

Picking Up the Pace...

Planning for Practice Education

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Don Brodie once had a sign in his Parklawn Building office that read *We plan to make things happen*. Dr. Brodie had joined the federal government in the early seventies to help the profession prepare for "the challenge to pharmacy in times of change." It's almost 25 years later, and pharmacy is still challenged and still changing. And good planning remains a key to meeting the challenge of change.

While all parts of the pharmacy academic enterprise are affected by reforms in both health care delivery and education, practice departments are especially tested because of the breadth and depth of their activities. What they do is at the heart of curriculum reform. It is here that students must learn to integrate material, to identify and solve real problems, to care for real people. Practice faculty are challenged not only to change the way they teach, but also to change the way they practice, while also finding ways to fund the expansion of their practice activities. Along the way, more attention to scholarship and the documentation of new practice contributions is advocated.

Planning is of paramount importance in the face of such a complex array of things to do. Fortunately, many practice departments will benefit from some increased resources as schools and colleges expand and differentiate the experience portion of the curriculum. The resources will never be enough, of course, and it will be all too easy to do more of the same rather than initiate necessary innovation. It is a good time to examine where current practice faculty are deployed and what they are doing with their time. Many may be firmly entrenched in a traditional hospital-based specialty practice site and may be reticent about exploring ambulatory or primary care practice. Sometimes they are uncomfortable or unwilling to teach in areas outside their specialties, even in introductory courses.

Planning is necessary to lure existing faculty into general practice settings and to recruit new faculty with the entrepreneurial spirit to establish new practices where the action is. As the population ages and health care costs continue to escalate, pharmaceutical care will increasingly take place in the community, in managed care climes and the satellite outreach units of hospitals, in surgicenters and "doc-in-the-box" settings, at the workplace and in patient's homes. Our practice faculty must be there, providing care, so that our students can learn how to practice successfully in each of these places.

Practice faculty should plan their experiential sites with an eye to epidemiology as well as personal experience and interest. The medical model is to specialize, to learn more and more about less and less. There are many areas of sharply defined needs that pharmacy must serve. That's what tertiary health care and academic medical centers are all about. But we need more pharmaceutical care in primary and secondary care locations. Practice faculty can be leaders by developing workforce projections for their areas and adjusting education patterns and residency assignments to match.

Similar leadership is needed in the area of specialty and

general practice certification. Academics were instrumental in founding the Board of Pharmaceutical Specialties, helping it to develop criteria for specialty certification, and maintaining its progress. They are also major customers for specialty certification. The time and energy devoted to this task has been enormous but has paid off in widely recognized measures of practice excellence. But the number of pharmacists for whom specialty certification is relevant is tiny compared with the large number of practitioners in practice who have not had any opportunity to recertify their competence in pharmaceutical care since their graduation, which may have been ten, twenty or thirty years ago. As we advocate greater responsibility for all pharmacists in the management of drug therapy, practice faculty have a special contribution to make in devising a way to certify generalist competency. Managed care organizations or other entities that buy into the concept of pharmaceutical care need a method of differentiating between those pharmacists who can deliver and those who cannot.

So many things to do, and so little time. After all, the practice faculty are just that—faculty! Matters of teaching, scholarship and service must be attended to. The practice faculty contribute significantly to the ultimate assessment of our graduates. Are these pharmacists-to-be competent to manage drug therapy in patients? Can they communicate orally and in writing to those who need their help? Are the tools for assessing the performance of students reliable and valid? Has the basic pharmaceutical science faculty adequately prepared students for the clinical years? Is there appropriate balance among required and elective courses and experiences? Have interprofessional relationships been provided and nurtured?

The practice departments are responsible for managing the large corps of volunteer faculty and receptors vital to the experience program. Full-time practice faculty must not only teach but also be part of the community of scholars that is academia. They must advance their field of expertise and disseminate their findings beyond the walls of the university through presentations and publications. Finally, service for the practice faculty means more than clinical service. It means giving back to society and to the profession through work with community organizations and professional associations. The heart of the faculty is self-governance: strategic planning, planned implementation, incorporating feedback. Success depends upon individual contributions.

This is a daunting recital of expectations of our practice departments. It is unlikely to be met by chance or by *ad hoc* decision making. Unplanned efforts, coupled with the pressure to change and calls (like this one) to pick up the pace, could result in uncontrollable fibrillation! But well-planned changes can have a shocking effect on a department, pointing everyone in the same direction and resulting in an energized state during which unparalleled things can be accomplished. Whether it's the seventies or the nineties, Dr. Brodie's advice rings true: we *can* plan to make things happen.