

Pharmacy Today and Tomorrow

As the University of Oklahoma College of Pharmacy entered its centennial year, the author had the opportunity to discuss the College's history and its future with the Dean of the College, Dr. Victor A. Yanchick. Rather than holding a traditional interview, the two joined in a conversation. Topics fell into each other, as they do in conversation, and one comment often triggered a reply on a peripheral issue. As the conversation progressed, both parties turned again and again to the current condition of the OU College of Pharmacy and to the future of the profession for which it trains graduates.

The conversation began with the question of what Dean Yanchick sees as the future of pharmacy as a profession and the future of the pharmacy education. From there, it progressed at its own pace.¹

Yanchick—"Where do I see pharmacy and pharmacy education going in the future? I see a rapid movement into a much different approach to educating pharmacy students. I see a curriculum change that will be revolutionary from *what* we teach to *how* we teach. I see a greater emphasis in pharmacy education for self-learning, with faculty members approaching their responsibilities in a very different way. Basically, I see the 50 minute lecture disappearing.

"We simply can't continue to teach pharmacy students the way we have in the past and be effective because of the explosion of knowledge and technology. We have to retrain our educators to function more as facilitators rather than lecturers. We simply can't provide all the facts the student needs to know to practice pharmacy. The students will have to search out much of the information and make judgments and decisions on their own. The educational process will change significantly.

"Furthermore, we also have to look for more cost-effective ways of providing education. I do not see any significant upswing in the

economy in the near future; therefore all of us in education will be forced to be more cost effective—provide quality education at a reasonable cost.

"The movement of the entry level degree from the B.S. to the Pharm.D. is also a very important fact we have to address.* Pharmacists must now provide counseling to all Medicaid patients,† and this should extend to all patients. Pharmacists are now putting much more emphasis on their primary role, which is managing drug therapy, and on the concept of pharmaceutical care.‡ I strongly endorse this concept. This emphasis will require schools of pharmacy to be much more sensitive to the needs of practitioners and to help them develop the new skills and abilities they need if they are to provide the appropriate level of care to patients.

I see the role of a college of pharmacy extending beyond its walls, not only to the traditional student, but to a much greater number of non-traditional students. We have a responsibility to provide a learning experience to all practitioners."

Author—"In the past, some have expressed the opinion that pharmacists have not been involved enough in community activities, civic clubs, or in government. We see only a few pharmacists who take part in these activities."

Yanchick—"I am troubled by that as well. Today I see a much more politically active student attending college. They are much more interested than I ever was in the politics of pharmacy and in society in general. But once they leave the College of Pharmacy and establish their own practice or become employed in some pharmacy environment, they seem to lose interest. They don't participate as they should. I think we saw more civic involvement from pharmacists when there were more pharmacy owners and they were visible members of the community. As most of our students graduate and move into practice,

* The American Council on Pharmaceutical Education issued a "statement of intent" in 1991 to establish accreditation standards for a single degree. In 1992, the American Association of Colleges of Pharmacy adopted a resolution in support of the Doctor of Pharmacy as the single entry level degree in pharmacy.

† The Omnibus Budget Reconciliation Act of 1990 required pharmacists to offer counselling when filling prescriptions for Medicaid recipients after January 1, 1993.

‡ See "Commission to Implement Change in Pharmaceutical Education, Background Papers" from the American Association of Colleges of Pharmacy.

they are employees, not owners. They don't necessarily feel a strong tie to the community—at least, not as they should—and maybe we need to do a better job in the College to emphasize civic and community responsibilities. Pharmacists are extremely visible and important health care practitioners in the community, and they are highly regarded. We need to use that visibility"

Author—"It is a pleasure when we see a pharmacist serving on a school board, on the city council, or in the legislature. We now have an Oklahoma pharmacist who is a U.S. Congressman and an alumnus in the Oklahoma House of Representatives."*

Yanchick—"Yes, that is heartening for Oklahoma pharmacists. But I am disappointed that Bill Brewster is the only pharmacist in Congress. There is no other pharmacist in the U.S. Senate or House of Representatives. That is not good, particularly with health care being such an important legislative issue today. Pharmacists need to be more involved because health care will continue to be an important issue in the future.

As more and more of our baby boomers reach retirement age and beyond, I am convinced they will create a significant challenge for the health care industry. Also, I look at it as a great opportunity for pharmacy. Pharmacy can play a much bigger role in the areas of geriatrics and long term care and home health care. There will be many entrepreneurial opportunities to provide health care services to the elderly.

