Factors Influencing Professional Identity Construction in Fourth Year Pharmacy Students

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Objectives: To explore the key factors that influence professional identity construction in fourth year pharmacy students enrolled in a doctor of pharmacy program.

Methods: A single site instrumental case study of current fourth year pharmacy students from the Leslie Dan Faculty of Pharmacy (LDFP), University of Toronto, was used. Thirteen students participated in semi-structured interviews. Post-structural social identity theories were used to analyze the data and identify themes that influence identity construction in pharmacy students.

Results: Data analysis identified five overarching themes that influence pharmacy student professional identity construction: path to pharmacy, curriculum, environment, preceptors, and patient interactions. The LDFP pharmacy curriculum prioritized the healthcare provider identity, which influenced the students desire to ‘become’ clinicians. Based on their internalized healthcare provider identity they rejected preceptors and practice environments that negatively impacted their ability to embody this identity.

Conclusion: The findings of this study suggest that pharmacy students align themselves strongly with healthcare provider identities at the cost of other potentially relevant identities. Pharmacy education programs may benefit from curricular reforms that incorporate and legitimize multiple pharmacist identities to ensure a strong pharmacy workforce for the future.

Keywords: professional identity; professional socialization, pharmacy education

INTRODUCTION

Conversations about professional identity in pharmacy education and practice are flourishing in the literature. There is interest amongst the Academy to establish professional identity formation (PIF) as a main goal of pharmacy education, similar to medicine. This is evidenced by recent calls to action to outline key elements of PIF and strategies to support it within pharmacy educational systems. There is a strong desire and sense of urgency to develop formal systems that intentionally guide PIF in pharmacy students, as well as support faculty development needs. Advocates calling for closer attention to professional identity presume that agreed upon standards can be established, taught, and learned. This suggests there is one right way to be a pharmacist, which is a rather reductionist view of professional identities. Our understanding of professional identity is informed by Foucault and Hall’s post-structuralist theories, which conceptualize identity as socially constructed and historically situated. Hall states, “identities are names we give to the different ways we are positioned by, and position ourselves within, the narratives of the past.” Therefore, we conceptualize professional identities as being constructed and reconstructed in relation to our interactions with the social world.

PIF, the dynamic process of transforming from a lay person into a health care provider begins during education and training and continues into one’s career. The development of a strong professional identity is thought to enable confident, self-aware, and ethical practice. Because it is foundational both to the competent practice of individuals and to the sustainability of professional groups, fostering professional identity has become a core focus for health professions educators. While there is little doubt that professional identity matters and that conversations are crucial to advancing the dialogue in pharmacy education, there is no urgency to reach a consensus on what it means to be a pharmacist universally.
In fact, a slower approach is warranted to reduce the risk of simplifying a complex phenomenon into a rhetorical academic exercise. PIF is a complex process underpinned by core psychological and social processes that require further exploration in pharmacy education. There is a paucity of data examining the impact of current educational processes on PIF, as well as other factors that may be at play, such as race, ethnicity and the larger sociohistorical context. It is not presently known how pharmacy students in Doctor of Pharmacy (PharmD) programs construct their emerging identities. A scoping review exploring PIF in pharmacy students identified a handful of empiric studies and concluded that more research was needed. Gaining a deeper understanding of how current pharmacy students construct their identities is a crucial step in understanding the educational elements that have the most potential to foster professional transformation.

The Academy is at a crucial point in determining how to move the professional identity agenda forward; it can mandate PIF as the goal for pharmacy education and suggest educational reform strategies to achieve this goal based on what is being done in other health professions; or it can become curious and take time to explore how current students are constructing and enacting their professional identities within current pharmacy education structures. The latter will provide information to guide pharmacy specific approaches to reform that will help socialize students to think, act and feel like a pharmacist, without compromising how they identify with the diversity of roles they must fulfill upon graduation. The objective of this study was to explore the key factors that influence professional identity construction in fourth year Doctor of Pharmacy students.

