

## Integrating a Pharmacy Student into a Marriage and Family Therapy Counseling Course: A Pilot

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### Abstract

**The Problem:** Interprofessional educational experiences are a requirement in pharmacy and counseling curricula. However, scheduling conflicts between professional programs and lack of administrative support create barriers for students who want to take a course in another healthcare program.

**Innovation:** This pilot enabled a pharmacy student to participate in a counseling course for 8 weeks. The course “Integrated Healthcare” is a 3-credit required core-course in the Master of Arts in marriage and family therapy (MFT) program. It explores the connection between emotional, psychological and physical health, covering information on behavior change, psychopharmacology, and common ways in which mood and anxiety manifest in the body. Class activities were matched to pharmacy interprofessional standards, in addition to Interprofessional Collaborative Practice competencies (IPEC).

**Critical Analysis:** All IPEC core competencies were achieved during this course. One pharmacy student and 18 counseling students helped one another understand the importance of their different roles in patient care. The course also established relationships between pharmacy and counseling faculty, paving the way for more interprofessional class experiences.

**Conclusion:** This pilot integrating pharmacy and counseling students in a course demonstrates that administrative barriers can be overcome and collaborative learning benefit is achieved for everyone involved.

**Keywords:** IPEC Competencies; interprofessional; interdisciplinary

### Description of the Problem

Many healthcare accrediting bodies are implementing requirements for interprofessional training, including the Accreditation Council of Pharmacy (ACPE) and the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).<sup>1,2</sup> Interprofessional education experiences enhance student-learning outcomes, however, scheduling conflicts between professional programs and the diminished value assigned to these activities create barriers to scheduling courses that are outside of the required (core) curriculum. Currently at Regis University, interprofessional experiences provided to pharmacy students include one-day events such as interprofessional education day; health fair opportunities; and simulation labs for heart failure, end-of-life, and management of pain. These are valuable interprofessional experiences, but they fail to provide more than one day with that integrated group, so the formation of teambuilding, trust and cohesion between participants is limited.

Pharmacists are some of the most accessible health care practitioners. They are readily available to patients and interactions with their patients can have a significant impact on patient health outcomes. Behavioral health providers can similarly help patients make important changes in their mental and physical health. Due to the many benefits of interdisciplinary care, it is important to train future health care professionals within this collaborative model. Interprofessional care begins with interprofessional education so that students can learn from, with and about each other’s skill sets.<sup>1,2,3</sup> A course, already developed for the master’s in arts in Marriage and Family Therapy (MFT) curriculum, titled “Integrated Healthcare” was selected as an ideal course to integrate with other health professional students. This course allowed a third-year pharmacy student to learn from and with MFT students and MFT faculty, and to dialogue about how the professions can work together to improve patient care. This course is a required course in the MFT master program.

The Integrated Healthcare MFT course explores the connection between emotional, psychological and physical health. The content included information on health behavior change, motivational interviewing, psychopharmacology, and common ways in which mood and anxiety manifest in the body. Currently in the pharmacy curriculum at Regis University, motivational interviewing is taught in a lab sequence for 2 days, followed by an exam. The eight-week exposure to information that addresses motivational interviewing as well as other functional and compassionate methods for communicating with patients

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in this pilot provided a lot more application to these much-needed skillsets. The course had both an academic and experiential component in which students created individual wellness plans to adhere to and discuss for the duration of the course. This educational pilot attained an exempt IRB status.

One of the goals for this pilot was to overcome the logistical barriers of cross-listing a course and allow for a pharmacy student to attend, participate, and be graded/receive feedback by a counseling faculty in an MFT course (while signing up as an independent study through their pharmacy program). This would provide an extended experience with interprofessional education in which both MFT and pharmacy faculty could obtain data based on an actual experience of integration. The Division in Counseling and Family Therapy program chair and scheduling coordinators graciously allowed this to happen, with the long-term goal of cross-listing the course for more pharmacy students (and possibly other health professional students) in the future.

