Does Social Desirability Influence Preceptors’ Completion of Student Experiential Evaluations?

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Submitted December 6, 2019; accepted March 22, 2020; published September 2020.

Many variables influence a preceptor’s experiential evaluation of a pharmacy learner. However, the impact of social desirability bias, or the measure of an individual’s need for social approval, and its impact on the truthfulness of an evaluation is not well understood. Social desirability may present a barrier to students receiving accurate and truthful evaluations. Differences in the effect of social desirability may be seen between full-time faculty and non-faculty preceptors. Colleges of pharmacy should work to support preceptors by providing professional development, standardizing evaluation processes, and ensuring two-way communication. Additionally, a social desirability measure could be used for each preceptor and used by the experiential team to identify preceptors potentially in need of additional development. Future studies should evaluate the effect of social desirability on how preceptors complete evaluations, and propose methods to mitigate this form of bias in the evaluation process.

Keywords: social desirability, preceptor development, evaluations, experiential education

INTRODUCTION

Frequent evaluations are administered to pharmacy learners during the experiential education portion of the Doctor of Pharmacy (PharmD) curriculum. Evaluations, either formative or summative in nature, may be based on performance from introductory pharmacy practice experiences (IPPEs), advanced pharmacy practice experiences (APPEs), interprofessional experiences (IPEs), and cocurricular activities. Many cognitive and noncognitive variables affect summative experiential evaluations, such as the student’s performance, clinical knowledge base, communication skills, and empathy, as well as interactions between the learner, preceptor, and the medical team. However, a less well understood factor is the concept of social desirability and its potential effect on how pharmacy learner evaluations are completed.

Social desirability was first introduced as a measure of an individual’s need for social approval, and has been described as a personality characteristic that can affect the validity of survey responses. Researchers have previously described that social desirability usually occurs in a three construct model: impression management, self-deceptive enhancement, and self-deceptive denial. Impression management is the process by which people attempt to control how they are perceived by others, while self-deception enhancement and denial use false impressions to convince others of their truths. Operationally, it is the tendency of research subjects, or in this scenario preceptors, to provide socially desirable responses instead of responses that reflect their true feelings. This desire to be socially accepted may play a role in a preceptor’s evaluations of pharmacy students’ experiential learning.

Accreditation Council for Pharmacy Education (ACPE) Standard 20 requires colleges of pharmacy to have a sufficient number of preceptors to evaluate students in the experiential setting. These preceptors can be full-time faculty members or external practitioners who are primarily employed by an institution outside the college. Benefits provided to non-full-time faculty preceptors may include adjunct appointment status, electronic library access, lecture or teaching opportunities, or other tangible benefits not provided by their primary employer. Non-full-time faculty preceptors may feel their ability to...
remain a preceptor for a particular school and to continue receiving these benefits may be tied to student evaluations of their precepting. Thus, social desirability bias could lead preceptors to inflate their evaluations of student performance, which might result in the preceptor being viewed more positively by students as well as college faculty members and administrators, and may also prevent negative feedback from corresponding learners. This form of bias may also be present among faculty preceptors, although the specific positive attributes and effect on their career may be different from those for non-faculty preceptors. Of note, social desirability bias may also occur conversely, where the pharmacy learner provides an untruthful evaluation of their preceptor for many of the same reasons provided above.

The effect of social desirability on student evaluations has not been well described in health professions education. To date, no studies have directly assessed the role of social desirability on pharmacy preceptor ability to complete evaluations that are accurate and honest. The goal of this commentary is to discuss barriers that affect truth in completing experiential evaluations, including social desirability, to compare and contrast the potential effect of social desirability in evaluations between faculty preceptors and non-faculty preceptors, and to provide recommendations to complete experiential evaluations with this bias being limited.

