Chair Report of the Academic Affairs Committee

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If we could shrink the Earth's population to precisely 100 people, with all the existing human ratios remaining the same, it would look like this: 57 Asians, 21 Europeans, 14 from the Western Hemisphere (North and South), and 8 Africans; 51 would be female, 49 would be male; 70 would be non-white, 30 white; 70 would be non-Christian; 50 percent of the world's wealth would be in the hands of 6 people and all 6 would be citizens of the United States; 80 would live in sub-standard housing; 70 would be unable to read; 50 would suffer from malnutrition; one would be near death; one would be about to give birth; one would have a college education; no one would own a computer.

Minnesota Daily July 26, 1996

The United States is the only world power that is both a continent in size and politically united, influencing economic and political events in both the Atlantic and Pacific rims. Just as pharmacists traveled to Western Europe to become pharmaceutical scientists before the turn of the century, pharmacists from all over the world now come to the United States for advanced professional training to become pharmaceutical scientists and practitioners. In 1952, Donald E. Francke observed that, “the world grows smaller each year as methods of transportation and communication reduce distances between countries to almost insignificance.” He noted further that “the basic problems of pharmacy are the same the world over and we must unite in mind and in spirit to assume for our profession its proper place among the professions which serve the health needs of our people”(1). The world is a global village in both business and communications. The pharmaceutical industry is, in reality, a global enterprise. Unless today's pharmacy students develop the competencies to function effectively in a global environment, they are unlikely to succeed in the twenty-first century.

According to the Bylaws of the AACP, the Academic Affairs Committee shall consider

the intellectual, social, and personal aspects of pharmaceutical education. It is expected to identify practices, procedures, and guidelines that will aid faculties in developing students to their maximum potential. It will also be concerned with curriculum analysis, development, and evaluation beginning with the preprofessional level and extending through professional graduate education. The Committee shall seek to identify issues and problems affecting the administrative and financial aspects of member institutions. The Academic Affairs Committee shall extend its attention beyond intra-institutional matters of colleges of pharmacy to include interdisciplinary concerns with the communities of higher education and especially with those elements concerned with health education.

Specifically, AACP President Hugh F. Kabat charged the committee to consider the following questions:

- Where within the CAPE Educational Outcomes might expected student outcomes specifically addressing complementary and alternative therapies be incorporated? How might principles of complementary and alternative therapies be incorporated into the professional curriculum (i.e., what courses, instructional delivery methods, experiences, and assessments of outcomes might be used to facilitate student achievement of the educational outcomes related to complementary and alternative therapies?)

- Given the current and projected cultural diversity of the society in which students will practice and of the individuals they will serve, where within the CAPE Educational Outcomes might expected student outcomes specifically addressing the provision of pharmaceutical care to individuals within a culturally diverse society be incorporated? How might these outcomes be addressed within the curriculum (i.e., what courses, instructional delivery methods, experiences, and assessments of outcomes, might be used to facilitate student achievement of the educational outcomes related to the provision of pharmaceutical care within a culturally diverse society?)

OUTCOMES ADDRESSING COMPLEMENTARY AND ALTERNATIVE THERAPIES

Background

Complementary or alternative therapies constitute a body of knowledge about life that western culture and education do not recognize to any great extent. For example, alternative therapies are defined by David Eisenberg, et al., as “medical interventions not taught widely at U.S. medical schools or generally available at U.S. hospitals” (2). Eisenberg's study, conducted in 1991, measured the prevalence, costs, and patterns of use of alternative therapies by the U.S. population. The study included the following as alternative therapies:

- relaxation techniques
- chiropractic
- massage
- imagery
- spiritual healing
- commercial weight-loss programs
- lifestyle diets (e.g., macrobiotics)
- herbal medicine
- megavitamin therapy
- self-help groups
- energy healing
- biofeedback
- hypnosis
• homeopathy
• acupuncture
• folk remedies

The study found that 34 percent of the respondents used an alternative therapy in 1990. Highest use was among non-black individuals, 24-49 years of age, with relatively more education and higher education than the other respondents. Importantly, the study found that of those individuals using alternative therapies, 72 percent did not report such use to their physicians.

