

STATEMENTS

Is a Pharmacy Student the Customer or the Product?

David A. Holdford, PhD

School of Pharmacy, Virginia Commonwealth University, Richmond, Virginia

Submitted June 21, 2013; accepted August 4, 2013; published February 12, 2014.

Academic entitlement and student consumerism have been described as a cause for unprofessional behavior in higher education. Colleges and schools of pharmacy may inadvertently encourage student consumerism and academic entitlement by misunderstanding who is the primary customer of pharmacy education. Pharmacy colleges and schools who view students as the primary customer can unintentionally pressure faculty members to relax expectations for professionalism and academic performance and thereby cause a general downward spiral in the quality of pharmacy graduates. In contrast, this paper argues that the primary customer of pharmacy education is the patient. Placing the patient at the center of the educational process is consistent with the concepts of pharmaceutical care, medication therapy management, the patient-centered home, and the oath of the pharmacist. Emphasizing the patient as the primary customer discourages academic entitlement and student consumerism and encourages an emphasis on learning how to serve the medication-related needs of the patient.

Keywords: academic entitlement, pharmacy students, student consumerism, higher education, pharmacy

INTRODUCTION

Faculty members at colleges and schools of pharmacy often experience episodes of uncivil and unprofessional behavior by the millennial generation in the classroom. Behaviors include surfing the Web, studying for other courses, texting, social media use, chronic absenteeism, arriving late to class or leaving early, not completing pre-class assignments, and shirking responsibilities in team assignments. Most faculty members can recount anecdotes of unprofessional behavior in students. Academic entitlement has been suggested as a significant contributing factor to this behavior.^{1,2}

Academic entitlement is defined as the tendency of students to expect academic success without taking personal responsibility for achieving that success. It has been associated with externalized responsibility for success (eg, “My professor did not give me what I needed to achieve an ‘A’ in this class.”) and entitled expectations (eg, “I cannot believe that my professor gave me a bad grade on the assignment. I deserve a better grade because I worked really hard on it!”).¹ It has also been described as revolving around several related student perceptions including (1) knowledge is a right more than a privilege;

(2) educators are responsible for student learning, not the student; (3) effort, not performance, should be rewarded in grading; and (4) open or passive aggressive behavior toward faculty members is acceptable if student expectations are not met.³ Academic entitlement likely occurs in only a small proportion of students in institutions, but this vocal minority can sow discontent throughout the educational system.

Academic entitlement can occur in any student. Even the most accomplished students, those with stellar grades and positions as class leaders, can develop expectations that they deserve special treatment. In fact, they may even have earned it because of exceptional contributions to the school. The problem occurs when demands for special treatment cross the line into unprofessional behavior toward others and disrespect for the educational process. Moreover, the problem is compounded when students and pharmacy educators disagree on specific behaviors that are inappropriate. Compare student and faculty responses about the acceptability of skipping class to study for a test, surfing the Web during a presentation by a guest speaker, anonymously castigating a professor's performance on a course evaluation, or almost any other controversial behavior, and major disagreements will emerge. It seems that educators and students are often working from a different script about what it means to be a professional.

Although it might be tempting to blame the millennials, their parents, and society, academia should share a portion of the blame. Entitlement is encouraged by faculty members who give high grades for mediocre work,

Corresponding Author: David A. Holdford, PhD, Professor of Pharmacotherapy and Outcomes Research, School of Pharmacy, Virginia Commonwealth University, MCV Campus, Box 980533, 410 North 12th Street, Richmond, VA 23298-0533. Tel: 804-828-6103. Fax: 804-828-8359. E-mail: david.holdford@vcu.edu

thereby reinforcing students' inflated perceptions of their performance and expectations for high grades in the future.⁴ Grade inflation is further encouraged by school administrators who emphasize student course evaluations when assessing faculty performance, especially as students are more likely to reward faculty members who are lenient over ones who are rigorous.⁵

Students may use academic entitlement as a mechanism for coping with the pressures and disappointments of the educational process.⁶ In pharmacy education, many conflicts between professors and students are seen over grades. Conflicts can be aggravated by the dissonance students feel when they realize the strategies that once made them successful in undergraduate settings no longer translate to success in pharmacy school. Faced with a pharmacy school classroom of high achievers, students frequently find that efforts that once resulted in A grades in prepharmacy curricula now yield B's and C's. When disappointed, academically entitled students are more likely to blame external causes (eg, their professor) rather than accept personal responsibility⁶ and, consequently, act out their frustration with unprofessional and uncivil behavior.²

Student consumerism has been associated with academic entitlement.² Student consumerism is defined as the perception by students that because they pay for their education, they deserve to be treated as customers.⁷ This means that educators are there to serve and satisfy them. In pharmacy education, some educators may contribute to the "student as customer" perspective out of pressure to attract and retain academically competitive students.

