STATEMENTS

Changing the Culture: An Institution-wide Approach to Instilling Professional Values

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Professional socialization is a process that must engage the entire organization for it to be optimally effective.[1] While the curriculum focuses on technical competence and could cover subject matter such as ethics and professionalism in a formal, didactic manner, a 360-degree approach would consider all of the ways that we affect the professional development of our students, from admission through graduation and beyond. Thus, professionalism is both a curricular and an extracurricular concern.

The purpose of this paper is to describe how one organization is changing its culture by examining ways to influence professional socialization throughout a student's and faculty member's entire academic experience in a school of pharmacy. While the focus is on students, transformation of faculty members is also essential. Students will flounder without appropriate role models. Therefore, some examples also address the professional socialization of the faculty. Specific programs and changes that have been implemented are described. In addition, efforts to assess the impact of the changes are reported.

INTRODUCTION

Examples of questionable ethics/professionalism can be found throughout society. Most recently, there have been reports of business scandals (eg, Enron, Worldcom, etc), plagiarism by respected newspaper reporters, and pharmacists diluting chemotherapy, etc. Given the increasing prevalence of these types of scandals and their impact on society, the need for developing professional values during the higher education process has become increasingly important. Within pharmacy education, the professional socialization of students has always been an essential component of the educational process; however, identifying the best methods of instilling professional values is now a topic of critical interest.

Professional socialization is a process that must engage the entire organization for it to be optimally effective.[1] While the curriculum focuses on technical competence and could cover subject matter such as ethics and professionalism in a formal, didactic manner, a 360-degree approach to professional socialization is essential if students and faculty members are to become immersed in a culture that promotes the transformation. Such an approach would consider all of the ways that

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we affect the professional development of our students, from admission through graduation and beyond. Thus, professionalism is both a curricular and extracurricular concern.

What follows are examples of how one organization changed its culture by examining ways to influence professional socialization throughout a student's and faculty member's entire academic experience in a school of pharmacy. While the focus is on students, transformation of faculty members is also essential. Students will flounder without appropriate role models. Therefore, some examples also address the professional socialization of faculty members. In particular, one school's ongoing efforts to change the professional culture are described. At the Auburn University Harrison School of Pharmacy (AUHSOP) a Professional Development Committee was appointed and charged by the Dean to examine from a holistic approach all the ways that the School's programs could or should be changed to constantly expose students and faculty to professional values and behaviors. Many of the changes that have been implemented are described below. In addition, the impact of the changes is reported.

Recruitment

Professional development begins with exposing potential students and faculty to the values that are important to the profession and the school, such as caring,

ethics, and pharmaceutical care. To facilitate this development and to increase the number of highly qualified students, a recruiter was hired by the Harrison School of Pharmacy to more actively market the profession and the School and to expose students in junior colleges, 4-year institutions, and high schools to the profession in general and Auburn's program in particular. The recruiter not only focuses on contact with prospective students, but also has established working relationships with prehealth professions advisors on the various campuses. Emphasis is placed on the caring aspects of practice, the pharmacist shortage and career opportunities, contribution to society, and financial security. The expanded roles of pharmacists are especially highlighted since the majority of applicants have a limited vision of the profession. To further market the profession and School, prepharmacy student clubs are routinely visited by AUHSOP faculty, who make presentations on professionalism and provide an overview of the School's curriculum and programs emphasizing problem-based learning, pre-pharmacy coursework, the interview process for admissions, and the School's experiential programs. Recruiting materials discuss the School's Standards of Attire, the Honor Code, and a Covenant between Students and Faculty. (Copies of these materials are available upon request from the corresponding author.) All of these documents were developed to support the process of professional socialization. While it is not required, potential applicants are encouraged to complete a 4-year degree prior to applying to pharmacy school to help ensure their success in the curriculum.

Admissions

The admissions process is another opportunity to inculcate professional attitudes and values in students, help them understand what is important to the school, and assess the student's initial values and attitudes. The admissions process at AUHSOP has been evolving and was extensively revised this year in order to accomplish the aforementioned goals. A rolling admissions process was developed to allow more highly qualified candidates who meet the necessary qualifications to receive an early interview and potential acceptance. A consistent level of communication with the applicant pool was maintained to help engender commitment to the program. The 20-minute interview was expanded to a more personalized 1-hour interview to allow time to discuss professional issues and for the candidates to ask questions. We found that applicants responded positively to the opportunity to tell their "story" and have adequate time to do so. The interview instrument and evaluation tool were also updated (these materials are also available upon request from the corresponding author). Interview domains that were considered essential for the

