

## Changing Perceptions after Involvement in the Development of an Interprofessional Training Program

Ashley L. Adams, PharmD, MS

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# From the Field: Student Experiences Changing Perceptions after Involvement in the Development of an Interprofessional Training Program

Ashley L. Adams PharmD, MS *Sells Hospital*

Interprofessional education was a new term to me when I entered the beginning of my PGY1/PGY2/MS Pharmacy Administration residency at the Michael E. DeBakey VA Medical Center in Houston, Texas. Having an interest in outpatient ambulatory care services and pharmacy administration, I had the unique opportunity to be involved in the implementation of an interprofessional training program called the Center of Excellence in Primary Care Education (CoEPCE). The purpose of the CoEPCE is to teach the next generation of healthcare professions to work in, lead, and improve patient-centered team based care. This program includes medical residents, nurse practitioner residents, pharmacy residents, psychology fellows, and nursing students that operate a primary care clinic in addition to participating in longitudinal requirements. These requirements include weekly interprofessional didactic sessions, quality improvement initiatives, and elective rotations.

As a new graduate, this was a great opportunity for me to learn from other professions as well as broaden my clinical knowledge. While working with the CoEPCE administration and faculty, I saw the building and

development of an interprofessional program and utilized this experience towards requirements for my Master's degree in Pharmacy Leadership and Administration at the University of Houston. The knowledge I gained I feel will benefit other students, post-graduates, and practitioners who work in an interprofessional capacity to be more collaborative and appreciate the strengths and perspectives of all members of the healthcare team.

## Student Training Experiences

My interprofessional training in school was limited as my university was not directly associated with a school of medicine. However, during my didactic years of training, the one experience my classmates and I had with interprofessionalism was a planned activity with other healthcare students from the school of health sciences, which included students from nursing, occupational therapy, athletic training, and speech pathology. This session focused on developing an interdisciplinary care plan for a patient who was recently debilitated by a stroke and receiving input from all professions for his future care. Making the experience more realistic, besides just receiving paper

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medical records, was the fact that we were scheduled to meet with the patient and his family to discuss goals of care and ask questions before our breakout to create the care plan. Having these students from different professions together and debating about care decisions was my first exposure to the different strategies and techniques each profession is taught about care. As a pharmacy student, my first thoughts were always about the patient and appropriate pharmacological therapy based on current literature, but now I was relying on the expertise of the speech pathology and occupational therapy students to accomplish the patient's main goal of being able to perform activities of daily living. It was my first immersion into interprofessionalism before my clinical rotations began, and I would have more exposure to seasoned practitioners from different health professions and their approaches to care.

In pharmacy, as with other health professions, students are expected to complete so many rotational requirements before being eligible to graduate. My experiences varied from the emergency room to community pharmacy practice with each showing me differing degrees of interprofessionalism. One of the highlights of my experience included rounding with the internal medicine team, which consisted of medicine, pharmacy, nursing, and social work. I had been familiar with medicine's and nursing's role in care, but I learned the most from social work. It was apparent early during my internal medicine rotation the importance of social workers being involved in the discharge process for patients and finding suitable facilities for continued medical care and rehabilitation services. As a student, this realization of the value of having social services present and informed of decisions during medical rounds was very revolutionary to me. It showed how influential their knowledge and skills sets were to medically manage the patient and keeping the patient aware of their options for choosing services to continue treatment post-discharge. Being a member of this inpatient medical team started to show me the role of pharmacy services in providing care and how our expertise with medication monitoring can have a positive effect on healthcare outcomes.

### **CoEPCE training program implementation**

These experiences were my background in interprofessionalism before becoming engaged in implementation of the CoEPCE training program at the Michael

E. DeBakey VA Medical Center. As a first-year resident, I became involved in the project right after the grant had been awarded from the Office of Academic Affiliations, associated with the Department of Veterans Affairs. Meetings were held bi-weekly to discuss implementation and planning of how the first-year of the program would be constructed. The goal was to create year-long training experiences for different professions that consisted of the following trainees: medical residents, nurse practitioner residents, pharmacy residents, psychology fellows, and nursing students.

