Maintaining the Quality of Education During Difficult Times

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Few would argue that it is important to consider what we need to do, individually and collectively, to insure the quality of our educational programs are maintained during this time of economic stress at state, national, and global levels. Imagine my surprise when a colleague handed me a manuscript entitled “Maintaining the Quality of Education During Difficult Times” found during a recent extensive office cleaning project. It was the report of the 1982 Argus Commission authored by highly esteemed past presidents Jere Goyan, Bill Kinnard, Tom Miya, Varro Tyler, and Hal Wolf. This was the immediate post-capitation time in health professions education coupled with a very weak US economy.

Déjà vu all over again! I could not wait to read their analysis of the threats to quality and recommendations for actions the American Association of Colleges of Pharmacy (AACP) and its members could take in the difficult economic times of 30 years ago. Undoubtedly, there would be pearls to apply to our current situation... or has the context changed so significantly that their insights would not be applicable today?

Here are the issues AACP leaders highlighted as areas of vulnerability requiring the attention of the academy during times of economic stress: (1) establishing strong school leadership, (2) changing the composition of the faculty, maintaining a strong commitment to scholarship, and recruiting pharmacy students into graduate education, (3) rewarding faculty contributions with early career support and renewal opportunities, (4) protecting the quality of students through recruitment efforts and better admissions practices, (5) building leadership skills in students, (6) working with the profession to ensure adequate capacity for experiential education, (7) strengthening extramural relations with industry, foundations, the accrediting body, and pharmacy associations, and (8) fortifying our intramural relations with other health professions disciplines.

Historians are smiling at the relevance of this list of issues for our current times. As I reflect on the priorities of the Association over the last several years, I can point to a number of programs, reports and resources aimed at fortifying each of these key areas. We provide leadership development programs for current and future academic leaders. Despite the economic stress at member schools, we received the highest number of Academic Leadership Fellows application in the program’s 7-year history.

We have examined several different strategies to increase the ability of faculty to conduct research and attract current students into graduate education with the work of our educating clinical scientists taskforces and the analysis of dual-degree programs by the Research and Graduate Affairs Committee. A current scholar in residence is examining emphasis in promotion and tenure on the scholarship of teaching and learning and this is the focus of our school posters for 2010. Next year’s scholar in residence will be sharpening our metrics for assessing scholarly productivity. We will host both a scholar and a Congressional Fellow in the next academic year and are excited about faculty members engaging in these renewal opportunities.

In the admissions realm, PharmCAS offers schools a strong support system to insure a competitive admissions process yields classes of highly qualified students. While some schools have indicated a softening in their applicant pools overall, the number of applicants rose more than 5% in the cycle that has just closed. Working toward paperless admissions and working toward a more holistic approach to assessing candidates for admission are also top student affairs priorities.

The 1982 Argus Commission emphasized the importance of collaboration with the accrediting body and certainly there is no less emphasis on that relationship today. Jointly launching the electronic system for assessment and self-study management later this year will offer important relief for those responsible for organizing and completing self-study processes. We also know that there will be new tools identified for student, faculty member, and programmatic assessment.

I will not address all 8 of the priorities noted in the historical report, but I assure the reader that these priorities create an important framework for our evaluation of member needs in the current economic slowdown. Ironically, AACP leaders embarked on a new strategic planning process in 1981-1982 just as AACP leaders have in
2010. As AACP works to complete a new plan to guide our work over the next several years, we will work to ensure that our members’ highest ranking needs are in our plan of action.

Consider all the progress we have collectively made in pharmacy education since the early 1980s. Together we navigated through those turbulent times and I am supremely confident that we will do so again. Just imagine where that will take us by 2040!

REFERENCES