"I am disappointed that the pharmacy profession has dragged its heels in emphasizing geriatrics and gerontology. I have been in the area of geriatrics for a long time. I developed a course in geriatrics, and it is my goal to establish a very strong geriatrics program in the College. I see it as an excellent opportunity for pharmacists to become more involved in the health care system and to make a meaningful contribution by lowering health care cost through effective pharmacy services."

Author—"I read the other day that the over 85 age group is the fastest growing segment of our population."

* Bill Brewster, pharmacist from Marietta, OK, was elected to the U.S. Congress in 1990; Calvin J. Anthony (OU Class of 1968) was elected State Representative from Stillwater in 1992.

Yanchick—"Definitely so, I can't remember the exact statistics, but as I recall, the number of people over 85 will triple in the next 40 years."

Author—"I notice that dosages are changing—some of the pediatric doses are going up and some geriatric doses are going down. When I was in school, we had pediatric doses, but no one even thought about or calculated geriatric doses. Pharmacodynamics can really be different with age."

Yanchick—"Yes, pharmacodynamics can change during the aging process. Pharmacists must be aware of the differences age can make when it comes to counseling, making recommendations, and interacting with the physician and other health care professionals with respect to drug therapy. Drug therapy is going to play an even more important role in the future for health care delivery than it does today. Because of the potential for marvelous new agents that I see coming into use in the next 10 years and beyond, we are going to see a significant shift in the way patients are treated with drugs. After all, very few drugs today cure diseases. I predict that, in the near future, we will have drugs that will cure or even prevent diseases like cancer, diabetes, or cystic fibrosis."

Author—"Having drugs that cure instead of drugs that treat disease could cut health care costs tremendously."

Yanchick—"Yes, but remember that we will be caring for a different patient population. If we look at the educational background of today's people over the age of 85, I would suspect most are not college educated. In the next 20 or 30 years, you will find a better educated elderly person. They will be more involved in their own health care and be eager to ask and answer questions."

Author—"At one time we could not tell patients what drugs they were taking or why. Only their physician was supposed to give that information."

Yanchick—"That's right. I went back last year and reviewed the "APhA Code of Ethics" that was in place when I graduated in 1962. That code specifically stated that pharmacists were not supposed to tell patients what drug they were taking or its indication. If you look further back—50 years ago or so—many of the drugs we used were probably homeopathic. They were not as powerful and as potentially

dangerous as some of the drugs on the market today. Today's drugs are much more potent, and the patients can understand their therapy much better now. That puts a great deal more pressure and responsibility on the shoulders of the pharmacist."

Author—"Pharmacy has been a growth industry since the Civil War. Do you think this trend will continue?"

Yanchick—"There is no doubt about it. Pharmacy is an excellent profession, even though we see the practice environment changing dramatically. Opportunities abound for those who can anticipate these changes and adapt their practice accordingly.

"I think pharmacy is an excellent profession for a young man or a young woman—or even a middle-aged man or woman, for that matter. We are seeing more people making mid-career changes and going back to college. The profile of our pharmacy students, for example, has shifted significantly over the last decade or so. Our incoming student is a much older individual and she often has a family. In fact, many of our students are older than some of their professors.

"When you look at the faculty profile today across the country, I am a bit concerned about the future of the teaching profession in pharmacy. In about the next fifteen years, a significant number of pharmacy faculty will reach retirement age.* I am concerned that there will not be a sufficient number of young faculty to replace them. More and more of our Ph.D. graduates are bypassing education as a career and going into industry or some other areas.

"There are several reasons that education doesn't attract the Ph.D. graduates, and pay is an important one. Salaries are certainly much better in an industrial environment or a corporate environment than in the University environment. As surprising as it may be, we still have some faculty members today whose salaries are less than some of our new B.S. graduates. That's a real shame for education."

Author—"When the OU Pharmacy School started in 1893, there was not a single Ph.D. in pharmacy in the United States. The first Ph.D. in pharmacy was granted in 1902 by the University of Wisconsin."

* "Graying of Pharmacy Faculty Committee Report," presented for discussion at the 1989 Interim Meeting of the Council of Deans, American Association of Colleges of Pharmacy, Dana Point, California, March 6, 1989.

Yanchick—"But pharmacy education eventually grew, and the schools attracted Ph.D.-trained faculty. And pharmacy education is still evolving. The pharmacy faculty today is very different from the faculty of 30 or 40 years ago. Then, we didn't have Pharm.D.'s; now at least 50% of our faculty are Pharm.D.'s, and I suspect that level will continue.

