

Pharmaceutical Education's Global Village¹

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In 1956, as a graduate student, I attended the fifty-seventh Annual Meeting of the American Association of Colleges of Pharmacy in Detroit, Michigan. Never did I imagine that one day I would stand before you in Indianapolis as President of the Academy during its ninety-eighth Annual Meeting. This is a deeply humbling experience for me. I am honored for the confidence you have shown in me.

My selection honors, as well, the numerous mentors who encouraged me, challenged me, provoked me, and pushed me into situations in which I had the opportunity to grow. They include Don Francke, Allan Brands, Don Brodie, Francis Hammerness and especially Larry Weaver, with whom I worked for eighteen years at the University of Minnesota. Another major mentor has been my father, Frank Kabat, who is with us today in his 90th year. On Saturday the Kabat family, several of whom are here today, will be celebrating his birthday with a family reunion here in Indianapolis. I would also be remiss if I didn't acknowledge the contributions to my life, both professional and personal, made by my wife, Sally. She has opened my life vistas in more ways than I could possibly articulate and enthusiastically contributed her considerable energies to my chosen profession. Also present today is Frances Brodie, Don's widow, who is approaching her 91st birthday.

As I begin my remarks this morning, I would like you to consider the implications of some numbers paraphrased from the *Minnesota Daily* of July 26, 1996. If we could shrink

the Earth's population to precisely 100 people, with all the existing human ratios remaining the same, it would look like this:

- 57 Asians, 21 Europeans, 14 Americans (North and South), 8 Africans;
- 51 females; 70 people of color; 70 non-Christians.;
- 6 individuals own 50 percent of the world's wealth; all from the United States;
- 80 live in substandard housing; 70 are unable to read; 50 suffer from malnutrition;
- 1 is near death; 1 is about to give birth; 1 has a college education,
- There are no computers, pharmaceutical scientists, or pharmacists!

This statistical microcosm could be described as a global village. It is similar but different from Pharmaceutical Education's Global Village, which I have selected as the theme for this presidential year. The Global Village to which I refer is the community of extraordinarily diverse pharmaceutical educators from around the world. They are closely linked to one another by communication and transportation technologies. These technologies have set the stage for a community where innovation is rapidly emulated and where collaboration is widespread. They have also created a significant window of opportunity for pharmaceutical education to prepare pharmaceutical scientists and practitioners to facilitate healthy and prosperous lives for their people. The downside of these technologies, however, is that emerging pathogens can, within days, become a health problem anywhere in the world. The challenge is how

¹ *Address of the President-elect*. Presented at the Final Session of the House of Delegates at the 98th AACP Annual Meeting, July 16, 1997, Indianapolis IN.

to utilize these technological developments to assist our colleagues in Pharmaceutical Educations's Global Village to assure that pharmacy assumes its appropriate place among the world's diverse health professions.

The principal matters I will address for our Global Village are: (i) the impact of world-wide economic, political, social, and technological change causing turmoil in higher education; (ii) the growing cultural diversity of our society, students, and faculty; and (iii) the increasing societal use of alternative therapies. Today we will explore them within the context of how to cope with these changes, how these changes will affect pharmaceutical education and the profession, and finally, how the academy can exercise its leadership role to assist our colleagues to assure their place in the larger global society.

WORLD-WIDE CHANGE

Initially I would like to discuss the dynamic changes that are reshaping the larger global village. The United States is the only world power that's both of continental size and politically united. Positioned midway between the Atlantic and Pacific Oceans, we influence economic and political events in countries rimming both. Since World War II the United States' dominance in air transportation, business, popular culture, science, and telecommunications has reduced the countries of the world to a virtual global village. The pervasiveness of our influence is evident in the fact that English is utilized as a second language in much of the world. American brand names like Coke[®], Ford[®], Kodak[®], Levi[®], McDonalds[®], Nike[®], Singer[®], Westinghouse[®], and others are well known in most countries. American daily news, films, rock stars, and television programming are highly visible around the globe. For example, I was astonished during the 1994 United States elections, midway through President Clinton's first term, to awake in the United Arab Emirates' Hyatt Regency and learn from CNN that Bill Richardson had been reelected to the U.S. House of Representatives from northern New Mexico's 3rd Congressional District!

