

THE DEPARTMENT OF THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY

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DEPARTMENT.

Editor's Note: With the placing of pharmacy upon a collegiate basis the pharmacist is in position to meet professional men on their own ground. Pharmacy and medicine must work hand in hand if the public health is to be conserved, and such coöperation cannot be secured or maintained unless the pharmacist is willing to meet the physician on a professional basis and discuss their mutual problems. In fact, it seems to me that it is incumbent upon the pharmacist to cultivate the acquaintance of the physicians whose prescriptions he is compounding, and to discuss with them any difficulty involved. The following paper by Dr. L. Wait Rising contains good ideas on how to teach students to approach physicians. If the student has the proper professional attitude, the proper cultural background, the necessary self-confidence, and the natural desire to coöperate with his physicians, it would seem, at least to your Editor, that he would be able to make the proper approach without being taught any special methods. I agree with Professor Rising that every student should be thoroughly awake to the importance of this professional contact and coöperation.—C. B. JORDAN, *Editor*.

TEACHING STUDENTS HOW TO APPROACH PHYSICIANS.

BY L. WAIT RISING.

Pharmacy is to-day making its greatest bid for the friendship and coöperation of the medical profession. Better professional relationships between the two callings are being stressed with increasing vigor.

The colleges of pharmacy are turned to as organizations which should have a large part in this movement. Their task is primarily to equip the men responsible for these improved relationships, not only with a thorough knowledge of pharmacy but with an understanding of the personal equation problems incident to the interlocking of the two professions. It is not enough that our schools should graduate men and women who, to use a not too elegant expression, "know their pharmacy." The mere possession of fundamental pharmaceutical knowledges does not grant any special ability to use that information advantageously in contacts with medical men. Since these contacts are keystones in the structure of improved relationships, the value of any effort made by the colleges to aid in unlocking this knowledge and making easier its expression is obvious. It is just as necessary and essential to train men in the verbal expression of their skill as it is to develop dexterity in the laboratory. A few students have been blessed by nature with the faculty of logical exposition, so that after acquiring a thorough knowledge of their field they need no training in oral expression or human relations to enable them to tactfully and intelligently contact medical colleagues. But the mass of students stand in need of at least some direction in the art of making the right sort of professional contacts.

Our colleges must not fail in their increased responsibility to the profession by neglecting this added phase of instruction at a time when it is most needed. That they have not measured up in the past is evidenced by the fact that when it becomes necessary for the druggist to call a physician about an error in a prescription, he all too frequently makes a hasty grab for the telephone and shouts into the doctor's ear, "You made a mistake in Mrs. Brown's prescription. What shall I do about it?" Or when he resolves to do some detailing he finds on entering the physician's

office that he does not know how to say what is on his mind. The result is a lame and somewhat stereotyped "Doctor, we specialize in prescriptions. Only the best ingredients are used. We will call for prescriptions and deliver medicines promptly. Come down and look over our prescription department. Good-bye." These conversations are perhaps a trifle overdrawn, but they serve to illustrate the definite inability of the average pharmacist to express himself orally under certain circumstances. He feels this deficiency, loses confidence in his ability to cope with such situations and builds up an inferiority complex with respect to all medical men.

Some of our schools are making determined efforts to instruct the student in the art of verbal professional relations with the hope of eradicating this condition, but the movement is not sufficiently widespread to do a great amount of good. It is the purpose of this paper, therefore, to once again call attention to this lack of ability on the part of our pharmacists and to the concomitant lack of initiative on the part of the schools of pharmacy in remedying the condition.

Let us consider what might be done by the colleges to make telephone conversations a normal part of pharmaceutical technique. They should be studied just as are any other subjects with which the student is not familiar. The professor of dispensing pharmacy should handle this work and he might well begin it with a detailed analysis of professional calls. By so doing he could satisfactorily impress his students with certain salient facts about this type of contact which, if thoroughly comprehended, would go a long way toward preventing misunderstandings between physicians and pharmacists.