This widespread use of alternative therapies, if projected to the entire U.S. population, carries the potential for multiple interactions with concurrent, mainstream therapy. Therein lies an opportunity for pharmacists to communicate with patients about all types of therapy, with questions about alternative therapy use a standard component of the medication/medical history. Before that can occur, however, pharmacists and patients must be comfortable discussing alternative therapies.

Because of a lack of scientific study and data on the safety and efficacy of many alternative therapies, there has been a resistance to including alternative therapies in the curriculum at U.S. schools and colleges of pharmacy. If considered, alternative therapies are most often included as part of an elective course. Some feel that pharmaceutical education has “abandoned” pharmacognosy, a discipline into which herbal medicine logically fell.

A challenge in the practice of pharmacy related to caring for individuals using or considering use of alternative therapies is the inability to distinguish between what is “quackery” and what is not. Current practitioners have not been educated on these therapies, may be unaware of the prevalence of use of such therapies, and have limited access to unbiased information about the therapies.

Challenges to inclusion of alternative therapies within the professional degree program include content “overload,” that is, faculty already feel they are unable to “cover information” they feel is important for students to know. There is also faculty resistance to processes that are different from the traditional medical model and, therefore, a lack of interest in including alternative therapies within the curriculum.

Practitioner Roles/Educational Outcomes

Given the high rate of use of alternative therapies in the U.S., the lack of valid and reliable information available to professionals and the public about these therapies, and the reluctance of patients and mainstream health care providers to discuss the use of these therapies, there is an opportunity for pharmacists to assume new roles to enhance the care they provide. Pharmacists should be able to:

• provide objective information on alternative therapies;
• effectively seek and critically analyze literature on alternative therapies;
• obtain and evaluate patient information regarding use of alternative therapies;
• recognize adverse reactions, including drug interactions, with alternative therapies;
• effectively communicate with patients about alternative therapies; and
• develop an open attitude toward the incorporation of alternative medicine into traditional, allopathic medical practice.

Listed below are examples of educational outcomes found in the Professional Practice-based Outcomes section of the CAPE Educational Outcomes (3) document that, if interpreted broadly, might address alternative therapies. However, there is no specific mention of complementary or alternative therapies within the outcomes. Indicated in bold type are recommended changes to more specifically include alternative therapies, where necessary.

IA5. Integrate basic knowledge as needed to design, implement, and evaluate patient-specific pharmacotherapeutic regimens to prevent or resolve medication-related problems or to respond to information requests.

d. Explain relationships between psychosocial aspects of illness and health and the management of medication- and therapy-related problems.

e. Explain how preventive strategies and epidemiological research can be used to manage public health problems.

f. Explain how basic principles of nutrition are used in the management of patient health and the prevention of disease.

g. Describe the major components of the American health care system and their relationships to the delivery of pharmaceutical care.

h. Describe the chemical, biochemical, and pharmacological mechanisms of drug action.

I.B. Gather and organize patient information in order to identify ongoing or potential drug-related problems and the root cause of the problems.

1. Identify and collect all information needed to prevent or resolve medication-related problems or to respond to information requests.

a. Collect accurate and comprehensive baseline patient information, including use patterns of prescription medications, nonprescription medications, and alternative therapies.

b. Collect accurate and comprehensive drug information from appropriate resources.

c. Collect accurate and comprehensive information to be used in monitoring therapeutic outcomes.

d. Identify the patient’s primary complaint(s) and reason(s) for seeking medical care.

f. Identify appropriate information in profiles or medical records that will affect drug dose and schedule.

2. Identify and collect all information necessary to select appropriate medical goods and devices for the patient.

I.C. Interpret and evaluate pharmaceutical data and related information needed to prevent or resolve medication-related problems or to respond to information requests.