However, indulging student consumerism and feelings of academic entitlement can damage the educational process. It may hurt the education of good students by causing schools to lower academic expectations, thereby making the students less prepared and competitive for postgraduate experiences like residencies and fellowships. For students who struggle, however, it might tempt colleges and schools to keep them in order to meet ACPE benchmarks for student progression through the program and to achieve enrollment targets established by university or college administration. Thus, marginal students are allowed to progress through the program, barely passing courses. To ensure that these marginal students can pass the North American Pharmacist Licensure Examination (NAPLEX) and receive a license, colleges and schools may offer board preparation classes or other remediation measures. Then, when their graduates receive a license, these schools congratulate themselves on the success of their students, highlight their board-passing rates in promotional materials, and tell themselves that they are doing

a good job, even if some of the graduates are unemployable as pharmacists.

But where is the patient in this process? How does the patient fare in a system that places student satisfaction first? Will indulging students be in the best interests of the patients they are trained to serve? Are students really the primary customer of pharmacy education?

THE STUDENT AS THE PRIMARY CUSTOMER

A reasonable argument can be made that professional education is a service; thus, service-marketing strategies can improve the quality of educational programs.⁸⁻¹⁰ The problem with academic entitlement and student consumerism is not the use of marketing strategies in education. Rather, it is that colleges and schools misidentify their primary customers and the products they offer. In marketing, a customer is an individual or group whose needs and wants are served by the product, and a product is something of value which is designed to meet the needs and wants of customers.¹¹ How educators define their product and their customers determines their approach to education.

This paper argues that the idea of student consumerism is based upon a fundamental misunderstanding of the primary customer of pharmacy education. Pharmacy colleges and schools serve multiple customers – students, alumni, funding agencies, college or university administration, employees and faculty members, employers of graduates, the community, and patients. These customer groups often have competing demands and priorities which require prioritization by educators. The primary customer should take precedence over all other customers.

When colleges and schools deem students as the primary customer, student desires become the driving force behind the educational process and its outcomes. Although they might demand a high-quality education, their demands are shaped by a limited understanding of what it takes to be a professional in a dynamic health care environment. Like consumers in any service setting, they will focus on the process of education (eg, was it delivered in a convenient, friendly manner) because of their inability to assess the educational outcome (eg, professional competence).¹²

With the student as the primary customer, the approach to pharmacy education might be captured in the customer service promise shown in Table 1. Although laughable, most educators will see some element of their policies and practices in this customer service promise. Indeed, when applied in moderation, accommodating students' lives and learning preferences is a good educational strategy that will increase student engagement and learning. When taken to the extreme, however, it can pressure

Table 1. Service Promise for a Pharmacy School That Sees the Student as the Primary Customer

8-Step Customer Service Promise

We are committed to you, the student, at ACME School of Pharmacy. Your patronage is important to us and our commitment is backed up by our 8-step customer service promise:

- (1) Class Schedules: Our classes are designed to fit your personal schedule. If we offer our classes at inconvenient times, let us know so we can accommodate you.
 - (2) Entertaining: We believe that learning should be fun and easy. We promise to be so entertaining that your learning will be effortless.
 - (3) Course Content: We tailor our classes to your personal interests. If you do not like what is being taught, let us know and we will change it.
 - (4) Comfort: We care about your personal comfort. If you dislike responding to difficult questions from faculty members, working with team members who are not your friends, dealing with the sick or elderly, or doing any educational activities that might cause you stress or embarrassment, let us know and we will remedy your distress.
 - (5) Satisfaction: Student satisfaction is job one. Be sure to tell us how we are doing, so we can serve you better.
 - (6) Grading: If you are unhappy with your grades, talk to your professor. He or she will work with you to achieve the grades you want.
 - (7) Customer Centered: You, the customer are always right. Should we ever forget this, please remind us.
 - (8) Guarantee: We promise that you will get a degree, as long as you continue to pay your tuition.
-

faculty members to relax expectations for professionalism and academic performance and result in a general downward spiral in the quality of pharmacists graduating from schools.

