STUDENT PROFESSIONALISM

THINK TANK

COLLEGE OF PHARMACY
The University of Tennessee Health Science Center
Memphis • Knoxville
In May, 2007, Dean Gourley announced the appointment of a College of Pharmacy “think tank” group to study the issue of student professionalism. Members of this group included the following:

Max D. Ray, PharmD (Chair)  
Todd Bess, PharmD  
Lawrence Brown, PharmD, PhD  
Glen Farr, PharmD (ex officio)  
William Greene, PharmD  
Kirk Hevener, PharmD (graduate student)  
Karin Ingram (Staff)  
Kelley Lee, PharmD  
Josh Ogle (PharmD student)  
Stephanie J. Phelps, PharmD  
Melissa Smith, MS

There was discussion at the group’s first meeting regarding the use of the term “think tank” to describe itself. It was noted that think tank groups (particularly those that have national recognition) typically have an extended life, designed to study or analyze an issue over an extended period of time or on an on-going basis. Since our group was constituted as an ad hoc body, we felt some name other than a “think tank” group should be considered. We settled on the name “Working Group on Student Professionalism.”

CHARGE TO THE WORKING GROUP

Dean Gourley charged the think tank group with assessing the level of professionalism among the College of Pharmacy student pharmacist body and with developing a set of specific, implementable recommendations for improving the level of student professionalism. He further directed that the group’s findings be used as a basis for the 2008 Feurt Symposium.

BACKGROUND

In recent years the professions of pharmacy, medicine and nursing (among others) have all identified a need for improvement in the level of professional behavior of their respective members. Each profession has identified a need for curricular changes aimed at improving the professional attitudes and behaviors of students in their respective programs.

Based on feedback from preceptors and employers, and on the anecdotal experience of individual faculty members, there is reason to believe that these nationally-identified concerns apply in some measure to our own student body. This growing concern led the Dean to appoint a special “think tank” group to study the issue and develop recommendations for consideration by the faculty.
Prior to the Working Group’s first meeting a set of key articles (selected primarily from the pharmacy and medical literature) was identified and provided to each member. These papers provided a frame of reference for discussions at each of our meetings. Additional papers, identified by individual members of the Group, were included during the course of our six-month effort.

The Working Group met four times between July and December, 2007. Two of these meetings were 3 to 4 hours in duration, and the other two were one hour in length. In addition, the Chair met with individual members of the Group, or with subcommittees, on several occasions. All meetings were held in Memphis; teleconferencing technology was used to connect members based in Knoxville and Nashville to each meeting. E-mail communications allowed the Group to accomplish a number of specific tasks between scheduled meetings. It was agreed at the Group’s initial meeting that we would use an “S-T-P” quality improvement process (used in many non-academic organizations), where

\[
S = \text{current Situation (i.e., a description of “what’s wrong”)}
\]

\[
T = \text{Target (i.e., desired outcomes)}
\]

\[
P = \text{Process to achieve the desired outcomes (i.e., a roadmap to get from S to T)}
\]

Using a slight variation of this model, we first identified the desired outcomes (Target) and then studied the current situation. Opportunities for improvement were then identified, and finally a set of recommendations (a Process by which the desired outcomes could be achieved) was developed.

At the first meeting of the Group, each member was given an opportunity to share his/her personal experiences (both positive and negative) related to professional attitudes and behaviors of our student pharmacists. Each member was also encouraged to express personal perspectives and opinions regarding the level of professional behavior that should be expected of student pharmacists in a professional program. This exercise led to preliminary consensus on the following points:

- there is a need for improvement in the professional attitudes and behavior of a substantial minority of our student pharmacists
- some faculty members do not model the attitudes and behaviors that we expect of our student pharmacists
- more information is needed in order to quantify the scope of the problem of non-professional behavior (both among students and faculty members)
- a definition and a conceptual framework for “professionalism” will be needed to guide the Working Group’s thinking
- consultation by a recognized expert in the area of student professionalism should be considered
Based on this discussion, the following actions were taken:

