CHARTING ACCREDITATION'S FUTURE

A Consumer Advocate's Perspective on Pharmacist Competencies and Pharmacy Education

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This is a transcription of an interview with Linda Golodner, President Emeritus of the National Consumers League (NCL), conducted for the purpose of bringing the views of a prominent consumer advocate to the attention of participants in the September 2012 conference by the Accreditation Council for Pharmacy Education. The interview was conducted on April 10, 2012, by William Zellmer, ACPE conference-planning consultant. The transcription has been edited for clarity.

Linda Golodner served as the President and Chief Executive Officer of NCL from 1985 to 2007. She now consults with government, nonprofit, and for-profit organizations on consumer issues. She has focused her career on corporate social responsibility, fair labor standards, and ethical behavior in the marketplace. Her numerous awards and recognitions include the Hugo G. Schaefer Award of the American Pharmacists Association.

Familiarity with Pharmacy-Related Issues

William Zellmer (WZ): Linda, to what extent in your career as a consumer advocate have you been engaged with pharmacy-related issues?

Linda Golodner (LG): When I became executive director of the National Consumers League (NCL) in 1985, the organization already had a history of advocating for patient package inserts for prescription medicines. Many consumers put high value on the accessibility of the pharmacist for health care questions. Pharmacists have a big role in advising consumers on the use of over-the-counter medicines. In many respects, pharmacists are closer to consumers than other health professionals.

I often worked with pharmacists on consumer issues. Through my involvement with the National Council on Patient Information and Education (NCPPIE), I had an opportunity to discuss with the leaders of pharmacy associations their interest in pharmaceutical care and their concerns about ensuring that consumers understand the

medicines they are taking. I also worked with the Food and Drug Administration on these issues.

During the health care reform initiative of the Clinton Administration, I represented the NCL on a coalition of organizations that advocated with Congress for coverage of pharmacist services.

Standards for Health Professional Education

WZ: Please describe your current involvement with issues related to standards for health professional education.

LG: I serve on the Liaison Committee on Medical Education (LCME), which is the accrediting authority for medical education programs leading to the MD degree in the United States and Canada. I'm also a public member of the National Commission on Certification of Physician Assistants (NCCPA), and I serve as a public member of the Dental Assisting National Board (DANB).

For the latter two groups, which deal with credentialing practitioners rather than accrediting educational programs, I chair committees that review cases of apparent lapses in the quality of care provided by practitioners. I also chair the policy committee for DANB.

WZ: Related to your work with LCME, do you have any thoughts about issues in accreditation that are relevant broadly throughout the health professions, or any that might be notably applicable to pharmacy education?

LG: A couple of areas come to mind. One is diversity. The medical profession is looking at the diversity of students and of faculties based on concern that the profession does not reflect the diversity of the country's population. I suspect this might be an issue in pharmacy, too.

Student indebtedness is an issue. It's important for students to understand the financial burden they will have upon graduation related to their student loans. They need counseling in this regard. And they need scholarship support—a portion of tuition revenue should be made available for scholarships.

LCME is very interested in interdisciplinary learning—a team approach in the learning environment that carries over into team work in professional practice, doctors working with pharmacists, working with nurses, working with

nutritionists. Consumers expect that. They look at health care holistically. Consumers have a much richer experience from interdisciplinary teamwork in health care.

Interdisciplinary Health Professional Education

WZ: The Institute of Medicine has expressed this well. If we expect health workers to function effectively as members of a team, they have to learn how to do that as part of their professional education. Have you observed anything about medicine's efforts in interdisciplinary education that might offer lessons for pharmacy education?

LG: I think there has to be a push from the accrediting bodies to make sure that the schools are collaborating in educating all health professionals. Left on their own, some schools might move in this direction but others won't. If they're required to do it to maintain accreditation, then they all will do it.

Assessing Student Learning

WZ: Have you seen any innovative approaches in medical education with respect to assessing student learning?

LG: I think this is an issue in all health professional education. Competency assessment in specific areas such as communication is a big issue in the education of physician assistants, for example. One of the most important things that pharmacists must do well is communicate with patients, so assessing students' ability in communications would be very important in your profession.

It goes back to NCPIE, which has emphasized communication of health professionals with consumers. This is still a problem. Some consumer information is in "medical-ese." Drug information leaflets from pharmacists are sometimes in very small type that is difficult to read. Consumers whose first language is not English have a tremendous problem understanding information about their medicines that is spoken or written in English.

Gaps between Education and Practice

WZ: Pharmacy education today is focused on preparing pharmacists who are competent in helping people make the best use of medicines. Based on what you know about the assistance consumers need in making appropriate use of medicines, do you think pharmacy education is well aligned with that need?