METHODS

This study used a single-site, instrumental case study approach to explore factors that influence professional identity construction in pharmacy students. This approach was selected as it allowed for in-depth exploration of the complex phenomenon of professional identity in pharmacy students in its real-life context (i.e., PharmD program). Fourth year students were chosen as the case as they were nearing the end of their pharmacy training, hence had been exposed to formal and informal curricula, and pharmacy practice in various settings. Including only fourth year students from a single pharmacy program increased the specificity of the sample, thus increasing the information power. This study was carried out at the Leslie Dan Faculty of Pharmacy (LDFP), University of Toronto (UofT). The study received ethics approval from the UofT Research Ethics Board.

In-depth semi-structured interviews were carried out with fourth year students. Interviews were chosen as we were interested in gaining insight into individual students’ lived experiences with professional identity construction, which is deeply personal. In addition, interviews are well suited to encourage open dialogue and deep, reflective responses. The interview guide was designed by the principal investigator and revised by the research team. The guide was trialed by the research associate (RA) prior to ensure questions were open ended and easy to follow. The questions were designed to encourage students to reflect on their experiences throughout their pharmacy education and how these experiences impacted their developing professional identities and future career goals. Participant responses to the initial questions guided the use of follow up probes that allowed the RA to gather data that extended beyond the specific experience described and allowed for flexibility to explore emerging ideas.

Eligible participants included all students enrolled in year four of the PharmD program at the LDFP. An initial email outlining the study and an invitation to participate was sent to all fourth-year students. Any students who volunteered were interviewed. A convenience sampling technique was used to identify participants as the goal was to capture a range of experiences, including variety in gender, prior years of university completion, previous pharmacy experience, and experiential rotation types, to better understand the different factors that impact identity construction. All interviews were hosted on Zoom® and were conducted by the RA. A snowballing strategy was then employed, whereby participants were asked whether they knew of any classmates who may be approached to take part. All participants provided written consent. Interviews were conducted during the period of June to November 2021. The interviews were approximately 60 minutes in duration. All interviews were audio-recorded and transcribed verbatim by a professional transcriptionist. A total of 188 pages of interview text were analyzed.

Data analysis was iterative, occurring alongside data collection. A constructivist, interpretive lens was applied. Initial line by line open coding was conducted by the principal investigator after each interview to establish initial understanding of the data and to inform adaptations to the interview guide. Upon completion of the individual case coding the principal investigator and the last author combined codes into broader categories. The coding process drew upon socialization theories of professional identity, specifically post-structural theories. It built on our previous work in which we identified multiple identities at play in pharmacy education which impact pharmacists’ abilities to construct professional identities in practice. Based on this we conceptualized professional identity to be a social process in which constructed educational and workplace experiences, as well as socialization processes, guide learners to adopt professional roles for themselves as pharmacists that are aligned with their expectations of what constitutes valuable...
pharmacist work. We used this conceptualization as a starting point for this study so that we could garner a better understanding of how fourth year students experience transitions to the workforce. Our theorizing follows the tradition of other scholars who view professional identity as a dynamic process versus a stable trait.\textsuperscript{11,16,29}

Research team discussions were used to review categories and identify overarching themes. The first and last author of this study are both pharmacists and pharmacy educators at the LDFP, hence were professional insiders. Throughout data collection and analysis both authors engaged reflexively with the data, noting their assumptions and values at larger team meetings, with the other non-pharmacist researchers. The diversity of the team enriched the perspectives and precision brought to the analysis. To further enhance qualitative rigour a member checking procedure was performed, where results were given back to participants for further comment.\textsuperscript{32} In accordance with case study analysis, we did not aim to establish consensus between interviews, but rather attempted to develop a deeper understanding of how professional identity construction occurred in training by studying a range of student experiences.