- A subcommittee of Brown, Phelps and Ray met to design survey instruments to measure attitudes and perceptions of students, faculty members, preceptors, and staff regarding professionalism among each of these groups. (Input from the student pharmacist representative (Ogel) was solicited in the design of the survey questionnaires, but scheduling difficulties made it impossible for him to participate.)
- The surveys were subsequently administered using SurveyMonkey™. Results were used in developing final recommendations.
- Dr. Bruce Berger (Auburn University School of Pharmacy) was invited to serve as a consultant to the Working Group. (Dr. Berger is recognized nationally for his publications in the area of student professionalism and for the workshops on this topic that he has conducted at numerous national meetings).
- A conceptual framework for “professionalism” was drafted and reviewed at a subsequent meeting. (The draft was prepared by the Chair, with input from several individuals both from inside and outside the Working Group.)

At its second meeting the Working Group endorsed the conceptual framework for “professionalism” referred to above. This framework, which is described in more detail under Findings below, provided a link between professionalism (or professional behaviors) and the social obligations of professions. It was agreed, then, that professionalism encompasses all the attitudes, values, and behaviors necessary to fulfill a professional individual’s social covenant.

A subsequent meeting (September 19, 2007) was devoted entirely to a presentation by Dr. Bruce Berger and to follow-up discussion. Dr. Berger’s presentation contained a number of recommendations, which the Working Group subsequently incorporated directly into its final report. Earlier that same day, Dr. Berger gave a two-hour presentation to the first-year student pharmacists class on self-deception and the effect that self-deception has on our personal and professional lives.

The Group’s final meeting was devoted to a review of the findings from the surveys on professionalism. Recommendations based on the findings were identified.

Finally, a report was drafted based on the Working Group’s six-month study and deliberations, for review and approval by the entire Group.

**DEFINITIONS**

For the purpose of this activity we found it necessary to agree on definitions of the terms profession, professional, professionalism, and professionalization. The following definitions guided our thinking and deliberations:
A profession is a vocation that is characterized by the following:

- it is based on a theory of practice that identifies the societal goals on which the vocation is predicated
- it requires special knowledge and skills not possessed by individuals outside that vocation
- it is based on a social covenant and a professional code of ethics
- it upholds altruism; its members place clients’ needs ahead of their own desire for personal gain
- it is made up of individuals who possess autonomy for the conduct of their work
- it is represented by one or more national associations
- it is self-policing; it requires that individual members take action to protect society from potential harm by colleagues who are incompetent or impaired

The adjective professional refers to attitudes, values or behaviors that are required in order to fulfill the ideals of a profession as defined above. A professional individual is one who reflects, in deed and thought, the ideals embodied by the profession he or she represents. Professional can also be used as a noun to refer to an individual who reflects these ideals (for example, “She is a true professional.”)

Professionalism refers to the level of embodiment of requisite knowledge, skills, attitudes, values and behaviors in those who are members of a profession. Professionalism is reflected in behaviors that can be observed by others (by clients, by colleagues, or by at-large members of the public).

Professionalization is the process by which an individual entering a profession is oriented to and indoctrinated in the knowledge, skills, attitudes, values and behaviors expected of members of that profession. This process includes education, training, mentorship and peer evaluation, in addition to personal reflection and self-renewal.

Levels of professionalism

In its deliberations, the Working Group identified five levels of professionalism that are germane to pharmacy and which apply equally to pharmacists, pharmacy students, and pharmacy faculty members.

The most fundamental level is that which encompasses the core human values on which a civil society is predicated. These include honesty, integrity, compassion, moderation, and respect for the dignity of all persons.
The second level embraces those habits of mind and deed that extend beyond the standards that might be found acceptable in society at large, but which are expected of individuals in whom the public, or individual clients, place their trust. Characteristics included in this category are manners of dress, grooming, speech, etiquette, and other aspects of personal deportment. The public also expects that professional people will be logical and fair-minded in their thought process, well-educated in the humanities, and open to constructive criticism.

In the third level we include those attitudes, values and behaviors that are consistent with established hallmarks of a profession. These include mastery of the knowledge and skills required to conduct one’s profession; adherence to an established code of professional ethics; membership and active participation in professional associations; support of and adherence to all those rules, regulations and laws that govern the profession; ensuring that incompetent, unscrupulous or impaired colleagues are identified and referred to the appropriate authority; and a commitment to maintaining one’s competence through pursuit of lifelong professional learning and self-renewal.

