

THE DEPARTMENT OF THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY

C. B. JORDAN—CHAIRMAN OF EXECUTIVE COMMITTEE, A. A. C. P., EDITOR OF THIS
DEPARTMENT.

The papers presented before the Teachers' Conferences of the American Association of Colleges of Pharmacy find their way into this Section of the JOURNAL A. PH. A. because we believe better circulation will be given them than would be the case if they were only printed in the Proceedings of the Association. The following paper on "Prescription Consciousness," by Dean P. H. Dirstine, of Washington State College, emphasizes the facts brought out by my address which appeared in the November issue of this Section. There is no doubt about the separation of professional and commercial pharmacy in our larger cities and, if we can teach our students "prescription consciousness" as suggested in this paper by Dean Dirstine, we will assist in this movement.—C. B. JORDAN, *Editor*.

PRESCRIPTION CONSCIOUSNESS.

BY P. H. DIRSTINE.

Sometime ago your chairman requested me to present a short paper on, "Creating a Prescription Consciousness." I made the mistake of letting him know two years ago that I had worked in a prescription store in a good prescription city, and he has made that the excuse of asking for this paper. I have assumed from his request, and the character of the members gathered here that he had in mind the creation of this consciousness in the minds of the students, but my discussion will cover a somewhat wider field than that.

There are some students who will, by virtue of previous training or experience, never develop a prescription consciousness. They have heard from the proprietor or clerk with whom they have been associated previous to entering college, that this so-called sanctum, commonly called the Prescription Room, is a losing game. It doesn't pay overhead, it contains a great deal of dead stock. The proprietor would rather not have any prescription business at all, he hates the prescription business any way, and wishes he could kick the whole department out into the street. He confidentially tells the boy that the only reason he has is because it makes the place appear like a drug store. In a great many places this condition is only too true. But why? That is the question.

The young man or woman trained for some time in such a drug store (so-called), is prejudiced against the prescription side of the business, before he or she enters college. The attitude of this individual is that of the true merchandiser, although this individual may or may not have the slightest idea of real merchandising. The individual entering college with this background would rather be selling a 50 cent tooth paste for 37 cents, or a package of razor blades for 36 cents, than spending five minutes filling a prescription on which a profit of from 50 to 80% may be made.

The vision of the late Professor Kraemer relative to the development of two types of drug stores is rapidly becoming true, especially in the cities of the West.

There is a development of two distinct types of pharmacists, not so much in college, although it begins in college, as in the practical field, one or two years after graduation from college. I am one of those who believes that the student in a college of pharmacy should in most cases be required to take a nearly set course of required pharmacy subjects, with a liberal number of elective courses. These

elective courses should cover a rather wide field to fill special requirements and desires. If this is to be the program for the average student, then the training required to give or create a prescription consciousness must be the same for all except, perhaps, additional electives related to prescription practice.

In creating this prescription consciousness and in placing the prescription end of the business in its proper perspective with the young student, I think the greater factor is an appeal to the human emotion, personal pride. Even to-day, with all of its commercial aspects, Pharmacy is looked up to by the layman as well as by those in other professions, as being a calling, demanding more than the average training and the exercise of average care and ability. The pharmacist is daily brought into contact with the physician and the better elements of society. It is easy to capitalize this contact with the professional classes, to the end that the young pharmacist may be taught to look upon his college work with an increased degree of professional pride. Practically the only side of professional pharmacy to-day is that carried on in the prescription room, whatever that may mean. In some stores, with practically no prescription business, it is nearly devoid of meaning.

Professional pharmacy means a changed social contact in ordinary life, to a large degree; a changed business contact in the every-day life of the individual; a professional pride entirely lacking in many pharmacies, and a somewhat limited business scope, as well as added responsibilities and unquestionable integrity.

