

Clinical Rotations at a Historically Black College: A Vital Component

Adrian Goram

SUMMARY. Pharmacy students graduating from one of the four Historically Black Colleges and Universities (HBCUs) that offers a degree in pharmacy receive an invaluable education not only in pharmacy, but a heightened cultural awareness necessary for a profession within an ethnocentric society. The clinical rotation plays a pivotal role in the pharmacy curriculum. Unlike any other rotation, it actively integrates the didactic skills in an applied clinical setting, as evaluated by the preceptor who also serves as teacher. The role model concept is extremely vital at an HBCU as well as the clinical setting because it is appreciated by all students.

Other important concerns addressed include the issues of recruitment and retention of minority faculty, the misconceptions of HBCUs and the strengths of the clinical rotation as they relate to the needs of the students from the perspective of a new minority faculty member.

As a novice pharmacy faculty member at a Historically Black College or University (HBCU), one of the most rewarding experiences for me is the baccalaureate and commencement ceremonies for our graduating pharmacy students. As a recent graduate from an HBCU, I share their enthusiasm and sense of accomplished goals. More importantly, I see the evolution of many from frustrated, motivatively starved students to confident neophytes with competent pharmacy skills who are eagerly awaiting to start their pharmaceutical career. I feel good about this transition primarily because of my contributions to their education as teacher, counselor, advisor and lastly, preceptor of a clinical rotation.

Adrian Goram, Pharm.D., is Assistant Professor of Clinical Pharmacy at the Xavier University of Louisiana College of Pharmacy, New Orleans, LA 70125.

The clinical rotation experience represents an important component of the last phase of pharmacy education. All of the 74 accredited colleges/universities offer various lengths of exposure of the clinical pharmacy rotation in their curriculum. Of this number, four pharmacy schools are located on predominantly HBCUs: Howard University, Florida A&M University, Texas Southern University and Xavier University of Louisiana.

In addition to the high quality of education at an HBCU, a firm foundation is provided for ALL students in a nurturing environment enriched with Black heritage and tradition and mentored by a culturally diverse faculty that prepare students for a potentially rewarding profession within an ethnocentric society (1). These principles are well aligned with the philosophies of pharmacy education. This is presumably beneficial because a sense of awareness is instilled about racism and discrimination with which many students will inevitably be confronted. The clinical rotation is designed for the students to integrate actively and improve their knowledge base acquired from the didactic portion of the curriculum while exposed in a clinically academic setting. This article is a commentary on the educational mission of HBCUs, the misconceptions and strengths of the clinical rotation as well as the future expectations of pharmacy education at an HBCU from a new clinical faculty member.

THE ROLE OF HBCUs

There are 117 HBCUs in this country. Of this number, 41 private schools exist under the United Negro College Fund, UNCF (1). As previously stated, four of the 74 accredited pharmacy schools are located at HBCUs. However, Xavier University of Louisiana is the nation's only Catholic HBCU affiliated with UNCF (2).

It is not just the religious background that makes Xavier unique, but the traditional commitment by the administration and faculty to harbor a smaller and more supportive environment that is conducive to the whole educational process for the student (1,2). An example of Xavier's successful strategy of education has been demonstrated with their high percentage of students graduating with math and science degrees, including many who later matriculated to medical and dental schools. This success has been recently documented in the national media (3,4). The College of Pharmacy at Xavier began in 1928 and continues the University's proud educational heritage by graduating 25 percent of all Black pharmacists nationwide (5).

Unlike the traditionally white institutions (TWIs) that heavily recruit scholarly or athletic black students for "window dressing" or token purposes, HBCUs have a genuine interest in graduating black students who are considered by many to be educationally compromised or disadvantaged (1). Frequent episodes of racism at white campuses is a factor that has contributed to the recent rise in enrollment at HBCUs (1). It is not the intention of these institutions to temporarily shelter any student from racism, but merely to function as a support mechanism both socially and academically against the backdrop of the devastating impact of racism (1,6). Another factor in the increased enrollment may be the reduction in federal budget dollars that subsidized college tuition cost (2). At most HBCUs, the necessary strides are made to educate students who may be considered as high risk without jeopardizing the standards (1). This is achieved through intensive teacher-student contact, demonstrated in a much smaller ratio, when compared to that of larger institutions (1,2).

There is an apparent rise in white student enrollment at HBCUs. Contrary to popular belief about this influx occurring overnight, it developed gradually within the past 20 years (6). While many fear the shift in the racial mix will dilute or virtually eliminate the heritage of HBCUs, others aggressively recruit white students at HBCUs (6,7). These educators view this racial mix as an opportunity to destroy misconceptions that regard HBCUs as inferior institutions. Furthermore, it fosters improved communications and respect among all races without compromising the identity and mission of HBCUs (7).

THE STRENGTHS OF THE CLINICAL ROTATION

Mixed feelings are expressed by students once they matriculate to rotations. On the brighter side, students are eligible to graduate once they have completed their hourly requirements on rotations which include exposures to hospital, retail and clinical practice settings. Some students may perceive a rotation as a peaceful transition from the grueling class work. As a result, some students may expect preceptors to be lenient. There are other students who view their time spent on other rotations as inexpensive labor, with very little professional activities encountered. For the conscientious student, a rotation of this kind is nonproductive and more emphasis is placed on the time remaining, rather than the activities performed.