### Innovation

MFT and pharmacy faculty reviewed class materials for the “Integrated Healthcare” MFT course prior to beginning the Spring 8-week sequence. All class material was deemed appropriate for both pharmacy and counseling students. No change was made to the class. The following topics were covered in classes week 1 through week 8, respectively:

- Introduction, discuss syllabus, healthcare worker wellness
- Coping with stress
- Health promotion and disease prevention
- Nutrition, childhood obesity
- Psychopharmacology
- Pain
- Chronic Illness
- Careers, Ethics in health psychology

The MFT faculty evaluated and graded the pharmacy student’s work, as they did all other student assignments. Prior to the start of the class and throughout the course, pharmacy and MFT faculty reviewed and discussed applications and feedback. Class activities were matched to pharmacy interprofessional standards, 3.4, 11.1, 11.2, 11.3, 12.5, 18, 25 and IPEC core

competencies. Following each class, the student would complete a pharmacy standard checklist, and pharmacy faculty would then review the activities/discussions provided in class, double-check pharmacy standard mapping, and map to IPEC core competencies as well. If pharmacy faculty had any questions about activities in class, MFT faculty were also consulted. The pharmacy standard checklist listed each IPE-related standard and the corresponding definition of that standard. If the standard was met during class time, the pharmacy student was asked to provide a brief description of the activities that supported that standard. A more thorough description of the class activities was provided after the checklist. The following standards were included on the checklist; all of these standards are taken from the ACPE accreditation standards<sup>1</sup>:

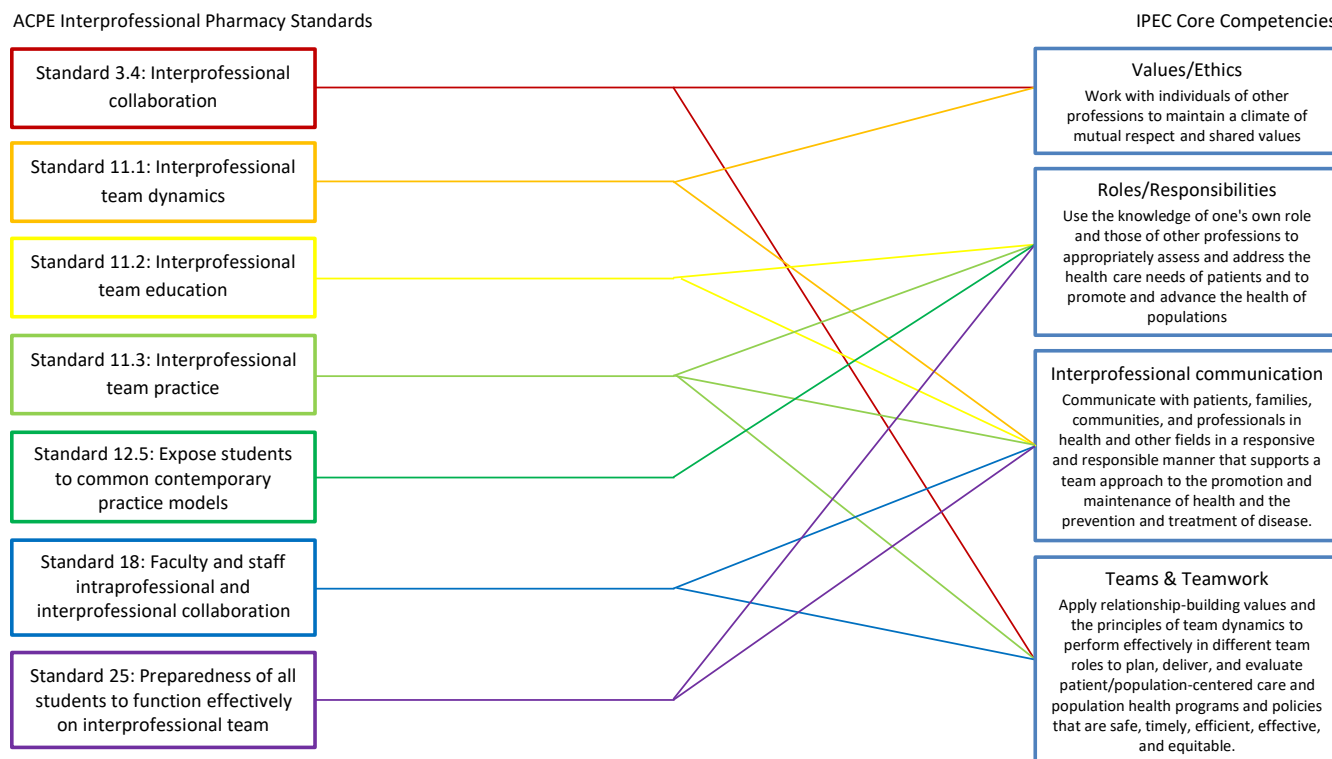
- Standard 3.4 Interprofessional collaboration
- Standard 11.1 Interprofessional team dynamics
- Standard 11.2 Interprofessional team education
- Standard 11.3 Interprofessional team practice
- Standard 12.5 IPPE Expectations: IPPEs expose students to common contemporary U.S practice models...including *interprofessional practice involving shared patient care decision-making*, professional ethics and expected behaviors, and direct patient care activities.
- Standard 18.1 Sufficient faculty: The college or school has a sufficient number of faculty members to effectively address the following programmatic needs: Intraprofessional and interprofessional collaboration
- Standard 25.6 Interprofessional preparedness