Before presenting the themes generated from our analysis, we describe the social context. The LDFP PharmD program is a four-year professional degree program. It consists of course-based and experiential-based training. The first three years of the program consist of in-class course work. Early practice experience (EPE) courses of 4-week duration occur after years 1 (EPE 1) and 2 (EPE 2). Advanced pharmacy practice experience (APPE) courses totaling 35 weeks duration occur after year 3. The program is designed to meet the Association of Faculties of Pharmacy of Canada (AFPC) educational outcomes for first professional degree programs in pharmacy in Canada, as well as the accreditation standards set by the Canadian Council For Accreditation of Pharmacy Programs (CCAPP).\textsuperscript{33, 34} AFPC and CCAPP outcomes and standards are well aligned to the Centre for the Advancement of Pharmacy Education (CAPE) outcomes and the Accreditation Council for Pharmacy Education (ACPE) standards in the United States.

RESULTS

The data yielded deep insights into factors influencing professional identity construction in pharmacy students. In total, 13 fourth year students from the LDFP took part. After the thirteenth interview data collection was stopped as no new information was obtained. Demographic details about the participants are provided in Table 1. The proportion of male (46%) and female (54%) participants in the study was consistent with the proportions of males (42%) and females (58%) in the full class, as was the breakdown of years of study prior to entering pharmacy school.

Our thematic analysis revealed five overarching themes associated with pharmacy students’ professional identity construction: path to pharmacy, curriculum, environment, preceptors, and patient interactions. The themes are described in detail below in no particular order. Illustrative quotations for each theme are presented in Appendix 1.

Theme 1, path to pharmacy, refers to the personal and educational experiences which impacted participants decisions to enter pharmacy school. They entered via one of two paths; the plan A path, in which they considered pharmacy early in their university studies; or the plan B path, in which they wanted to practice in healthcare, most often medicine, however ‘fell’ into pharmacy for reasons such as not getting into medical school or the desire to do something in the medical field. Regardless of the path, most participants entered with a limited understanding of what it meant to be a pharmacist. The participants described their initial view of the pharmacist’s role as that of a dispenser of medications. They were unaware of the variety of roles pharmacists play in the healthcare system until they were immersed in the program. This is an essential element to consider in professional identity construction, as before a student can engage in the process of ‘becoming’ a pharmacist, they must have a sense of what it is they are aiming to become. Since the students did not enter pharmacy with a clear idea of what it means to be a pharmacist, they had to renegotiate previously held views of what a pharmacist ‘is’ as they integrated into the program and were faced with the realities of the profession being presented to them.

Theme 2, curriculum, includes both the formal curriculum and the hidden curriculum (tacit socializing influences that teach learners what is important and valued in the contexts that they study/work).\textsuperscript{32} Students described the value of the didactic curriculum in preparing them effectively for clinical practice. They consistently described feeling like they had the knowledge required to be medication experts. They also discussed the limitations of the curriculum, specifically that the didactic curriculum did not prepare them for the ‘real’ world of pharmacy practice which they experienced during their EPE and APPEs. Overwhelmingly, the students felt strongly that it was the experiential experiences where they learned how to apply their knowledge, and how to act and think like pharmacists.

The participants did not directly name the hidden curriculum as impacting their identity development, however they described situations that educators would associate with the hidden curriculum, such as ‘unwritten rules’ of conduct in community pharmacies in which efficiency trumps empathy during patient encounters and ethical dilemmas such as quotas and metric driven outcomes. Most participants discussed the pressure they felt trying to navigate the business aspects of pharmacy with their desire to prioritize the clinical aspects. They placed significant value on being healthcare
providers, hence felt conflicted when their ability to embody this identity was not supported during their community rotations. When left to their own devices, the students’ solution to the conflict was to choose to not work in corporate settings after graduation as the work was not aligned with their internalized identity.

Theme 3, environment, refers to the influence of the practice environment on students’ professional identities. Participants described environmental factors such as practice setting, volume of work, and physical location as having an impact. There was consensus that busy community pharmacies made it difficult to fully embody the healthcare provider identity. The volume of work made it challenging to spend enough time with patients to provide assessments. The students reported tension with these environments as they struggled to enact their clinician identities which were strongly internalized. The physical location of the pharmacy also played a role. The further the pharmacy was from other healthcare members the harder it was to integrate the healthcare provider identity. Community pharmacies again were discussed as most do not have access to patient charts or information that is helpful to guide clinical assessments. Hospital environments were reported as being more conducive to clinical work as information was readily available and pharmacists were noted to be more integrated within the interprofessional teams.

