

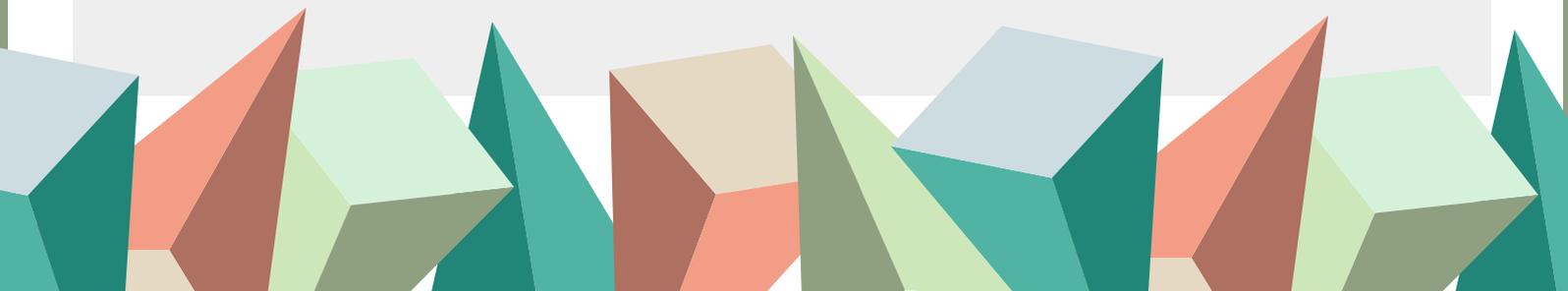
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The modern recommendations and standards for the education of health professionals mean that appropriate study programs must be in line with the specific needs of the health system and assessed to the extent they ensure the fulfillment of these needs (World Health Organization, 2013). Instead of the previous requirement to clearly show social responsibility through study programs and plans, as well as learning outcomes, the requirement for study programs to show an appropriate degree of social accountability is required which ensures that society can count on competent health professionals who will take care of the health of the community. This change in terminology aims to emphasize that it is not enough to undertake appropriate activities in order to focus educational and scientific research on addressing the priority health needs of a particular society, but it is necessary to go a step further and show that higher education institutions cooperate with health institutions, regulatory bodies and the public so that there is a positive impact on public health and well-being of individuals (Boelen et al., 2012).

The International Pharmaceutical Federation (FIP) is implementing intensive activities dedicated to the development of pharmacist education based on clearly defined competencies as learning outcomes. An appropriate action plan advocates a needs-based strategy, in which "pharmacist education is socially accountable", where science and practice are evidence-based, and pharmacists in practice have the competencies needed to serve society in accordance with their needs (International Pharmaceutical Federation (FIP), 2014). In order to achieve these high goals, additional research needs to be carried out and provide guidelines for the following priority areas: 1) development and assessment of competences, 2) social 'accountability', 3) quality assurance in higher education, 4) labor and labor market 5) inter-professional education, 6) development of teaching staff, 7) leadership, 8) provision of technical personnel, and 9) continuous professional development. The concept of social 'accountability' in the domain of education was developed as a counterpart concept of corporate social responsibility. In the context of education, social 'accountability' means that the needs of the society are foreseen in advance, that the institutional goals are defined from the aspect of the social environment, that the curriculum includes the context within which the acquired knowledge will be applied, that after acquiring the diploma students are not only competent experts, but also the bearers of change, that evaluation is directed not only to the process and outcomes, but above all to the impact that is achieved and that health institutions and other healthcare providers are those who assess the achieved level of social 'accountability'.