THE PATIENT AS THE PRIMARY CUSTOMER

A stronger argument can be made that the patient is the primary customer of pharmacy education because without the patient, there is no reason for the profession or for pharmacy education. The patient is at the center of the definition of pharmaceutical care (“the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve the patient’s quality of life,”¹³) and medication therapy management (“a distinct service or group of services that optimizes drug therapy with the intent of improved therapeutic outcomes for individual patients”¹⁴). Patients are also central to the patient-centered medical home concept. These guiding principles of pharmacy practice and medicine place the patient at the center of all things accomplished within the profession. Although important, pharmacists and pharmacy students should always take a backseat to the needs of the patient.

It might be better to see the student as the product of pharmaceutical education rather than the customer. Viewed this way, students are a means for pharmacy schools to serve their various stakeholders including patients, employers of graduates, the community, and funding agencies. With the student as the product, colleges and schools compete by serving the stakeholders with graduates who are held accountable for the highest standards of professional and ethical behavior. Students benefit, too, by being trained

to serve patients and other professionals who serve patients. After graduation, these students will be more highly valued by employers and more competitive for jobs.

How educational processes differ when defining the primary customer of pharmacy education is illustrated in Table 2. When the student is the customer, educational institutions assume a transactional approach that parallels many of the major complaints lodged against higher education.^{2,15,16} In a transactional approach, students tend to see every interaction with the school as a commercial exchange in which they say, “If I do ‘x’, I expect to get ‘y’ in return.” With this approach, students who pay tuition expect schools to serve them in return. If they complete an assignment, they expect an acceptable grade as compensation. However, when the patient is the primary customer, a more sophisticated relationship and approach to education results. In this educational relationship, students and faculty members collaborate to develop professional competence in students. Education is neither delivered to students, nor something to which students are entitled. Rather, value emerges by the student and school co-creating the education process. Both students and educators are responsible for the process and outcome of education. Flexibility and educational choice can be encouraged as long as they serve the ultimate goal of developing professional competence. Attention can still focus on the learner as long as the learner and the educator agree that their ultimate goal is the service of patients.

With the patient at the center of the educational process, colleges and schools only enroll students who they believe have the intelligence and enthusiasm to effectively represent both the school and profession. The profession

Table 2. Contrasting How the Process of Education Changes Depending on Who Is the Primary Customer

Process	Student Is the Customer	Patient Is the Customer
Educational philosophy	Pharmacy education is a right	Pharmacy education is a privilege
Goal of education	Student satisfaction	Professional competence
Educational model	Students are taught	Education is a collaboration
Who is responsible for a student's education?	Faculty members	Students and faculty together
Role of grades	Rewards for effort	Feedback on effort and performance
Relationship between faculty members and students	Faculty member serves the student	Faculty members and students co-create the educational experience
Students are . . .	Entitled	Held accountable
Educational outcome	A degree	Professional competence
Ultimate goal for students	A job	A career where one can make a difference

and academy should only support the accreditation of pharmacy colleges and schools that hold students to the norms of the profession, which are generally summarized in the oath of the pharmacist:

I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:

- I will consider the welfare of humanity and relief of suffering my primary concerns.
- I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients.
- I will respect and protect all personal and health information entrusted to me.
- I will accept the lifelong obligation to improve my professional knowledge and competence.
- I will hold myself and my colleagues to the highest principles of our profession’s moral, ethical and legal conduct.

- I will embrace and advocate changes that improve patient care.
- I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public. Reprinted with permission of the American Pharmacists Association.¹⁷

The oath emphasizes service to the patient. Students who take this oath pledge to serve the needs of the patient and develop their ability to serve those needs. The oath also insists on excellence and effort, meaning that pharmacy education demands a great deal of time and effort. Students who are not capable or willing to do what is asked of them should seek another profession.

With the patient as the primary customer, a different 8-step customer service promise emerges (Table 3). In this promise to students, pharmacy colleges and schools discourage entitlement but do so in a positive, supportive

Table 3. Service Promise for a Pharmacy School that Sees the Patient as the Primary Customer

8-Step Customer Service Promise
We are committed to preparing you to serve the pharmaceutical and health needs of your patients. Our commitment is backed up by our 8-step customer service promise:
(1) Challenge: Our classes are designed to prepare you for the complex health care system of the future. We will challenge you to exceed your expectations.
(2) Respect: Pharmacists are one of the most trusted professionals. You will be treated as a respected member of the profession as long as you uphold its standards and your oath as a pharmacist.
(3) Participation: Learning is not a spectator sport. Your participation in the educational process is valued and expected.
(4) Confidence: You will develop the confidence needed to step outside of your comfort level. Every day, your confidence to serve patients will grow.
(5) Integrity: We expect high levels of integrity in the actions of all individuals at our institution whether they are students, faculty, staff, or administration.
(6) Accountability: All students will be held accountable for demonstrating the behavioral and learning outcomes expected by the school and profession.
(7) Patient-Centered: Your primary duty as a professional is to patients you will serve. All elements of the educational process are focused on that goal.
(8) Success: Your success is our success. We pledge to do everything we can to help you succeed. The rest is up to you.

