

## ***The role of Interprofessional Education in Establishing Interprofessional Team-Based Approach to Patient Care as the Best Practice Model.***

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**Background:** Over the past decade, clinical doctoral programs in health profession disciplines have proliferated in the midst of both support and controversy among educators, professional organizations, practitioners, administrators, and third party payers. This growth is in response to the major changes that are taking place within the U.S. healthcare system, with strong implications for health professions education. Institutions are charged with designing and implementing educational programs that prepare students for future practice settings. Two major trends transforming health professions education are the advent of community-academic partnerships and the evolution of interdisciplinary health care teams. These developments require new educational methods involving evidence-based practice, team-based learning, enhanced information technology, and advanced degrees for entry-level practitioners.

**Methods:** The purpose of this qualitative study was to understand the perceptions of professional leaders and policy makers regarding the benefits and risks of, and alternatives to transforming the pharmacy philosophy from *product-focused* to *patient centered pharmaceutical care* as the best practice model in the practice of pharmacy. Semi-structured interviews with leaders and stakeholders who were pivotal in decision making regarding the academic accreditation mandate to implement the new Pharm. D. were performed. This allowed for retrospective evaluation of the entry-level degree transition, the risks accompanying the switch to the new requirements, and alternatives to the transition that resulted in satisfying the philosophy and mission of the profession.

**Results:** The findings were organized around observed themes and patterns. One pattern that emerged was the tendency for professionals in the U.S. healthcare system to strongly resist change and to seek evidence-based research that supports such change is necessary. With respect to how the other fields responded to the changes happening in pharmacy education, evidence is growing that an interprofessional, team-based approach to patient care is the best practice model. A second observed pattern was recognition by other health professionals that the pharmacist has expertise about medication therapy but not diagnosis. Understanding the competencies and skill sets of each individual on the interdisciplinary team needs to occur at the educational level.

**Conclusion:** Based on the results of this inquiry and current interprofessional education literature, SCU has designed an infrastructure within our curricula that will facilitate interprofessional education for multiple diverse programs, as well as an implementation plan informed by the study findings. By identifying the educational courses that are common among multiple health professions, the content and delivery methods are intended to serve students from diverse disciplines in a collaborative learning environment in order to better prepare them for interdisciplinary health care team practice.