1. Interpret statistical data.

2. Assess physical and chemical data.

3. Evaluate laboratory test results and pharmacokinetics data.

4. Evaluate information obtained from the patient’s history and physical assessment.

5. Evaluate research studies.

9. Make reasonable assumptions and/or draw reasonable conclusions when data are incomplete.

I.D. 4. Provide counseling to patients and/or care givers relative to the proper use and effects of medications.

a. Identify manual and computerized sources of patient education information on over-the-counter (OTC), alternative therapies, and prescription drug products.

b. Use materials to review the indications, adverse effects, dosage, storage, administration techniques, etc., for prescription and OTC products (including alternative therapies) that are most appropriate for a specific patient.

c. Use effective written, visual, verbal and nonverbal communication skills when providing pharmaceutical counseling to patients and/or care givers.

f. Advise patients on how to avoid potential interactions with prescription and OTC drugs and alternative therapies.

g. Explain signs/symptoms associated with the common...
and/or severe adverse reactions to a given drug or compound.

h. Explain the significance and frequency of adverse drug reactions and interactions associated with prescription and OTC drugs and alternative therapies.

i. Encourage patients/care givers to contact the pharmacist for further information or advice regarding their prescription and/or OTC drugs and alternative therapies.

I.E. Plan and perform ongoing patient evaluation to identify additional drug-related problems and implement changes in the pharmaceutical care plan.

I.G. Display the attitudes, habits, and values required to render pharmaceutical care.

RECOMMENDATION 1: In its review and revision of the CAPE Educational Outcomes, the CAPE Advisory Panel on Educational Outcomes should include language more specific to pharmacist interaction with and care of patients using alternative therapies.

Approaches to Incorporating Alternative Therapies into the Curriculum

The Academic Affairs Committee recognized that there were numerous opportunities to address outcomes related to alternative therapies throughout the curriculum. If a continuum between “traditional, Western” medicine and “alternative” medicine is assumed, it is logical to include pharmacy and pharmaceutical care on that continuum. A variety of outcomes (critical thinking, communications, literature evaluation, therapeutics/patient care) related to alternative therapies could be addressed in a variety of disciplines (social and administrative pharmacy, law, ethics, chemistry, pharmacognosy, pharmacy practice, pharmaceutics), as well as independent research, throughout the curriculum.

Specific suggestions include:

- Incorporate a holistic approach to patient care into the curriculum. The holistic approach, including a focus on wellness, lifestyle, and the patient as a person (rather than a disease state), is consistent with the philosophy of pharmaceutical care. Patients who use alternative therapies are not alternative patients(4).
- Early within the curriculum, provide a contextual framework that facilitates student development of a philosophy of patient health and care that focuses on the maintenance of optimum health and the prevention of disease (rather than treatment of disease states). A particular instructional strategy useful for this outcome is service learning.
- Provide instruction in the history of healing theory, including allopathic medicine, traditional Chinese medicine, homeopathy, and osteopathy.
- Consider alternative therapy providers as potential faculty/sites for the experiential component of the curriculum.
- Provide practical experience in the areas of nutritional medicine, exercise, herbal medication use, homeopathy, meditation, relaxation, and other alternate approaches to health care.
- Provide instruction in ways of communicating with patients in ways that are likely to enhance patient healing.
- Encourage pharmacy students to practice a lifestyle that provides a healthy role model for patients.

In his 1996 address, AACP President-elect Charles O. Rutledge challenged the pharmacy academy to bring the “wonder of science” back into the classroom(5). Committee members were all vividly aware through numerous testimonials that many individuals' health and quality of life have been improved through their use of alternative approaches to healthcare. While these testimonials do not scientifically support a particular healer or product, they do, at the very least, provide anecdotal evidence for the human capacity for healing. When an individual's health improves, by whatever mechanism or approach, a healing process occurs and there is a science behind that process. In the spirit of President-elect Rutledge's challenge, those in pharmaceutical education should “wonder what is happening” and allow that wonder to direct scientific inquiry towards the discovery of the “whys” behind the phenomena.