The fourth level encompasses those traits (attitudes, values, behaviors) that are expected of those in the healing arts (the health professions). These do not have an exact parallel in other callings. These include respect for human life, compassion for and empathy with each individual patient, provision of personalized care (based on the patient’s unique clinical condition and personal wishes), providing comfort to patients and their families, and a mature view of death and dying.

There is a fifth level of professionalism that is specific to pharmacy. It is expected that pharmacists will be guided in their actions by an understanding of the following: the theoretical basis of pharmacy practice; the history, culture and traditions of the profession; the pharmacist’s code of ethics; the body of scientific and professional literature in pharmacy; the contributions of great men and women in the profession (pharmacy “heroes”); the position pharmacy occupies in the overall system of health care delivery; and the goals and aspirations of the profession (as embodied in key position papers of the pharmacy professional associations).

It is our view, then, that the topic of professionalism encompasses a much broader terrain than that typically addressed in a pharmacy curriculum. Inherent in the notion of professionalism is a formal process of professionalization—not simply the correction of inappropriate behaviors. It is this comprehensive process of professionalization that we feel the College of Pharmacy’s curriculum should address.

**FINDINGS**

*Scope of the problem: questionnaire on “professionalism”*

In order to better understand the scope of the problem, the Working Group administered questionnaires to students, faculty members, preceptors, and staff to measure attitudes and
perceptions of each of these groups regarding the level of professionalism within the College of Pharmacy. We summarize here the key findings from each these surveys.

**Student Survey Results**

1. The response rate was considerably lower than what we had hoped for (25% overall), and this needs to be borne in mind in considering the following results.
2. There were very few differences based on demographics (gender, age, prior experience, number of hours worked per week, family responsibility).
3. Although the results did not differ greatly from one academic year to another, there was some indication that students’ professional attitudes and orientation diminish as they progress through the program, rather than improve.
4. The survey did not identify any major problems, although a number of opportunities for improvement were noted. Students have a positive impression of the profession of pharmacy, they are proud of our faculty and preceptors, they are generally pleased with the level of professionalism exhibited by both the faculty and preceptors, and they are moderately satisfied with the level of professionalism of their classmates.
5. Opportunities for improvement:
   - 53% agreed with the statement, “My personal standards for professional behavior are higher than those of most of my classmates.”
   - 35% of the fourth-year students agreed with the statement, “Some of my preceptors seem to deliberately give me a lot of ‘busy’ work to do.”
   - 34% of respondents agreed with the statement, “I am often embarrassed by the behavior of other students.”
   - 27% agreed with the statement, “Some professors are routinely late for class.” The percent agreement varied considerably by academic year: 38% of the first-year respondents agreed; second-year 9%; third-year 40%, and fourth year 26% (presumably reflecting on their experience in years 1 through 3).
   - 25% disagreed with the statement, “My classmates very rarely engage in malicious gossip.”
   - 24% agreed with the statement, “Many students appear unwilling to accept personal responsibility for their actions.”
   - 23% agreed with the statement, “I am bothered by the way some of my classmates are dressed when they come to class.”

**Faculty Survey Results**

1. Responses were received from 78 full-time faculty members (97% response rate)
2. A few differences in response based on demographics were noted:
   - Faculty members 50 years of age or younger were much more concerned about the level of respect shown by students than those over 50.
   - Female faculty members indicated a much higher level of embarrassment by student behavior than male faculty members.
Faculty members in the Department of Pharmaceutical Sciences felt more strongly than Clinical Pharmacy faculty that students do not tend to accept personal responsibility for their actions.

There was a dramatic difference between Pharmaceutical Sciences faculty and Clinical Pharmacy faculty regarding the level of dishonesty (cheating) among students. Pharmaceutical Sciences faculty felt much more strongly that this is a common problem.

There was a noticeable difference among faculty, based on age, regarding the statement, “I have a low tolerance for cheating on exams.” 21% of faculty members 30 years of age or younger strongly disagreed with this statement. (The Working Group wonders if some faculty members in this age group simply misread the question.)

