

# A description of inter-professional ethics education in a United States college of pharmacy

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## Abstract

**Introduction:** An inter-professional ethics curriculum should address core ethics concepts and principles, and challenge students to work in inter-professional teams to resolve dilemmas modelled after those encountered in the health professions.

**Description:** An inter-professional ethics curriculum at a United States (U.S.) college of pharmacy has been developed and refined since 2005 and provides comprehensive ethics education to pharmacy students, while exposing medical and pharmacy students to the ethical issues and dilemmas that are both shared and unique to each health profession.

**Evaluation:** Students have exceeded basic competencies in ethics education without failing performance measures at this U.S. college of pharmacy. The inter-professional ethics curriculum receives positive student evaluations; however, students see ethics education as secondary, rather than complementary, to basic science and clinical curricula.

**Future plans:** A commitment to a longitudinal, inter-professional ethics curriculum is needed to enforce ethics content and values during students' practicum experiences in pharmacy and industry settings.

**Keywords:** *Inter-Professional Education, Ethics Training, Ethics Education*

## Introduction

Pharmacy ethics education has been instrumental in guiding pharmacists in research and practice, historically focusing on rule-centred guidelines and dilemmas involving the pharmaceutical industry and economics (Rawwas *et al.* 1994). Edward Parrish (1822-1872), a Philadelphia community pharmacist, founding member of the American Pharmaceutical Association (later named the American Pharmacists Association [APhA]), and one of the leading fathers of pharmacy ethics in the United States (U.S.), took a great interest in ethics and inter-professional education, educating both future pharmacists and physicians.

One of the guidelines identifies a pharmacist's duty to respect the values and abilities of colleagues and other health professionals. The value of respect should not be interpreted as hierarchical deference, but that which is understood in the context of inter-professional relationships and teamwork in the delivery of patient care. This was understood even in Parrish's day as he "denounced the common representation of pharmacists as the handmaiden of physicians" and spoke against physicians who challenged pharmacists "for providing some symptomatic 'over the counter' relief while pointing to physicians who kept a shop where their prescriptions were prepared by their own apprentices" (Worthen, 2005: p.760). However, ethical guidelines alone neither prevent nor resolve inter-

professional dilemmas among colleagues and patients, especially when power differentials are present. In teaching ethics that addresses these power differentials, while encouraging healthcare professionals to understand the roles and responsibilities of the other, an inter-professional ethics curriculum is needed. Thus, an inter-professional ethics curriculum should be designed in ways that recognise existing guidelines and codes of ethics, but teaches students to understand ethics through person-centred theories and frameworks, and case-based scenarios that require critical thought and reflection.

According to Whitehead (2007), inter-professional educational (IPE) initiatives are seen as a means to engage healthcare professionals in collaborative patient-centred care and to alter the culture of health professional interaction through the "flattening of hierarchies". Through IPE initiatives, participants are able to avoid stereotypes, enhance communication, and learn about the scope of practice among different health professions. Even though several academic and clinical institutions have initiated IPE initiatives, "the nature of the collaboration between healthcare professionals that is sought, in terms of how responsibility is to be shared and power differentials managed, is not often clearly articulated..." (Whitehead, 2007: p.1010).

Guided by such IPE initiatives, an inter-professional ethics curriculum should not only address ethics topics and concepts that all health professionals should learn,

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including foundational theories and principles, but also challenge students to work in inter-professional teams to recognise, resolve and reflect on ethical issues modelled after those issues encountered by teams in the clinical setting. Through inter-professional teamwork, medical students, for example, are able to gain insight into the roles and responsibilities of the pharmacist, while valuing pharmacists for their contributions to patient-care as fellow team members.

### Description: Inter-Professional Ethics Education

In accordance with U.S. accreditation recommendations and guidelines from The Accreditation Council for Pharmacy Education (ACPE), the Center for the Advancement of Pharmaceutical Education (CAPE), American Society of Health-Systems Pharmacists Council on Pharmacy Practice (ASHP)\*, and the American Association of Colleges of Pharmacy (AAPC), a need to update the existing medical-centric ethics curricula was needed. In December 2005, the College of Pharmacy was established at Northeast Ohio Medical University (NEOMED), followed by the College of Graduate Studies in 2009. With the establishment of these two colleges, the existing bioethics curriculum expanded to include specific medical and pharmacy inter-professional content. Since 2005, several ethics lectures and courses have been taught simultaneously to medical, pharmacy, and graduate students, along with various inter-professional activities and writing assignments. Although pharmacy students receive only about 50% of the ethics education and training that medical students receive due to time and scheduling constraints, approximately 40 hours of required inter-professional, ethics education and training (including didactic lectures, small group work, and assignments) have been developed for pharmacy students.

