LETTERS

In Support of Teaching Basic Diagnostics

To the Editor. I was excited to read the viewpoint of Romanelli and Jones as they described the need for the academy to take a stand on inclusion of basic diagnostic instruction within pharmacy education.1 Doctor of pharmacy (PharmD) degree programs are providing instruction on patient assessment, including physical assessment, as a component of accreditation standards.2 Furthermore, this is an essential element in providing patient-centered care per the Center for the Advancement of Pharmacy Education 2013 Educational Outcomes.3 I have found, though, during discussions with faculty colleagues from across the country regarding instructional concepts and design, the breadth and depth of training varies among programs. For instance, in addition to didactic teaching, some programs use simulations (varying from standardized patients to virtual patients to high-fidelity human patient simulators) to teach, practice, and assess students’ assessment skills.4-6 Additionally, some incorporate other health professionals in the teaching and learning process, so that pharmacy students have the opportunity to engage in providing interdisciplinary care prior to advanced pharmacy practice experiences (APPEs) and appreciate the skillset of the respective disciplines while honing their own.7,8

In the required Patient Assessment course, which I co-coordinate and teach in, third-year pharmacy students in their final semester (prior to the start of APPEs) build upon their disease state and therapeutic knowledge while learning more about the incorporation of assessment during patient encounters. Faculty members practicing in various settings (ie, psychiatry, pediatrics, geriatrics, cardiology, and ambulatory care) lead discussions and use practice-based scenarios during workshops to teach students basic assessment and diagnostic skills (relevant to the faculty member’s respective practice setting), appropriate use of assessment tools, and interpretation and evaluation of findings for developing patient-specific care plans. I have found that when courses which promote skill building are coupled with students’ clinical knowledge, students better understand and appreciate their value. Unfortunately, this often does not come to full fruition until students engage in APPEs. However, with the inclusion of more diagnostic skill building in the pharmacy curriculum, students can learn and practice the necessary skills while acquiring disease state and therapeutic knowledge. With this approach, student confidence will increase; thus, encouraging students to use the skills during APPEs and throughout the course of their careers.

As a faculty member practicing in the ambulatory care setting, I use my patient assessment skills on a regular basis. Coupling patient assessment, including physical and laboratory assessment, with clinical knowledge is critical for an ambulatory care pharmacist, as pharmacists in this setting frequently design and modify medication regimens based on their findings. With more pharmacists entering this avenue of practice, basic diagnostic and patient assessment training along with effective communication skills are critical. I am fortunate that my teaching load coincides with my clinical practice experiences. Furthermore, APPE students who complete my ambulatory care rotation practice refine their skillset through patient interviewing and counseling, assessing patients’ drug therapies, identifying medication-related problems, communicating with healthcare providers when providing recommendations, documenting patient encounters, and answering drug information requests.

Given the ongoing and often rapid changes in health care, there is no time like the present to not only discuss the importance of this topic as it relates to student and resident education and training, but also to encourage pharmacists to practice at the “top of their license.” Opportunity awaits and pharmacists have much to offer.

Marissa Salvo, PharmD, BCACP
School of Pharmacy, University of Connecticut, Storrs, Connecticut

REFERENCES