**Barriers in Completing Truthful Experiential Evaluations Among Health Care Practitioners**

Though constructive evaluations are crucial in the development of a pharmacy learner, often social barriers can affect how “honest” evaluations are. One major concern is that providing feedback that could be viewed by the learner as negative may adversely affect the preceptor-student relationship.\(^6\) A 2012 study from the University of Pennsylvania included 44 internal medicine faculty members from 16 residency programs who watched live scenarios of encounters between medical residents and standardized patients and then provided feedback to the residents.\(^7\) The study found that the faculty members’ perceived effectiveness in giving feedback, the pressure they felt to deliver both positive and negative information, and the preexisting relationship they had with the resident all impacted the feedback process. Feedback given was broken down into two styles: elaborative feedback, which involved two-way communication, and allowed the resident to respond and show understanding, or directive feedback, where the preceptor just listed feedback to the resident without allowing an opportunity for discussion, or for the resident to confirm or deny certain points. The results from this study emphasized that many variables impact the effectiveness and delivery of feedback given by preceptors.

Another concern to consider when providing a student with truthful feedback is that the student may not be able to effectively process constructive feedback or know how to incorporate the suggested changes into their performance. In a qualitative study in which 64 nursing preceptors were interviewed, respondents expressed having difficulty providing an accurate critique of nursing students. The nursing preceptors reported that students often lost confidence when they were given critical feedback.\(^8\) The individual personality traits of both the preceptor and student can also impact the comfort level of the preceptor in providing a constructive evaluation. This can ultimately influence the feedback included in a student’s evaluation, ie, whether the preceptor provides or avoid providing constructive feedback.\(^9\) The inconsistency in the type of feedback preceptors provide may have a heightened negative impact on pharmacy education as more pharmacy students seek postgraduate training as the pharmacy job market becomes more competitive. Summative preceptor evaluations are not provided to residency programs as part of the application process, but the effect of the evaluations is reflected in the student’s final rotation grade.

**Differences in Social Desirability Between Faculty and Non-faculty Preceptors**

The effect of social desirability bias is likely to be different between full-time faculty preceptors and non-faculty preceptors. While many barriers affecting honesty in evaluations are similar between faculty and non-faculty preceptors, the driving force is likely different. As a primary function of an academic role, faculty preceptors have the opportunity to interact with students in a variety of settings and are more visible to the students over a longer period of time. These consistent and routine interactions, from classroom settings to professional organizations, allow faculty preceptors to develop a working relationship with students over time. Additionally, faculty preceptors are able to watch students grow personally and professionally through each year of the curriculum. These opportunities to work with and provide feedback to students on a routine basis give faculty preceptors an increased level of comfort with providing critical feedback to them in a constructive manner.

Student evaluations of preceptors may have a different career impact on full-time faculty preceptors than on non-faculty preceptors. Student evaluations are commonly used in the academic setting as an assessment variable for annual performance evaluations, awards, promotion, and other mechanisms that correlate with...
success as a faculty member. In comparison, student
evaluations may not be as influential to the career ad-
vancement of non-faculty preceptors. Most non-faculty
preceptors are not required to precept students as a
mandatory function of their job. Student evaluations of
non-faculty preceptors may be used by the preceptor’s
supervisor as part of their annual performance review,
by the school to approve monetary compensation, like
funding for travel to a professional meeting, or in making
decisions regarding preceptor awards. As non-faculty
preceptor evaluations may not be a large component of
their annual evaluation, they may be able to provide more
honest feedback to students. As student evaluations of
full-time faculty preceptors are a critical component of
their overall faculty evaluation, they may feel pressure to
provide desirable responses on students’ experiential
evaluations that may not be reflective of the student’s
actual performance. Several studies have shown that
higher grades from preceptors corresponded with more
positive preceptor evaluations from students.10-13 This
concept is an ongoing debate with regard to its validity
and how evaluations should be used in academic settings
across health professions.14

Empowering Preceptors in Completing Experiential
Evaluations

Non-faculty preceptors and the practice sites where
they work are becoming increasingly scarce. Texas is
among a growing number of states that require pharma-
cists to obtain continuing education to be eligible to
precept pharmacy students. This is an excellent oppor-
tunity for schools of pharmacy to work with their pool of
current and potential preceptors who are in need of
earning required continuing education credits. A study
from the University of California-San Francisco School
of Pharmacy surveyed volunteer preceptors regarding
various aspects of precepting. Of the 236 respondents,
73.5% desired more formal preceptor training.15 These
professional development opportunities can provide
preceptors a venue in which to discuss evaluation of
students with their academic and professional colleagues.
Live continuing education events provide preceptors the
opportunity to discuss how to grade certain behaviors or
inactions from students completing practice experiences
as well as how to avoid social desirability bias.

