In his book, *Leading Causes of Life*, Gary Gunderson reflects on the power of interpersonal connections as part of the healing process in both physical and mental illness. He describes the work of a physician called to work in an interfaith church health center where some of the loneliest patients seek care and how that physician assesses patients' loneliness as part of his history taking. Gunderson notes that most professionals are “trained for institutional spaces where they learn about hierarchy, discipline, order, and rules of engagement” but are seriously unequipped to listen and respond to what he calls the *language of life centering on the meaning and coherence of living*. Reading this reminds us of the central messages from recent keynote presentations at annual meetings of the American Association of Colleges of Pharmacy (AACP) and raises key questions about how we are preparing our student pharmacists.

At our 2005 AACP Annual Meeting, the audience of deans and faculty members gave a standing ovation to physician, writer, storyteller Rachel Remen for her insights on compassion in medicine. She shared reflections about her patients, her medical practice, her pharmacist father, and the singular importance of a person’s story. She emphasized the ability and critical importance of caregivers to listen with their hearts in establishing a human connection. Recently, Dr. Remen posed the following question to a small group of pharmacy educators: “We seem to be teaching medical students to leave their hearts at the patient’s door and we seem to be teaching nursing students to leave their power at the patient’s door; what are you teaching student pharmacists?” Our response was that at some level, we seem to have been teaching our students to send (or sometimes throw!) the medicine at the patient (figuratively speaking) while we stay safely outside the patient’s room or across the counter.

Ironically, pharmacists have been making this human connection since the very beginnings of pharmacy and medicine. In American colonial history of the late 1600s, apothecary Bartholomew Brown of Salem, MA, made an entry in his account book showing he charged for the medication he dispensed as well as his “attendance” to the patient. This was, as Cown and Helfond observe in their book *Pharmacy*, consistent with the practice of British apothecaries at that time.

Rather than exploring how, when, and where our profession lost this concept of “attendance,” a more meaningful and timely question is how can we reclaim this call to serve, to fully attend to our patients? Equally important is the question of how do we instill in our students the courage to care and the skills to listen and attend to their future patients?

Faculty at University of California San Francisco have been exploring one approach to this question by experimenting with a self-discovery model inspired by Rachel Remen’s provocative question and her own work with medical students. An elective course has been created that offers students, residents, faculty and staff members the opportunity to explore the concept of “attending” to the human perspective in pharmacy. The course has several components including an introduction to heart matters, tending to our patients, tending to ourselves and our life changes, sharing our stories, and translating all of these areas into our practice.

The students and faculty members reflect on their own life experiences and listen with heart to one another.
Student evaluations of this work have inspired and encouraged the faculty to respect this experiential learning process. Students’ comments about this exploration speak eloquently to this as evidenced by the following example: “This course goes where no other course goes. It explores and fills a vital need...and allows me to relate to patients better and help them and myself...My knowledge and understanding of medications is not all that I can offer.” Another student commented: “There is a world of humanity behind every human being - taking the time to discover that will make you a better pharmacist, a better teacher.”

This is the generation of student pharmacists that has the opportunity, talent, and ability to bring us back full circle to fully attending our patients—and ourselves—as health care professionals. As educators, the question for us is are we fully attending to our students’ needs to prepare them for the kind of quality, compassionate patient care that will be demanded of them in their practice? We have the opportunity – as our students remind us – to actually be the medicine as much as the medications we give our patients.

References