



PROMOTING VALUES BASED
LEARNING THROUGH
INTERPROFESSIONAL
EDUCATION: PHARMACY
STUDENTS

Fiona Ponikwer
University of Brighton



BACKGROUND

- Interprofessional education (IPE), where ‘two or more professions learn with, from and about each other to improve collaboration and the quality of care’ (Barr, 1998)
- GPhC, GMC, HCPC, NMC, etc incorporate IPE in their standards
- WHO state a ‘collaborative practice-ready workforce’ is needed globally (WHO, 2010)
- Not always sufficient opportunities pre-qualification

BARR, H. 1998. Competent to collaborate: Towards a competency-based model for interprofessional education. *Journal of Interprofessional Care*, 12, 181-187.

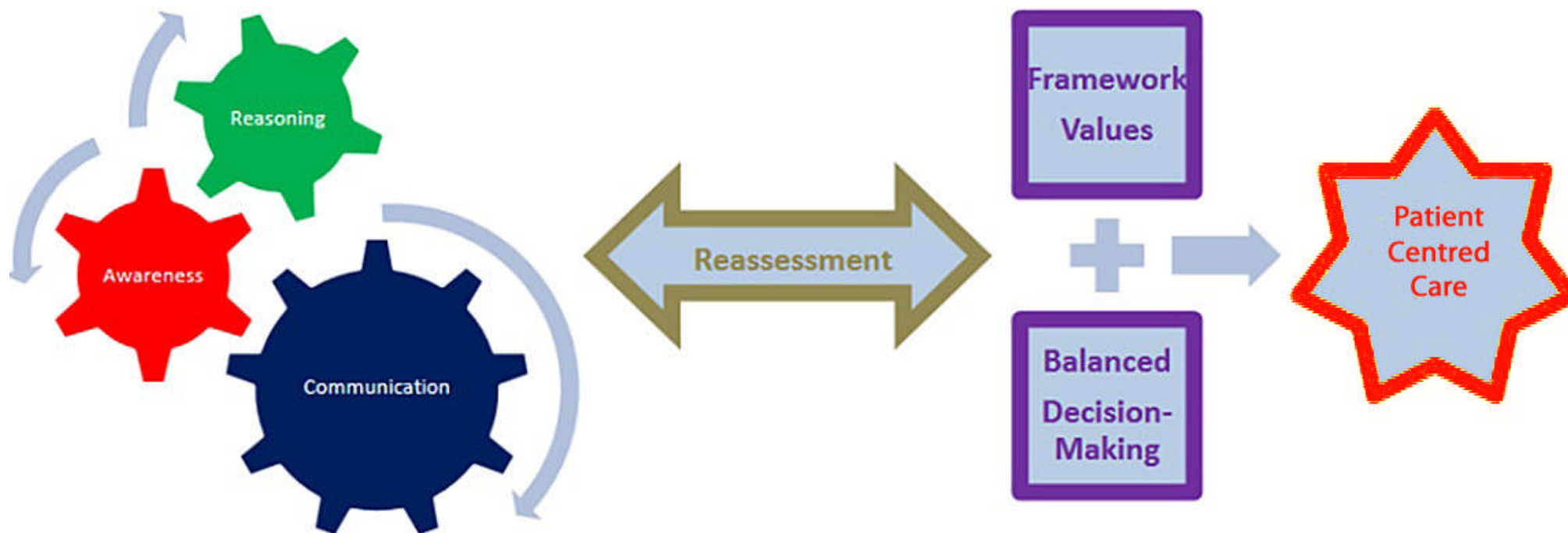
WHO. 2010. *Framework for Action on Interprofessional Education & Collaborative Practice* [Online]. Geneva: World Health Organization. Available: http://www.who.int/hrh/resources/framework_action/en/ [Accessed 22 January 2018 2018].



WHY IS IT IMPORTANT?

Changing role of pharmacists:

- More patient-centred
- Clinical pharmacists in GP practices
- Clinics (flu and travel jabs, chlamydia screening, erectile dysfunction, emergency contraception, anticoagulant monitoring, hair retention, smoking cessation, etc)



Chevinsky et al, Who needs values? The Collaborating Centre for Values-based Practice, Oxford.
<https://valuesbasedpractice.org/wp-content/uploads/2015/04/Who-Needs-Values.pdf> last accessed 15 April 2018



VALUES-BASED LEARNING

Healthcare Practice based on:

- Values-based practice (VBP)
 - subjective, personal values, perspectives, viewpoints need to be balanced for a given decision
 - The “unique preferences, concerns and expectations each patient brings to a clinical encounter” (Sackett et al, 2000)
- Evidence-based practice (EBP)
 - objective, based on research, results, etc
- Sackett, D.L., Straus, S.E., Richardson, W.S., Rosenberg, W., Hynes, R.B. Evidence-based medicine: How to practice and teach EBM. 2nd ed. Churchill Livingstone, Edinburgh, Scotland; 2000



PHARMACY CURRICULUM AT BRIGHTON

- Integrated, case-based teaching
- Spiral curriculum, eg
 - Year 1 - Simple drug histories (simulated patients) using **2WHAM**
 - Year 2 - More complex drug histories/learning to counsel patients (simulated patients) **ASMETHOD**
 - Year 3 - Drug histories continue, plus more complex counselling (simulated patients) **SITDOWNSIR**
 - Year 4 - Drug histories and counselling with real patients