Standardizing evaluation systems and preceptor de-
velopment would aid in empowering preceptors to hold
students accountable for their work and professional be-
havior while completing practice experiences. Practice
sites, particularly those in large urban centers, are not
school-specific and precept students from multiple col-
leges of pharmacy. Inevitably, precepting students from
more than one institution results in a wide range of
evaluation requests from the corresponding schools of
pharmacy. For example, many schools use a Likert scale
to evaluate different aspects of student performance, but
how the response scales are operationalized to measure
performance can differ widely. All online grading plat-
forms should allow preceptors to provide written feed-
back in addition to Likert scale responses so they can
provide specific examples that support the scores pro-
vided. Requiring documentation of specific examples of
performance or behavior when scoring a student may help
to mitigate social desirability bias.

Communication between the experiential team and
preceptors is critical to receiving timely and actionable
feedback for both the schools and students. Early and
frequent communication between an experiential office
and preceptors will improve preceptor confidence in
troubleshooting student issues, and provide strategies to
improve student performance. The college’s online
evaluation portals must be kept up to date with contact
information for the support liaison (eg, experiential co-
ordinator) well in advance of the start of the practice ex-
perience. The preceptor manual or college specific
preceptor guide, and online grading platform should in-
clude clear and concise information regarding student
expectations for the specific practice experience and the
criteria on which the students will be evaluated at the
midpoint and end of the rotation. Communication with
the experiential education office will help to establish a
relationship with preceptors. This can help to improve
preceptor confidence in handling student issues and mit-
igate social desirability bias by appropriately document-
ing evaluations. As communication is a bidirectional flow
of information, schools should seek feedback from pre-
cursors. Schools should send out a preceptor survey after
final evaluations are submitted so preceptors can provide
feedback regarding the evaluation process. Each practice
experience site will have its own implementation chal-
enges where the standard evaluation will need to be
adapted to the specific professional experience.

Finally, the experiential team can use an instrument
to measure social desirability for each preceptor to iden-
tify preceptors potentially in need of additional de-
velopment.16-18 The Marlow-Crowne Social Desirability
Scale (MCSDS) is the oldest and most frequently used
scale, but a major limitation is that the scale items are
dated and do not reflect the current social culture.16 The
Social Desirability Scale-17 (SDS-17), a more contem-
porary measure of social desirability, may be used. The
SDS-17 has shown a positive correlation with impression
management, one of the main characteristics of social de-
sirability, but no correlation was seen with self-deception
characteristics. The SDS-17 was less influenced by the age of respondents compared to other scales of social desirability, potentially making it better suited for use across the broader age groups of preceptors. However, because of when these scales were created, they do not take into account the influence of social media on social desirability, acceptance, and communication. Future research using social desirability scales such as the SDS-17 should be conducted in pharmacy faculty and preceptors.

CONCLUSION

The impact of social desirability on experiential evaluations may be enhanced because of the intense time commitment required and close relationship formed between the preceptor and pharmacy student during the experiential learning experience. Pharmacy schools should work with their preceptors to minimize social barriers to accurately completing experiential evaluations, provide professional development and support to preceptors to empower them to complete accurate evaluations and have potentially difficult conversations with students. For students, pharmacy schools should discuss the importance of professional experiences and continue to emphasize the need for professionalism in these settings. Directions for future studies include analyzing the effect of social desirability on preceptor evaluation accuracy and identifying methods to mitigate this form of bias in the evaluation process.

REFERENCES