COMMENTARY

Does Social Desirability Influence Preceptors Completion of Student Experiential Evaluations?

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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 utilized 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 in how preceptors complete evaluations, and study methods to mitigate this form of bias in the evaluation process.

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

INTRODUCTION

Pharmacy learners receive frequent evaluations during the experiential education portion of the Doctor of Pharmacy (PharmD) curriculum. Evaluations, either formative or summative in nature, may originate from introductory pharmacy practice experiences (IPPE), advanced pharmacy practice experiences (APPE), interprofessional experiences (IPE), and co-curricular activities. Many cognitive and non-cognitive variables affect summative experiential evaluations, such as student performance, clinical knowledge base, communication, empathy, and 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 which can affect the validity of survey responses. Researchers have previously described that social desirability appears 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 case preceptors, to provide socially desirable responses instead of those that are most reflective of their true feelings. This need for social desirability, or the desire to be socially accepted, may play a role in a preceptor’s experiential evaluations of pharmacy learners.

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 preceptors, 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 another 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. Social desirability bias could lead to inflated preceptor evaluations which may allow the preceptor to be viewed in a positively by students.
and college faculty/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 non-faculty preceptors. It is important to note that 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 profession 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, oftentimes 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. A 2012 study from the University of Pennsylvania included 44 internal medicine faculty from 16 residency programs who watched live scenarios of encounters between medical residents and standardized patients, and then provided residents with feedback. The study found that the faculty member’s perceived effectiveness in giving feedback, pressure in delivering both positive and negative information, and the pre-existing faculty member-resident relationship all impacted the feedback process. Feedback given was broken down into two styles; elaborative feedback, given with two-way communication allowing the resident to respond and show understanding, or directive feedback, in which the preceptor just listed feedback to the resident without a chance for discussion, or to confirm or deny certain points of emphasis. Results from this study emphasize that many variables impact the effectiveness and delivery of feedback given by preceptors.

Another concern when providing truthful feedback is that a student may not be able to handle or effectively incorporate constructive feedback into their performance. In a qualitative research paper interviewing 64 nursing preceptors, respondents expressed difficulty providing an accurate critique of nursing learners. The nursing preceptors reported that students often lost confidence when critical feedback was provided. Individual traits of both the preceptor and student can also impact the comfort level of providing constructive evaluations. This can ultimately influence feedback delivered in a student’s evaluation, whether directly providing or avoiding constructive feedback altogether. This inconsistency between preceptors can have heightened impact as pharmacy students become more likely to seek post-graduate training as the pharmacy job market becomes more competitive. Summative preceptor evaluations are not provided as part of the residency application completed by students, but the effect of the evaluations are seen 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, allow faculty preceptors to have an increased level of comfort in providing critical feedback in constructive manners.

Student evaluations of preceptors may have a different career impact for full-time faculty preceptors in comparison to 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 advancement of non-faculty preceptors. Most non-faculty preceptors are not required to precept learners as a mandatory function in their job description. Student evaluations may be used for non-faculty preceptors as part of their annual performance review, for monetary compensation like funding professional meeting travel, or in selecting preceptor awards. The non-faculty preceptors can use this as an opportunity to provide more honest feedback. As student evaluations of full-time faculty preceptors are a critical component within their overall evaluation process, there may be pressure to provide desirable
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 preceptor-specific continuing education to be obtained at license renewal to be eligible to take students on rotation. This is an excellent opportunity for schools of pharmacy to work with their current and potential preceptor pools in need of 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, with nearly all having received previous preceptor training, 73.5% desired more formal preceptor training. These professional development opportunities can provide preceptors a venue to discuss evaluation of students with their academic and professional colleagues. Live continuing education events provide preceptors the ability to discuss how to grade certain behaviors or inactions from the student on rotation as well as incorporating information regarding social desirability bias.

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 mitigating social desirability bias by appropriately documenting evaluations. As communication is a bidirectional flow of information, feedback should be sought from the preceptors. Schools should send out a preceptor survey after final evaluations are submitted so preceptors can provide feedback regarding the evaluation process. Each rotation site will have its own implementation challenges where the standard evaluations will need to be adapted to the professional experience.

Finally, the experiential team at the College of Pharmacy can use an instrument to measure social desirability for each preceptor to identify preceptors potentially in need of additional development. The Marlow-Crowne Social Desirability Scale (MCSDS) is the oldest and most frequently used scale, but a major limitation is that scale items are dated and do not account for current social culture. The Social Desirability Scale-17 (SDS-17), a more contemporary 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 desirability, 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, due to when these scales were created, they do not take into account the influence of social media on social desirability, acceptance, and communication. Future research utilizing 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 and close relationship formed over a longitudinal experiential learning experience. Colleges of Pharmacy should work with their preceptors to minimize social barriers in accurately completing experiential evaluations, provide professional development and support to empower preceptors to complete accurate evaluations, and have potentially difficult conversations with students. For students, Colleges of Pharmacy 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