

The Roles We Have as Hospital Pharmacists

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The word “role” is defined as a “socially expected behaviour pattern usually determined by an individual’s status in a particular society”.¹ Roles and role statements are used to provide context and describe what is required in terms of duties and responsibilities. These statements help us to understand the knowledge and skills that are expected of the person performing the role. Collectively, role statements identify the unique contributions of an individual or group to an organization. The constellation of roles and role statements can also be used to communicate to internal and external stakeholders what they should expect from that individual or group. Furthermore, role statements can be used to establish an agreed set of expectations, to guide development of policies, and to assess performance.

Our primary role as pharmacists is to be the medication therapy experts in the health care system.^{2,4} Within this role, we are committed to patient care by ensuring the safe and effective use of medications.³ We may also have generic roles as educators, advocates, managers, mentors, collaborators, and scholars.^{2,4,6} The degree to which these additional roles are required for each of us will depend on our respective practice sites, experience, competencies, interests, and other factors. In this issue of the *Canadian Journal of Hospital Pharmacy (CJHP)*, 4 articles focus on examples of these additional roles.

In an Original Research study, LeBlanc and others⁷ focused on their role as educators to help colleagues learn to use laboratory monitoring effectively. As medication therapy experts, we pharmacists need to be able to use all of the resources available to us, including laboratory test results, to ensure optimal medication therapy for a patient. In addition, our profession is embracing the evolution to become more actively involved in medication decision-making, with many provinces now including the initiation (or prescription) of therapy within pharmacists’ scope of practice.⁸ Therefore, it is essential that we have access to current laboratory test results, as well as the authorization to order laboratory tests when required. It is encouraging that many provinces have or are actively pursuing policy to allow pharmacists to order and interpret laboratory results.⁸ Yet it is also important

to know how to use this tool properly—a learning need recognized by LeBlanc and others.⁷ In their article, these authors describe the development and pilot testing of an educational program to help pharmacists request medication-related laboratory tests appropriately and to use information from the tests when making medication therapy decisions.



In their article in the Innovations in Pharmacy Practice section, Stacey and others⁹ describe their role as advocates to help improve pharmacy practice in a Ugandan hospital. Pharmacists’ expertise in medication therapy should not be limited by international borders, especially when there are problems with access to essential medications. Indeed, important organizations, such as Pharmacists Without Borders—Canada (<http://psfcanada.org/>), have been established to help organize distribution networks and medication management strategies aimed at improving the health of the population in developing countries. In their article, Stacey and others⁹ describe how they used the International Pharmaceutical Federation’s 2008 Basel Statements on the future of hospital pharmacy¹⁰ as a template to help the management team and pharmacy staff of St Mary’s Lacor Hospital to achieve their vision for hospital pharmacy practice. These actions and achievements are a great example of how to promote the role of pharmacists in the development and implementation of health procedures and policies.⁴

Finally, the Point Counterpoint debate in this issue explores the role of hospital pharmacy managers, addressing in particular the question of whether they should maintain a clinical practice.^{11,12} Interestingly, our counterpart to the south—the American Society of Health-System Pharmacists (ASHP)—recently updated its statement on the role and responsibilities of

the pharmacy executive in hospitals and health systems.⁶ In its statement, the ASHP recognizes the importance of positioning the pharmacy executive appropriately within the organization to ensure effective utilization of the person's expertise in decisions related to medication management. The ASHP statement describes various qualifications (such as additional training in business administration) and responsibilities (including strategic planning, overview of the medication management system, management of department operations and human resources, and assurance of quality outcomes). Although the statement also notes that the pharmacy executive should have in-depth knowledge of clinical therapeutics, it provides no specific guidance on maintaining a clinical practice. The authors of the Pro and Con sides of the debate in this issue of the *CJHP* raise important points to consider,^{11,12} and I encourage you to read both arguments and discuss this topic with your colleagues.

The foregoing are just a few of the many roles and responsibilities that we have as pharmacists. Along with these roles in our professional lives, it is important to also acknowledge the many roles we have in our personal lives with family and friends. As we move forward in this New Year, we should pause and reflect on our personal and professional roles, because they define who we are and what others expect from us.

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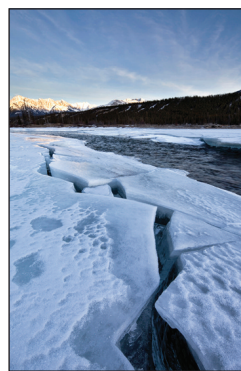
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ON THE FRONT COVER



Whirlpool Point, Kootney Plains, Alberta

Whirlpool Point is a little offshoot of the North Saskatchewan River just west of Abraham Lake in west central Alberta. Here, the river splits into multiple streams and byways, forming numerous pools and mini-torrents of rushing water—even in winter. Footing can be a little precarious, and the rushing water under the ice can result in

sudden and dramatic cracking of the ice surface. This photograph was taken on February 13, 2010, by Jim Dobie, husband of CSHP member Terri Schindel. The photographer used a Canon EOS 5D Mark II camera and Canon 17-mm TSE lens (f/11, shutter speed 1/25 second). The original RAW file was edited in Adobe Lightroom with final adjustments made in Adobe Photoshop.

The *CJHP* would be pleased to consider photographs featuring Canadian scenery taken by CSHP members for use on the front cover of the Journal. If you would like to submit a photograph, please send an electronic copy (minimum resolution 300 dpi) to publications@cshp.ca.