



## The Need for Reform and Standardization of Pharmacy Clerkship Training

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About a hundred years ago, modern pharmacies inaugurated in Iran by German, Austrian and French pharmacists. In the meantime education of pharmacy begun in “Darolfonoon” school with the purpose of pharmaceutical compounding and formulating of drugs (1).

In 1982 the first codified pharmacy curriculum was approved and in 1988 was implemented in all pharmacy schools. Due to the needs of that time, pharmaceuticals and medicinal chemistry were the priority of a pharmacist's education. Pharmacy clerkship programs had fewer hours compared to these courses (2).

The role of premier pharmacists was compounding and formulating drugs from basic chemicals. As drug manufacturing techniques improved and industrial drug companies evolved, drug dispensing superseded the compounding role and most of pharmacy school graduates worked as community and hospital pharmacists (2). But the tasks of a drug dispenser were so limited that pharmaceutical care, maintaining safe and rational use of drugs, was eventually defined as the pharmacist's main role (3, 4).

To achieve this new role and not being a mere drug dispenser, today's pharmacists needed to learn new skills

and gain a different education. The first step was adjusting the pharmacy curriculums to improve their knowledge and skills in pharmaceutical care, hence, pharmacy clerkship is one the most important courses of the students (4,5).

In 2005 the curriculum of pharmacy was reviewed in order to enhance the courses linked to pharmaceutical care education. These courses include pharmacy, clinical and hospital clerkships (6). Despite many benefits of the new curriculum, the training strategies, relevant references, needed facilities, standard evaluation systems and content of the courses are imprecise and defective. For example the specialty filed of the teachers, the optimum number of students in each group attending the course and numbers of needed educational pharmacies are not mentioned. Also unlike all other courses of pharmacy education, the clerkship courses do not have a specified presenter, meaning that in different schools different departments present this course, obviously very different than each other (7). This leads to system misunderstanding and largely different implementation of the courses. Informal inspections show that pharmacy clerkship courses are performed very different at pharmacy schools of Iran, thus a small pilot study was conducted to evaluate the implementation of this course at Ahvaz University of Medical Sciences. In this study the method of course presentations (pharmacy, clinical and hospital pharmacy clerkships) and satisfaction of the students was assessed by questionnaires (validity and reliability were determined). Then this survey was conducted at six different pharmacy

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schools (randomly picked among old and recently established schools). This survey shows that the students attend 100 hours of pharmacy clerkship instead of the 306 hours (50 six hours shifts), that is mentioned in the curriculum, due to the limited number of educational pharmacies of different schools. Also different schools grouped the students differently (three schools had four students in each group, two schools had six and one school had seven students in one group) when attending the clerkship program. The high number of students in each group makes education and training harder and less satisfactory (three schools had high satisfaction rates, two had average and one had low rates).

Overall we can conclude that due to the importance of pharmacy clerkship, the curriculum should be revised to improve the education of students. The best suggested model is to use a strategic planning system. For this purpose, first an extensive study should be conducted to determine the conditions of course presentation and then be analyzed by SWOT. The old curriculum should then be revised so that every needed aspect is written in detail (hardware standards, educational programs, presentation methods, practical evaluations, course contents and etc.). There are sample successful programs presented in other countries to look up to: Accreditation Council for Pharmacy Education Standards and FIP Education

Initiative (8, 9). This process is better being done under the supervision of pharmacy professional council with the help of all pharmacy schools.

At the end we emphasize on the importance of a uniform method of pharmacy clerkship presentation after a strategic planning of the system.

## References

1. Pourahmad J. History of medical sciences in Iran. *Iran J Pharm Res* 2008;7(2):93-9.
2. Peymani P, Afifi S. Pharmacy Education Development in Iran. *Archives of Pharmacy Practice* 2011;2(1):24-6.
3. Knowlton CH. Pharmaceutical care in 2000: engaging a moral covenant in turbulent times. *Am J Health Syst Pharm* 1998;55(14):1477-82.
4. Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. *Am J Hosp Pharm* 1990;47(3):533-43.
5. Volume CI, Farris KB, Kassam R, Cox CE, Cave A. Pharmaceutical care research and education project: patient outcomes. *J Am Pharm Assoc (Wash)* 2001;41(3):411-20.
6. Mosadegh M. Revision of Iranian pharmacy education, an idea or a necessity? *Iran J Pharm Res* 2002;1(1):1-3.
7. Salamzadeh J. New Doctor of Pharmacy Curriculum of the IR Iran: Needs and Gaps. *Iran J Pharm Res* 2007;6(4):223-4.
8. Pharmacy (Pharm.D) education program and curriculum. Available from: URL: <http://epsc.behdasht.gov.ir/index.aspx?siteid=369&pageid=40484>.
9. Accreditation standards and guidelines for the professional program in pharmacy leading to the doctor of pharmacy degree. Available from: URL: <https://www.acpe-accredit.org/pdf/Standards2016DRAFTv60FIRSTRELEASEVERSION.pdf>