Such expectations are in line with the social changes brought about by globalization, as well as the transition from the industrial age to the age of knowledge. Globalization has brought many social and economic changes with a marked



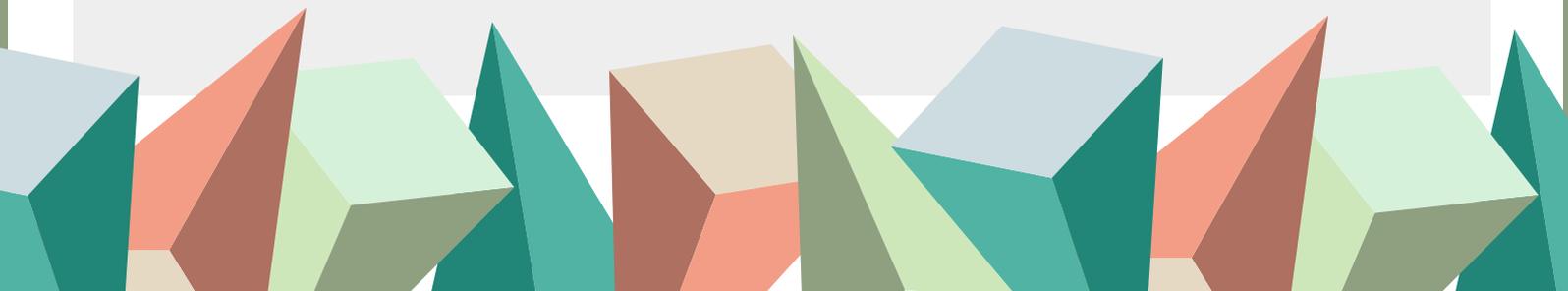
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increase in social problems that primarily relate to social inequality in the right to work, health and education. Therefore, changes in the education of pharmacists as health professionals must be viewed through the conceptual framework of changes in the health system that the patient has in focus. The health system reforms that have been implemented over the past two decades aim to improve the health of the population by applying the concept of socio-economic sustainability and the 'holistic' approach to the notion of value in health, which economists have expressed as a ratio of achieved health outcomes and invested resources. Recommendations for health system reforms in the United States are based on several basic principles, among which it is emphasized: making decisions based on available evidence, free flow of information and knowledge, and cooperation between health professionals in an effort to balance the economic development of a society in which expressed social inequality is present and insufficient availability of basic health care (America IoMCoQoHCi, 2001).

Health systems in Canada, Australia and the countries of Europe have traditionally been established on the principles of social justice and wide availability. The current changes involve the focus on the sustainability of health systems that are under pressure from the users' expectations. In medium-developed and low-developed countries, changes in health systems are in direct relation with the reforms of societies that are subject to limited economic resources, modest structural capacities and specific socio-demographic and socio-cultural challenges (availability of water, food, education, the impact of natural disasters) 10). Modern health system reforms are also aimed at achieving more effective health care and reducing patient safety risks (Tabish & Syed, 2015). This is clearly reflected through the change of the principles expressed by the new term "responsible use of drugs", instead of the so-called "rational use of drugs" (Kohn et al., 2000). The 'new concept of health care' implies that the activities, capabilities and existing resources of the healthcare system coalesce so as to ensure that the patient receives the right medicine at the right time, appropriately and with the maximum benefit (i.e., "benefit from them"). In developed societies, the health care model is shifted from a disease-focused approach (in which doctors make decisions about therapy mainly based on clinical experience and clinical guidelines / guidelines for specific illnesses), towards a patient-centered care approach) where patients are in focus and become active participants who have relevant information and make decisions about the course and method of their treatment.

The current demands go a step further, and seek to apply a holistic approach to health care directed to a particular patient through the consideration of the specificity and uniqueness of the personality of each individual patient. There is general consensus that current education reform of health professionals should be