Let the analysis start with a consideration of the reason for the call. The student probably already knows that in the majority of cases where the pharmacist finds it necessary to call a physician, the reason centers in that physician's prescription. What he probably does not know, or at least does not fully realize, is that this call is basically a criticism of the physician, and further that, no matter how merited, unless diplomatically and tactfully stated it will not be pleasantly received. If the approach is wrong, the writer of the prescription infers that he is somehow being placed on the defensive, and he immediately rises to the occasion with a typical defensive mental attitude, a sort of "I'll show you who is right" feeling. Considerable palliative explanation then becomes necessary if the conversation is to accomplish the desired result.

The professor can well point out here the serious consequences frequently resulting from a few colloquies bungled for this reason. After a conversation has taken the trend indicated above, the physician's response is often such as to make the pharmacist feel that he is the one who is in the wrong and that he is unjustly being made the target for caustic comment. Therefore many pharmacists prefer to guess at the intent of the prescriber or to alter the prescription in a fashion far beyond their authority rather than run the risk of another unpleasant encounter with the doctor. Such procedure is manifestly unfair to the patient and the physician, and is a very poor advertisement for pharmacy. The student is thus made aware through this method of approach that each occasion for calling a physician regarding a prescription is usually a necessary criticism, that unless properly introduced the criticism antagonizes, and that this antagonism frequently results in subsequent unethical handling of prescriptions.

Now is the time to stress a revision of the proverb, "A soft answer turneth away wrath," which changed might read, "A soft suggestion bringeth ready acquiescence." In other words, a nicely turned, discriminating opening of the conversation will avoid all misunderstandings, will put the doctor in a receptive frame of mind, and will pave the way for a mutually agreeable conclusion to the affair.

One of the major contributors to this satisfactory opening is a complete understanding of the point or points of difficulty in the prescription. The vital necessity of being thoroughly sure of his ground before making any attempt to call the physician should be explained to the student. There are certainly enough parallels that can be drawn from the daily recitation problems of a student to quickly convince him that knowledge brings confidence and confidence brings ease of mind with its consequent sureness of expression.

In order to satisfactorily develop the opening statements and to facilitate the planning of the subsequent technical portion of the conversation, the student should be taught to ask himself the following questions. All difficulties as far as an intelligent, well-spoken explanation of the topic of conversation is concerned normally will have vanished as the direct result.

The first question is: Precisely why is it necessary to call the doctor? This gets the difficulty so clearly fixed in the mind that explaining it becomes easy. The diagnosis made, a treatment is indicated; hence Question two: What means are available for remedying the condition? The answer to this question not only sets forth the possible solutions of the difficulty but should also suggest which will be the most suitable. Question three: Are the reasons for the suggestions to be made to the doctor valid, and can they be stated in a few words? The first part of Question three is a check on those who are prone to jump at conclusions. Such people need something that will make them pause and reflect. Many times what seems to be the obvious chemical or physical trouble in a prescription is in nowise responsible. An examination into the validity of the arguments would avoid such error in judgment. The last half of Question three is to prevent rambling after the conversation has begun. For obvious reasons, the physician appreciates a simple, concise statement of the difficulty and its solution. Question four: Precisely what is the opening statement to be? This is perhaps where the greatest amount of tact is required, for the opening statement creates the first impression. The value of that impression in gaining the respect and the willing coöperation of the physician has already been seen.

Basically the same preparation is required for personal visitation work or other types of physician-pharmacist conversations in which the latter is endeavoring to enlist the aid and coöperation of the former. The questions suggested point always to the fundamental structure of any interview of a professional nature. They focus the proper attention on the objective, the building up of the case, and the fashion in which it will be executed. The result is a well-planned interview, a rarity to-day. Physicians cannot help reacting favorably to this new thoughtfulness on the part of the pharmacist. Surely this reaction will indicate that the colleges are more than ever living up to their obligations to pharmacy.
