

LETTERS

Back to the Future: Using an Old Mindset to Teach Our Students Professionalism

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To the Editor: The 2013 Center for the Advancement of Pharmacy Education Outcomes and the 2016 Accreditation Council for Pharmacy Education Standards both emphasize affective components of the doctor of pharmacy (PharmD) curriculum, including several clustered under the umbrella term “professionalism.” Domain 4 of the Outcomes includes a subdomain that addresses “behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society,” while Standard 9 states: “The college or school must demonstrate a commitment to developing professionalism and fostering leadership in administrators, faculty, preceptors, staff, and students.”^{1,2}

Manuscripts in the *American Journal of Pharmaceutical Education*'s archives discuss what professionalism is and how to develop and assess it. This conversation has been occurring for many years. Hammer et al reviewed how the concept of professionalism became associated with pharmacists and called for increased discussions on the development of professionalism in students.³ Chisholm et al described creation and validation of an assessment tool for various aspects of professionalism.⁴ Hammer suggested ways for preceptors to enhance students' professionalism during advanced pharmacy practice experiences, and the report of the 2010-2011 American Association of Colleges of Pharmacy Professionalism Task Force offered a series of recommendations for improving the development of professionalism.^{5,6}

Piascik, and Lubawy urged pharmacy faculty members to develop student professionalism in part by modeling professional behaviors themselves.⁷ A list of behaviors with which faculty members could model professionalism was provided, indicating this was a way students could be mentored by faculty members in the classroom as well as in the patient care setting. The idea that mentoring students is distinct from teaching students is popular now, in part as a way of reminding faculty members they are preparing future colleagues. However, there is another model used historically by various professions, including health care, for training future colleagues.

Faculty members at schools of pharmacy may consider themselves education professionals, research professionals, clinical professionals, or some combination of these. During their own education, most faculty members will have gone through some version of the apprentice model of education. Scientists do this while carrying out doctoral and postdoctoral work under the supervision of a successful researcher, while clinicians spend time in clinical experiences during school as well as during postgraduate residencies. In each case, the learner gains experience and improves skills while working under the supervision of an older, successful member of their profession. While the primary focus is development of profession-associated skills, training in the professional norms is also accomplished by immersion in the environment in which those professionals spend their time.

This immersion is different from the environment of a typical mentoring relationship, which focuses more on transfer of explicit and implicit knowledge. Because of the time spent together, the apprenticeship model may be more effective in the transfer of tacit knowledge, which often is much easier to exhibit than to explain. An illustration of this comes from my own experience with student understanding of professionalism based on materials provided during orientation and professionalism seminars. Two students were walking down the hallway when one commented, “I love your shoes – they sound so professional.” Our educational efforts had obviously made an impact on our students regarding what a professional looks like, perhaps in part because appearance is easier to describe than how a professional thinks. However, if dressing appropriately is the extent to which our students understand professionalism, then we have failed to prepare them for the future.

It is impractical to use the traditional apprentice model in the PharmD curriculum because of the number of students enrolled at schools, as well as the depth of knowledge and skills required. However, by adopting the mindset of the master-apprentice relationship, it may be easier for faculty members to be more explicit in conveying professional attributes. By using explicit statements, it is possible to demonstrate that faculty

behaviors are a result of not only individual temperament but also professional norms.

We can model professionalism by responding in a timely fashion to student e-mails, by keeping up on advances in our particular field, and by continually reviewing and updating our teaching materials and methods because that is what education professionals do. We can demonstrate to students that we ourselves have respectful attitudes toward those with whom we work, whether colleagues, patients, or students, because that is how professionals behave. Our course syllabi can include statements regarding the kind of professional behavior students can expect from us as well as the kinds of behavior that we expect from them, and we can hold students accountable for unprofessional behavior in the classroom and clinical settings.

The model of the faculty member as mentor, adopted from the business world, is valuable for developing students. Use of that model does not preclude the use of other approaches as well. A partial return to an old-school

educational approach may help us more effectively prepare our students to be the professionals they will need to be.

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