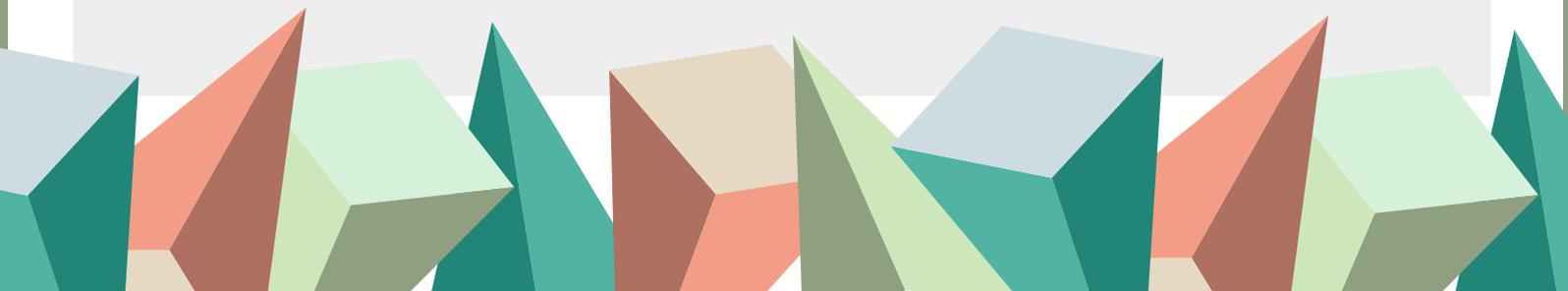


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systemic based, leading to improved performance of the health system through the definition of essential professional competencies in an appropriate context based on comprehensive knowledge (Frenk et al., 2010).

This third generation of education reform of health professionals was preceded by two: the first generation of reforms that focused on the development of a curriculum based on scientific knowledge ("what to teach?") And the second generation of reforms, which aimed to introduce innovative methods of teaching based on problem solving ("how to learn?"). Frenk et al. (2010) state that in most countries and higher education institutions there is an approach that involves the implementation of the first and second generation of reforms, with many institutions in the phase of introducing the second generation of reforms (teaching methods especially supported by the development of new information and communication technologies) the institutions that are already implementing the third generation of reforms are still rare. The World Health Organization (WHO) has defined and published recommendations for changes in the education of health professionals, which take into account the different degrees of development of the health system and the education system. These recommendations clearly indicate that it is necessary to achieve better inter-sectoral cooperation between the education and health sector, as well as strengthening the institutions that regulate these activities, i.e., adopt standards and criteria for the regulation of education and practice of health professionals. It is also clearly pointed out that in order to achieve adequate expertise and social responsibility of graduates, necessary changes in educational institutions are needed in terms of continuous improvement of teaching staff, application of innovative teaching methods, and harmonization of the curriculum with specific needs in health care and approximation to real practice in the specific health system. Intensive changes in pharmaceutical practice are also reflected in the education of pharmacists. The main characteristic of these changes is the shift of the focus from the drug to the patient, making the reforms of the pharmacy studies more demanding than the changes in the education of doctors and other health professionals. Research and analysis of needs and changes in the education of pharmacists is very intensive in all parts of the world (developed, medium and low level), as evidenced by the significant increase in the number of educational institutions that implement the study program Pharmacy, as well as the number of journals, scientific publications and books dedicated to this topic. Thus, in addition to the prestigious magazine American Journal of Pharmaceutical Education, which has been published since 1937, several newer ones have been established, such as Pharmacy Education (since 2001), International Journal of Pharmacy Education (since 2003), Currents in Pharmacy Teaching and Learning (since 2009), while certain journals deal with the subject of education of pharmacists in the context of other social and behavioral aspects (Indian Journal of Pharmaceutical Education and



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Research (published in 1967) and Research in Social and Administrative Pharmacy (published by The necessary knowledge in the education of pharmacists is changing so as to provide answers to the growing demands related to rapid progress in the field of biomedical science, the growing demands of highly regulated professions and the growing need of the healthcare system.

This applies both to the specific, national environment and wider, regionally and globally, and is the basis for the international mobility of health professionals. The emphasis is placed on the development of critical thinking, ability to solve problems, communication skills, digital literacy, teamwork and a positive attitude towards learning throughout their lives. Although these are skills and abilities that largely depend on personality characteristics, pharmacy studies are expected to contribute to their improvement. The modern study program of pharmacy includes appropriate content that will enable students to gain an integrated insight and a broader perspective on safe and responsible use of drugs including appropriate legal, ethical, economic, political, social, psychological and communication aspects. These contents are commonly referred to as a special discipline, social pharmacy, which integrates elements of basic, clinical and social sciences and becomes an integral part of the integrated curriculum of pharmacy. The key paradigms for change and improvement of pharmacist education are recognized: (i) an integrated interdisciplinary curriculum based on clearly defined competencies; (ii) commitment to the health needs of the society; (iii) the application of active learning methods, including clinical practice and inter-professionals teaching activities, and (iv) continuous improvement of pedagogical competencies of teaching staff, which is the driver of innovation in education. In September 2014, the International Pharmaceutical Federation (FIP) published a "General Framework for the Quality of Pharmacist Education" (Hassali et al., 2011). This document highlights the connection between the needs of the society, the appropriate services, competencies and education necessary for acquiring competences. In accordance with the above, it is necessary for competent regulatory bodies to adopt regulations defining appropriate personal and professional competencies of pharmacists depending on the area of professional practice and the level of professional experience (from beginner to expert). New professional pharmacist challenges in providing rational pharmacotherapy and taking responsibility for treatment outcomes require a continuous upgrade of already existing knowledge acquired through higher education and the continuous improvement of both general and specific competences. Learning based on experience in a real working environment is an irreplaceable part of pharmacy education.