On the clinical rotation, students expect to be challenged, mainly be-

cause their preceptors also have been their teachers in clinical didactic courses. Although the clinical faculty may have an idea of the student's performance in the classroom, it may not be directly related to their knowledge skills and hence, their performance on rotations. One of the advantages of the clinical rotation is the small, tutor-intensive . . . approach that develops a higher order thinking necessary in pharmacy practice. This philosophy is paralleled with the mission of HBCUs. One of the methods employed by our clinical faculty is the enhancement of the student's metacognitive processes, as described by Presseison (8). This involves the self-motivation of students to become aware of their learning deficiencies or improve their aptitude as they achieve more autonomy (8).

Another advantage of the clinical rotation is that of observing role models in action. Students appreciate their pharmacy education through the mentorship of the preceptor. Daily clinical activities such as professional duties to medical personnel, require an assertiveness on the pharmacist's part. From past discussions with my clinical colleagues, emphasis has always been placed on the quality of education by the faculty. Students may not be completely color blind, but it is the impression of my colleagues that all students judge minority faculty members by their character and credibility instead of their skin color. It is also my belief that my colleagues show no racial preference to any pharmacy students.

Clinical preceptors also illustrate career options for students. My area of expertise is hematology-oncology. Other areas offered at Xavier include cardiovascular, psychiatry, infectious diseases, pediatrics, geriatrics and ambulatory care. These choices represent diversity within the clinical arena. The ultimate outcome the students should observe is improved patient care with clinical pharmacy intervention. As students participate in these day-to-day activities, it leaves a respectable impression.

It is disturbing to me when pharmacy students have doubts about the profession before their careers start. Therefore, the faculty must seize the opportunity to groom students to consider academia as a potential career path. With the continuing shortage of pharmacists in the nation, students should realize they are in a unique position to harness the satisfaction of pharmacy practice by becoming more patient oriented through counseling and consultation (9). Students also see firsthand the various opportunities in clinical pharmacy.

In short, not only do students develop clinical skills, they begin to appreciate their pharmacy education through the preparational guidance of the preceptor. It is indeed rewarding to know that our curriculum is at least comparable or superior to other pharmacy schools. The experience during the clinical rotation could be a factor that makes students aware and appreciate their pharmacy education from an HBCU retrospectively.

RECRUITMENT/RETENTION OF CLINICAL PHARMACY FACULTY

By the year 2000, more than half a million faculty positions will be available on campuses across the country (10). As senior faculty members retire, it is becoming increasingly difficult for college administrators to replace them (11). Pharmacy faculties are by no means immune to this shortage. Current demographics of the 74 accredited colleges and schools of pharmacy show that only 4.2% of the faculty are Black Americans (12). Surely, a statistic of this kind supports the need to aggressively recruit and retain more black faculty in our pharmacy schools, especially among our HBCUs.

In an article appearing in the *American Journal of Pharmaceutical Education*, Engle describes the female as the new faculty member of the future (13). Albeit true, the issues such as factors that may impede promotion and tenure described in her article could also be applied to the concerns of minority faculty, regardless of gender at an HBCU. As the college age population of students (18-24 years) continues to rise above 25 million by the year 2000, so will the proportionate number of blacks and other minority students. Since many faculty positions are dependent upon student enrollment, the demand for minority faculty is clearly evident (11). While emphasis is and continues to be placed on the recruiting of African-American students at HBCUs, they require the presence of eligible minority faculty as role models to see that an academic career is viable (1,10).

Retention is just as important as recruitment. The factors that keep me in academia are student development and professional growth, as well as optimum patient care. Factors such as these fulfill my need for job satisfaction. Despite my satisfactory needs, these objectives may have different levels of priorities to that of the administrative or rank and tenure bodies. This creates a dilemma when one is evaluated for rank and tenure. This is not isolated just at my institution, but a common complaint registered by many of my clinical colleagues nationwide.

Eligibility for promotion encompasses the never ending art of juggling teaching, scholarly and community activities. Besides the enthusiasm, retention must consider the terms of morale, rewards and commitment. So many questions regarding these issues remain unanswered. This exists primarily because the hierarchy of college of pharmacy faculty do not fit the traditional mold in a liberal arts setting. According to Marcellus Grace, Ph.D. and Dean of Xavier's College of Pharmacy, the faculty growth enables us to be different, not special.

As we embark on the implementation of the all Pharm.D. curriculum,

the clinical faculty should be at the forefront as role models for not only students, but our associates as well. The clinical rotation plays a pivotal role in this objective. Moreover, faculty support between clinical and nonclinical personnel should be mutually complementary. As I climb the academic career ladder, I look forward to the support from all my colleagues.

CONCLUSION

Historically, HBCU students experience cultural diversity and begin to appreciate and respect the dignity of all mankind. Although, the clinical rotation is short, it is a major impact on pharmacy education. Additionally, the clinical arena has unlimited areas of growth for the student to consider. The skills the students develop on clinical rotation could be applied at various levels of pharmacy practice. As a graduate and a new clinical faculty member at an HBCU, I can personally appreciate the need for the recruitment and retention of minority faculty members. Without them, the impact of the role model concept is limited.

Nonclinical faculty members also need to understand the clinical faculty member's role in patient care. I suggest an annual day of observation by the basic science faculty. This could possibly explain why more time is spent at individual sites and less time spent on campus. Morale and satisfaction are issues directly related to our interest in the student's well-being and patient care. I also feel that my clinical colleagues would not sacrifice their salary potential in academia if they were not deeply concerned for the students and drug therapy affecting patient care. It is my perspective that racial preference is not the issue, but the quality of education is. It matters when the education comes from an HBCU.

In conclusion, my gratitude is sustained when I see former students gainfully employed in their chosen field of pharmacy, thanks to their invaluable education they received at an HBCU.

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