



Importance of Pharmacists in Medical Education

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Published online: 9 February 2018

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Dear Editor:

Thank you for your recent publication by Lerchenfeldt and Hall about the importance of pharmacists in medical education [1]. The article outlined the tremendous benefit of clinical pharmacist involvement in medical student education, including the integration of basic sciences with clinical practice.

The Wright State University, Boonshoft School of Medicine, came to the same conclusion as the authors of the article and hired a clinical pharmacist to teach in the undergraduate medical curriculum in 2012. Prior to that time, the pharmacology sub-section on USMLE Step 1 was below the national average, and since 2014 (the first cohort of students to have clinical pharmacists teach), it has been above the national average. Likewise, student satisfaction on the Graduation Questionnaire has improved significantly, with less than 50% rating their pharmacology preparation as “good or excellent” to approximately 80% rating their pharmacology preparation as “good or excellent” since adding the clinical pharmacist to oversee the therapeutics curriculum. Due to the successful integration of a clinical pharmacist to oversee the therapeutics pre-clinical curriculum, the school hired a second clinical pharmacist to further strengthen the pre-clinical pharmacology curriculum and expand the foundational science of pharmacology into the clinical curriculum.

The article outlined several potential benefits of utilizing clinical pharmacists in medical education, and we have had our own successes in improving medical students' pharmacology knowledge. However, it is still not commonplace to have full-time clinical pharmacists teaching in medical curriculum. Traditionally, pharmacology has been taught by Ph.D. researchers. However, there is limited data to support this assertion.

The paucity of data about the number of clinical pharmacists in medical education is striking. The idea to include clinical pharmacists in medical education is not new [2]. However, based upon the recent publication by Lerchenfeldt and Hall, the idea is still primarily theoretical and not a reality. The question is “why?”. As the authors described and our own experience supports, there are many benefits to clinical pharmacists' involvement in medical education. There must be barriers from either medical schools or clinical pharmacists or both that limit the implementation of this idea. Do medical school leaders understand the potential benefits to their students? Do clinical pharmacists think about the possibility of teaching in a medical school? Once in a medical school, are they accepted by students or do they have the same opportunities for advancement as other faculty? Medical schools should collaborate to assess these barriers, then address them in an effort to implement the authors' idea in medical education throughout the country.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

References

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