manner. Although the promise emphasizes effort and challenge, it also promises personal development and the possibility to make a difference. In addition, the message to faculty members is positive and uplifting. It encourages rigorous expectations of professionalism and academic performance and a clear guide to educational priorities. The message is that granting a degree will only happen after achieving rigorous educational outcomes established to serve the needs of patients. Doing anything less would be a disservice to the students, alumni, employers, profession, public, and most of all, the patient.

Much of the problem associated with student entitlement is one of communication. When communications are framed with the students at the center of pharmacy education (eg, we are here to serve you), student entitlement results. However, when framed with the patient at the center of pharmacy education (and backed up with actions by faculty members and administration), students start to become professionals. Students and educators need to agree that the primary purpose of pharmacy education is to prepare students to serve patients, and the privilege of pharmacy education comes with expectations delineated in professional documents like the Oath of the Pharmacist. Conversations need to be ongoing because student perceptions of entitlement and consumerism are not easily changed. Still, there is a lot of common ground because both students and educators want students to succeed. The key is to place service to the patient as a primary element of student success within the profession.

Finally, a case may need to be made within educational institutions themselves. Some educators and administrators may not understand that learner-centered and patient-centered education are compatible as long as both emphasize developing student knowledge, competency, and habits of professional behavior over pleasing students. Although student satisfaction and learning are likely to be highly correlated in an engaging, supportive environment, achieving student satisfaction must always be secondary to preparing students to meet the medication-related needs of patients.

REFERENCES

1. Chowning K, Campbell NJ. Development and validation of a measure of academic entitlement: individual differences in students' externalized responsibility and entitled expectations. *J Educ Psychol*. 2009;101(4):982-997.
2. Cain J, Romanelli F, Smith KM. Academic entitlement in pharmacy education. *Am J Pharm Educ*. 2012;76(10):Article 189.
3. Dubovsky SL. Coping with entitlement in medical education. *N Engl J Med*. 1986;315(26):1672-1674.
4. Lippman S, Bulanda R, Wagenaar TC. Student entitlement issues and strategies for confronting entitlement in the classroom and beyond. *Coll Teach*. 2009;57(4):197-204.
5. Clayson DE. Student evaluations of teaching: are they related to what students learn?: a meta-analysis and review of the literature. *J Mark Educ*. 2013;31(1):16-30.
6. Boswell SS. I deserve success: academic entitlement attitudes and their relationships with course self-efficacy, social networking, and demographic variables. *Soc Psychol Educ*. 2012;15(3):353-365.
7. Delucchi M, Korgen K. We're the customer-we pay the tuition: student consumerism among undergraduate sociology majors. *Teach Sociol*. 2002;30(1):100-107.
8. Holdford DA, Reinders TP. Development of an instrument to assess student perceptions of the quality of pharmaceutical education. *Am J Pharm Educ*. 2001;65(2):125-131.
9. Hughes K. Quality and marketing issues in nursing education. *Br J Nurs*. 2000;9(12):763-768.
10. David SP, Greer DS. Social marketing: application to medical education. *Ann Intern Med*. 2001;134(2):125-127.
11. Holdford DA. *Marketing for Pharmacists*. 2nd ed. Washington, DC: American Pharmacists Association; 2007.
12. Holdford DA, Schulz R. Effect of technical and functional quality on patient perceptions of pharmaceutical service quality. *Pharm Res*. 1999;16(9):1344-1351.
13. Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. *Am J Hosp Pharm*. 1990;47(3):533-543.
14. American Pharmacists Association, National Association of Chain Drug Stores Foundation. Medication therapy management in pharmacy practice: core elements of an MTM service model (version 2.0). *J Am Pharm Assoc (2003)*. 2008;48(3):341-353.
15. Williams JJ. Deconstructing academe: the birth of critical university studies. *The Chronicle of Higher Education*. February 19, 2012. <http://chronicle.com/article/An-Emerging-Field-Deconstructs/130791/>. Accessed June 19, 2013.
16. Christensen CM, Eyring HJ. *The Innovative University: Changing the DNA of Higher Education from the Inside Out*. 1st ed. Hoboken, NJ: Jossey-Bass; 2011.
17. American Pharmacists Association. Oath of a Pharmacist. 1994. <http://www.pharmacist.com/oath-pharmacist> Accessed January 30, 2014.