LETTERS

Pharmacy Outreach Education Program in Local Community

Past polls have traditionally held pharmacists in high esteem for such characteristics as trust, ethics, and honesty.¹ As healthcare providers, our intention is to always make a significant difference in patient lives, but also serve as role models for our developing pharmacy students and residents. Improving the pharmaceutical care and disease state understanding should never stop at the doors of a hospital or doctor's office, but should extend into the community. However, although distribution of medications to indigent populations is important, we found opportunities expanding beyond this dispensing mechanism. In a continual effort to forward the role of the profession of pharmacy in the public environment, the Medical College of Georgia Health System, in collaboration with the University of Georgia School of Pharmacy, established an outreach pharmacy education program in Augusta, Georgia. This program was intended to improve medication and disease state knowledge among patients within our community. Patient education is critical to improving their compliance with medications, understanding of disease states, and comfort in communicating with health providers.

Each community outreach session generally addressed many medically relevant issues including compliance, understanding of indications and importance, side effects, explanation for mechanism of actions of medications, identifying interactions with other substances, recognizing symptoms of disease progression, and improving communication to health providers. These were conducted by invitation only at various sites throughout our local region. All participation was voluntary, either as a guest lecturer or attendee, and only general information was provided, so as not to confuse patients regarding their the medication regimen recommended or diagnosis given by their personal health care provider. The program was also created as an opportunity for final-year doctor of pharmacy students to further develop their public speaking skills and contribute to the education of their community. Pharmacy practice residents served as preceptors for the students.

Each outreach session consisted of four 10-minute presentations on health issues that most individuals should be aware of or concerned about. Our audience was predominately elderly citizens, so the topics were a reflection of disease states associated with this patient population. The discussion topics to date have included: warning signs and prevention of stroke, warning signs and treatment of heart failure, the do's and don'ts about anti-

coagulation therapy, and osteoporosis and making strong bones. Other topics that could be presented include over-the-counter medications; cough and cold remedies and avoiding medication interactions; herbals and vitamins; hypertension; diabetes; metabolic syndrome; pneumococcal and influenza vaccine; chronic obstructive pulmonary disease and asthma; constipation; and gastroesophageal reflux disease. All topics focused on patient self-awareness and self-education, being compliant with prescription medications as well as providers' recommendations for exercise and diet, and speaking up about concerns including medication costs. Attendees were divided into 4 groups, and 4 speakers (students) made their presentations to each group on a rotation basis so that each group heard all 4 presentations and the program lasted no longer than 40 minutes. At the conclusion of the 40 minutes, a general question-and-answer session was held for 20 minutes to further address any questions not answered in the group sessions. Clinical pharmacists oversaw the students' presentations and were available to assist in answering attendees' questions. This project was not intended to replace the guidance and information provided by individual health providers, but rather complement and improve the public's knowledge regarding various health topics.

To date, we have held 4 outreach sessions, providing information to approximately 360 nonmedical individuals. The majority of the attendees were greater than 65 years of age and probably take more than 1 prescription medication daily.² Most of the presentations were given during a luncheon at a monthly meeting of a civic organization or community group. Feedback from the attendees has been extremely positive and the attendees have found the topics to be relevant to themselves and their friends. The older population expressed gratitude for the "novel" idea of having the students rotate between the groups and the 10-minute sessions were enough time to "maintain their attention" while delivering important information. All facilities visited have invited us back.

Overall, the pharmacy outreach education program has been beneficial within our community. It has supported the reputation and role of pharmacy in Augusta, provided important medical information to our neighbors, and given future pharmacists the experience and desire to be community educators.

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Pharmacy Education in Developing Countries: Need for a Change

To the Editor: I would like to further elaborate on the ongoing debate regarding issues in pharmacy education in developing countries as discussed in 2 previous letters.^{1,2} More institutions and even whole countries in the developing world are switching their system of pharmacy education, often blindly, to align with the changes taking place in the West. In this current scenario, many of the western countries have transformed their existing straight-forward bachelor of science or bachelor of pharmacy degree programs to doctor of pharmacy (PharmD) programs. This change has not taken place over night but has occurred after years of thinking and endurance. The situation we are seeing in the developing countries is more of a copycat trend. There are more important issues in higher-education in third-world countries than simply increasing the duration of programs just for the sake of putting a title of "Dr" in front of the names of all of the new graduates without determining whether they even deserve it or not.