"As we move into the next century at OU, we are going to see a significantly different type of faculty member because we are going to be relying more and more upon pharmacy practitioners to teach our students. Again, I think that is good. Medical schools have done that for years. More and more emphasis will be placed on teaching our students in the practice environment. I hope many of our Pharm.D. graduates will choose to stay in Oklahoma and establish practice sites that we can use as training sites.

"We need to provide better incentives for individuals to enter the teaching profession. We need good teachers! As I said earlier we are now looking at a significant shift in the way we teach our students. We will be providing some significant development programs, beginning this year, to change the approach of educating our pharmacy students. That is necessary. We have to change the way we teach our students.

"Education can be really rewarding. I have the best job in the world. The best decision I made was to enter academia. When I was in graduate school, I planned to work for a large pharmaceutical company. I wasn't even remotely thinking about taking a position at a University. The dean of Purdue suggested that I look at education as well. My very first interview was at the University of Oklahoma with Dean Harris. In 1967, he interviewed me for a position at OU—I remember meeting Dr. Bienfang, Dr. Sommers, and Dr. Grunder. I was eventually offered a position at OU but chose to go to the University of Texas. I couldn't have made a better move because it provided me with the opportunity to develop not only as a teacher but also as an administrator. If it weren't for Texas, I would not be here in Oklahoma.

"I get kidded by a number of people about the strong Texas influence that we have here in this College of Pharmacy. Of course, I didn't tie anybody's hands and drag them across the Red River. They all came voluntarily. They applied for the openings we had and they happened to be the best applicants."

Author—"While you were at Texas didn't they begin one of the first Pharm.D. programs in our region?"

Yanchick—"Yes, I started the Pharm.D. program at Texas. The program I had at Iowa (where I got my masters degree) was a hospital pharmacy program; but it was a forerunner to a Pharm.D. type program in that it had a clinical emphasis. We were on the floors working with patients and with other health professionals.

"As a graduate student, I was the first person at Purdue to teach clinical pharmacy. I was recruited to Texas because they heard I started a clinical program at Purdue and they wanted to do the same at Texas.

"They hired me to teach the first therapeutics courses at Texas. I established the first clinical programs in Austin, San Antonio, and Galveston. I authored the proposal for the Pharm.D. program over the Christmas break in 1972, and it was approved by the Texas Coordinating Board in 1973. We started the Pharm.D. program in 1974."

Author—"Nationally 60% of the pharmacy students are women. Do you see this affecting the practice of pharmacy?"

Yanchick—"Statistic indicate that women stay in practice for a long period of time, but they work fewer hours and take time off periodically for family responsibilities. It does concern me to a degree because it makes predicting manpower a lot more difficult when you look at women in pharmacy as the predominate force. But they make excellent students and excellent pharmacists. I am a little concerned that we do not see more women in pharmacy assuming leadership roles in the community or in civic and professional organizations. There are very few women in Oklahoma who have chosen that route."

Author—"In 1919, the University of Oklahoma *Bulletin* had an invitation for women to enter pharmacy school. They stated, 'No field offers greater opportunities for women than pharmacy.'"

Yanchick—"I see this now also. We still see a lot of people saying that pharmacy is an excellent profession for women because they can work part-time. I think it is nice that people can take time off, but I'd rather try to recruit women into pharmacy as full-time practitioners rather than as part-time relief people."

Author—"So professionalism is the essence of pharmacy, not "career options," a position with which I must agree. What final thoughts do you have about the College of Pharmacy and where it is heading?"

Yanchick— "I can't begin to tell you how pleased I am to see how much progress this school has made. Even though we have a smaller than average number of faculty—and a much smaller than average budget—we have established ourselves across the country as one of the premier colleges of pharmacy, not only from an academic standpoint but from a research standpoint as well.

"We have established a fine reputation on the OU Health Sciences Center campus in a very short period of time. We are recognized as having quality faculty, quality students, and a quality program. I predict this college is going to be recognized as a center of excellence in which the University wishes to invest. The administration sees this College as having the potential to be one of the best. We really have established a very fine pharmacy program here, and it is because we were able to bring the necessary elements together—good faculty, good students, good alumni, a good staff, and a good physical plant.

"Now we are seeing alumni rally around the College and support us in many ways. I think all of us in Oklahoma can be proud, not only for what we have done over the last 100 years, but proud of what we will be able to do in the future. In the next century, the College will continue to make meaningful contributions—contributions not only to the practice of pharmacy but to the health of the citizens of the state.

"This really is a truly remarkable organization, and I am extremely proud to be a member of it. It is a delight to be involved with this group of people and this University. This is from the heart."