LETTER

“The Farmer and the Cowman Should be Friends”: Surviving a Curricular Revision Through Interprofessional Cooperation

To the Editor: Based on many overheard conversations in the halls at the 2016 Annual Meeting of the American Association of Colleges of Pharmacy in Anaheim, many schools and colleges of pharmacy are undergoing or have recently undergone significant curricular updates and even complete revisions. Part of this is due to the Accreditation Council for Pharmacy Education (ACPE) Standards 2016, which call for more use of active learning approaches and less use of the traditional lecture. These newer teaching methods are widely considered more effective for deep learning, but typically take more time than lecturing. This reality can force faculty to make sometimes difficult decisions about dropping content from their courses. The Standards also call for broader development of student pharmacists, particularly regarding skills in the non-cognitive domain. The need to make room for newly required material can also lead to removal of current content.

Decisions regarding curricular content are made complicated for science faculty by the language of the ACPE Standards 2016, which more clearly state expectations for learning outcomes related to practice and patient care. Appendix 1 of the Standards makes clear that student pharmacists will learn widely in the pharmaceutical and biomedical sciences, but the language leaves much room for interpretation. This vagueness can make it difficult for science faculty to confidently identify the critical concepts our accreditor feels are needed by the student pharmacist. This vagueness may also make it easier for clinical faculty to assume that scientific content can easily be reduced in order to provide time for teaching professional skills, behaviors and attitudes. Clinical faculty may feel they have a better understanding of the knowledge and skills appropriate for an entry-level practitioner, while science faculty may feel they are better suited to identify the critical concepts that underlie development of a rational therapeutic approach. Disagreements can rapidly escalate, in part because each viewpoint is correct. A clinician does not need the same depth of pharmacology knowledge as a basic science researcher. On the other hand, a clinician who cannot use pharmacological principles to explain a therapeutic choice is essentially practicing magic. As painful as they can be, there must be open and honest discussions

between science and clinical faculty when updating a curriculum.

Both of us have been involved recently in the development of an integrated Doctor of Pharmacy curriculum, one as a faculty member in a Pharmaceutical Science department and the other in a Pharmacy Practice department. The process has involved many difficult decisions about what content to keep and what to remove during the revision. A key approach to address the problems that arose is also a simple one: communication. Based on our experiences, intentional and thoughtful review of current curricular content with regularly scheduled group discussions involving practice and science faculty were valuable. During these discussions, each department had a representative leader to help provide some direction and provide a safe space to share thoughts and ideas.

When science and practice faculty sit down together, they should remember that effective communication requires careful listening. This conversation should take place with the goal of arming pharmacists with the skills and knowledge required to have a positive impact on patient outcomes. Clinicians really do understand what it takes to be a successful entry-level pharmacist while science faculty provide the expertise needed for the solid foundation in basic science that leads to better clinical practice. The depth of understanding of both basic and clinical science required for entry level pharmacists should be an active topic of discussion. Because of the variety in modern pharmacy practice, engagement with multiple science and practice faculty across several disciplines will help promote a well-rounded dialogue. Practice faculty should not make unilateral decisions about what science content to include in a course or a curriculum, but their experience should guide science faculty in identifying the critical scientific concepts that our student pharmacists will actually use in pharmacy practice.

Science faculty can gain a better appreciation of how pharmacy has changed by shadowing a clinical pharmacist during advanced pharmacy practice experiences, particularly at sites with significant patient management. This can help clarify how foundational science is used, and provide an opportunity to observe students and preceptors interact with foundational science knowledge to support a care plan. In parallel, practice faculty need to engage science faculty in discussions about how the knowledge base in their discipline has changed. Using the term “basic science” can imply that this area is more static, but practice faculty need to consider relevant changes in foundational science to better understand how to apply them to clinical practice.

Rodgers and Hammerstein wrote about the conflicts that arose between ranchers and farmers in Oklahoma as it moved toward statehood. Like what was seen in that musical, the conversations with our faculty colleagues in the other department may not always be easy or pleasant. However, the importance of these conversations cannot be understated and they are critical to our common goal: training pharmacists that make a difference in patient care and in the community. They may also provide a model for interprofessional collaboration that demonstrates to our students the value of teamwork through collaborative problem solving.

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REFERENCE

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