

Interprofessional Education in the **MASTER OF CLINICAL PHARMACY CLINICAL CLERKSHIP**

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Interprofessional education (IPE) has become an essential component in healthcare training, as collaborative practice is fundamental to improving patient outcomes. The World Health Organisation (WHO) in 2010 defined IPE as an approach in which students from different professional backgrounds learn with, from, and about each other to enable effective collaboration and improve health outcomes. The primary goal is to foster a "collaborative practice-ready" workforce that can work effectively and contribute to improving team-based, patient-centered care. The Master of Clinical Pharmacy Clinical Clerkship integrates interprofessional teaching by facilitating postgraduate pharmacy students to engage directly with clinical specialists.

HANDS-ON CLINICAL TRAINING

During the first semester of the academic session, the Cardiology and Nephrology/Respiratory Clerkship was conducted from 29 December 2025 to 23 January 2026. Students were divided into small groups and assigned to cardiology and nephrology/respiratory clinical rotations under the supervision of experienced specialists who served as the clinical preceptors. During this clerkship, students were actively involved in ward rounds and bedside case discussions, enabling them to observe multidisciplinary clinical decision-making and patient management in real time.

PHARMACOTHERAPY IN REAL-WORLD PRACTICE

The clinical preceptors actively guided students in case clerking activities, identified appropriate clinical cases, and engaged them in structured clinical discussions. These discussions often occurred alongside routine ward rounds, allowing students to contextualise pharmacotherapeutic decisions within complex patient scenarios. This approach encourages critical thinking, clinical reasoning, and the application of pharmacotherapy knowledge in specialised areas.

LEARNING BEYOND THE CLASSROOM:

In parallel, supervising lecturers from the faculty monitored students' progress throughout the clerkship, facilitated case-based discussions, and evaluated students' clinical assessments. The dual mentorship model, which combines academic supervision with clinical preceptorship, ensures that learning is both theoretically grounded and clinically relevant.

Feedback from students consistently identifies interprofessional collaboration as a major strength of the program. Learning directly from practising clinicians, while being supported by academic mentors, provides a comprehensive educational experience that strengthens students' clinical competence and professional development.

Overall, the integration of interprofessional teaching within the clinical clerkship represents a significant educational strategy in preparing clinical pharmacists who are capable of functioning effectively within multidisciplinary healthcare teams.