Please note that standard 11 is dedicated towards interprofessional education, but other standards, such as 3.4, 12.5, 18 and 25, also have components of interprofessional education. Thus, all 7 of these standards were evaluated in this pilot. Additionally, IPEC core competencies were also evaluated and include the following 4 domains:<sup>4</sup>

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

**Figure 1 provides a depiction of the overlap and mapping of ACPE interprofessional pharmacy standards with IPEC core competencies.**

Figure 1. Mapping of ACPE interprofessional pharmacy standards with IPEC core competencies



**Results and Critical Analysis**

Results were determined based on the standard checklist completed by the pharmacy student after each class and reviewed by the pharmacy faculty in consultation with the MFT faculty. The findings indicated that the interprofessional course enabled students to achieve 100% of the IPEC core competencies for each class during the 8-week series. Figure 2 provides a depiction of the standards and competencies achieved, organized by each class. Pharmacy standards are color-coded and depicted in triangles whereas IPEC competencies are color-coded and portrayed using square symbols.

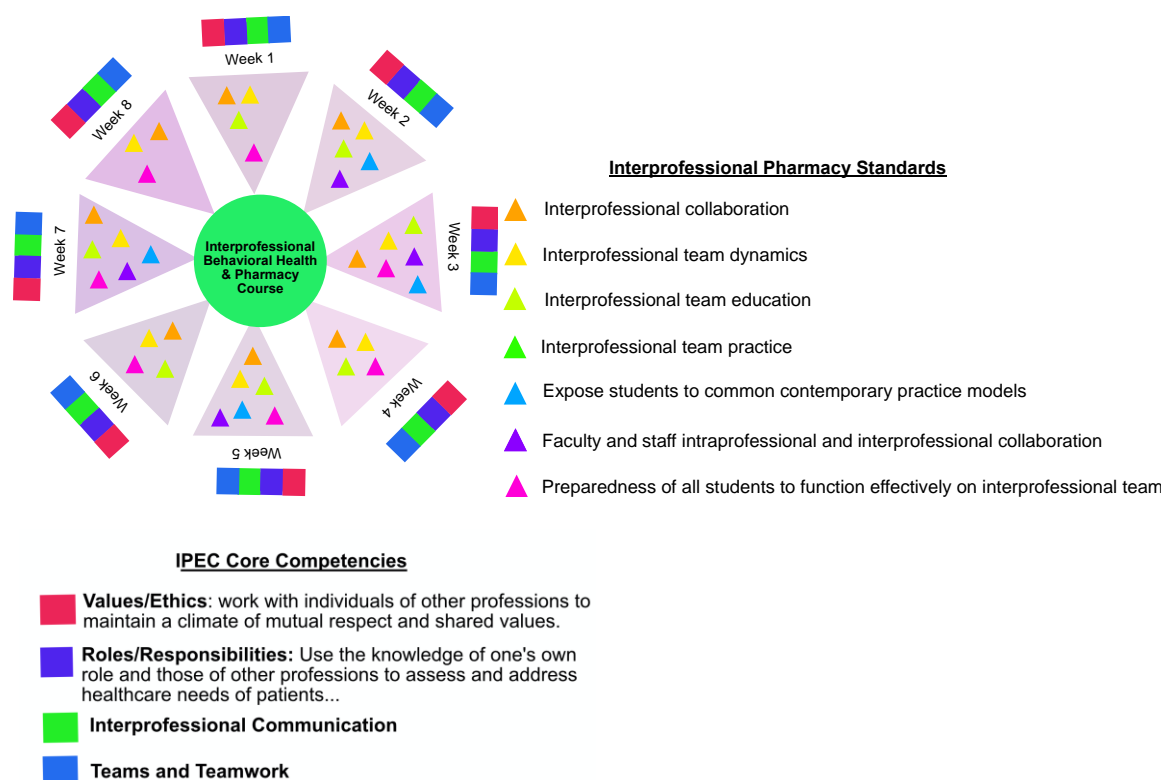
Of the pharmacy standards, interprofessional collaboration and interprofessional team dynamics, standards 3.4 and 11.2, respectively, were attained 100% (i.e., during each class). Interprofessional team education, standard 11.2, was achieved in 7/8 classes. Interprofessional team practice was the only standard not achieved because students were not in an experiential setting where real patients were seen (although one could argue that since they were creating self-care plans for themselves, it could have been considered an experiential setting). Exposing students to common contemporary practice models, standard 12.5, was achieved in 4 of the 8 classes, and standard 25, preparedness of all