Our shrinking world was visualized by Don Francke more than 45 years ago when he observed that "The world grows smaller each year as methods of transportation and communication reduce distances between countries to almost insignificance."⁽¹⁾ Today international alliances of pharmaceutical educators, pharmaceutical scientists, and pharmacists meet regularly to share theories, exchange ideas, and discuss concepts. Clinical practice education, which originated in the United States, was rapidly emulated around the industrially developed world. Similarly, the concept of pharmaceutical care, developed through the leadership of the academy, is being embraced abroad. We can expect our four-year entry level Doctor of Pharmacy degree, following appropriate prepharmacy preparation, to become the standard against which other countries compare their entry level programs of study. I imagine that most of you regularly exchange concepts, ideas, and thoughts with colleagues, likely former students, who reside and practice outside the United States. We have educated thousands of pharmacy graduates from Africa, Asia and the Middle East who have returned to their countries to play major roles in developing local pharmaceutical education and research. Do we have a responsibility to exercise continuing pharmaceutical stewardship in our Global Village? I think so!

Dynamic forces are at large in the world trending toward globalization of both markets and services. Witness the disappearance of such proud world firms that have been associated with our profession: Ciba, Geigy, Merrell, Pitman Moore, and Sandoz. The U.S. pharmaceutical industry is, in reality, a global industry merging horizontally and vertically both for success and survival. These forces are causing reengineering, reform, and restructuring for both higher education and the health care system. Downsizing and dislocation are becoming commonplace in both pharmaceutical education and pharmacy practice. The nation's schools and colleges of pharmacy are struggling with change in their educational process even as the academy is being directed to expect increased accountability with decreased resources. I believe that we must pursue a proactive stance by adopting innovative information technologies that can free resources for experiential situations where social contact is essential to our students' development.

INCREASING DIVERSITY

Next, I would like to address the growing cultural diversity of both society and our student population. As a result of our leadership in pharmaceutical education and practice, culturally diverse pharmacists from all over the world now come here to become pharmaceutical scientists or for advanced professional training. They join recent immigrants pursuing professional education. More than 60 per cent of the present graduate students in pharmaceutical sciences are from other countries. Although fewer than five percent of our professional students are foreign nationals, the number of first generation Americans in our classrooms who are recent immigrants is approaching 20 per cent!⁽²⁾ These students bring with them their artifacts, behavioral norms and laws, beliefs, customs, dietary habits, healing, and other traditions. They introduce linguistic expressions, patterns of thinking, and styles of communication that enrich our society. By the middle of the next century, the U.S. Bureau of Census predicts that people of color (current minorities) will become the majority population ⁽³⁾. Most pharmacy faculty presently mentor this culturally diverse population of students. For some of these students, English is their second or third language. Unless all students, not just foreign nationals, develop the competencies to function effectively in an increasingly diverse global environment, they are unlikely to succeed in the 21st century.

It is increasingly evident in academia, in the pharmaceutical industry, and in professional practice that the ability to collaborate with others is essential for success. This requires superior written and oral communication skills, the ability to establish effective interpersonal relationships, and efficient time management abilities. These skills and abilities are probably best developed through role modeling or mentoring by faculty advisors. Cultural and language differences between faculty and students may be a barrier. All students need a personal board of advisors whom they trust and can turn to individually for counsel. These advisors often include colleagues already in practice, frequently from professional associations, who have a wider view of the changes that are occurring⁽⁴⁾. We must avoid the temptation to mentor only those students with whom they feel most comfortable — those who are the closest to being clones of ourselves — if we are to create a culturally neutral, validating, psychosocial collegial learning atmosphere. These students will eventually become our colleagues!