Theme 4, preceptors, also impact students’ developing professional identities. The students discussed both positive and negative experiences with pharmacist preceptors, and how these experiences impacted their emerging identities. The positive experiences highlighted preceptors who prioritized clinically oriented patient care activities. The students discussed being inspired by preceptors who developed relationships with patients. They also described being impressed by pharmacists who confidently made recommendations to physicians and proactively sought to optimize medication regimens. These positive experiences reinforced the students’ healthcare provider identity and motivated them to want to practice in a similar fashion. Another key component of the positive preceptor experiences was the autonomy afforded to students. The students valued preceptors who gave them room to develop independently and to try diverse ways of ‘being’ a pharmacist. They felt the independence helped them build confidence and internalize what it means to be a healthcare provider.

On the flip side, the negative experiences shared by students revolved around preceptors who prioritized dispensing and business functions. The students expressed frustration when their preceptors did not work to their full scope of practice and when they were focused on prescription counts and meeting service quotas. Most negative experiences shared by students occurred in corporate pharmacy locations. These negative experiences created a sense of professional identity dissonance for students as they could not see themselves as dispensers or businesspeople. The students reconciled this dissonance by stating they did not want to practice in corporate environments as they were not deemed compatible with their developing healthcare provider identities. Overall, the dialogue regarding pharmacist preceptors uncovered the important roles that preceptors play in students’ understanding of what it means to be a pharmacist. In our sample the students overwhelmingly viewed the negative experiences as reinforcements of the importance of finding a future job that would not compromise their ability to embody the healthcare provider identity.

Theme 5, patient interactions, refers to the influence of patients on shaping professional identity construction. It includes the perceived value of developing ongoing patient relationships, observing pharmacists go beyond their perceived roles to provide compassionate care and the impact of public perception. Students talked frequently about the tension they experience when the public sees them as pill pushers, however they see themselves as health care providers.

DISCUSSION

This qualitative study explored factors that influence how fourth year pharmacy students come to identify with certain components of pharmaceutical work as more central to their professional identity. Various curricular content and experiences contribute to constructions of emerging professional identities. We found that students’ path to pharmacy, curriculum, preceptors, practice environment, and patient interactions, all play a role. Several of the themes identified are supported by previous research in medical and pharmacy students.5,14,24,36-41 Wong and colleagues found five themes associated with PIF in medical students: prior experiences, role models, patient encounters, curriculum and societal expectations.36 Previous studies in pharmacy students have illustrated the impact of experiential and part-time work experiences, the impact of social recognition or public perception, as well as pedagogy, and curriculum.24,38,41-43

Our path to pharmacy theme identified that most students entered pharmacy with limited knowledge of the roles of the pharmacist beyond dispensing medications. This data is aligned with a study conducted in first year pharmacy students that found students entered pharmacy often as a second choice, simply wanting to do ‘something’ medically oriented.44 This suggests that students come with preconceived views about the dispensing identity of pharmacists, however rely heavily on the curricular experiences to socialize them to other ways of ‘being’ pharmacists.

Our data also illustrates that curriculum has a significant impact on identity construction. The students discussed the role of the didactic curriculum in providing them with the knowledge required to be medication experts, while the
experiential rotations provided them opportunities to be involved in ‘real world practice.’ The participants articulated that they felt the curriculum provided them with a solid foundation to perform as a healthcare provider in practice. They voiced strong commitments to patient care and improving patient outcomes through collaborative medication management and advocacy for patients on the interprofessional team. In addition, the participants asserted strong rejections of non-healthcare provider identities when faced with them in experiential rotations such as dispenser or businessperson identities. The students felt that these identities were not in line with their training, hence these alternatives were less acceptable to them. These findings suggest that there are strong socialization processes at work within the formal curriculum reinforcing the value of clinical knowledge and clinical roles and devaluing other common pharmacist roles. This is supported by earlier work by Kellar and colleagues which found a strong curricular emphasis on the clinician discourse in pharmacy education in North America. This has the potential to impact the profession significantly as students are likely to be less willing to take jobs that compromise their ability to enact the healthcare provider identity in practice.

