

LETTERS

Authors Disagree with Characterization of Web 2.0 Article

To the Editor. Scare-mongering (an alternative form of fear-mongering) is defined generally as the use of fear to influence the opinions or actions of others, often to achieve a specific aim.^{1,2} In modern society, we usually encounter fear-mongering when politicians attempt to sway public opinion through use of fear-provoking or alarming news. However, we recently encountered the term “fear-mongering” in a letter to the editor published in the *Journal*.³ Much to our surprise, the term was used to describe our opinion on wikis, expressed in an article that we authored.⁴

After reading Peeters’ and Gellegos’ letter, we objectively assessed their claim that we attempted to use fear to advance our agenda. First, we decided that we did have an agenda: to inform the *Journal’s* readers about Web 2.0 technologies and their potential application to pharmacy education. We believe this was an appropriate agenda. Next, we assessed the use of fear within our article, gauging it by quantifying the positive and negative statements we made about using wikis. We also quantified Peeters’ and Gellegos’ comments supporting and urging caution in regard to wikis. In our article, we identified 13 statements that supported the use of wikis and 4 that urged caution. Peeters’ and Gellegos’ letter contained 5 supportive comments and 1 negative comment, all of which were similar to at least 1 of our comments.

We closely examined our statements to focus on tone. Phrases such as “considerable potential” and “an excellent supplemental resource” were used to describe wikis as an educational tool. We also described wikis as allowing students to “develop critical thinking skills” and to “collaborate toward a common goal.” We even stated that “students should not be discouraged from using tools to enhance their learning.” Our cautious statements indicated that the use of Wikipedia as an authoritative source was “problematic,” identifying occurrences when wikis had been vandalized, with posting of inaccurate information. Additionally, we indicated that Wikipedia “should not be relied upon as authoritative.” As researchers, we rely on evidence. Our statements regarding wikis – both positive and negative – were based on published evidence, and on our own observations.

We write this letter not to argue the value of wikis. We write because of the woefully inaccurate characterization of our paper. Peeters and Gellegos described the tone of our paper as “skeptical and enshrined with ‘fear-mongering’...”³ We have relied upon *AJPE* for many

years as a source of credible and innovative literature, addressing the needs of pharmacy educators. Frankly, we are disappointed that the *Journal* published such an inflammatory and factually inaccurate account of our paper.

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Patient Safety: A Subject Needed in Pharmacy Education

To the Editor. The profession of pharmacy is constantly evolving, necessitating that students and educators prepare to address these changes. Pharmacy has preserved its traditional core professional values, while transforming in certain fundamental ways over the past 40 years by embracing the concept of pharmaceutical care as described by Hepler and Strand.¹ Within this concept, patient safety is every pharmacist’s responsibility, taking into consideration that, whenever a medication is used, the outcome is determined by both the effectiveness of the medication and the safety and well-being of the patient.

Pharmacists in particular have an important role in patient safety, from developing safe medication distribution systems to working with patients to assure optimal use. At the same time, they can improve the quality of drug therapy by optimizing the organizational structures through which drug therapy is provided, especially by creating medication use systems and by regularly evaluating their performance.² However, the pharmacist’s active involvement in improving therapeutic outcomes has been limited. There are many possible explanations why pharmacists lack active and sustainable roles in this crucial area. Deficiencies in or insufficient emphasis on skill development in the pharmacy curriculum have been assumed to be major obstacles for pharmacists in their attempt to attain key roles in improving patient therapeutic outcome³.

A lot of research articles have examined teaching patient safety in medical education, unlike pharmacy

education. Teaching pharmacy students about drug adverse reactions, drug-drug interactions, and drug-related problems in general is not sufficient. According to pharmaceutical care practice, the pharmacist is a safety-culture provider; therefore, this topic must be addressed in the pharmacy curriculum and courses on patient safety should be included in pharmaceutical education to maximize the participation of pharmacists in the patient's treatment control. However, the task to transform the pharmacy curriculum is complex and cannot be achieved by including simple measures related to patient safety. Instead, a coherent didactic plan is necessary to preserve the curricular harmony and produce the desired educational changes. Implementing patient safety in pharmacy curriculum means considering some basics underlying premises, such as patient safety as a social and professional problem, and the pharmacy professors' motivation to implement curricular changes.

Different studies indicate that patient safety is a major problem for health care worldwide.⁴ This makes patient safety an issue that requires a multidisciplinary action in which the pharmaceutical activity is essential. Obviously, to attend this problem pharmacy education will have to reflect exactly that: pharmacy students need an increased level of understanding of the principles and concepts of patient safety.

At the same time, it is necessary to understand that the curriculum transformation must begin with faculty members. The need for implementing patient safety in pharmacy education must be understood by pharmacy teachers, who as a result of their academic work, tend to follow the same curriculum each year, based on their experience. Often, the curricular transformation process starts with the preparation of teaching programs, ignoring

the hierarchy of the elements and stages that make up the education system. As a result, the teachers' didactic experiences can be reproduced without significant change.⁵ A profound change requires teachers to be motivated and understanding.

Pharmacy clearly has recognized the need for the transformation of the curriculum due to the evolution of pharmacy practice. Recently, more effort has been made to take a curricular approach to educate pharmacists who are capable of providing direct care to patients and to ensure safe and effective medication use. Patient safety is a complex problem present in both developed and undeveloped countries and interprofessional cooperation is required to solve it. Having students study patient safety in courses in the first professional year and throughout the pharmacy curriculum eventually will result in pharmacy graduates who can provide pharmaceutical care services with social and professional commitment.

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