Inter-professional ethics education is currently embedded in a ten-course sequence, “Pharmacists Patient Care Experience” (PPCE) which focuses on the development of pharmacy practice skills and knowledge that spans all four years of the Doctor of Pharmacy (Pharm.D.) curriculum at NEOMED. Additional optional, inter-professional graduate coursework is also available for those medical and pharmacy students. Approximately two pharmacy students each year enter the Medical Ethics and Humanities Certificate programme, through the College of Graduate Studies, to further develop their ethical skills, especially in clinical ethics consultation. A newly developed Masters of Arts (M.A.) in Medical Ethics and Humanities programme began in 2017, and there are interested pharmacy students (n=5), who would like to graduate with a Pharm.D./M.A. combined degree so as to integrate ethics education into administrative pharmacy practice and education.

In describing the organisation of the ethics curricula, one faculty director leads the didactic ethics lectures with

support from guest lecturers who are experts in the various health professions, including pharmacy practice and pharmaceutical sciences, as well as faculty discussant leaders from all three colleges to lead small group discussions. Students access curriculum materials, including syllabi, lecture slides, articles, cases, and short stories, which are uploaded by the course directors and education specialists via an online, academic management system.

In the first year, pharmacy and medical students attend lectures together in the same classroom, and then are placed in small, inter-professional groups for case discussions, reflection on course materials, and team-based paper assignments and activities. Both the content and the structure of the courses are inter-professional, with six hours of online foundational material that students build upon over two semesters. There are a total of 24 hours of online, didactic, and small group, inter-professional ethics coursework in the first year of the pharmacy programme. This coursework focuses on topics such as privacy and confidentiality and reproductive technologies, particularly issues surrounding conscientious objection, distribution of birth control to minors, and sexually transmitted infection counselling, with additional hours required for course preparation, writing, and assigned group projects (see Table I).

**Table I: Inter-professional ethics coursework**

Pharmacy Year 1	Pharmacy Year 2	Pharmacy Year 3	Optional Graduate Coursework
Foundations in Bioethics (6 hours)	#End of Life Ethics (2 hours)	Ethics of Palliative Care (1 hour)	Pharmacy Ethics (15 hours)
Narrative Ethics (w/small group learning; 3 hours)	Professional Boundaries and Violations (3 hours)	Responsible Conduct of Research (1 hour)	Healthcare Law (45 hours)
Privacy and Confidentiality (w/small group learning; 3 hours)			Psychiatric Ethics (15 hours)
Eugenics and Ethics of Disability (2 hours)			Clinical Ethics (15 hours)
Ethics of Genetic Diagnosis and Counselling (2 hours)			Bioethics Research (45 hours)
Reproductive Ethics and the Conscience Clause (2 hours)			Healthcare Justice (15 hours)
Narratives of Autism (w/small group learning; 3 hours)			End of Life: How We Die (15 hours)
The Humanity of Mental Health (w/ presentations (3 hours)			Foundations in Bioethics (30 hours)

\* Guidelines from the ASHP Council on Pharmacy Practice are contained in their ASHP Statement on Professionalism (2008)

# The ‘End of Life Ethics’ session was replaced by an ‘Ethics of Vaccinations’ session in 2015, it occurs in the 2<sup>nd</sup> year for pharmacy students and is two hours in length.

In the second year, pharmacy and medical students are separated into their respective health professions programmes, but inter-professional ethics education continues as topics and issues are taught that may be encountered by professional students in their future careers, including end of life ethics and professional boundaries and violations, which involves a panel discussion of pharmacist and physicians who have encountered or participated in sexual and non-sexual boundary transgressions. Pharmacy and medical students listen to the panelists, ask questions, and then participate in small groups to further discuss boundaries and their professional implications. There are only five hours of inter-professional coursework in the second year due to limitations of time within the pharmacy curriculum. However, pharmacy students are also given coursework focusing on infectious disease and vaccination programmes, which is separate from the medical and graduate school curricula. Third-year pharmacy students receive additional ethics training in responsible conduct of research and palliative care ethics, which has inter-professional content but does not include the presence of medical or other health professions students in the classroom. There are only two hours of content due to the fact that the students are out in the field and participating in electives that provide hands-on experiences. Additional curricular developments are needed to emphasise pharmacy students' ethics training from years 1 and 2 during their 3<sup>rd</sup> and 4<sup>th</sup> year practical training in clinical and industry environments.

