

My PhD from Robert Gordon University entitled: Pharmacy's perspective of Interprofessional Education and Collaborative Practice: An investigative study in Qatar and the Middle East. Dr Alla El-Awaisi from Qatar

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Abstract:

The need to incorporate interprofessional education (IPE) as part of any healthcare profession curricula is growing in an approach to prepare a collaborative practice-ready workforce. Pharmacy students should be equipped with the necessary competencies and skills needed for them to practise interprofessionally, commensurate with the expanding and evolving role of the pharmacist. Thus, the Qatar University College of Pharmacy has decided to incorporate IPE initiatives formally into the pharmacy curriculum in collaboration with other healthcare institutions in Qatar to meet the accreditation standards set by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) and fulfil the recommendations set in the World Health Organization (WHO) framework. To implement effective IPE strategies, it is important to consider the prior attitudes and expectations of various stakeholders in the process -- particularly students, faculty, and practising pharmacists. The overall aim of this PhD research is to explore the pharmacy perspectives of IPE and collaborative practice from a Middle Eastern context.

The research started with a comprehensive systematic review of the literature focusing on the perspectives of pharmacy students, pharmacy faculty, and practising pharmacists on IPE and collaborative practice. Five themes have been identified from the systematic review: inconsistency in reporting IPE research, professional image of the pharmacist, lack of longitudinal follow-up, lack of IPE research on faculty, and lack of mixed method studies. This was followed by three sequential explanatory mixed method designs, to explore the perception of faculty, students, and practising pharmacists, individually. This was undertaken to gain an in depth understanding of the strengths and challenges of each group that can affect the implementation and perspectives toward IPE and collaborative practice. Two data collection methods were used: quantitative surveys and qualitative focus groups. Quantitative data were imported into SPSS® version 22 and analysed using both descriptive and inferential statistics. Qualitative data from the focus groups were analysed using thematic analysis.

For the quantitative surveys, the overall response rate was 117 out of 334 (35%) for pharmacy faculty in the Middle East, 102/132 (77%) for pharmacy students in Qatar and 178/285 (63%) for practising pharmacists in Qatar. This was followed by seven focus groups with a total of 51 participants. Findings, from both the survey and focus groups, support that students, faculty and practising pharmacists are ready to engage in IPE and collaborative practice. The findings further identified positive attitudes that reinforce the need to incorporate IPE into healthcare curricula. They perceive anticipated benefits to them as professionals and to the patients. However, a large number of challenges have been highlighted, including the existence of a hierarchical culture, pharmacists' role and image, a weak sense of professional identity among pharmacists, their marginalised contribution, resistance from the healthcare teams to the evolving role of the pharmacists, and the heterogeneous background of healthcare professionals. Promisingly, the education and

healthcare system in Qatar is undergoing significant changes with some positive influences noted within education and practice settings.

This is the first study investigating pharmacy perspectives of IPE in Qatar, the Middle East, and worldwide. The findings from this research generated a body of knowledge regarding the pharmacy perspectives of IPE and provided a better understanding of what shapes this perspective from a Middle Eastern context. The research presents a new model based on collective input, efforts, and readiness in five key stages: academic institution, faculty, student, practice, and environment. The model moves beyond focusing on the individual stages separately and expands to consider the complexity of linking and aligning the stages together. Coordinated efforts, between the stages, focused on a more comprehensive and holistic implementation, is essential for successful implementation of IPE and collaborative practice.