Now the question is: How may these factors be brought before the young student in a school of pharmacy? Perhaps, what I suggest will not meet the universal approval of this body. It is well that it doesn't; disagreement leads to progress. First of all, a well-rounded practical course in prescription work should be given in every college of pharmacy. It is highly desirable that the person giving this work be in constant touch with practical pharmacy in an up-to-date way. He should be an individual who is himself sold on the ideal of professional pharmacy and who has had more than average training in that line; in other words an individual, who by training and practical experience inspires confidence in his students. The methods used in presenting incompatibilities, explosive mixtures, in fact, the unexpected, is a means of holding the students' interest. The use of thousands of prescriptions for prescription reading, as a regular part of the course, the criticizing of these prescriptions from the standpoint of contents, dose, incompatibility, method of filling, the price and other features add interest to the work. I have found the projection lantern very helpful in practice reading at sight. It helps to determine which students can really read the prescriptions, and those who have a tendency to deceive, by saying they can read and understand when they do not. One of the greatest factors we have at the Washington State College—to create interest in prescription work and to make for efficiency—is our system of 50 telephones, used in transmitting prescriptions to the students. The value of this cannot be overestimated. A general statement of prescription pricing, return on investment, limited capital, clean work, better salary and neatness demanded of students also appeals to the student, and helps to prove to him that the professional pharmacy is not the ordinary drug store. All of the factors I have indicated above combine to aid in placing the prescription end of the pharmacy training in its proper relation to the whole. In other words it creates a pre-graduation prescription consciousness.

I have touched in a very brief and general way upon some methods of creating a

prescription consciousness in a student. Now I wish to say a few words relative to creating a prescription consciousness in two equally important groups, namely, the physician and the general public:

I may be wrong in my assumption, but I believe that there are more doctors to-day, take the country over, that are prescribing their own medicine and filling their own prescriptions, than ever before. If I am correctly informed this is especially true in the Middle West and East. I was recently told by a progressive downtown pharmacist of Chicago, that he knew several doctors who had more prescription stock than he carried in his drug store, and that they were dispensing all of their own medicine. This is an unhealthy situation for pharmacy. Of course, I am not blind to the fact that this has to some extent always been true. It is especially dangerous at this stage, due to the fact that we have to-day a large percentage of doctors who do not think deeply and would hardly recognize the meaning of the letters, U. S. P. or N. F. if they saw them. With the large number of prepared products put out to-day, for physicians' use and sold by some firms directly to the doctor at a price as cheap as to the drug trade, it is only natural that the doctors who have a hard time to make ends meet when they first begin their practice should turn to this additional source of revenue to boost their net income. Once a doctor is engaged in this practice it is difficult to break the custom. I feel that we, as pharmacists, should discourage this direct sale to doctors by manufacturers, and also encourage in every way possible the proper attitude on the part of medical schools to the end that their graduates be encouraged in the art of writing prescriptions and are given a more intensive training in *Materia Medica* and *Pharmacology*. I would say that there is a lack of ability on the part of medical college training in this field.

During the past twelve years the writer has had the privilege of working during vacation periods in Spokane, Washington, and firmly believes that this city is the most "prescription conscious" of any city of its size in America. It has a population of 120,000 and has five exclusive prescription stores, doing approximately 75 per cent of the entire prescription business of the city. These stores are as fine as any in this country and it has been interesting to watch this prescription consciousness grow. The doctors are prescription-minded and with direct telephone connection to these stores, they never think of filling their own prescriptions, because they get real service of a high professional type, and the general public has developed a prescription consciousness, which places these professional ethical drug firms in a class by themselves. What has been accomplished in Spokane can and is being accomplished in other cities of the West. This can be done in the Middle West and East, but it will not take place over night, as it takes intelligent effort and hard work and plenty of it, but it looks to me to be the salvation for the individual who wishes to perpetuate pharmacy and its traditions, and maintain the prestige and professional atmosphere which the calling deserves. The building up of a business of this character and the developing of a prescription consciousness on the part of your physician and general public is a promotion in itself. To go into any of its many details, its lines of service, etc., would be out of place here. I hope this has at least given someone a determination to go home and aid in some way to promote professional pharmacy in his community. It is difficult to maintain a professional, exclusive prescription store in a city of less than 35,000, but our larger cities might well have more high-type stores of this kind.