A New Vision for Pharmacy Education: It Is Time to Shift the Old Paradigm and Move Forward
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Are you baffled or overwhelmed with the new ACPE accreditation standards, the 2004 CAPE outcomes, and the numerous IOM reports? If the answer is yes, then read on. In 2004, I assumed a new position as Associate Dean for Academic Affairs at Southern Illinois University-EEdwardsville after having spent 24 years in numerous academic development roles in a private school of pharmacy. In my new position I have had the pleasure of helping to create a vision for a new school of pharmacy. During the past AACP’s Teachers Seminar on Teaching and Assessing Communication Skills, I was concerned by how little we had advanced in the area of communication skills among schools of pharmacy.

Over 30 years ago, the Millis Commission recommended the incorporation of socio-behavioral skills and advocated for pharmacy roles as drug information providers. Recently, Dr. Carole Kimberlin revealed that we had not progressed in our journey to assess whether we had achieved our goals for student competency in communication skills for the model of Pharmaceutical Care that was articulated by Hepler and Strand in 1989. From the 2003 Institute of Medicine Report on “Health Professions Education: A Bridge to Quality,” the Academy of Pharmacy has heightened its awareness on issues such as interprofessional education, evidence-based practice, quality improvement processes, and utilizing informatics. The 2004 CAPE outcomes brought increased emphasis on population health and public health outcomes for pharmacy graduates. The new ACPE Accreditation Standards for Pharmacy Education, which take effect in 2007, have also heightened awareness of other “new” (and not so new) curricular issues such as professionalism, critical thinking, problem-solving, health and wellness, patient safety, teamwork, and information management. There is also increasing emphasis on health literacy and cultural competency as professionals function in an increasingly diverse world. All these reform issues have resulted in a perceived sense of distress among colleges and schools of pharmacy as they struggle to address these new issues (or core competencies). Is there any wonder why schools are at the breaking point or are perplexed with all these challenges?

This heightened sense of awareness of all these curricular reform challenges has led me to conclude that the academic community has been reactionary in our approach toward curricular reform up to this point. I challenge us to think about moving forward in a more proactive manner in the curricular reform process. We should move forward by starting from ground zero and not just tweaking an existing curriculum. Thomas Jefferson advocated a similar approach when suggesting that we should make constitutional changes with every generation. I believe that many of the new colleges and schools of pharmacy are probably even better positioned to meet this challenge than established schools. I know that the vision for curricular reform, assessment, and faculty development at SIUE could be a model for 2020. (That is as far as my crystal ball goes based on the current environmental scan and how long it takes to implement changes in an academic culture). We should build mountains and not try to move mountains. A few examples of the “mountains” we have created at SIUE include an integrated Drug Information and Wellness Center, Professional Role Observation (PROs) as students first introductory practice experiences during the first semester of the first-professional year (P1), service learning during the second semester of the P1 year, and a series of Pharmacy Rounds courses in the second- and third-professional years (P2 and P3). The P2 pharmacy rounds course is intended to develop students’ communication and team-building skills, evaluation of strength of evidence, and critical analysis on contemporary practice issues. The P3 pharmacy rounds courses are intended to develop students’ public advocacy roles, leadership and communications skills with various audiences, and professional development and self-learning abilities. A health promotion and literacy course in the P3 year develops cultural competency skills for providing care to a diversity of individuals. Finally students can choose 3 medication therapy management services certificate programs during the P3 year.

We have also created a new vision for the mission of SIUE’s School of Pharmacy in contrast to the model of pharmaceutical care. We developed a new acronym for...
Our vision for the process of pharmacy practice starts with wellness care initiation. If this becomes the focus of practice, then there may be less emphasis on the therapeutic management model of practice. The “WHAT IFS” for the philosophy of pharmacy practice more closely incorporates the public health emphasis of the new CAPE outcomes.

SIUE is also developing a culture of assessment among both students and faculty that supports the vision for curricular reform. This culture of assessment is built on continuous quality improvement principles. This culture is consistent with the 2003 IOM emphasis. The pinnacle of this culture will be the senior capstone requirement of all students, which will serve as a highly integrative form of assessment that is in line with the nationally recognized senior assignment for all SIUE undergraduates.

The new ACPE accreditation standards also challenge us to use innovative teaching and learning methods. This challenge is supported by the vision for faculty development at SIUE. Faculty development efforts have targeted developing an integrated curriculum and teamwork skills among both students and faculty. Two key teaching resources, one book by Dee Fink and one book by Larry Michaelson, have been used to accomplish this.

In his 2003 book, Fink provides insights on how to create significant learning experiences by approaching course design in an integrated approach. In his 2004 book, Michaelson provides insights on developing teamwork skills through use of a team-based learning approach.

The market strategy at Southern Illinois University Edwardsville is that we are SIUe where the “e” stands for excellence. I believe that all schools of pharmacy can become excellent according to the specific vision and mission of the institution. We also can always continue to improve as we assess our accomplishments and strengths. It is time to move forward in our thinking about curricular reform.

REFERENCES