The topics of student professionalism and civility in the classroom have received much attention in recent years throughout the health professions. Raising the issue of student professionalism in a group of faculty or students will spark a lively debate about what needs to be done and by whom. Within pharmacy, both faculty and students have devoted considerable time and effort to the issue of professionalism. The American Pharmaceutical Association Academy of Students of Pharmacy and the American Association of Colleges of Pharmacy Council of Deans Joint Task Force on Professionalism issued a white paper in 2000 containing recommendations for students, faculty, and educators to resolve inconsistent student socialization and enhance student professionalism. The recommendations for educators are organized into 4 phases—recruitment, admissions, educational programs, and practice.

In the Task Force report, the role of faculty members as mentors for students is discussed primarily as it relates to the experiential portion of student training. Despite the efforts by schools of pharmacy to incorporate early practice experiences into their curricula, the primary faculty role models for students during the early years of their training are still found in the classroom. Professionalization of our students must begin with the first day of pharmacy school so that the attitudes, values, and behaviors of a professional will become second nature by the time our students become full-fledged members of the profession. Therefore, the classroom behavior of all faculty members must be professional to provide the best possible role models for our students. The Task Force report acknowledges the role of classroom mentors early in the curriculum and the need to develop positive interactions with students, but does not develop strategies to encourage such behavior or guides for helping faculty model professional behaviors.

While faculty should always behave in a professional manner when dealing with students and faculty colleagues, we sometimes adopt the attitude of “do unto students as was done unto us when we were students.” We may also hide behind the stereotype of the college professor as a quirky, eccentric, or absentminded type who is not expected to follow the rules of appropriate behavior. Consider these examples reported by students:

- “Dr A is never available if students in the class have questions over lecture material.”
- “Unprofessional remarks have been made to the class—eg, ‘Your Mommies and Daddies would not be happy that you’re wasting their tuition dollars by missing class.’”
- “The exam was very unorganized with multiple misspellings and irregular numbering.”
- “Dr X sat in on Dr Y’s lectures and inappropriately interrupted the lecture. It was unprofessional to challenge Dr Y’s material in front of the class.”

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• “Dr Z placed a note of congratulations on his website to several students for achieving A’s in his class. Doesn’t this violate confidentiality?”

• “Dr W has the attitude that he does not really want to waste his time teaching us lowly students but instead would prefer to be in his lab doing important research.”

• “When Dr M had a wrong answer on an exam question, the response to a student question was ‘It’s right because it’s right’ or ‘That’s just the way it is.’”

One way to help faculty role models become more sensitive and understanding of appropriate classroom behaviors is to translate the behaviors and skills we expect from our own clinicians in the patient care setting to the non-clinical environment of the classroom. As an aid to becoming better professional role models for our students, we offer the following analogies between behaviors and skills that a faculty member would expect from his or her own physicians and pharmacists in a practice setting with those expected of a faculty member in the classroom.

Expertise in, knowledge of, and utilization of the latest advances. As patients, we expect knowledgeable practitioners who are familiar with contemporary techniques and information and use them in practice. We would not be satisfied with a general practitioner performing heart surgery or using outdated techniques that were appropriate when that practitioner was in his residency. Nor would we be satisfied if the only drugs prescribed were those that were available when the practitioner was in school. Likewise, we should be knowledgeable about the topics we teach and should utilize the most current and effective instructional techniques.

Organization, preparedness, and time efficiency. We expect that our practitioners will be on time and prepared for each appointment. We would not be satisfied with a practitioner who comes to our appointment without our medical history and lab tests readily available. Nor would we tolerate a practitioner who is so disorganized that he orders 2 lab tests when 4 are needed, requiring an additional needle stick. By analogy, faculty should be on time for class and meetings with students. We should be organized and systematic in our approach to the class and have the proper materials with us in the classroom.

Respect confidentiality. We would not tolerate having our medical records open to anyone who walked in the physician’s office, nor having the practitioner discuss our medical condition in the waiting room or the pharmacy with other patients present. Health professionals must satisfy the requirements of the Health Insurance Portability and Accountability Act.² By the same token, we must maintain the confidentiality of student grades and other personal information contained in the student record. Grades must be returned maintaining confidentiality, and if a faculty member needs to discuss something related to performance, it should be done in a confidential environment away from other students. Individual student performance should not be discussed in an open environment or with individuals such as secretaries or graduate students. Faculty must satisfy the requirements of the Family Education Rights and Privacy Act.³

Respect for colleagues and patients. We would not respect a practitioner who openly criticized or disparaged another practitioner in our presence, nor would we tolerate a practitioner who treated us disrespectfully. Likewise, faculty members should refrain from criticizing or making fun of fellow faculty members in the presence of students and from treating students disrespectfully.

Knowledge of relevant laws, procedures, and the functioning of the health care system. We expect our practitioners to know the laws relevant to their practice and to understand the functioning of the health system in which they work. We would not tolerate being told a procedure or a prescription is covered by insurance and later find out it is not. By the same token, faculty should know how the academic system or rules of the college and university function. We should know, for example, what information must be included in a course syllabus and what resources are available to our students.

Good communication skills. We expect our health care practitioners to listen with interest to our questions and concerns. Open discussion should be encouraged and the consequences for not following
the practitioner’s recommendations should be clearly spelled out. Information from the practitioner must be in a form the patient can understand. By analogy, faculty should be clear in their class presentations and in the way they respond to questions. The difficulty of course material should be appropriate to the level of the student. Expectations for performance and the method for calculating grades should be clearly defined. There must be an opportunity for discussion and asking questions when appropriate.

Neat, orderly appearance. We expect our physicians and pharmacists to look like health care professionals rather than like they just got out of the gym. By the same token, faculty should come to the learning environment looking like a professional.

Knowledge of history and expectations for the future. We expect our health care practitioners to know our medical history and to be able to anticipate future problems that may arise. Practitioners should make decisions and suggestions within the context of that history and prepare their patients to deal with the future as effectively as possible. By analogy, faculty should know the history of their students in terms of prior coursework and experiences as well as coursework and expectations that the student will face in the future. We should tailor our decisions, interactions, and course material within the context of how our course is positioned in the curriculum. We should avoid unnecessary duplication of what was taught previously and should not assume knowledge of topics and skills that were not covered earlier in the curriculum.

Caring behaviors: empathy and awareness of patient-specific issues. We expect our health care professionals to treat us with respect and empathy, to convey a feeling that the practitioner cares for us and does everything in the interest of our well-being. In addition, the practitioner should know about relevant patient-specific issues and act accordingly. By analogy, faculty members should treat students with respect and display empathy for them. We should be aware of what else is going on in the students’ academic lives and develop strategies for effective learning. We certainly cannot accommodate all the concerns in our students’ lives. But we should acknowledge the issues, express concern, and attempt to help students manage problems when it is reasonable to do so.

If we keep in mind those behaviors that we expect from others, then it will be reasonable to ask our students to do as we do, not just as we say.

References