Multidisciplinary teaching, practice, and research initiatives have the potential to introduce efficiencies while enhancing relationships with other practitioners in the health care arena. This would advance the role of pharmacy in the health care system. Enhancing relationships with government, health service providers, nongovernmental organizations, and professional associations is also essential to our survival. I believe that we must search for a less labor intensive way to produce high quality, culturally diverse pharmaceutical scientists and pharmacists. We can utilize information technology to effect more efficient transfer of knowledge. We can develop broader, more collaborative, less specialized pharmaceutical sciences research and practice training that bridges disciplines. We can encourage team building in ambulatory and institutional practice settings. Service learning in nontraditional, culturally diverse practice settings must be explored and evaluated for potential contributions to the educational process. It is exceedingly unlikely that we will be able to expand professional and graduate education along existing lines given the synergy of political and public pressures for increased efficiency both in higher education and on health science campuses! How do we cope with all this change and still maintain quality? How can we rise to the challenge of assisting our colleagues in Pharmaceutical Education's Global Village to join us in developing a joint vision, mission, and philosophy of education that features faculty efficient educational methodologies?

ALTERNATIVE THERAPIES

The last of the three matters I believe we should address is the emerging role of alternative therapies. Alternative therapies include professionalized systems of health care, such as Ayurvedic medicine, homeopathy, naturopathy, and traditional oriental medicine, which includes acupuncture and oriental massage. They also encompass mind-body interventions like aroma therapy, art therapy, biofeedback, dance therapy, hypnosis, imagery, meditation, music therapy, prayer and mental healing, psychotherapy, and support groups as well as the use of bioelectromagnetic fields. Alternative therapies also occur in community-based healing systems like Native American health practices, Latin American curanderismo, and such recently developed organizations as Alcoholics Anonymous (and Weight Watchers). Manual healing systems include chiropractic, massage therapy, and osteopathy. Diet, herbal medicine, and nutrition are widely used by a variety of these practitioners for many chronic diseases. Alternative therapies and healers are used by 80 per cent of the world's population, half the Europeans, and up to a third of the people in this country. A number of these healing traditions (*i.e.*, acupuncture, osteopathy, and psychotherapy) have come to be well recognized for their therapeutic value and are accepted by mainstream biomedical practitioners who refer to them as complementary alternative therapies.

Several decades ago consumer confidence in biomedicine began to wane due to the prevalence of adverse effects from widely used drugs and the emergence of antibiotic-resistant bacteria. An extended life span has increased the prevalence of chronic diseases such as arthritis, allergies, cancer, cardiovascular disorders, and mental illnesses, replacing infectious diseases as significant medical problems. As a result many Americans began to try alternative therapies introduced or reintroduced in this country by successive

waves of immigrants. By the 1990s 61 million Americans, including many of the new immigrants who had come from another healing tradition, were using them. Twenty-two million Americans sought an alternative healer for a principal medical condition. Moreover, it would appear that Americans made more total visits to them than to biomedical practitioners despite the fact that most of these visits had to be paid for out of pocket!(5)

The present crisis in health care costs is due, in part, to biomedicine's reliance on a reductionist, invasive, high technology approach to healing. American society increasingly is choosing alternative healers and therapies. One of the reasons for their growing popularity is that they are generally less invasive, involve lower technology, are less expensive, and more gentle and natural than biomedical treatments. Many choose them because these treatments rely on the self-healing capabilities of the patient and the subjective aspects of the doctor-patient relationship. Alternative healers believe that all aspects of the person — diet, lifestyle, physical, emotional, mental, and psychosocial health — are interrelated and must all be considered in treatment, rather than targeting just the specific disease or organ that is affected. Thus they employ a variety of these alternative therapies. Teaching health professions students about alternative therapies is becoming increasingly necessary in the United States and will be more important as these trends continue to gain popularity.