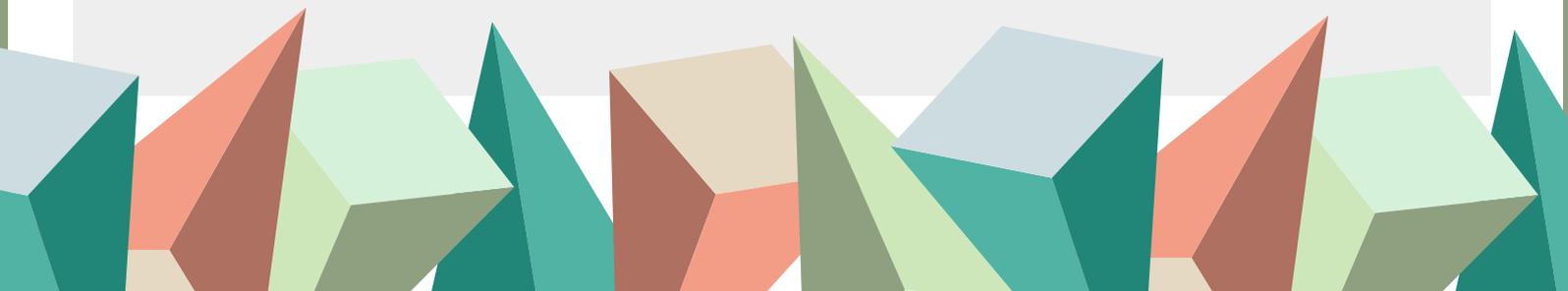
Learning based on experience gives students the opportunity to be involved in real professional activities with real consequences, in an environment that provides enough learning opportunities and with the supervision, support and assessment of progression by a qualified mentor in practice.



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In this way, it is possible to achieve previously defined competences as learning outcomes, with better efficiency and higher level of quality assurance of the teaching process. Such a model also represents a significant contribution to the professional development of mentors from practice, improvement of professional practice as a whole, and thus to the improvement of patient health care. The assessment of competencies using appropriate instruments and models, in a real working environment and in direct contact with patients, is also a kind of active learning based on work experience. Ensuring the quality of the teaching process in a real working environment is based on a complex system involving students, faculties, as well as mentors from practice and the appropriate teaching base. In order for the system to function successfully, it is necessary to identify targeted learning outcomes specific to each teaching base, to meet the appropriate academic, professional and legal requirements and to clearly define the responsibilities, responsibilities and expectations of students, mentors in practice and faculties. In order to successfully prepare for work with students, mentors from practice should be prepared for the new role and challenges that come with it.

The second paradigm refers to the need to establish an effective collaborative practice in the delivery of health care for patients, which is a modern approach to WHO health care (Fletcher, 2005). This collaboration needs to be developed even during basic studies through the inter-professional education of health professionals within practical teaching in the teaching bases, as well as through joint courses and seminars of future doctors, pharmacists and nurses. Requirements and standards for inter-professional education are also included in the relevant accreditation standards in the US, as well as in the FIP guidelines for quality assurance of pharmacist education. It is expected that this approach will make it possible for future pharmacists, doctors and other health professionals to acquire the skills necessary for effective inter-professional collaborative practice.



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