candidate's success in the program and the profession included citizenship/leadership/social interaction; motivation and preparation for learning; knowledge of/interest in the profession; caring; thinking/problem-solving abilities; personal attributes for success; and communication abilities. The interview is often the deciding factor in the admissions process. There were several instances in which academic performance was outstanding but a lack of professional understanding and motivation precluded the applicant from receiving an offer of admission. In addition, candidates for admission are given the Defining Issues Test (DIT), a test of cognitive moral development designed by Rest.[2] Rest has identified developmental stages of moral development that are predictive of professional and ethical decision-making and clinical performance.[3,4] While the scores are not used as a basis for admission, they are evaluated and compared with other key performance indicators to make sure that anyone admitted who scored extremely low on the scales is identified. In the future, some form of intervention is planned for those students with lower than average scores.

Orientation

Orientation programs should allow new students (and faculty) to begin to understand and experience the culture of the school of pharmacy. The Harrison School of Pharmacy has extensive orientation programs for both new students and new faculty.

Faculty orientation. The Faculty College is an innovative approach to help prepare new faculty for problem-based and experiential instruction within the pharmacy curriculum. It is designed to make every faculty member feel more comfortable and be more effective in the classroom, regardless of how much or how little teaching experience they have. The vision for AUHSOP is that the school "will provide a collaborative educational experience in which both student and faculty learning occurs."

The perceived need for an organized program to assist new faculty members, together with adequate funding to make such a program possible, led the School's Executive Committee to charge an Ad Hoc Committee on New Faculty Development to design a program around the following questions:

1. What philosophical tenants of our curriculum should new faculty members understand and embrace in order to support the program?
2. What skills should new faculty members demonstrate by the completion of the New Faculty Development Curriculum?
3. What resources are available?
4. How can the curriculum of the faculty college be constructed to emulate the active-learning and

student-centered teaching paradigms adopted at AUHSOP?

5. Is the proposed curriculum a "crash course" or is it one that can continue to build throughout the faculty member's tenure?

6. What is the appropriate length of the faculty college curriculum?

This committee developed a framework for the Faculty College that was approved by the Executive Committee. To get the educational expertise necessary to make the Faculty College successful, the School hired a curriculum and instruction specialist (Visiting Professor with a Doctor of Education degree) to oversee the design, development, enactment, and evaluation of the Faculty College. The first step in the process was to have 8 new faculty members, who began teaching in the Fall 2002 Semester, participate in the 4-week orientation phase of the Faculty College in an effort to prepare them to be successful in the wide variety of educational settings each would encounter at the Harrison School of Pharmacy. New faculty members spent 2 full days a week for 4 weeks learning about the School and receiving advice and instruction on how to be successful as faculty members in the Harrison School of Pharmacy.

The orientation course for the cohort was divided into 4 phases. There was some overlap between phases and parts of some phases were intermingled with parts of others to provide each new faculty member with a well-rounded approach to faculty responsibilities at AUHSOP. Phase one consisted of introductory sessions in which the new faculty members were exposed briefly to the different departments that function within the School.

The second phase of the program offered a more in depth look at some of the key departments and classroom structures with which the new faculty members would be very involved during their first year. They were given a very thorough presentation about their responsibilities in both the Professional Practice Experience (PPE) and the Advanced Practice Experience (APE) programs.

The third phase focused on teaching and working with students as a facilitator of learning. Two experienced faculty members facilitated a discussion on the classroom modules, the core of each student's third year of study. In addition, the new faculty members were led through a guided discussion, and role-playing on the theory and practice of experiential learning. The cohort also spent an entire afternoon with the visiting education professor, discussing teaching strategies to involve the entire class, motivating students, and preparing to teach a practice lesson with the group. As the culminating event of this phase, each member of the cohort facilitated a 30- to 40-minute lesson in which the other 7 members played the role of students.

The fourth phase of the Faculty College involved professional development. During this phase, the new faculty members received guidance on the unique way that Auburn University handles such issues as mentoring, annual reviews, and promotion and tenure. An experienced faculty member who had just gone through the promotion process provided excellent insight into the process and gave the cohort a real feel for how they should keep accurate records of their accomplishments and involve themselves in the scholarship of service and outreach.