students to function effectively on an interprofessional team, was attained each week of the 8-week series (100%).

One pharmacy student and 18 counseling students helped one another understand the importance of their different roles in patient care. Development and discussion of wellness plans helped students to overcome the obstacles involved in implementing significant health behavior changes. The students learned and practiced counseling techniques and approaches such as cognitive behavioral therapy and motivational interviewing. The pharmacy student was able to further develop counseling and motivational interviewing skills, learn more about the scope of behavioral health practice, and develop ways to communicate and collaborate in order to best support patients. The course also established relationships between pharmacy and counseling faculty, paving the way for more interprofessional class experiences.

One of the many benefits in this interprofessional pilot was the ability to form relationships with the other students outside one’s discipline, allowing for conversations that led to a deeper understanding and respect of each other’s roles in patient care, rather than it being a one-time interprofessional simulation experience that occurs over 1-2 hours. Students were truly able to learn with, from and about one another over this 8-week time frame.

**Figure 2. Interprofessional Pharmacy Standards and Interprofessional Competencies Achieved in this Pilot**



### Key Issues and Limitations

A limitation to this pilot was that it was 18 MFT students and only 1 pharmacy student. It was a successful pilot with a positive response, but this could be somewhat as a result of bias from the pharmacy student selected for this pilot. A larger number of pharmacy students introduced to this course would strengthen the results.

It will be important moving forward to determine how many additional students from other health professions may take part in the course with consideration to space and faculty-feedback capacity. The course is designed with a lot of faculty grading and feedback, so increasing the class size will also require additional faculty support. This may provide an opportunity for faculty from different disciplines to co-teach the course.

Class times for the MFT course was 6:00-9:00pm on Mondays for 8 weeks. This did not interfere with any of the pharmacy curriculum class times. When looking for integrated class opportunities, these class times are ideal.

This course was appropriate for all students in healthcare. Finding other courses that might also provide *clinical* integrated opportunities is highly recommended. A common course in

pharmacy, Nonprescription Drugs/Self-Care, may be appropriate for other healthcare students to attain benefit and appreciation of the area.

### Next Steps

Integration of a pharmacy student into the behavioral health course was a first step in broader collaborative interdisciplinary learning. Evaluating how many additional students the course can support with current faculty and space is necessary. Collaboration between behavioral health and pharmacy programs provides a win-win situation in which the more we learn of one another, the more we are able to advocate for each other. This pilot approach would also be beneficial for other health programs, and authors are hopeful the physical therapy program will consider the one-student pilot approach to evaluate how it may be incorporated as another interprofessional course opportunity in their Doctor of Physical Therapy program. Important steps that can be taken to expand upon other interprofessional class opportunities include meeting with faculty in different healthcare programs to list courses that may be appropriate for interprofessional instruction. One-student pilots are a great way to evaluate benefit, develop faculty relationships between disciplines, and document curricula changes to further incorporate multiple student spots.

### Conclusions

An 8-week interprofessional course integrating a pharmacy student into an MFT course provided positive results in regard to achieving both pharmacy interprofessional standards and interprofessional core competencies. The pharmacy student, behavioral health students, MFT and pharmacy faculty helped each other understand the importance of their different roles in patient care and how they can work together for their patients. The course showed students how their field of knowledge can enhance health behavior change, medication adherence, weight management, drug and alcohol cessation, and improve communication with patients in order to create more positive health outcomes. Creating personal wellness plans helped students to empathize and understand the dedication required to successfully overcome the obstacles involved in implementing significant health behavior changes.

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**Conflicts of Interest:** None

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