

LETTERS

A Pharmacist's Reflection on Serving as a Preceptor to a Medical Student

To the Editor. While physicians often serve as preceptors to student pharmacists, the literature regarding pharmacists serving as preceptors to medical students is surprisingly sparse.¹ Our pharmacy department at Broadlawns Medical Center was contacted in 2013 by a fourth-year student from Des Moines University, a nearby osteopathic medical school. This student was seeking a 2-week elective rotation with a clinical pharmacist. I volunteered to involve this medical student in my anticoagulation clinic and on our inpatient internal medicine rounds to provide her with an opportunity to discover and appreciate the role of a pharmacist in the clinical environment. Furthermore, as a Drake University College of Pharmacy and Health Sciences faculty member, I was intrigued with the opportunity for my 3 fourth-year pharmacy students on an advanced pharmacy practice experience (APPE) in the clinic to interact with a medical student in this setting.

I set out with consistent expectations of this medical student and my pharmacy students. They would work up the same number of patients in the morning, provide the same amount of discharge counseling for patients, and look up the same types of drug information questions. I found that the medical student met these challenges exceptionally. The most impressive aspect of this experience was not necessarily seeing these students learn together, but seeing them learn *from* each other and *about* each other. This occurred organically and nearly immediately without my intervention. For example, during our morning patient discussions, the medical student had calculated creatinine clearance in a patient with renal insufficiency and concluded that antibiotic dosing adjustment was not necessary. The pharmacy students quickly pointed out that the Cockcroft-Gault equation should be used with ideal body weight, not actual body weight; thus, the medical student had overestimated glomerular filtration and the dose of the antibiotic was too high. Similarly, the medical student led a discussion on venous thromboembolism that provided some insight on the diagnostic utility (and lack thereof) of the D-dimer. This further led to an explanation to one of the pharmacy students on the differences between positive and negative predictive values, sensitivity, and specificity of different diagnostic tests. This was interprofessional education at its purest. These were students using the strengths of their education to reinforce the others' weaker points.

Following this 2-week rotation, I asked each student to write a brief reflection on this experience of working

with a doctoral candidate from a different discipline. In each case, the students viewed the experience positively and felt they had a better appreciation for what the other could do for the patient. One pharmacy student noted, "We both worked off of each other's skill sets and I firmly believe that we are trained to do different things. She knew more about diagnosis and physiology than the pharmacy students while we all knew a little more about monitoring and medications." Furthermore, the medical student commented, "As healthcare moves into the 'medical home' model, it becomes even more important for the various disciplines to effectively work together. . . My experience here has opened my eyes to the important role that clinical pharmacists have as part of the healthcare team and I will definitely seek out these individuals as I move forward in my training." Nearly all of the students commented on how such experiences should be expanded to include more students and more practice settings. One of our pharmacy students remarked, "I feel as if this is an opportunity that others should experience just to build up the mutual respect between these two important professions in health care."

Various forms of interprofessional educational experiences between pharmacy students and medical students have been reported. Experiences between pharmacy students and dental, physical therapy, physician assistant, nursing, and veterinary students have been reported as well. These experiences often take the form of lectures, simulations, and workshops.¹⁻³ Unfortunately students may actually find such interprofessional events to be "artificial" and encounter limited depth of interprofessional interaction because of the volume of students involved.⁴ Interprofessional interaction may be most impacting and natural in the experiential setting as was the case described here. Surprisingly, interprofessional education has not been as widely studied in this setting.⁵

The Accreditation Standards and Guidelines for the Professional Program in Pharmacy suggest that colleges of pharmacy should promote the "development of interprofessional learning and collaborative practice in didactic and experiential education."⁶ Similarly, the Liaison Committee on Medical Education recommends that faculty members of medical schools set standards in interdisciplinary and interprofessional learning experiences.⁷ The Commission on Osteopathic College Accreditation, however, only provides standards that emphasize communication skills with other healthcare providers and recommend "opportunities to interact with other healthcare professionals."⁸ In each case, these accrediting bodies seem to find an intrinsic value in the interprofessional experience (albeit with variable emphasis within their standards). I would suggest that colleges of pharmacy and colleges of

medicine explore clinical rotation exchanges which allow medical students to learn from pharmacy faculty members and students and allow pharmacy students to learn from their medical counterparts. Such exchange policies would benefit colleges from an accreditation standpoint and more importantly provide robust, meaningful interprofessional experiences for students on clinical APPEs.

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