One of the primary purposes was to increase faculty awareness of HSOP culture, core materials, information, and documents prior to arrival on campus. Therefore, some basic information packets were sent in advance. A binder containing items such as faculty handbook, organizational structure, specific policies, and example syllabi was developed. In addition, faculty members participated in a Pharmacy Leadership Forum, which introduced the concepts of Stephen Covey's book *Seven Habits of Highly Effective People*. Faculty members were able to observe experiential student presentations and discuss grading. Information technology workshops were developed to review the use of technology in the classroom including WebCT, e-mail, and web cameras. The plan also calls for a continuing faculty development program throughout the first year. Each of the new faculty members was visited at least once in their clinical setting during the year and all new teachers were observed in the classroom and given constructive feedback both orally and in a written report. In addition, several took advantage of the offer from the Office of Teaching, Learning, and Assessment to help with syllabi, lesson plans, and assessment instruments.

To supplement the Faculty College, the Department of Pharmacy Practice developed a longitudinal faculty mentoring program for the Faculty College graduates. The goal was to enhance professional development and increase their teaching, scholarship, and outreach abilities as well as confidence, faculty identity, and opportunities for success. Each junior faculty member was assigned to a faculty mentor. The responsibilities of the mentor were to support, guide, and provide feedback to junior faculty in the areas of teaching, scholarship, and outreach. In regards to didactic teaching, the mentor would review classroom materials and syllabi, as well as provide peer evaluation of classroom teaching. The mentor was advised to visit the junior faculty member's practice site and provide feedback regarding experiential instruction. The mentor was also encouraged to review abstracts, critique manuscripts, review posters or platform presentations, and assist with internal or external grant proposals. Finally, senior mentors were en-

couraged to help with time management, assist with building a dossier, help with professional networking, and find opportunities for junior faculty members. The process typically involved setting up regular meeting schedules between senior and junior faculty. A specific timeline to accomplish tasks was prepared by the department and distributed to all senior faculty members as a guide for successfully mentoring junior faculty members.

While the Faculty College is designed to enhance the experiences of new faculty members, all faculty members are invited to attend any Faculty College sessions. There are also ongoing programming and development opportunities for the entire faculty. For example, the 2002 faculty retreat for the School of Pharmacy focused on professional socialization and the 2003 retreat focused on building better faculty-student relationships, with a focus on mentoring and caring. The 2002 retreat featured a 4-hour workshop on professionalism. Twelve hours of programming at the 2003 retreat focused on relationship building.

Student Orientation. In 2002, the student orientation program at the Auburn University Harrison School of Pharmacy changed from a 2-day program to a 5-day program, culminating in a white coat ceremony welcoming the students into the profession. The orientation included the following components: campus and school tour, computer skills workshop with an accompanying internet assignment, guest speakers representing varied practice backgrounds, an introduction to all faculty and staff, a review of the organizational structure of the AUHSOP, academic programs and why they exist, academic standards and our expectations, what it means to be an emerging professional student, team building activities, and sponsored lunches and dinners. In addition, a major focus of the orientation was on pharmacy as a profession and professional socialization. Several hours were devoted to these topics, including a 3-hour problem-based workshop. The orientation program also included sessions for the students' parents and/or significant others so they would have a heightened awareness of the profession, the curriculum, and the demands of pharmacy school. Feedback from students was very positive about the entire experience.

It is important to note that the Student Orientation program has very specific goals and directions for each activity/topic. These goals and objects drive the teaching methodology and the assessment of whether the objectives were met. An attempt was made to make Student Orientation a student-centered, active-learning experience. Every activity had its own assessment.

Experiential Programs

In addition to the Advanced Practice Experience (APE) program (clinical rotations) at AUHSOP, the School has developed an innovative program to promote the student's primary care role and professional development. The introductory Pharmacy Practice Experience (PPE) program consists of a series of 6 continuous 1-semester-hour courses that are mandatory for all students. Pharmacy students take one of these courses each semester and each course is a co-requisite for all other pharmacy courses taken that semester.

Upon entry into pharmacy school, students are assigned to clients/patients of a community-based agency (eg, East Alabama Mental Health, East Alabama AIDS Outreach, East Alabama Services for the Elderly, etc) or with volunteer community residents. Students spend several hours each week providing care to these individuals, which is completed concurrently with the traditional classroom-based coursework. The type and extent of pharmaceutical care that is provided is based on the needs of the patient and educational level of the student. This weekly patient care commitment helps students realize the responsibility that accompanies being a health care professional. Although the pharmaceutical knowledge base of first year students is limited, they can still practice pharmaceutical care skills by developing relationships, utilizing communication skills, and developing sensitivity and understanding about patient care issues. As students progress through the curriculum and their pharmacy knowledge base increases, they take on more responsibility for the management of patients' drug therapy. To highlight the importance of documentation in patient care, students are responsible for providing weekly documentation of their activities within 24 hours of each patient encounter. Due to the service-learning framework of the course, documentation is initially reflective in nature; however, second and third year students also write progress notes outlining the care they provide and the status of those they work with in the community. First year students are taught how to write reflections in the first week of the first semester of pharmacy school. They are taught what reflective writing is and why it is important.