Resources

OUTCOMES ADDRESSING THE PROVISION OF PHARMACEUTICAL CARE TO INDIVIDUALS WITHIN A CULTURALLY DIVERSE SOCIETY

Background

The Association has considered the issue of diversity in recent years and the following policy statement guides its activities:

AACP affirms and endorses the principles contained in the Statement on Affirmative Action and Diversity of the American Council on Education (ACE). (Source: Board of Directors, 1996)

The ACE Statement, adopted on May 25,1995 by the ACE Board of Directors, includes the following statements:

- Diversity serves an important educational function. One of higher education's essential functions is to broaden the perspectives of students by exposing them to individuals from different backgrounds and to a variety of disciplines, cultures, and points of view. Given the enormous changes taking place in our nation and the world, no person in the 21st century will be considered to have received a quality education without such exposure.
- Diversity in higher education helps prepare students for the world of work and for participation in a democratic society. Employers in all sectors of the economy increasingly see diversity as critical to organizational success and competitiveness, and expect higher education to prepare students for a work environment characterized by diversity. They recognize that a diverse work force is a better, more productive work force - which is as true in higher education as it is in other sectors. In addition, as the economy increasingly demands higher levels of education for employment and advancement, the nation cannot hope to achieve true equality of opportunity unless it attains diversity among college students.
- Affirmative action helps guarantee equal employment opportunity in colleges and universities and enhances quality in higher education. As with other major employers, affirmative action has proved to be a useful tool to colleges and universities in ensuring compliance with fair employment practices and redressing past discrimination. A diverse faculty and staff is essential for colleges and universities to provide quality in teaching, scholarship, and service to the campus and the community.
- Colleges and universities should enjoy significant latitude in fulfilling their missions. One of the fundamental strengths of American higher education is the extraordinary diversity of its colleges and universities. Institutions differ greatly in their missions and serve a wide variety of constituencies. They employ a variety of quantitative and qualitative factors in the admissions process. Most colleges and universities have undertaken efforts to diversify their student bod
ies voluntarily, rather than as a result of legal requirements. For them to achieve their educational goals and serve society, it is important that colleges and universities retain the greatest degree of autonomy and freedom to develop their own admission, academic, and employment standards.

The term “diversity” refers to differences in human characteristics between individuals. Many of these qualities remain consistent throughout life while others may change. Human qualities which may undergo change during one’s life include educational background, religious beliefs, marital status, income and socioeconomic status. More immutable and observable characteristics include age, race, ethnicity, gender, physical characteristics or disabilities and sexual orientation. Due to the coloniza-
tion and immigration patterns in America, diversity has always been a prominent characteristic of the American population. In previous generations, attempts were made to create a melting pot with attempts to assimilate or ignore differences. Minorities or individuals with differing characteristics from the majority were required to conform to the standards, values or norms of the majority. Today, the prevailing philosophy seems to consider this approach dysfunctional and encourages a more holistic concept where differences are valued even encouraged. Reputed advantages to a more holistic approach to diversity include enhanced creativity and innovation by students and/or employees, more marketplace competitiveness, enhanced ability to deal with multicultural customers, increased ability to attract and retain the best personnel, students and faculty, and an improved ability to unify an organizational culture.

While one might solve the perceived problems caused by diversity by simply treating others in a spirit of equality the way you would want to be treated, this effort may not suffice. It may also be necessary for individuals to develop an understanding of different cultures, races, socioeconomic backgrounds, gender issues, physical handicaps, etc. in order to maximize the value of approaching a problem with the richness and opportunities for synergy diversity brings to the discussion table. More importantly, this understanding will enhance the personal capacity of diverse individuals to live, work and share space together. In addition, understanding differences will enable pharmacists, physicians, nurses and other health-care workers to assess and manage disease states more optimally. Finally, student learning will be enhanced as faculty more fully understand the back-
grounds of their students and more individually match their teaching methods to the needs of each student.

The Academic Affairs Committee identified the following issues related to the acceptance and achievement of diversity within schools and colleges of pharmacy:

• a lack of information and understanding by faculty and students on the approaches to health care by individuals of differing age, ethnicity, gender, and socioeconomic background;
• the need to eliminate stereotypes and biases as barriers to enhancing diversity;
• the lack of faculty knowledge, abilities, and skills related to teaching and learning issues among students from diverse backgrounds and cultures;
• the need for adequate student support systems within the school or university for non-native speakers of English;
• the implementation of recruitment and admission policies that enhance and champion a diverse student body;
• the need to educate students, faculty, and administrators in recognizing discrimination when it occurs;
• the recognition by faculty and students that patients and other healthcare professionals with whom they will work and interact come from diverse backgrounds and cultures; and
• therapeutic responses in patients may vary depending on patient gender, age, religious belief, ethnicity, and idiosyn-
crasy (e.g., pharmacogenetics).

