Interprofessional v Uniprofessional Therapeutics and Prescribing - A Comparison of Third Year Medical Students working with other Medical Students or with Pharmacy Undergraduates

Authors: Dai John,¹ Sion Coulman,¹ Andy Jenkins,¹ Anesha Premji,¹ John P Thompson,² Helen Sweetland,² Jamie Hayes³ and Philip A Routledge²

¹Cardiff School of Pharmacy and Pharmaceutical Sciences, Cardiff University, ²School of Medicine, Cardiff University and ³Welsh Medicines Resource Centre, Cardiff.

Background: Interprofessional education (IPE) can develop an understanding of the roles and values of other health professionals. The aim was to compare views of third year medical students who worked as uniprofessional or interprofessional pairs on a new therapeutics and prescribing session.

Method: A two-hour session integrating communication skills with therapeutics was conducted with medicine students alone or with pharmacy undergraduates. The sessions required students to work in pairs, role-playing health-professional or patient in medicines history-taking, adverse drug reaction identification/reporting and prescription writing. An anonymous questionnaire, including 5-point Likert-scale questions, was used for evaluation. Mann-Whitney was used to compare responses. Ethics approval was obtained.

Results: In total, 231 medical students completed the evaluation, 168 having worked with a pharmacy student. Medics agreed/agreed strongly the session was useful (95%) and enjoyable (93%). 88% said there should be more IPE between medicine and pharmacy (4 disagreed). 84% medics working with medics agreed/agreed strongly they were sufficiently well-prepared for medicines-history taking, significantly higher ($p < 0.001$) than medics working with pharmacy students (63%). Medics working with pharmacy students agreed more strongly they had learnt something by observing their partner's approach ($p = 0.001$).

Discussion: In conclusion, this new therapeutics and prescribing IPE session was deemed useful and enjoyable by medical students, whether or not they had worked with a pharmacy student. The higher level of perceived preparedness for history-taking by medics working uniprofessionally in comparison with interprofessional pairs may be because they have not had the opportunity to observe a pharmacy student's approach to this skill. If this explanation contributes at least in part to the differences between groups, then this supports the value of IPE in this format. Additional IPE sessions between medicine and pharmacy have been arranged and more are planned.