State of Pharmacy Practice

Pharmacists in the West are considered as one of the pillars of the healthcare sector. They are responsible for imparting comprehensive and enhanced patient care and are an integral part of the bigger collaborative care model. Most of the pharmacy schools in South Asian countries, particularly in Pakistan, are surviving even without an attached hospital where the pharmacy students can get basic clinical knowledge. This is in addition to the already discussed point of a severe lack of experts/academicians in the field of clinical pharmacy² or even hospital pharmacy or community pharmacy. I say this because, although most of the related people in Pakistan know about the concepts of hospital pharmacy and community pharmacy, they are still quite ignorant about the branch of clinical pharmacy.³ Even when one analyses the ideal pharmacist-controlled hospital pharmacy or community pharmacy practice in Pakistan, then it is sad to say that even in the 21st century, it still remains almost unheard of.⁴ Apart from a handful of hospitals and pharmacies in Pakistan that have a formal setup where pharmacists are given on-the-job training and all prescriptions go through

the pharmacist, one of them being the Aga Khan University Hospital,³ others just operate as private drug stores owned by non-pharmacists where it is no big deal to get even a prescription drug without a prescription.⁵ This trend in Pakistan is similar to many of the other third-world countries.⁶⁻⁹ Most of the personnel in these so-called pharmacies have minimum pharmacy training or any related training.⁴ Furthermore, if a store claims to have a working pharmacist, he/she is seldom found in the store.^{5,7,10} A couple of reasons for this problem are shortage of qualified individuals and preference of most pharmacists in Pakistan to work in other fields, like industry.

Duration of Study and Training

In a dire situation like this, how can the concerned authorities even think of making the introduction of a PharmD degree in place of a bachelor of pharmacy degree a priority when they already have a hundred other basic issues to take care of? With such a shortage of trained personnel, it is obviously wiser to keep the degree at its present 4-year duration rather than increasing it by another year and indirectly inhibiting the already financially deprived students in a below-the-poverty-line country from enrolling in such a program! To correct the problem of educating students in clinical pharmacy skills, it is better to introduce a pharmacy residency program or specialized internships at the postgraduate level in areas like clinical pharmacy. One such internship program exists at the Aga Khan University Hospital in Pakistan where fresh university undergraduates are given a full year of training in hospital pharmacy, community pharmacy, and clinical pharmacy skills. Proof of the success of this program is the fact that graduates of this program are serving in many institutions around the world.¹¹ On the other hand, residency programs in pharmacy are getting very common in the West and allow pharmacists to specialize in an area, just as medical residency program for their physician counterparts.^{12,13} This is a growing concept in the West, particularly in medicine programs, where University administrations and curriculum experts are looking to shrink the already inflated medicine undergraduate programs by a whole year. This is being done by introducing the problem-based learning (PBL) approach where the mission is to make the students life-long learners so that they are equipped with problem-solving skills on issues they have not even learned in school. It also believes that one does not need to pour everything in the brains of students, since once they are groomed as active learners, then they can merge into any area of study that they want to. I think the authorities in developing countries ought to follow something constructive from

the West this time by shedding some burden off the students' shoulders by teaching them selectively and comprehensively, in the shortest possible time, and nurturing them into active learners. What could be a better example than of McMaster University, from where PBL originated and has evolved tremendously over the many years.¹⁴ Now the medicine program at McMaster has been reduced to 3 years of study, the shortest in Canada.

The ultimate goal to produce pharmacists anywhere should be to widen their knowledge base and competence. These are basic components of study anywhere in the world and the reason why pharmacists continue to grow in their abilities to perform more challenging responsibilities. To name a few, pharmacists in Scotland,¹⁵ Britain¹² and many parts of Canada^{12,13,16} have already been awarded with limited powers either to prescribe or to change existing prescriptions. Although not impossible in developing countries, a lot more has to be done to see this dream come true.

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Congratulations on Your Graduation!