There were clear differences among faculty members based on age regarding their acceptance of the way their colleagues dress. Younger faculty members (30 years old and under) had the strongest level of agreement with the statement, “Members of the faculty set a good example for students in the way they dress”; those in the 31 to 50 age group had a lower level of agreement; and those over 50 had the highest level of disagreement.

3. No serious problems were detected based on the faculty questionnaire.

4. Opportunities for improvement:
   - 41% agreed that “Many students appear unwilling to accept personal responsibility for their actions.”
   - 40% agreed with the statement, “I am bothered by the way some students are dressed when they come to class.”
   - 25% of the faculty disagreed with the statement, “I am proud of the level of professionalism exhibited by our students.”
   - 23% of the faculty disagreed with the statement, “Students exhibit appropriate respect for the faculty.
   - 22% agreed with the statement, “Some professors are routinely late for class.”
   - 21% agreed with the statement, “I am often embarrassed by the behavior of our students.”
   - 19% agreed with the statement, “Some faculty members often speak negatively about the profession of pharmacy.”
   - 17% of the faculty overall agreed with the statement, “Dishonesty (cheating) is commonplace among students.” Among the Pharmaceutical Sciences faculty, 50% agreed with this statement.
**Preceptor Survey Results**

1. Responses were received from 54 preceptors (15% response rate).
2. Demographic variables included gender, age, and years of experience as a preceptor. Very few demographic differences were noted in the responses. The few that were noted were:
   (1) women were more concerned than men about the way students dress, (2) younger preceptors were less concerned than older preceptors about the way students dress, (3) younger preceptors were more concerned than older preceptors about the level of professionalism exhibited by students, (4) female preceptors were more concerned than male preceptors about the level of professionalism exhibited by students.
3. No serious problems were detected based on the survey of preceptors.
4. Opportunities for improvement:
   - 22% agreed with the statement, “Many students appear unwilling to accept personal responsibility for their actions.”
   - 26% agreed with the statement, “I am bothered by the way some students are dressed when they come to my practice site.”

**Staff Survey Results**

1. Responses were received from 12 staff members (% response?).
2. Demographic information was collected (gender and age). However, since there was only one response in one particular age category (30 or younger), and since there were only 2 male respondents, no correlations are being reported.
3. No serious problems were detected based on the staff survey.
4. Opportunities for improvement:
   - 42% agreed with the statement, “Many students appear unwilling to accept personal responsibility for their actions.”
   - 33% disagreed with the statement, “I am proud of the level of professionalism exhibited by our students.”
   - 25% agreed with the statement, “I am bothered by the way some students are dressed when they come to class.”
   - 25% agreed with the statement, “Dishonesty (cheating) is commonplace among students.”
   - 17% disagreed with the statement, “Students exhibit appropriate respect to the faculty.”
   - 17% agreed with the statement, “I am often embarrassed by the behavior of students.”
OUTSIDE CONSULTATION

As noted above, the Working Group engaged Dr. Bruce Berger (Auburn University School of Pharmacy) as a consultant, based on his recognized expertise in the area of professionalism and professional development (professionalization). Dr. Berger gave a formal presentation to the Working Group that served as the basis for considerable follow-up discussion.

The Group felt that certain premises set forth in Dr. Berger’s presentation provide a philosophical foundation for the College’s responsibilities in the area of professionalism. These are presented here:

- Schools of pharmacy exist to develop professionally mature pharmacy practitioners who can render pharmaceutical care.
- Technical competence is a subset of students’ overall professional development.
- Pharmacy education shares a certain level of responsibility for the current state of pharmacy practice.

Several of the recommendations below are based on his consultative advice.

SUMMARY OF FINDINGS

1. The majority of our students reflect a satisfactory level of professionalism, but a fairly substantial minority reflects behaviors that are unsatisfactory. Based on the results of the questionnaire on professionalism, we estimate that this minority is in the range of 20 to 40% of the student body, depending on the particular parameter being evaluated.

2. Many students appear not to accept personal responsibility and accountability for their actions. This opinion is shared by a large number of faculty, preceptors and staff.