We have examined a number of phenomena impacting the academy: the end of expansionism on our campuses; cost containment and the potential of new information technologies; the growing cultural diversity of our society and student populations; and the changing healing tradition in the United States. Next I will address the leadership role of the academy in the United States and in Pharmaceutical Education's Global Village.

In 1973 Don Brodie challenged the academy to assume a broader leadership role (6). The academy has pursued his challenge through its articulation of the pharmaceutical care concept and implementation of an integrated four-year program of professional study leading to the doctor of pharmacy degree. AACP developed and widely circulated the CAPE Educational Outcomes as objective educational standards and entered into health profession and practitioner coalitions in order to increase its impact in the political arena. The academy has also provided leadership to the International Pharmaceutical Federation (FIP) and support for the Pan American Conference on Pharmaceutical Education. AACP will provide the Academic Section programming at 1997 FIP in Vancouver, and participate in the 1998 World Conference on Pharmaceutical Education in New Orleans, as well as the 4th Pan American Conference on Pharmaceutical Education in 1999. As the flagship association for pharmaceutical education, AACP is in an inherently natural position to assume a leadership role in Pharmaceutical Education's Global Village. We have a tradition of being leaders. We cannot rest on our past accomplishments, but should heed the words of Will Rogers:

“Even if you're on the right track, you'll get run over if you just sit there.”

There is one last challenge that the academy must, of absolute necessity, begin to address. It has been articulated most cogently by Peter Drucker, social ecologist and influ

ential management authority. He states, "Higher education is in deep crisis!the cost of education has risen as fast as the cost of health care. Such totally uncontrollable expenditures, without any visible improvements in either the content or the quality of education, means that the system is rapidly becoming untenable. Thirty years from now the big university campuses will be relics. Universities won't survive. It's as large a change asthe printed book." He further predicts, "The college as a residential institution won't survive."⁽⁷⁾ Agreeing with him is Richard Wurman, intellectual hedonist and author of more than 60 books. He is convening a revolutionary council in September to catalyze changes in education as profound as those in health care over the past two decades. He observes, "The education system is catastrophic and finally being perceived as catastrophic. The convergence of computer-aided learning and entertainment won't so much replace schools as render them irrelevant. By 2025 education will have atrophied."⁽⁸⁾

I plan to reactivate the Argus Commission to address this major challenge, with Richard Ohvall as chair. I want to capitalize upon the wisdom and rich experience of these most recent five past presidents to address this significant issue. In view of the public and political challenges and issues beyond academia (the end of expansionism, managed care and Academic Health Centers, and new informational technologies) bringing change to the research and other universities, in their programs, their educational processes and on the faculty, what changes in collegial organization and allocation of resources will most effectively prepare the academy, both locally, nationally, and globally for the future of professional and graduate education?

I have made a conscientious effort to include a broader complement of AACP members in the work of the academy. I asked each of the deans to nominate members of their faculty who could make contributions to Association initiatives. Their response was enthusiastic! This year each member institution will be represented by a member or alternate on one of the Association's standing, ad hoc, advisory, or award committees. I have initiated an orderly transition mechanism for introducing new members to advisory committees which preserves the committees' institutional memory. Alternates were selected for all committees to provide for a seamless transition in the event that an individual is unable to serve. A list of the nominees was given to the President-elect and the Chairs and Chairs-elect of the Councils of Deans and Faculties.

All standing committees, award, and advisory committees will continue with their standard charges. In addition, the new PharmLoan advisory committee will provide counsel on the newest academy activity.

This year I plan to focus the energy of the academy on four issues: (i) technology-driven educational processes to generate instructional efficiencies; (ii) celebration of the opportunities and value of our increasingly culturally diverse society and student populations; (iii) a recognition of the growing utilization of alternative therapies; and (iv) facilitating the development of a joint vision, mission, philosophy of education, and sharing of educational methodologies with our colleagues in Pharmaceutical Education's Global Village.

I would like to review with you the special challenges that I have given to the Academic Affairs, Professional Affairs, and Research and Graduate Affairs Committees and the International Pharmaceutical Education Advisory

Committee.