Medical and pharmacy students may also enrol in the Medical Ethics and Humanities Certificate programme, which is a graduate programme in the College of Graduate Studies. They, along with graduate students and healthcare professionals, take ten credit hours of coursework (approximately 450 contact hours), including a one credit hour (15 contact hours) Pharmacy Ethics elective, "Contemporary Issues in Pharmacy Ethics," which is directed by a pharmacist-ethicist. All courses are inter-professional in terms of student participants, and most courses have inter-professional content. Students from the medical and pharmacy programmes can take up to three years to complete the Certificate as they complete their respective health professions programmes. Pharmacy student graduates have presented and published on topics in pharmacy ethics, for example, ethics of medication management, and have served on ethics committees and boards in the clinical setting. Their additional graduate work prepares them for these valuable experiences and leadership roles.

### Student and Curricular Evaluation

In their first academic semester in year 1, approximately 250 pharmacy and medical students (160 medical students and 90 pharmacy students) are placed in inter-professional teams (up to six students), and are expected to complete a writing assignment in which each team develops an ethical case, present a dilemma, and then provides an analysis from the perspectives of

pharmacists, physicians, and patients and their families. This writing assignment not only evaluates students' understanding of core ethical theories and principles, but also their ability to apply ethical concepts to everyday clinical issues and provide a detailed analysis as to how they would resolve real-world dilemmas. This particular writing assignment challenges students to come up with their own inter-professional case, prompting them to think about the roles and responsibilities of physicians and pharmacists in the clinical setting, and how these professionals can come together in meaningful ways to resolve ethical disputes or dilemmas. Through moral imagination, critical thinking, and inter-professional communication, these teams (approximately 45 teams) produce creative and pertinent ethics cases, learn from each other, and develop invaluable skills such as leadership. Each team identifies a team leader, who evaluates the team's performance in addition to the faculty who grades the assignment. Such writing assignments are evaluated using a numerical grading system (passing grade is >70%). Also important to note, the selected team leader, who may be a pharmacy student, greatly contributes to the breakdown of misguided hierarchical professional structures and biases among health professions students, e.g., medical students.

In addition to team-based writing assignments such as ethics case development and assessment, students are also given an exam containing multiple-choice questions, including basic ethics knowledge questions (for example, principles such as non-maleficence) and case vignettes or problems that require students to identify "the best next step" or a resolution. The exam is also evaluated using a numerical grading system (passing grade is >70%). Students who fail their ethics education and training are required to remediate the content with the course director (for example, office visits, additional testing and/or writing). The passing rate for both written assignments and examinations is 99%; few students have to remediate each year, and no students have failed following remediation.

While the overall PPCE course is quantitatively evaluated by students and accreditation bodies with favourable outcomes, the inter-professional ethics portion of the course receives overwhelming positive qualitative student feedback each semester via survey findings. Ethics competency in the form of knowledge and application of core ethical principles, codes of ethical and professional conduct, and basic ethical knowledge of topic-based problems (for example, pharmacy error reporting) is determined by such bodies as the ACPE. In fact, there is a very clear list of ACPE competencies, which focus on the demonstration of ethical and professional behaviour in all practice activities. Competencies for ACPE accreditation include those, including, but not limited to (ACPE Guidance for Standards 2016):

- *Demonstrate caring, ethical, and professional behaviour when interacting with peers, professionals, patients, and caregivers*

- *Demonstrate sensitivity and responsiveness to culture, race/ethnicity, age, socioeconomic status, gender, sexual orientation, spirituality, disabilities, and other aspects of diversity and identity when interacting with patients, caregivers, and other healthcare professionals*
- *Comply with federal, state, and local laws and regulations related to pharmacy practice*
- *Practice ethically, including maintaining patient confidentiality, responding to errors in care, and professional misconduct (including plagiarism)*

Furthermore, the Director of the Medical Ethics and Humanities curricula for the Colleges of Medicine, Pharmacy, and Graduate Studies is evaluated by both students and faculty peers (e.g., Faculty Development administration/mentors). Anecdotally and based on narrative feedback on evaluation reports, students typically enjoy the various activities and case-based discussions, and have reported on course evaluation forms having gained a deeper appreciation of ethics and its role in resolving clinical and industry disputes. Particularly, pharmacy students have expressed “feeling empowered” by helping medical students understand ethical dilemmas common to the pharmacy profession, e.g., drug shortages and resource allocation. Selected narrative excerpts from course evaluations, include:

