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The Crossroads of Collaboration at the Wegmans School of Pharmacy at St. John Fisher College

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Disciplines
Pharmacy and Pharmaceutical Sciences

Comments
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The Crossroads of Interprofessionalism: Four Avenues of Collaboration at the Wegmans School of Pharmacy at St. John Fisher College


Abstract

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, dietitian, and physician. 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 WSOP and the NY Chiropractic School are sharing strategies and rubrics for assessing these outcomes.

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.

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.

Examples of Assisted-Living Patient Interventions

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Suggested Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscle spasticity in a spastic quadriplegic</td>
<td>Baclofen 5 mg PO TID to increase patient mobility, independence and quality of life.</td>
</tr>
<tr>
<td>Dizziness and increased risk for fall</td>
<td>Monitor blood pressure and use of lisinopril, and carvedilol. Dizziness and risk of fall may increase with hypotension.</td>
</tr>
<tr>
<td>Sedation and increased risk for fall</td>
<td>Diphenhydramine may cause drowsiness and sedation. Medication not recommended based upon BEERS criteria.</td>
</tr>
</tbody>
</table>

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

Scenario 1:

- Pediatric Patient
- 7-y/o with developmental delay who is experiencing bilateral hip pain

Scenario 2:

- Geriatric Patient
- 80-y/o obese woman with back pain

Scenario 3:

- Palliative Care Patient
- 66-y/o woman with acute pain and anxiety from newly diagnosed lung cancer

Scenario 4:

- Orofacial/Dental Patient
- 15-y/o girl with temporomandibular joint (TMJ) pain

Scenario 5:

- Unknown Etiology Patient
- 34-y/o woman reporting incapacitating low back, abdominal, and pelvic pain for the past 4 years.