LG: I've read the standards for pharmacy education and they seem to be on the mark in this regard. The problem is in the workplace and whether or not the pharmacist is able to use his or her skills or expertise to communicate with the consumer. And that goes back to whether the pharmacy owner has created an environment that encourages consumer-pharmacist communication and allows privacy in those communications. Often there is a tall physical

barrier between the consumer and the pharmacist. The consumer's contact is with an employee who may have little or no health care knowledge, who rings up the sale, and who says, "sign here." Consumers don't realize they're signing away their rights to pharmacist counseling.

Time is another barrier. In many pharmacies, you see a long line of consumers waiting to be served and an individual consumer may be reluctant to ask to speak to the pharmacist.

Some years ago, I had an experience in New Zealand in which I injured myself and saw a physician who prescribed a medicine; in the pharmacy I was not allowed to leave until the pharmacist talked with me about the medicine. It was a very refreshing experience from a consumer communications perspective.

WZ: One can find some good models for community pharmacy practice in other countries and in some locales in the United States.

LG: I think pharmacy has tried to address this issue. There have been some great pilot programs, but everyone has to be on the same page with these concepts. Some of the larger drugstore chains aren't on this page. There are some smaller pharmacies in my neighborhood that do a good job—it's just a pharmacy. There are no toys or greeting cards or everything else that you find in most large pharmacies.

Pharmacist Competencies

WZ: What specific competencies would you like to see pharmacists display with respect to the needs of consumers for help in making the best use of their medicines?

LG: Communication is a big part of the answer. Competency in health information technology—the ability to be linked with the physician's records—the pharmacist must have access to the patient's personal health information. This is very important when advising the consumer on non-prescription medicines.

Understanding how to prevent errors, such as in dosage and drug interactions, is another important competency. Good communication with the consumer can be an important part of preventing errors. Transmitting the prescription electronically to the pharmacist could help this matter.

WZ: Implicit in your comments thus far has been the community pharmacy setting. What can you say about the hospital inpatient setting where the consumer may be very ill and surrounded by many health care professionals? What should the consumer expect from pharmacists in that environment?

LG: Consumers want the pharmacist to be part of the health care team in hospitals, from the point when they first become aware of their medicines and especially when they go home with new medicines where they will be on their own. A pharmacist should explain what your new

medicines are, what they are for, how long you need to be taking them, and so forth. Also, a patient needs information about interactions with foods and nonprescription medicines. Even though the physician may say these things, the pharmacist is the health care professional the consumer would trust to provide this type of information.

WZ: There is often a problem in continuity of pharmaceutical care between the hospital and home settings. Do you think it would be desirable for the hospital pharmacist to be in communication with the patient's personal physician and community pharmacist after the patient is discharged from the hospital?

LG: Absolutely! Again, it's part of being on the health care team. Consumers trust pharmacists and they would appreciate pharmacists being visible and active members of the team.

WZ: You've mentioned a number of competencies pharmacists should have, with a special emphasis on communication skills. Are there other competencies you would like to add to the list?

LG: Disease management—for example, it should be reasonable for consumers to have their blood pressure checked in a pharmacy. It would be great if you could have your cholesterol checked in a pharmacy.

WZ: It's common for pharmacists to manage certain hospital-based clinics such as for anticoagulation and hypertension therapy.

LG: It would be good if this were done in the community pharmacies, too. Another area is preventive services—fluenza vaccinations, for example, if it's done in a private area. Obviously, the pharmacist must have good education in professional ethics, which encompasses patient privacy issues. Pharmacists should be more involved in educational outreach with organizations for seniors—senior clubs and community groups.

Consumer-Pharmacist Collaboration

WZ: Many pharmacy leaders would acknowledge that there are gaps between what pharmacists are competent to

do and what they actually do in their daily pharmacy practice. These gaps exist for many complex reasons. Do you have any ideas about how consumers and their advocacy organizations might collaborate with the profession of pharmacy to close these gaps?

LG: Yes, going back to what I just mentioned—making sure that communities know about the capabilities of a pharmacist. Maybe more pharmacist outreach to groups like local AARP chapters would help. Pharmacists should visit high schools and even elementary schools to let young people know what it is that they do.

WZ: So, are you suggesting that if consumers were better informed about the capabilities of pharmacists they would demand more of pharmacists?

LG: Yes. Provide the types of services we've been discussing and consumers will increasingly recognize the pharmacist as part of the health care team. Also, consider placing pharmacy students with consumer groups or with AARP so they can better understand how consumer advocates view pharmacy and begin building relationships with leaders of those organizations. How about inviting consumer advocates for behind-the-scenes visits to community pharmacies and hospital pharmacies?

WZ: Any final words, especially as related to pharmacy education?

LG: I think using standardized patients in health professional education is very important. This would be a great way to develop and test communications competency among pharmacy students.

And let's not forget the role that colleges of pharmacy could play in educating consumers and policy makers about the contemporary competencies of pharmacists. I could imagine consumers learning about pharmacy education through some type of program at a college of pharmacy and then "testing" whether their pharmacist is up to par the next time they go to their pharmacy.

WZ: Linda, thank you very much for taking time to speak with me.

LG: You are welcome. I've enjoyed it.