Academic Affairs Committee

I have asked Robert Smith to chair the Academic Affairs Committee. The committee will consider the following issues: Where, within the CAPE Educational Outcomes might expected student outcomes specifically addressing complementary alternative therapies be incorporated? How might these principles be incorporated into the professional curriculum (*i.e.*, what courses, instructional delivery methods, experiences, and assessments of outcomes might be used to facilitate student achievement of the educational outcomes related to complementary alternative therapies)? Given the current and projected cultural diversity of the society in which students will practice and of the individuals they will serve, where within the CAPE Educational Outcomes might expected student outcomes specifically addressing the provision of pharmaceutical care to individuals within a culturally diverse society be incorporated? How might these outcomes be addressed within the curriculum (*i.e.*, what courses, instructional methods, experiences and assessments of outcomes, might be used to facilitate student achievement of the educational outcomes related to the provision of pharmaceutical care within a culturally diverse society)?

Professional Affairs Committee

I have asked Michael Montagne to chair the Professional Affairs Committee. The committee will address the following issues: Given the increasing utilization of complementary alternative therapies by a culturally diverse society, what instructional mechanisms might AACP and its member school and colleges employ to provide meaningful information to practitioners? Can there be a balance between the ethical concerns, economics, and science in a culturally diverse society's utilization of complementary alternative therapies?

Managed care is impacting the health care service arena by demanding greater efficiency. This has resulted in the utilization of diverse interdisciplinary health care teams and the measurement of patient outcomes, including patient satisfaction. Can these diverse interdisciplinary teams create collaborative processes utilizing delivery of pharmaceutical care to accomplish efficient patient care?

Research and Graduate Affairs Committee

I have asked Salomon Stavchansky to chair the Research and Graduate Affairs Committee. The committee will propose strategies: (i) for graduate programs in the pharmaceutical sciences to: utilize the instructional technology advances being used to deliver non-traditional education to the profession in order to strengthen intra and inter institutional graduate program offerings across the United States, Canada, Mexico, and worldwide; (ii) for AACP to utilize in making faculty aware of the potential research opportunities in the culturally diverse areas of alternative therapies, geriatrics, minority and women's health, and (iii) to increase the numbers of culturally diverse female and minority students in the pharmaceutical sciences interested in academic positions. They will also identify the feasibility of a "new" PhD program in pharmaceutical sciences that would take advantage of the synergy created by the interaction of the pharmaceutical sciences and advanced pharmacy practice (*i.e.*, real "Clinical Scientists")

International Pharmacy Education Advisory Committee

I have asked Jim Doluisio to chair the International Pharmacy Education Advisory Committee. The committee will address the following questions: In recognition of the dynamic social, political, and economic pressures impacting both health care delivery and higher education and the trend toward globalization of pharmaceutical markets and services, what actions should AACP take to advance the role of the pharmacist in the health care system of other countries? What should be the relationship between AACP and the Academic Section of Federation Internationale Pharmaceutique and the Pan American Conference on Pharmaceutical Education? What should be the relationship between AACP and the World Health and Pan American Health Organizations?

I will be working with the Board of Directors to continue the unfinished business of updating the strategic plan, alternative sites for experiential education, the report of the Janus Commission, the report of the ad hoc Committee on Organizational Structure and the Commission on the future of Graduate Education in the Pharmaceutical Sciences.

In conclusion, I would ask that each of you join me as we move into a future that promises to be considerably different from the past. In the words of Walt Whitman in *Passage to India*:

Away O soul. Hoist instantly the anchor!
Cut the hawsers — haul — shake out every sail!
Have we not stood here like
trees in the ground long enough?

Have we not grovel'd here long enough,
eating and drinking like mere brutes?

Sail forth — steer for the deep waters only,
Reckless O soul, exploring, I with thee
and thou with me,

For we are bound where mariner has yet dared to go,
And we risk the ship, ourselves, and all.
farther, farther, farther sail.

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