3. Students tend not to hold each other accountable for professional behavior.

4. Although the majority of the faculty holds a very positive view about the profession of pharmacy, there is no common understanding among the faculty about the goals and purpose of the profession. There is no unifying vision regarding professionalism and where it fits in the curriculum. As a consequence, some faculty members miss opportunities to model the behaviors that we expect our students to acquire.

5. The topic of professionalism is often dealt with by our faculty and preceptors by exception; that is, we think of it in terms of non-professional behaviors (inappropriate dress, incivility, cheating on exams, coming late to class, etc.) rather than in concrete, positive terms.
6. Students are evaluated almost exclusively on academic performance (i.e., the ability to pass individual courses), rather than on the basis of professional growth and development. It is quite possible that students can graduate from our program with a very poorly developed sense of professionalism, simply because we have no measurable criteria by which to evaluate their professional development.

7. The profession of pharmacy has not yet achieved the level of professionalism that it aspires to, and this fact alone makes it difficult to instill a deep sense of professionalism in our students. The level of practice in many pharmacy settings diminishes the credibility of the message students get in school regarding the roles and responsibilities of pharmacists. This “disconnect” can lead quickly to cynicism among students and new graduates.

RECOMMENDATIONS

General recommendations

We have two general, overarching recommendations.

1. **Professionalism** should be viewed by the faculty as a comprehensive state that embodies all the *knowledge, skills, attitudes, values* and *behaviors* expected of those who are members of a particular profession. We believe that it is more common to identify behaviors in students that are considered “non-professional,” and seek ways to correct those behaviors, than it is to orient students toward a comprehensive understanding of what it means to be “professional.” We offer in this report (under Findings above) a conceptual framework for *professionalism*. We recommend that this framework, or some suitable modification, be adopted by the faculty to guide its thinking about how best to prepare our students for their professional lives.

2. The faculty should embrace and promote a “culture of professionalism.” The Pharm.D. program should be envisioned and structured as a process for preparing thoroughly professionalized graduates. Thought of in this way, the requirements for graduation should extend beyond merely passing each course in the curriculum. Although professional and scientific knowledge is essential to the practice of pharmacy, it is of little value unless the graduate is able to apply it intelligently, responsibly, compassionately, unselfishly, and ethically. Knowledge is likewise of little value unless the graduate is able to continuously acquire new knowledge and incorporate it into his or her practice. This requires a capacity for critical thinking, lifelong learning and self-renewal. Finally, knowledge alone does not instill in the graduate a sense of personal responsibility and accountability to clients (patients) for the outcomes of the services they provide.
We propose that a comprehensive set of requirements for graduation be established that includes the following:

- Knowledge and skills
- Ethical and moral foundation for practice
- Personal deportment (manner of dress, speech, etiquette, and so forth)
- Autonomy and self-reliance
- Patient empathy
- Evaluation and use new knowledge
- Reflection and self-renewal
- Personal responsibility and accountability
- Active engagement in the profession (such as through participation in professional organizations)

We stress here that the achievement of these requirements will (in our opinion) necessitate a completely new way of thinking about the purpose of a pharmacy education. We believe that purpose is to professionalize the student, not simply impart knowledge. Each of the requirements proposed here will need to be discussed and modeled by faculty and preceptors. Students will need constant mentoring, evaluation and feedback. They will need to learn to hold each other accountable for their respective professional growth.

We believe this goal can be achieved without having to make major modifications to the existing curriculum. It will, however, require a considerable degree of involvement by faculty members and preceptors in evaluating students’ growth in each of the areas listed above. And considerable work will be required to establish standardized evaluation criteria.

**Specific recommendations**

The specific recommendations below all relate to the two general recommendations above.

1. The findings set forth in this report should be shared with, and reviewed and discussed by, all stakeholder groups: students, faculty, preceptors, and staff. These discussions should be conducted with a view toward establishing a “culture of professionalism” in the College.

2. There should be strong consensus among the faculty regarding the purpose of the profession of pharmacy and about where pharmacy “fits” in the healthcare delivery system, and specific efforts should be taken to help the faculty achieve consensus on these points. This shared understanding should form the basis for the College’s “culture of professionalism.”

