

*American Journal of Pharmaceutical Education 2012; 76 (7) Article 138.***LETTERS****Malaysian Pharmacy Educators' View of the Role of Non-Pharmacy Trained Educators in Teaching Pharmacy Students**

The common statement “. . . Pharmacy students should only be taught by pharmacists. . .” is a norm among many pharmacy educators in countries such as Malaysia. It is not, per se, a confronting statement but could indicate alarming attitudes not favorable to the current pharmacy education framework.

Pharmacy education in the third millennium is transformed to contain and reflect on the innovations of the modernization era in which, globalization in health education, public health, development of the new facets of professionalization and professionalism, interprofessional and interdisciplinary teaching and learning activities are among the most talked about topics.<sup>1-6</sup>

Interestingly, these innovative ideas are the result of extremely cautious, vigilant, accurate, and continuous observations and contemplations which have undergone thorough examinations and experimentations before being presented as novice ideas and/or theories. For example, the notion of interdisciplinary learning dates back to late 1970s<sup>7</sup> and today, there is concrete evidence of its effectiveness and usefulness in delivery of better health care.<sup>6,8</sup> Hence, to contest such ideas and/or theories, one needs to be able to provide reliable evidence(s), as agreements or disagreements should be borne with a full sense of responsibility and accountability.

In developing countries, the challenges for pharmacy education (eg, public health education) is well acknowledged and even corrective measurements to rectify such shortcomings are suggested.<sup>2</sup> These challenges are multi-leveled and multifaceted; where, not only the lack of awareness and perceived importance of such topics among pharmacy academics, but also the lack of trained pharmacy educators to teach such topics<sup>2</sup> necessitates the recruitment of educators other than pharmacists to work in pharmacy education. This has often resulted in subconsciously ambivalent attitudes towards those nonpharmacist educators who teach in pharmacy programs.

There is a voluminous body of literature on interprofessional and interdisciplinary learning as well as evidences of their efficacy from an educational and practical point of view,<sup>6,9-11</sup> however, there is a dearth of evidence about the experiences and the level of satisfaction in regards with the peer relationships between the educators involved in interprofessional and interdisciplinary

activities. It, without a doubt, is worthwhile to investigate the experiences of the educators involved in interdisciplinary and interprofessional teaching and learning activities in relation with their peers from other disciplines to be able to discuss interprofessional learning in a more robust scientific approach.

Alsharif lucidly presents 5 key strategies to achieve a global pharmacy education where he enlists “sharing,” “respect” and “student empowerment” as the 3 strategies.<sup>1</sup> We cannot agree more with his well-structured notion in the context of interprofessional learning, where the educators whose prime responsibility is to empower their students with knowledge and indoctrinate future health care providers with professionalism and a positive attitude of teamwork, should not overlook the importance of a need for sustainable relationship with their peers from other disciplines in the healthcare field. Mutual respect is the backbone of sustainable relationships with peers who are involved in interprofessional and interdisciplinary teaching and learning activities, and without mutual respect, unwanted and undesirable consequences could result which are derogatory, dangerous, and destructive.

First, we recommend studies to investigate the attitude and perception of pharmacist educators toward non-pharmacist educators who are involved in pharmacy education. Second, we recommend further detailed exploration of the attitudes in order to develop and/or improve the conceptual frameworks related to interprofessional teaching and learning activities. Eventually, we could design interventions to enrich the attitudes of teamwork and mutual respect that would move us from a vicious cycle to a virtuous cycle in the circle of pharmacy education, where our final aim is to provide the best possible and available education to future pharmacists.

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**REFERENCES**

1. Alsharif NZ. Globalization of pharmacy education: what is needed? *Am J Pharm Educ.* 2012;76(5):Article 77.
2. Hassali MA. Challenges and future directions for public health pharmacy education in developing countries. *Am J Pharm Educ.* 2011;75(10):Article 195.
3. Ahmadi K, Ahmad Hassali MA. Professionalism in pharmacy: a continual societal and intellectual challenge. *Am J Pharm Educ.* 2012;76(4):Article 72.
4. Saini B, Shah S, Kearey P, et al. An interprofessional learning module on asthma health promotion. *Am J Pharm Educ.* 2011;75(2): Article 30.

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5. Vrontos EB, Kuhn CH, Brittain KL. Impact of interprofessional activities on health professions students' knowledge of community pharmacists' role and services. *Am J Pharm Educ.* 2011;75(8):Article 152.
6. Joyner PU, Tresolini CP, Harward DH, Davis WA. Pharmacy student participation in an interdisciplinary case conference. *Am J Pharm Educ.* 2003;67(2):Article 45.
7. Given B, Simmons S. The interdisciplinary health-care team: fact or fiction? *Nurs Forum.* 1977;16(2):165-184.
8. Allen DD, Penn MA, Nora LM. Interdisciplinary healthcare education: fact or fiction? *Am J Pharm Educ.* 2006;70(2):Article 39.
9. Prosser TR, Burke JM, Hobson EH. Teaching pharmacy students to write in the medical record. *Am J Pharm Educ.* 1997;61(2): 136-140.
10. Remington TL, Foulk MA, Williams BC. Evaluation of evidence for interprofessional education. *Am J Pharm Educ.* 2006;70(3): Article 66.
11. Marken PA, Zimmerman C, Kennedy C, Schremmer R, Smith KV. Human simulators and standardized Patients to teach difficult conversations to interprofessional health care teams. *Am J Pharm Educ.* 2010;74(7):Article 120.