Overcoming the above challenges will require several approaches. While acceptance and even championing of diversity can be enhanced by outside influences such as affirmative action, equal opportunity and governmental action, these efforts often do not change or influence the hearts and minds of individuals. Inside approaches use open campus and classroom dialogue to enhance an understanding of individual and cultural differences. Often these programs work with and only influence a few individuals at a time, however, over time they may produce the greater results.

An initial place to address diversity is in the educational outcomes of a particular school/college of pharmacy curriculum. Expected student outcomes specifically addressing the provision of pharmaceutical care to individuals within a culturally diverse society are already included in the CAPE Educational Outcomes. The CAPE Educational Outcomes can be of tremendous import to a school or college desiring to design an outcomes-based curriculum. However, a tremendous challenge remains. Many faculty are unaware of the CAPE outcomes; in particular, the general abilities outcomes. Deans and associate deans of schools and colleges of pharmacy should encourage their respective curriculum committees to include instruction within the curriculum to facilitate student achievement of these outcomes. Attention to these outcomes needs to be integrated within the curriculum with more specificity.

Listed below are examples of educational outcomes found in the General Ability-based Outcomes section of the CAPE Educational Outcomes.(3) document that address aspects of diversity, communicating with and caring for diverse patients.

B.3. Communicate effectively and accurately using a variety of methods (i.e., reading, listening, writing, speaking, non-verbal and/or aesthetic forms of communication, use of data, media and computers) and with a variety of target audiences.
   a. Choose communication methods that are appropriate to the purpose of the interaction.
   b. Choose communication methods that are appropriate to the needs/desires of the target audience.
   c. Choose communication methods that are sensitive to the cultural background of the target audience.
   d. Write, read, listen, speak and use data, media, aesthetic forms of communication and computers during communications effectively in a variety of contexts.
   e. Interpret ideas, thoughts, and feelings communicated through reading, listening, aesthetic forms of communication, data, media, and computers with sensitivity to the cultural background of the sender.

C.3. Integrate ethical principles with the thoughts, values, and feelings of self and others in ethical decision making within complex personal, societal, and professional contexts.

D. The student shall demonstrate a basic understanding of the strengths and problems of cultural diversity and the historic responses of society, as they relate to oneself and to others. (Social Awareness and Social Responsibility).

1. Recognize differences of opinion and approaches to social, cultural, historical, economic, political and scientific issues in a given society.
   a. Recognize differences in ideas, beliefs, aesthetics and values found in various historical periods and societies including how they evolved.
   b. Describe the major ideas, beliefs, aesthetics and values associated with various subcultures within one's own contemporary society.
   c. Describe one's own social, cultural, historical, economic and political background.
d. Describe the major institutions and processes of the American system of government and the economic system in which it is practiced.

2. Explain how social, cultural, historical, economic, political, and/or scientific issues impact upon a health care situation.
   a. Explain how differences in approach to social, cultural, economic, political and scientific issues among people can affect everyday behavior.
   b. Explain how differences in approach to social, cultural, economic, political and scientific issues among people can affect the delivery and acceptance of health care.
   c. Describe the impact of historic social, cultural, economic, political and scientific events on the evolution of contemporary pharmacy practice.

3. Adapt professional practice to a changing society and changing societal expectations for pharmacists.
   a. Render high quality pharmaceutical care that takes into account relevant differences in cultural, social, economic political and scientific viewpoints between the provider and the patient.
   b. Advocate improved professional approaches to meet the pharmacy-related needs of society and individual patients based upon critical analysis of the social, cultural, historical, economic and political significance of the pharmacy profession's societal contributions.