3. Greater attention should be directed in the admissions process to professional aptitude.
4. Specific programs or activities should be established to maintain a constant focus on professionalism, for the benefit of both faculty and students. An advisory body should be established by the Dean to recommend such programs and activities. The Working Group agrees with the Dean that the 2008 Feurt Symposium should be dedicated to the topic of professionalism.

5. A cornerstone of the College’s culture of professionalism should be the specific goals and requirements for students’ professional growth and development. The College’s philosophy should be to facilitate a student’s progress toward the attainment of predetermined goals (competencies) in professionalism, providing encouragement and feedback along the way. (A more typical approach in pharmacy education is to provide students with a set of rules at the beginning of the program and to take sanctions against those who subsequently violate any of the rules.)

6. As a corollary to number 4, any incident of unprofessional behavior by a student should be thought of, at some level, as a failure of the College’s process of professionalization. The initial reaction to incidents of unprofessional behavior should be remediation, not punishment. At the same time, there should be consistent consequences for inappropriate, non-professional behaviors that cannot be corrected through reasonable remedial interventions.

7. With reference to the requirements for graduation enumerated in the second general recommendation above:

- Each of these requirements should be considered equal in importance to professional knowledge and skills.
- A curricular approach should be used in helping students fulfill each of these requirements. For each requirement, there should be measurable outcome objectives; a plan or process by which it can be achieved; learning objectives for each experience associated with that requirement; a process for mentoring, assessment and feedback; and periodic summative assessment (e.g., yearly).
- Students who do not meet any of these requirements should not be approved for graduation.
- A standing committee of the College should be responsible for providing oversight and guidance to the development of students’ professionalization. Students should participate on this committee. We recommend that this be a new committee, not an added responsibility of the Curriculum Committee.

8. Assessment measures should be developed to monitor organizational progress in achieving a culture of professionalism. One example of an organizational assessment measure would be changes, over time, in the perception of preceptors and employers about the professional behavior of our students and graduates.
9. In relation to number 8, the faculty should identify the “brand” by which it wants our students (graduates) to become recognized. The UT “brand” should be tied directly to the professional behaviors we want our graduates to exemplify. (One example of a “brand" statement would be: “The UT pharmacy graduate is recognized as a knowledgeable, responsible, caring individual. He or she stands out from graduates of other programs in this regard.")

10. Faculty members and preceptors should acknowledge that they are responsible for modeling the professional behaviors that we expect our students to emulate and should hold each other accountable for meeting their responsibilities in this regard.

11. Measures should be taken to ensure that volunteer faculty (preceptors) are well-informed about the College’s goals for professional development of our students. They should be constantly reminded of the critical role they play in the professionalization process. They should feel empowered to address non-professional behaviors in their evaluation of students.

12. Standards for dress should be established and enforced for students, faculty and staff.

13. There needs to be a greater degree of collaboration between Pharmaceutical Science faculty and Clinical Pharmacy faculty. All members of the faculty who are not pharmacists, or who have not practiced pharmacy in recent years, should receive a thorough orientation to the goals and purposes of the profession of pharmacy. This orientation could be provided by members of the Department of Clinical Pharmacy or by practitioners outside the College, or both. (N.B.: In the case of courses taught by faculty members from the College of Medicine or from other units outside the College of Pharmacy, those faculty members should receive the same type of orientation to the profession of pharmacy that is being recommended here for non-pharmacist faculty members in the Department of Pharmaceutical Sciences.)

14. With a class size of 200, and a future student body approaching 800, it will be essential that students be taught to hold each other accountable for their behaviors. There will probably never be a sufficient number of faculty members to achieve the goals set forth in these recommendations, without direct involvement and participation of students. Students should be evaluated on their ability and their willingness to hold each other accountable for their actions.

15. In conjunction with number 14, we recommend that upper division students be given specific assignments for mentoring students in earlier years. It is conceivable that this mentorship could be tied to the IPPE program, where third and fourth year students serve as preceptors for first and second year students in their IPPE rotations.
16. The College of Pharmacy should continue to seek new ways to improve the overall level of professional practice in pharmacy in Tennessee. (This recommendation might serve as a future “think tank” topic.)