PLACEMENTS

Year 1	Year 2	Year 3	Year 4
Half day in community pharmacy	<ol style="list-style-type: none"> 1. Half day hospital clinic 2. Half day ward round 3. Half day Leaf Hospital 	One week in hospital	4 days in hospital 3 days in community pharmacy
<p>Observing staff and how they interact with patients</p> <p>CPD requires that they comment on a good example of this</p>	<ol style="list-style-type: none"> 1. Pain, HIV, Renal, Chemo or Anti-Coagulant clinic May be clinician, nurse or pharmacist led 2. Supervised drug history (real patient) Look at patient's results 3. Podiatry clinic Meet podiatry students Drug history taking – real patients 	<p>Mostly shadowing, but may see collaborative practice in situ</p> <p>Patient counselling is hospital dependent</p> <p>All participate in “Have a cuppa”, chatting to patient re condition, how they feel, etc. NO note taking: written up later in logbook</p>	<p>Working in teams (MDT) within hospital</p> <p>Drug history taking and counselling</p> <p>Readiness for pre-reg and collaborative practice</p>



IPE EXPERIENCE – YEARS 2 & 3

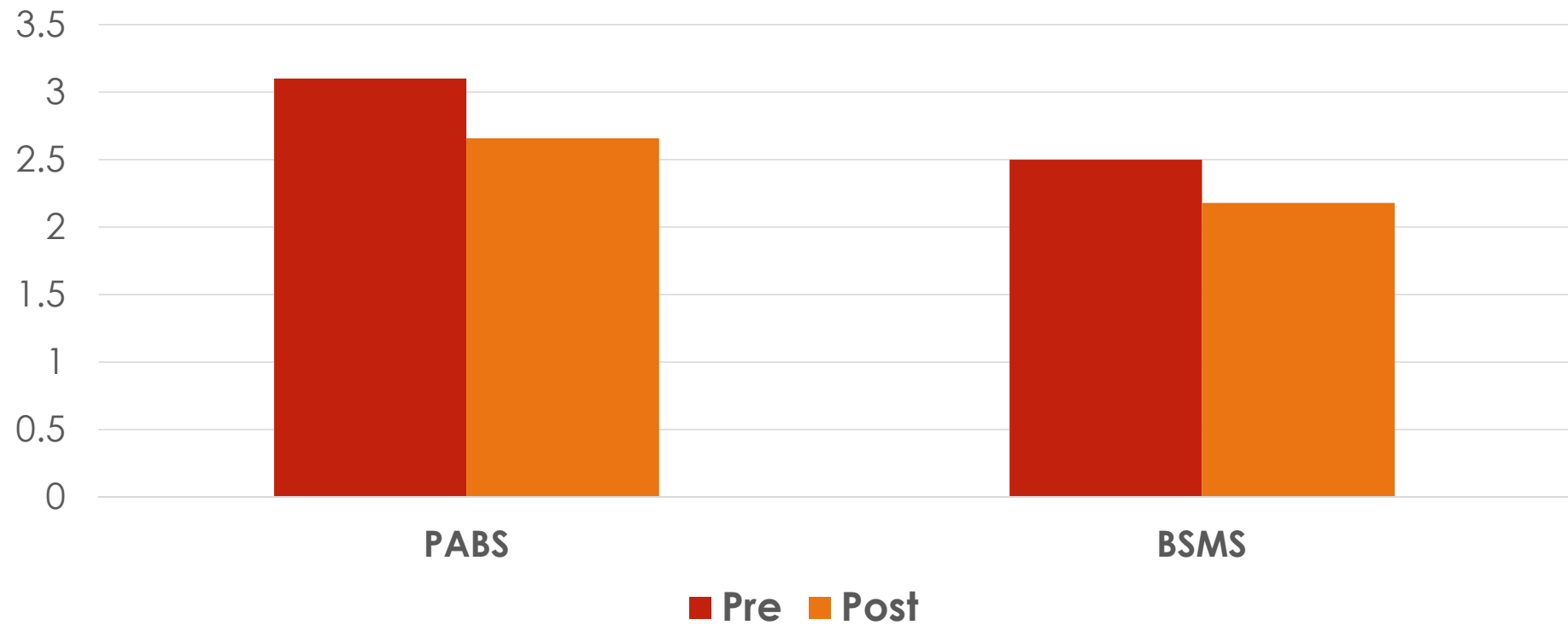
- Groups of 6
 - 3 pharmacy, 3 medical
- Scenarios based on real cases
 - Simple case for 2, more complex for 3
- Watch videos, discuss in groups, make initial diagnosis
- Given further information
- Reassess diagnosis
- Produce patient care/management plan
- Write reflection, especially on dealing with other people's values...



EVALUATION OF IPE

- MPharm final year projects (Mital Patel, Rajan Hari, Jay Mistry)
- Pre and post IPE interaction questionnaires
 - RIPLS then ICCAS
 - Also asked for suggestions for improvements

INCLUDE PATIENT/FAMILY IN DECISION-MAKING



STRENGTHS/SKILLS GAINED

	2014-15	2015-16	2016-17
Better understanding of patient's condition	✓	✓	✓
Learning from other healthcare students	✓	✓	
Communication skills		✓	✓
Seeing things from a different perspective		✓	✓
Greater confidence in ability/clinical skills	✓	✓	✓

IPE - RECENT DEVELOPMENTS

Year 1	Year 4
<p>Conference: Wellbeing for collaborative practice – Being, belonging, becoming</p>	<p>Conference: Working together for personalised care</p>
<p>All health & social care students invited.</p> <p>Learn about personal wellbeing</p> <p>Introduced to a range of service users who talk about their conditions</p>	<p>All health & social care students invited.</p> <p>Learn with, from and about each other in small mixed groups as service users discuss their conditions, experiences, feelings and current care plans.</p>



IMPLICATIONS & FUTURE PLANS

- VBL is necessary for all health & social care students
- In some areas can be provided well through IPE
- Needs enhancing annually to keep fresh
- Important that any such IPE is sustainable