Approaches to Incorporating Diversity into the Curriculum

The Academic Affairs Committee recognized that there were numerous opportunities to address outcomes related to diversity throughout the curriculum. Specific suggestions on how the above outcomes might be addressed within the curriculum include:

- Engage faculty in a mapping exercise for the general abilities to see if and where in the curriculum diversity issues are addressed and to ensure that student achievement of those outcomes is facilitated and assessed.
- In communication skills and pharmacy practice laboratories, use simulated patients that speak English as a second language, or who speak very little English.
- Incorporate service learning, perhaps as an early experiential component of the curriculum, as an instructional strategy in which students are provided the opportunity to interact with and care for diverse individuals.
- Involve minority student organizations in raising awareness of pharmacy students about diversity issues.
- Involve faculty (not just minority faculty) in minority student organizations.
- Organize a learning community to engage faculty in discussions of how diversity is addressed throughout the pharmacy curriculum.
- Encourage students to seek out experiences with diverse patients.
- Use problem-based learning, case studies, and reflective journal exercises as strategies to facilitate student learning of different values from other students in the group and to facilitate appreciation of one's own diversity and culture and that of others.
- Incorporate an organized mentoring program that is tied to service learning experiences.
- Address ethics outcomes and communications across the curriculum, rather than in stand-alone courses.
- Use various types of student performance assessments, such as portfolios, peer assessment, and self-assessment.
- In dermatology units, discuss and show how various skin conditions appear in dark-skinned individuals in addition to light-skinned individuals.

Specific techniques related to teaching and learning diversity issues in the classroom include:

- If your class includes group work, encourage group composition to be as diverse as possible with regard to gender, race, and ethnicity.
- Encourage open discussion and reflective writing exercises on diversity issues in health care delivery.
- As a faculty member, pay attention to how you address the members of the group. Are you consistent in your approach and address each person in the class?
- Monitor the questions and comments coming from the class to make sure that one person's or one group's opinions are not over represented.
- Make sure that students show consideration and respect to each other.
- Include a statement in your syllabus about the need to encourage and respect diversity.
- Suggest students sit in different seats every class meeting in order to meet new individuals. Start each class meeting with students introducing themselves to the students closest to them that they do not know.
- Allow students to provide feedback on the course at various times during the quarter or semester.
- Invite guest speakers who represent diversity in gender, race, or ethnicity.
- Insist that all members of a group that is giving a presentation have equal responsibility for presenting the material in class.
- If the groups work on more than one task, use a rotating leader system.
- Allow students to finish their comments before you respond. Be patient, and never talk over a student's comment or question.
- If students make a comment that appears to offend another student in the class, ask the student to re-state the comment using language that address the issue, but is not offending to anyone. Call for time out when discussions get heated. Remember to encourage students to listen first and comment second.
- Remember that individuals see the world as they are, not as it is.

When dealing with issues related to diversity itself or in relating to diverse groups of students or faculty, the practice in many schools has been to assign like to like. For example, a minority faculty member is asked to serve as advisor to minority student groups. Some advocate similar practices in the delivery of health care. That is, there is a need for more minority practitioners to care for minority patients. However, the committee suggests that the Association, its member institutions, and individual members, raise awareness, sensitivity, acceptance, and comfort so that race, ethnicity, and/or gender of a faculty member, student, patient, or practitioner does not matter.

Influences for Change

Change relative to the incorporation of diversity awareness and movement toward a culture of acceptance and valuing must be led by the dean and other leaders. They must use the influence afforded as the result of their leadership positions to garner the resources and provide the faculty development necessary to improve awareness and change attitudes and behavior. Faculty members, too, have a leadership role in assuring the curriculum facilitates student development of the stated outcomes by implementing appropriate changes in course content, instructional processes, and assessment methods. Faculty members may exert leadership in this area through participation on the curriculum committee, other diversity-related ad hoc committees, and participation in student organizations.
Resources

See http://www.inform.umd.edu/diversityweb/, a web site developed by the Association of American Colleges and Universities and the University of Maryland, in cooperation with Diversity Connections. The Internet contains a plethora of web sites related to diversity in educational programs as well as in the workplace. Examples of diversity programs at other universities and colleges can be found on the Internet.

RECOMMENDATION 2: The Council of Faculties and Council of Deans should each separately and/or jointly consider providing AACP programming which would offer an opportunity for schools to share their successful approaches to diversity awareness.

RECOMMENDATION 3: The editor of the American Journal on Pharmaceutical Education should devote a significant portion of one issue of the Journal to diversity.

References