculum

Interprofessional interaction. The need for interprofessional interaction is paramount to successful treatment of patients. Colleges and schools provide pharmacy students the opportunity to gain interprofessional skills using a variety of mechanisms including face-to-face interactions in clinical settings or in real-time telephonic or video-linked interactions. Regardless of the methods used, students demonstrate those interprofessional skills articulated in Standard 11.

Appendix 3 Required Documentation for Standards and Key Elements 2016

Standard 11 - Interprofessional Education (IPE)

- Vision, mission, and goal statements related to IPE
- Statements addressing IPE and practice contained within student handbooks and/or catalogs
- Relevant syllabi for required and elective didactic and experiential education courses that incorporate elements of IPE to document that concepts are reinforced throughout the curriculum and that IPE-related skills are practiced at appropriate times during pre-APPE
- Student IPPE and APPE evaluation data documenting extent of exposure to interprofessional, team-based patient care
- Outcome data from assessments summarizing students' overall achievement of expected interprofessional educational outcomes in the pre-APPE and APPE curriculum

Standard 3 – Approach to Practice and Care

- Examples of student participation in Interprofessional Education activities (didactic, simulation, experiential)
- Outcome data from assessments summarizing overall student participation in Interprofessional Education activities

Standard 10 - Curriculum Design, Delivery, and Oversight

- Mapping of required curricular content and experiential education expectations to individual courses

Standard 25 – Assessment Elements for Section II

- Description of how the college or school uses information generated by assessments related to its organizational effectiveness, mission and goals, didactic curriculum, experiential learning program, co-curriculum activities, and interprofessional education to advance overall programmatic quality