Our data also reveal the presence of a hidden curriculum, particularly as it relates to corporate pharmacy practice. Although hidden curriculum can be positive, our data illustrates learner experiences that expose negative hidden curriculum effects. During experiential rotations and part-time work experiences students are being exposed to corporate pharmacy models that value quantity over quality of services. Students observe pharmacists in these environments prioritizing dispensing and business activities over patient care activities and feel stigmatized when they spend too much time assessing patients. This hidden curriculum is contributing to villainizing the role of the merchant and dispenser identities. Thus, educational practices may be unintentionally reinforcing an “assumptive professional typology of a good pharmacist”, that can only be attained through the healthcare provider identity. This limits the potential impact of pharmacists in the healthcare systems as it makes other ways of practicing less legitimate. This has the potential to negatively impact the community pharmacy workforce in the future as students may preferential seek alternative practice sites. Formal opportunities for students to reflect on experiential rotations that challenge their emerging identities with faculty members are important areas to consider in curriculum reform initiatives.

Preceptor role modelling, both positive and negative, emerges as a powerful theme in the interviews. Our findings suggest that faculty members need to be more aware of the important influence that role modelling plays on students’ professional development for preceptors to ensure alignment between their behavior and the values of the profession could help to close the gap between formal teaching on professional identity and experiences in the clinical setting. If students have the opportunity to discuss their clinical experiences with faculty members, this could also help to address hidden curriculum issues as they arise.

Our study provides insights into factors that influence how students construct their professional identities during pharmacy school. The findings suggest that students studying at the LDFP have strong internalized healthcare provider identities, at the exclusion of other potentially relevant pharmacist identities. This finding is not surprising considering the current PharmD curricular model, AFPC educational outcomes, and CCAPP accreditation standards prioritize pharmaceutical care and clinically oriented content and skills. The formal course-based curriculum is comprised of predominantly pharmacotherapy and medication therapy management courses. The AFPC educational outcomes are designed with the Care Provider role as the principal component of the pharmacist’s function, and all other roles and enabling competencies are patient centered. The AFPC outcomes states that: “Pharmacy graduates must be grounded in a professional identity when being a Care Provider who approaches practice through the integration and application of Communicator, Collaborator, Leader-Manager, Health Advocate and Scholar roles.” This suggests that pharmacy education in Canada is designed to socialize students to a single, standardized healthcare provider role, rather than fostering the construction of many potentially important roles. This is problematic as our previous work illustrates that pharmacists play diverse roles in the healthcare system and many struggle to enact the healthcare provider identity in certain practice environments. This results in pharmacy trainees and pharmacists feeling conflicted when navigating the tension between the healthcare provider identity discourse and the dispenser and merchant discourses. This has potential implications for the profession as the identity dissonance experienced may lead to job dissatisfaction, attrition from the profession and a sense of complacency in practice. The Canadian standards are well aligned with the CAPE educational outcomes and ACPE accreditation standards, hence these findings have potential applicability to PharmD programs across the United States, as well as in other countries who have modelled their pharmacy education around North American programs.

Our work adds important information on how pharmacy students are constructing their identities during their pharmacy education. It opens the door for pharmacy educators to think about the benefit of exposing students to multiple identities during pharmacy school and how faculty members can assist students in constructing their professional identities so they are not left to reconcile competing identity discourses on their own. Our work also makes significant
methodological contributions as it explores identity from a socio-cultural perspective and employs robust qualitative methods which are crucial when studying a complex phenomenon such as professional identity.

