LETTER

Pharmacy History Courses May – and Should – Offer More Than Professionalism

To the Editor: I have read with great interest the article by Baker and colleagues, investigating how the 2016 Accreditation Council for Pharmacy Education (ACPE) Standards for pharmacy history were met by US pharmacy schools. I would like to thank the authors for providing such insightful information on teaching the history of pharmacy. This is a subject that remains widely neglected in pharmacy curriculum in many countries, even though virtually all major problems or failures the pharmacy profession faces today – as in the past – have historical roots. While the authors have beautifully underlined the contributions made by the history of pharmacy courses in developing professionalization among pharmacy students, I believe there exists additional benefits the courses may, and should, provide in modern pharmacy education and potentially meet other ACPE Standards (eg, patient advocacy, cultural sensitivity, leadership, innovation and entrepreneurship).

During my 12 years of teaching history of pharmacy courses to multicultural students at two Turkish universities, I have observed that these courses might be helpful in preparing future pharmacists with increased skills in critical thinking, leadership, and cultural competency, as well as enabling them to better deal with change in a positive manner. Several studies have suggested that history-related subjects can be successfully employed to understand how the profession has responded to change in the past, to assist the pharmacist to develop ethical and moral frameworks, to better appreciate and deal with multiculturalism, to help build bridges between pharmacy and other health professionals, to obtain better academic performance, and to teach leadership skills due to their potential of providing a comparative and historical perspective and helping to develop a critical way of thinking.

The courses may provide some promising opportunities with a specially designed curriculum, enriched with historical examples addressing more than dates and facts (eg, the changing roles of pharmacists and pharmacies in different times and conditions, a background of drug discovery and development, remarkable pharmaceutical personalities and major milestones in the evolution of pharmacy, and cases of pharmaceutical mistakes such as the thalidomide scandal).

The dry nature of historical subjects can impede the ability to catch students’ interests, but the technology of this era greatly improves our ability to supplement or replace the traditional tools used for teaching the history of pharmacy and enhancing the Internet-based teaching environment. Examples selected from the field of medical humanities (film, literature, and visual arts in particular) also can be employed not only to explore the “transition of profession from a focus on the drug to a focus on the patient and the drug (including pharmacist-provided patient care),” but also to satisfy the needs and expectations of a new generation of pharmacy students who spend much of their time on the Internet and social media, and seek fun and interaction in the learning process.

We need more studies with large sample size to better investigate both pharmacy students’ and faculty members’ evaluations of the history of pharmacy courses and their achievements of learning goals and course outcomes.

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REFERENCES