

Council of Faculties Chairman's Section

Achieving The Master Performance: Pharmacy Education Becoming Symphonic

R. Lee Evans

School of Pharmacy, University of Missouri-Kansas City, Kansas City MO 64108

In a symphony, each and every musician is highly competent and has mastered the score which is to be performed. At least in the case of the classics, the musician even knows how the performance is to sound, each instrumental section of the symphony understands their contribution to the music, and finally all of the members' contributions are orchestrated into a master performance. As an analogy, pharmacy education has outstanding scientists and practitioners from multiple disciplines and specialties who teach students about their respective subject areas with the curriculum serving as the score. Historically, each of the disciplines has done a great job with their individual assignment. But, I am not as confident that we know how to put all of our contributions together to achieve the master performance, to best prepare students to perform in today's changing health care arena. We may not even know what our performance should sound like, after all it is not one of the classics. It is clear however that our current performance as a symphony does not meet audience expectations and that our stint in Carnegie Hall will be rather brief unless we make some rather drastic improvements. Perhaps we need to listen to our critics for clues about how our symphony should sound.

The PEW Health Professions Commission, in its 1993 report "Health Professions Education For the Future: Schools In Service to the Nation", is one critic who has encouraged the leadership of academic health professions to pursue several recommendations. One of these recommendations, and the one I will focus on, was labeled, "Build a Foundation of Values." As echoed in reprofessionalization of pharmacy discussions for the last seven to eight years, health professions are respected because of the special, almost sacred, role they have in matters of life and death. The public makes it legitimate and sustains this position as long as there is a perception that the behavior of the profession is in the best interest of society and that the benefit is derived from its actions.

A profession is preserved, as such, as long as its work begins and ends with fundamental values that define and shape its behavior. Pew points out that education is in a position to form these values, to reinforce them throughout professional life and to reinterpret them when the demands of health care change. The commission report emphasized the need for education, formal and informal, to be centered on a clear set of values.

The characteristics of professional thinking, acting, and feeling are first formed in professional education. It is strongly suggested that these lessons are learned informally by students, they are not something that can be taught in the classroom. The values that students first see a faculty member practice will shape the students behavior throughout a professional career. Education that is centered on values must be fundamental to every health profession including pharmacy.

Perhaps the broadest definition of pharmaceutical care begins to define the profession's values. If so, as educators, we have a mandate to uniformly inculcate the concept's values into our educational programs. As the Pew report states, "we must be very clear about the profession's values, for without clarity students will not emerge with any predictable sense of direction or sense of obligation. Pharmacy educators, who are clear about what is important and demonstrate these ideals in their interactions with students, will find the lessons of professional behavior are taught deeply and easily. Those faculties that do not attend to this task will find that no number of lectures will correct the confusion of students who have received mixed messages about the values that guide professional life and responsibility."

There is ample evidence from the pharmacy education literature to suggest that students have historically received mixed messages about professional life and that our educational efforts have been ineffective in providing students consistent experiences

with professional values. Evaluation of students' beliefs about the professional role following experiential learning yielded no change, progressive disillusionment, or unsustainable changes over time. Manasse suggests that students have been socialized into conflict, disenchantment and confusion. How is it that we have been so ineffective instilling life long professional values consistent with those of faculty? Certainly all the resources we have poured into clinical education weren't meaningless! All the lectures about the professional aspects of pharmacy can't have gone for naught! In my opinion these findings suggest that it is not consistently possible for students to actualize professional values because education has not clearly accomplished this task. After all, pharmacy education has been in the business of helping the profession change its values and during much of this time there has been no consensual articulation of changing professional values. Nevertheless, it is now time for pharmacy educators to deliver a clear and uniform professional values message to students. We must seriously evaluate the mechanisms of inculcating professional values into curricula so that students will emerge with a predictable sense of direction and sense of obligation in the care of patients. Pharmacy isn't alone, discussions in other health professionals' literature suggest that all are struggling with similar socialization issues.

The following thoughts draw from other health professions experiences and Pew Commission's Strategies for Pharmacy. I encourage members of the Council to examine them in relation to socialization of pharmacy students within our schools:

1. Faculty must provide a professional role model for students. Students should be introduced to actual patient care responsibilities early and continuously throughout the curriculum. Students must see faculty fulfill their patient care obligations on a consistent basis to help establish their professional values. Scholarship of patient care should be rewarded to encourage faculty to model for students. The message to students must be clear that patient care is not provided at the convenience of the practitioner. If at all possible, the majority of experiences should be ambulatory and multi-disciplinary and collaborative in nature. We must build the caring into student education.
2. Every effort must be made to integrate patient experiences with biomedical science and psychosocial course work. Patient contact will make it clear why students are studying biomedical sciences. Lecture materials will become attached

to experiences with people and serve to create enthusiasm for learning. Faculty must learn to incorporate students' patient care experiences into their didactic offerings and to reinforce clinical responsibilities. Stuffing a lot of information into the student at the beginning and then molding it later in the practice component of the curriculum creates waste and frustration and turns off students. There must be a different process to train a scientifically grounded practitioner.

3. Selection for learning and caring.
There is only so much faculty can do in terms of personal guidance. The better suited the student to the demands of the profession in terms of values, the better the educational outcome. Students must exhibit compassion and a desire to aspire to a health care profession in order to be effective in the role of the pharmacists. We must adopt better ways to evaluate the attributes prior to admission.

Ensuring that these non cognitive characteristics of pharmacists are addressed is part of health care professions educational reform. It is the business of faculty, the entire faculty. We must change the socialization process for pharmacy students if pharmacists are to remain a consonant and viable contributor to health care in this country. And by the way, if we are successful, we will make beautiful music together.

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