*I have an understanding of what the code of ethics for pharmacists includes, and the importance of figuring out ethical problems as a team so that different perspectives are included. [1<sup>st</sup> year pharmacy student]*

*At first I thought ethics was busy work, but then I realised in my second year that I see these [ethical] problems in everyday practice. [2<sup>nd</sup> year pharmacy student]*

*I want to make sure I always do the right thing for my patients, and I think I can do this as a pharmacist with more ethics education. I do not want to rely on the clinicians or nurses to fix these problems. [4<sup>th</sup> year pharmacy student enrolled in the Medical Ethics and Humanities Certificate programme]*

*I didn't even know I could be a pharmacist-ethicist until I took a course from a pharmacist-ethicist who works in a cancer treatment centre and is part of the ethics community. [4<sup>th</sup> year pharmacy student enrolled in the Medical Ethics and Humanities Certificate programme]*

However, students often comment on the amount of work required to complete the ethics requirements, which can be “distracting” or “unnecessary” when trying to study their basic science and clinical skills coursework. Unfortunately, despite students’ general appreciation, inter-professional ethics education and training is viewed as secondary to the basic sciences and clinical skills coursework and not as complementary, except for the few students who also enrol in the graduate programme

and really want to develop their ethical knowledge and skills. This view is changing among the medical students, in part, due to the continued emphasis of ethics education in the classroom and clinical settings, as well as the competitive nature of getting into residency programmes. Pharmacy students who plan on entering a residency programme at NEOMED are more inclined enrolling in complementary graduate coursework and electives that enhance their ethics, legal, and professionalism education. For example, 100% of pharmacy graduates since 2005 enrolled in the Medical Ethics and Humanities Certificate programme (n=9) have entered pharmacy residency education. Thus, it is essential to continue to develop the ethics curriculum into the clinical and pharmacy settings to reinforce its value in the delivery of patient care. Furthermore, it is important to talk to students about ethics education and their future roles as pharmacist-ethicists; many NEOMED pharmacy students do not understand they can achieve both roles.

### Limitations and Future Plans

One limitation in implementing inter-professional ethics coursework include the limited amount of allocated time within the general pharmacy curriculum, which contains several required science and clinical courses and experiential components that assert primacy over ethics education. Another barrier includes getting pharmacy faculty to recognise the importance of ethics education over the span of students’ four year pharmacy education. Most combined pharmacy-graduate students do not enter the programmes until their 3<sup>rd</sup> and 4<sup>th</sup> years, and some students struggle with trying to balance coursework in both programmes as evidenced by lower grades (B’s and C’s as opposed to A’s and B’s) and requests for additional time or leaves of absences to complete projects and end of semester term papers.

At this moment, the first year is the locus of ethics education, with a few lectures in the second and third year, but enforcing ethics education and training should be done while students are in the clinical and industry settings. Unfortunately, there is little room for formal ethics education, let alone inter-professional ethics education. However, those students who enrol in the graduate Medical Ethics and Humanities M.A. and Certificate programmes do apply their ethics training and education throughout their careers as evident by some of our graduates. Nonetheless, education and assessment is essential once students leave the classroom and are engaged in patient and customer care.

Another limitation to this curricular component as with many inter-professional curricula is the nature of inter-professional coursework and what “inter-professional” actually encompasses beyond simply placing pharmacy, medical, and graduate students in the same classroom. Inter-Professional education should create opportunities for students from different professions to work together, and while our students do have these opportunities in small group discussions and case evaluations, as well as

their team-based writing assignments, many of the inter-professional content involves simply placing medical and pharmacy students in the same lecture and discussing issues pertaining to both professions. Alternatively, inter-professional content is provided to pharmacy students without the presence of other health professions students. Such approaches to inter-professional education falls short with respect to breaking down stereotypes, enhancing communication, and understanding the scope of practice among different health professions. Thus, the way that we understand and implement inter-professional ethics education should be further refined. Future plans include clearly distinguishing inter-professional versus profession-specific ethics education and training, and to develop ethics curricular activities that span all four years and emphasise the core ethical values during practicum experiences.

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### Conclusion

While there are several limitations to the development and implementation of a successful inter-professional ethics curriculum, such a curriculum can improve team-based approaches to ethical decision-making in the clinical setting among healthcare professionals with diverse backgrounds. Furthermore, by emphasising pharmacy ethics and the guidelines specific to pharmacy practice among existing bioethics programmes, this can further diversify student learners and educators, breakdown hierarchical barriers and biases, and encourage team-based approaches toward ethical problem solving in the health professions.

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