Future work is needed to determine how findings from a single pharmacy program resonate on a national and international scale. It is likely that many of the factors identified are broadly applicable to entry level PharmD programs across Canada and the United States, as well as other countries who have designed curriculum around the pharmaceutical care model, however the socio-cultural contexts in different countries may impact how the factors play out in students. In addition, research exploring the impact of professional identity construction on career trajectories and workplace performance would be of value. Finally, research exploring the impact of race and ethnicity on professional identity is of utmost importance as the diversity of the student population continues to increase.19,22

This study has limitations worth noting. It was conducted in a single institution hence the findings may not transfer to PharmD programs that are significantly different than the program at U of T. However, the case study was conducted at the largest pharmacy school in Canada and the 60-minute interviews with a cross section of learners generated rich data which led to recurrent themes being generated, suggesting the information power of the sample was adequate for identifying general trends in socialization experiences, that are broadly applicable Also, the study was conducted in Canada, which has a universal, publicly funded healthcare system which may impact the experiential experiences of students differently than in countries with different healthcare models. Also of note, we did not triangulate our interview data to other sources such as admissions data, curriculum maps, or other researchers results which may have increased the rigor of the findings.

CONCLUSION
Our study of fourth year pharmacy students provides a window into the dynamic, discursive, and iterative nature of professional identity construction. Students co-construct their identities through encounters with the curriculum, patients, preceptors, and different pharmacy environments. Our study provides insights into the ways in which the LDFP curriculum legitimizes the healthcare provider identity, creating a structure that disempowers any other way of ‘being’ a pharmacist. This impacts students’ identity construction as they prioritize opportunities that will facilitate their ‘becoming’ clinicians. The profession could benefit from curricular reform efforts that encourage diversity in pharmacists’ roles to ensure the profession can meet the medication related needs of society presently and in future.

ACKNOWLEDGMENTS
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REFERENCES


Table 1: Demographic Information of 4th Year Pharmacy Participants

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Appendix 1: Representative Quotes Provided by Participants During Interviews

Theme 1: Path to Pharmacy

“I didn’t really know what a pharmacist did. I thought they just count pills.” (Participant 2)

Theme 2: Curriculum

“I think at the core we’re medication experts…the program developed us into doing that, they prepared us for clinical roles and being experts in medications.’ (Participant 7)

“…I was disillusioned…I felt pressure from management to accomplish certain goals…I wouldn’t have felt that pressure in other healthcare professions…it feels like I am a cog in the machine. I’m a replaceable piece…if I’m unable to meet quota numbers then my boss can find someone to replace me…it makes me feel underappreciated and undervalued.” (Participant 11)

Theme 3: Environment

“Let’s say there is an economic pressure where dispensing gives more reimbursement than clinical services, then definitely my identity shifts away from being a clinician to more of a drug dispenser. Even though that is something I don’t want, and something we didn’t learn in school of what an ideal pharmacist is…it indicates identity is strongly influenced by the environment.” (Participant 1)

“The pharmacy was very busy, it’s like 300 to 500 scripts a day. I was busy, and you don’t get a lot of time to counsel a patient, it’s more like, do you have any questions? No? Okay, bye.” (Participant 9).

Theme 4: Preceptors

“You’re a professional and your number one responsibility is to act in the interest of the patient. The most impactful way I saw this is when pharmacists did it in real life…it is a powerful moment when you see a pharmacist go, okay there is nothing backing me on this, but in my professional judgement, I can do this…this is in the best interest of the patient…it is very inspiring.” (Participant 3)

“He let me have an important role on the team, and it wasn’t hand holding. He let me have my own practice, and that’s where I really learned a lot…I felt empowered.” (Participant 4)

Theme 5: Patient Interactions

“…the relationship with my patients, it’s important to me. I want my patients to think of me as their pharmacist, the way they’ll say my doctor wrote a refill. I wish they would think of me as their pharmacist rather than the pharmacist or a pharmacist.” (Participant 5)

“They [the public] don’t really see the value, and pharmacists don’t communicate that value…pharmacists do the work behind the scenes…but the patients don’t see that. They just think, oh, the doctor is always right…the pharmacist is just making me wait…we’re not recognized for our role.” (Participant 8)