Choose to Make a Difference

Hugh F. Kabat
College of Pharmacy, Health Sciences Center, The University of New Mexico, Albuquerque MN 87131-1066

In the course of an academic career, each of us could come into contact with perhaps 100,000 students. Even more, if one considers those who read the printed results of our research or musings. Some will be professional students, others graduate students and still others practitioner students; all intent on acquiring new abilities, attitudes, knowledge, skills, and values. Others may even be individuals, who sought your counsel, before making a decision about personal or professional problems. A few will become colleagues and/or friends but most will make their way down their career paths without once acknowledging to you directly that you have made a difference in their lives. Occasionally you may meet former students who will volunteer that something you said or did make an indelible impression upon them. The academic vows, however, continue to be anonymity, bibliography and poverty; with an emphasis on anonymity!

What a different place the world of pharmacy practitioners would be if each of us chose to make a difference in the life of every student. We believe that our professional students will emulate our former students who will volunteer that something you said or did make an indelible impression upon them. The academic vows, however, continue to be anonymity, bibliography and poverty; with an emphasis on anonymity!

Educational care mandates establishment of a commitment between the faculty and the student and cooperation with the student and other faculty in designing, implementing, and monitoring an educational plan until the student masters and can demonstrate specific performance-based outcomes for the student.(1)

Given the increasing number of applicants who present themselves to us with superior grade point averages, there is little reason to believe that 21st century pharmacy students lack the ability or intelligence to master the relevant knowledge base and skills necessary to become entry-level practitioners. Generally they have the maturity to develop the essential thinking, communication (social interactions), and self-learning abilities during the course of their professional studies. During this time they will also acquire personal values, ethical principles, a degree of personal awareness and a sense of social responsibility.(2) When we advise/mentor our students we must abandon the notion that “one size fits all.” For our student body has become exceedingly diverse. They differ in age, attitudes, background, disabilities, ethnicity, gender, life experiences, national origin, personal values, race, and religion. These students, including practitioner students, have the right to expect us to assist them in developing an educational plan that awards advanced standing for the distinct academic, life and professional experiences that they bring to the educational setting.

Some students, during their academic careers, choose to pursue what we may believe to be unhealthy behaviors or alternative lifestyles. Others may be consumed by relationship, family, mental or other health concerns that preclude them from performing adequately in the usual classroom, clinic or laboratory settings. Not all students are experienced at achieving the necessary balance between family, recreation, school, and work. Choosing to make a difference in the academic life of each student means that the faculty cooperatively work with them to design, implement, and monitor the educational plan until the student masters and can demonstrate specific performance-based outcomes!

Just such negotiated educational plans between faculty and student have characterized postbaccalaureate graduate education and advanced clinical training. There is now a need to provide this same level of personal and educational support to each professional student including practitioner-students. The evolving health care system has created a diverse variety of practice opportunities that require additional education and/or training. As faculty, we must remember that degrees are merely credentials in time that are subsequently shaped by the demands of the practice setting. Competence is a changing standard; diverse and developed over time as a result of the specific needs of distinct practice settings.

The public health and welfare are protected by practitioner licensing bodies that administer assessment examinations measuring the knowledge and reasoning ability of entry level generalist pharmacists following their academic studies. However, continuing competency over time, regardless of environment, is a function of the specific setting’s need for distinct attitudes, knowledge, skills and values. At one time, there was little diversity among practice settings for pharmacists. As traditional community or hospital practice have evolved; however, myriads of specialization opportunities have arisen. Pharmacists may choose to specialize their practices as clinical specialists in infectious disease, nutrition, oncology, or transplantation; as geriatric or pediatric therapy consultants; as ambulatory care, home care, managed care or nuclear pharmacists; as patient educators, or as psychopharmacologists. Some pharmacists subsequently pursue nonpractice career paths leading to positions in academia, government, industry or management. Who, among you, has not been impressed by the diverse abilities, background and skills carefully developed over time by these contemporary practitioners? Did you specifically choose to make a difference in these students’ lives while they were pursuing their studies?

The American Council on Pharmaceutical Education recently approved new Accreditation Standards that require a fundamental commitment by educational institutions to develop in students the professional competencies necessary to the delivery of pharmaceutical care. Their intention is the creation of an environment for teaching and learning that appreciates the diversity of people, values the differences among faculty role models, attends to the various needs of learners, and facilitates the ability of students to work and communicate effectively with a wide variety of dissimilar colleagues and patients. They expect faculty performance to be evaluated through self-assessment, peer review, administrative review, and student evaluations. Finally, they mandate quantifiable and measurable outcome expectations for student performance in specified professional competencies.

We are challenged to develop professional attitudes and values in our students so that they choose to make a difference for their patients by optimizing their drug therapy. Similarly we need to choose to make a difference in the preparation of every student regardless of their career destination. We can also choose to make a difference with every task, no matter how small, in our busy professional lives. This includes collegiate and university committee work, and voluntary professional activities until choosing to
make a difference, like excellence, becomes habit rather than an occasional occurrence.

References