The Crossroads of Interprofessionalism: Four Avenues of Collaboration at the Wegmans School of Pharmacy

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Abstract

Objective: The utilization of interprofessional education and collaborative practice delivers optimal health services and improves patient outcomes. Training future healthcare providers in an integrated environment promotes a “collaborative practice-ready” workforce. The aim of this study was to identify ongoing specific interprofessional collaborative projects and promote their awareness among faculty at the St. John Fisher College Wegmans School of Pharmacy.

Methods: Faculty members were surveyed to identify the ongoing interprofessional collaborative initiatives among pharmacy faculty.

Results: A total of four collaborative practices were identified among faculty: ambulatory care, assisted-living, didactic, and assessment. The ambulatory care setting at an osteoporosis clinic provides patient-centered care with a clinical component. Each patient with a new diagnosis or change in medication therapy receives education/counseling from a pharmacist, a registered nurse for medication administration and a physician for a physical exam. In the assisted-living setting, pharmacy and nursing students are paired to conduct a high-level health assessment in their respective disciplines. Didactic interprofessional efforts are being conducted to create a flexible and comprehensive pain education curriculum. Physicians, dentists, nurses, pharmacists, psychologists, chiropractors, and oriental medicine practitioners will develop the curriculum. The pain module will be adaptable for interprofessional education activities. Finally, recognizing the similarities in accreditation standards for communication and professionalism, the School of Pharmacy and the NY Chiropractic School are sharing strategies and rubrics for assessing these outcomes.

Implications: The survey revealed a broader range of interprofessional collaborations than was originally suspected. The school will continue to foster and support interprofessional education and collaborative practice.

Disciplines
Pharmacy and Pharmaceutical Sciences

Comments
Poster presented at:

- Faculty Scholarship Celebration at St. John Fisher College in Rochester, New York, October 25, 2012.


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**Background:** Interprofessional education and collaborative practices deliver optimal health services and improve patient outcomes. Training future healthcare providers in an integrated environment promotes a collaborative practice-ready workforce. This study identifies and promotes ongoing specific interprofessional collaborative projects and promotes awareness among faculty at the Wegmans School of Pharmacy (WSOP) at St. John Fisher College.

**Methods:** Pharmacy faculty members were surveyed to identify the ongoing interprofessional collaborative initiatives at WSOP.

**Results:** A total of four collaborative practices were identified among faculty: ambulatory care, assisted-living, didactic, and assessment. The ambulatory care setting provides patient-centered care with a clinical component. Each patient with a new diagnosis receives education, counseling, and medical information from members of the team including: pharmacist, registered nurse, dietician, and physician. In the assisted-living setting, pharmacy and nursing students are paired to conduct a high-level health assessment in their respective settings.

**Conclusions and Implications:** The survey revealed a broader range of ongoing interprofessional collaboration than was originally suspected. The school will continue to foster, document, and support interprofessional education and collaborative practice.

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**Ambulatory Care**
- Collaborative Osteoporosis Pharmacotherapy Clinic
- Interdisciplinary effort to enhance patient-specific treatment, education, and compliance of osteoporosis management.
- Pharmacist (medication education/guidance), dietician (non-pharmacological treatment counseling), nurse (medication administration) and physician (physical exam).

**Assisted-Living**
- The interprofessional group’s responsibilities include:
  - Review of the comprehensive patient medical history, plans of nursing services, physician orders, and medication administration records.
  - Discussion of the medication/safety/quality issues for the identified resident.
  - Development of a medication document and identification of any potential resident quality/safety issues with preventable recommendations.
  - Identification of an evidence-based article to support the recommendation.

**Didactic**
- Rochester Area Center of Excellence in Pain Education
- Interdisciplinary effort to enhance pain education in the early training of various health-care disciplines.
- Includes physicians, dentists, nurses, pharmacists, psychologists, chiropractors, and oriental medicine practitioners.
- Creation, development, implementation, evaluation, promotion, and distribution of interdisciplinary pain management curriculum resource for medical and other health professional schools.

**Assessment**
- The goal is to promote and evaluate good communication skills and professionalism throughout both the Pharm.D. and D.C. programs.
- Major categories identified: verbal, non-verbal, written communication and professionalism.

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**Pain Management Curriculum**

- **Rochester Area Center of Excellence in Pain Education**
- An educational collaborative funded by the National Institutes of Health University of Rochester Medical Center: School of Medicine; School of Nursing; Eastman Dental Center
- St. John Fisher College: Wegmans School of Pharmacy; Wegmans School of Nursing
- New York Chiropractic College: Programs in Chiropractic Medicine, Acupuncture and Oriental Medicine

**Module Core Content**
- **Assessment**
  - Overall treatment plan (pharmacological and non-pharmacological modalities)
  - Complementary and alternative medicine treatments
  - Medications and potential for resistance and abuse
  - Patient-provider-family communications
  - Patient education, support, and advocacy
  - Population health management/health policy

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**Examples of Assisted-Living Patient Interventions**

- **Scenario 1:** 7-y/o with developmental delay who is experiencing bilateral hip pain
- **Scenario 2:** 80-y/o obese woman with back pain
- **Scenario 3:** 66-y/o woman with acute pain and anxiety from newly diagnosed lung cancer
- **Scenario 4:** 15-y/o girl with temporomandibular joint (TMJ) pain
- **Scenario 5:** 34-y/o woman reporting incapacitating low back, abdominal, and pelvic pain for the past 4 years.

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**Assessment**
- Performance measures include: Exemplary, Meets Standards, and Needs Attention
- **Verbal**
  - **Non-Verbal**
  - **Written**
  - **Professionalism**
    - **Examples**
      - **Appearance**
        - Punctuality/Attendance
        - Accountability
      - **Character**
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**Parameters**
- **Muscle spasticity in a spastic quadriplegic**
  - Baclofen 5 mg PO TID to increase patient mobility, independence and quality of life.
- **Dizziness and increased risk for fall**
  - Monitor blood pressure and use of lisinopril, and carvediol. Dizziness and risk of fall may increase with hypertension.
- **Sedation and increased risk for fall**
  - Diphenhydramine may cause drowsiness and sedation. Medication not recommended based upon BEERS criteria.