VIEWPOINTS

Pharmacists From Health Practioners’ Perspectives

Cynthia Boyle, PharmD

School of Pharmacy, University of Maryland Eastern Shore, Princess Anne, MD

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I had the opportunity to attend the September 2012 conference of the National Academies of Practice entitled “Patient-Centered Care: Working Together in an Interprofessional World.” Practitioners from over 12 health professions, along with public health proponents, educators, students, and health administrators, challenged the status quo in health professions education and practice.

One conference exercise involved about 60 individuals in an interprofessional competencies workshop facilitated by faculty members from Case Western Reserve University. Posters were mounted around the room for nursing, physical therapy, dentistry, medicine, social work, and pharmacy. We were given markers to write a word or phrase in the top section of the posters labeled “Words.” I wrote “committed” on the nursing poster and “problem-solver” on the social work poster, but there were entries such as “controlling” for nurses and “pain” for physical therapists. Gradually profiles developed as participants made their way around the room. After about 10 minutes, we were asked to gather around the poster for our own profession.

There were just a few pharmacists in attendance including my former student, a new faculty acquaintance from a New England school, a pharmacist on faculty at an osteopathic medicine school, and myself. We were asked to reflect on the words others had written about pharmacy and to write in the bottom “Surprises” section of the poster. All of us had been a little apprehensive about what we would read.

The words and phrases we found were: hidden expertise, adherence focus, intelligence, medications, patient education, knowledgeable, precise, interpreter, broad-based knowledge of medications, behind the scenes, and chemistry. As pharmacists we were somewhat relieved by the positive terms such as “patient education.” We were surprised that no one wrote “formulary police,” but we also wondered why there was no mention of helpfulness, dedication, supportiveness, collaboration, or partnership from the other professions.

It is true that this sampling involved people exploring ways to improve interprofessional education and health care delivery. They were not likely to be the most critical or negative. However, there is a clear message from their perspectives. If pharmacists are viewed as “behind the scenes” with “hidden expertise,” then our role on the health care team is challenging at best. Collectively we will need to leverage our recognized expertise in medications with the people and processes working to ensure better health, better care, and lower cost in this era of health care reform and quality assurance. This is more than getting out from behind the prescription counter. It means joining the team (or forming one), learning the rules, improving our skills, and keeping sight of the goal for improved health.

Corresponding Author: Cynthia Boyle, PharmD, School of Pharmacy, University of Maryland Eastern Shore, Princess Anne, MD 21853. Tel: 410-651-7664. Fax: 410-651-8394. E-mail: cjboyle@umes.edu