The first meeting I attended with the CoEPCE administration and faculty had representation from nursing, medicine, pharmacy, psychology, and the evaluation team to begin development of a strategic plan for implementation. I worked closely with the pharmacy administration team to create a plan for implementation of the pharmacy residents into the program and gathered information from other VA sites (Boise, Cleveland, Puget Sound, West Haven, and San Francisco) to generate ideas for our program. Early on, I began to realize what a challenge it was to implement an interprofessional training program just based on the different accreditation requirements required by the different professions for post-graduate and professional training. The administration team recognized these challenges and created a roadmap for developing each trainee's schedule as well as what a week would look like for each trainee. Developing these schedules, recruiting potential residents and fellows, understanding funding utilization, hiring and establishing faculty within each profession, and planning daily operations took a year with many individuals involved in the process.

Being in these discussions and seeing how the different pieces of the puzzle were expected to fit together was fascinating. In these meetings, I learned how different professions approached training in their respective fields, the importance of communication to improve efficiency, and the necessity of creativity and resourcefulness to solve complex problems. I also saw how many people and resources it takes to truly make an interprofessional program successful. Delegating tasks to professionals with the expertise was crucial to build a program of this magnitude and evaluate it constantly and consistently for quality improvement. Nowhere was this highlighted more than in meetings to establish the curriculum for the training program.

In these meetings, led by educational fellows, each profession was instructed to write down, on Post-it notes, the educational topics they felt were most important and which aligned with the four goals of the program: shared decision making, sustained relationships, interprofessional collaboration, and performance improvement. Using these structured techniques, allowed for the educational fellows to identify the most important topics to be incorporated into the curriculum and develop a schedule for the year. As the member for pharmacy, I voiced my concerns and ideas and implemented them in the curriculum by teaching some of the classes on identify medication problems and medication adherence, which was a very rewarding experience.

### **My rotation experience and evaluation**

As the CoEPCE program started in the beginning of my second-year of residency, I saw the results from the planning and implementation that took place over the previous year. As a part of my thesis project for my Master's degree, I completed interviews with the pharmacy residents after their rotations in the CoEPCE to collect their views regarding their rotation experience. Each resident told me that they gained skills in interprofessional communication, assertiveness, and respect of each profession's strengths and opinions regarding patient care. Personally, as I completed a brief rotation experience in the CoEPCE, I found that these views coincided with mine. Some of the most memorable experiences I had in CoEPCE were during weekly didactics where a topic would be presented from each profession's viewpoint with discussion from all trainees present. One of the sessions discussed each profession's education and training as well as long-term goals. I had no knowledge of how clinical psychologists were trained before this session or what a financial burden it is for a medical student to apply to residency programs compared to pharmacy students. This, to me, was one of the best experiences in CoEPCE by having all trainees together discussing healthcare topics, difficult patient cases, and quality improvement to share ideas and work collaboratively to make the training experience better.

### **What I learned**

I am thankful to have had this opportunity so early in my career as I was able to learn from physicians, psychologists, pharmacists, nurse practitioners, nurses, statisticians, qualitative methodologists, and educa-

tional fellows to learn multiple perspectives regarding healthcare and how each profession's strengths are utilized in developing an interprofessional training program. As a licensed pharmacist and graduate student, this role in development of the program transformed my views on interprofessionalism and importance of integration of the healthcare team. One of the biggest concepts I will take away from this entire experience is the idea of psychological safety. As a clinician, it is important to feel that your input matters and having the confidence to voice your opinion or share knowledge with your healthcare team. As a first-year resident, I think it took me approximately six months before I felt comfortable with all members of my team and sharing ideas. However, once I became more integrated and established relationships with the CoEPCE administration and faculty, I realized the importance of being willing to listen and accept new ideas and recommendations as each profession has their own approach to education and patient care.

Being exposed to these perspectives, and having the ability to complete TeamSTEPPS during my training, also allowed me to reflect on the importance of communication as well as traits that are needed to lead interprofessional teams. Each team member has strengths that are necessary to providing optimal patient care that is comprehensive and places the patient at the center of their care. After all, the patient should be the priority for all healthcare team members and a starting point for dialogue amongst the team. Knowing how to utilize emotional intelligence to communicate with team members is also a skill that will benefit me as I progress throughout my career. Being interested in administration, having this background will make me more open-minded in considering options for solutions and hearing the concerns voiced by all who may be impacted. As my career continues, I know that my training and experiences have built a strong interprofessional foundation for me moving forward and one that I hope to share with future students and residents I have the opportunity to train in all professions.

**Corresponding Author**

Ashley L. Adams

Sells Indian Hospital

P.O. Box 548

Sells, AZ 85634

[ashadams33@yahoo.com](mailto:ashadams33@yahoo.com)