To the Editor: At a time when schools and colleges of pharmacy are expanding enrollments and when new schools are proliferating, the role of the faculty member has never been more important to pharmacy education. There is a common perception that a career in academia requires sacrifice and the benefits of such a career are not generally articulated. My graduation account is intended to share what I believe to be the essential benefit, and even joy, of being a faculty member. Each faculty member has experienced it. I am talking about the academic equivalent of the "empty nest syndrome." By that I mean the emptiness felt at the end of the convocation and graduation ceremonies. This year's graduation was such a day for me in Baltimore.

We had wisely moved the Graduation Banquet hosted by the Alumni Association to 2 days prior to our Friday ceremonies. Thursday was a one-day break from the emotions and congratulations personally delivered to many soon-to-be graduates and their families. It was a day to take care of the other 3 classes of students, gather plaques and awards, re-confirm lunch reservations between convocation and graduation, and find all the components to the academic regalia that were carefully hung in the closet a year before.

Convocation/Graduation Day dawned unusually rainy, dark, and cool for Maryland. It was worth carpooling to save gasoline and to anticipate the events with a colleague. At least a warm breakfast and coffee awaited in the faculty assembly room. Even an hour before the 10:00 AM start time, many graduates and their families were finding their seats early to have the best vantage points for taking photos in the auditorium. Graduates were carefully lined up, but faculty members took longer to get to their appropriate places in the procession. Excited voices hushed as the orchestral arrangement to *Pomp and Circumstance* was cued. Some of us later admitted to goose bumps.

The School's Convocation is that personal ceremony just for pharmacy graduates and their families, along with

faculty members, staff members, and clinical faculty preceptors who are able to adjust their work schedules to attend. There was extra excitement because this was the first Convocation for our new Dean. Our Convocation/ Graduation Day was marked by inspiring speeches, outstanding leader awards, a thoughtful keynote address, students being hooded one-by-one to the cheers of their families, a teacher-of-the-year award selected by the graduating class, a commissioned work of art presented by the Class of 2008, and many photos taken to capture the moments for years to come.

As I scanned the faces of the graduates, I remembered many specific circumstances. As a faculty member, I worked closely with these students throughout their 4 professional years, as had many of my colleagues. We had written reference letters for those going on to residencies and fellowships. We had nominated deserving students for many academic awards; and we had advised, guided, coached, and encouraged a variety of students through their curricular and extracurricular education. Most importantly, we had spent the time on the few who needed the extra help; who had encountered serious family problems and illness; and who had not had the confidence to even ask for help. These, too, were our successes.

The afternoon campus-wide graduation is the one time annually that students and faculty from all health professions schools and law share an event. None of us expected Dr. Francis S. Collins, Director of the National Human Genome Research Institute, to not only offer thoughtful remarks on a balanced life but also to sing us his satire on the classic "My Way" adapted for students in academia to "Their Way." Although the colors of their academic regalia distinguished the different disciplines the graduates would be entering, we all hoped they would find a way to work together to solve health care problems and promote sound public policy.

As was my custom, I found the proper moment to exit the arena and walk by myself the several blocks back to the pharmacy building. I was thankful for my heavy robe and hood to protect me from the brisk wind. I was spent, having nothing left to emote, and left with my mixed feelings about the bittersweet occasion of graduation. So much talent. So much promise. So much hope for the future. But nothing would be the same. I was so happy for our graduates, but I missed them already.

Just when I felt a tear (the first of the day) start to roll down my cheek, I walked past an individual on the street who said, "Congratulations on your graduation." Baltimore is not known for friendly, outgoing behavior between strangers who pass on the street..but this stranger had congratulated me. And then it happened again. And again. By then I was smiling as I realized what the words meant. Although I was not a current graduate, as a faculty member I did deserve congratulations on that day—my graduation. I had helped to develop pharmacy practitioners to take their places in the profession. I had worked with my fellow faculty members to prepare those amazing graduates for a future we cannot yet fully define. Perhaps one of the best faculty benefits of all is that we get to experience *our* graduation each year.

It took me a couple of days to adjust to our school without the Class of 2008. Intellectually, I knew this was part of the education process, but as we teach students to become pharmacists and to care for patients, we find ourselves caring for them. Perhaps the greatest consolation is that, as they graduate, our students become our colleagues, and we will see them in the future at professional meetings and alumni events, as well as at work in our communities.

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