Because health care practitioners frequently work together on teams, it is important that students learn the skills necessary to function as an effective team member. To promote the development of these skills, all students are divided into Pharmaceutical Care Teams that are facilitated by 2 faculty mentors. The teams consist of students from each of the first 3 professional years. Teams meet weekly to review and reflect upon patient cases, to make decisions for follow-up care in resolving patient problems (whether they be socio-behavioral or medication-related), and to discuss issues related to the School, professionalism, ethics, or pharmaceutical care. Students are expected to find the answers when ques-

tions arise regarding patient care or other learning issues. They are taught to take responsibility for the patients they visit. By graduation, each Auburn University pharmacy student has had continuous contact with patients throughout their entire pharmacy education.

Mentoring. The importance of mentoring in professional development is well documented in the literature.[5] Mentors are needed to coach, guide, and "stretch" the student. The mentor-mentee relationship requires a balance between the mentor helping the mentee obtain self-confidence and independence, and the mentor providing enough direction and support to give the mentee the confidence to grow. This balance between how much the mentee is stretched and how much the mentee is supported is critical. Lack of support and stretching produces problems because there is no direction and no encouragement. Too much support without enough stretching does not develop self-confidence because the student never really learns if they can do what needs to be done independently. Lack of support with high levels of stretching produces too much fear, which may result in withdrawal. Therefore, a combination of stretching and support is needed for the mentee to achieve independence and self-confidence.[6] This takes time and committed effort on the part of faculty members *and* students. Students should be given ample time to practice new skills and concepts. Encouragement is needed from faculty members, along with a safety net as students learn and mature. Students, on the other hand, must be willing to take risks, to try new things in order to learn and stretch. This requires a safe relationship in which the risks of "failure" are not formidable and in which encouragement, understanding, and compassion are part of the process. Of course, maturity and responsibility on the part of the student are also essential.

The mentor-mentee relationship is the ideal place for caring to be demonstrated and modeled for the student. If faculty members strive to instill students with positive professional attributes, then faculty members need to ensure that they demonstrate mature, caring, respectful relationships toward students. However, faculty members must also be aware that treating students with hostility, disrespect, or contempt will also be modeled by students.

The PPE program at Auburn University allows faculty members to mentor students and for students to mentor each other. In this environment faculty are in direct contact with students, offering advice and providing an opportunity for role modeling. Third-year students are expected to serve as leaders on their pharmaceutical care teams by assisting with meeting facilitation and helping second year and first year students identify and resolve drug-related problems in their patients. Third-year students (along with faculty mentors) ask the students questions that link concepts learned in didactic courses with patient care, prompt reviews from the students of how drugs work, challenge the students' hypotheses, facilitate the students' drug therapy decisions, and help the team in formulating follow-up care plans for all patients. Third year students are given guidance regarding their leadership expectations and how to fulfill them in a mature, respectful manner.

Academic progression. If schools of pharmacy are going to treat professional socialization and the development of professional attitudes and behaviors as the primary goals of the educational enterprise, then we must think differently about what constitutes passing the curriculum. In other words, are we willing to make students eligible for academic dismissal even if they have passing grades in all coursework? Are we ready to move toward documenting behaviors and attitudes that are not appropriate and either remediate students or dismiss them if problems of unprofessional conduct persist? The University of California at San Francisco School of Medicine has developed a program for the early detection of deficiencies in professionalism in their students. "The goals of the system have been to identify medical students who demonstrate unprofessional behaviors in order to remediate their deficiencies and to give the school an administrative structure to deal with such behaviors."[7] A Physicianship Evaluation Form is used to identify and document problem attitudes or behaviors so that a faculty member and student can engage in a discussion of the problem behavior and how it can be corrected. The goal of this process is to assist students in understanding why the behavior or attitude is unprofessional so that the behavior of the student can be improved. If a problem is noted (eg, rude or disrespectful conduct, student does not take appropriate responsibility in group assignments, etc), a faculty member or the associate dean meets with the student and discusses the problem. The student is asked to sign the form documenting the problem, acknowledging that they have been contacted about the problem. The student is given an opportunity to provide information that would allow the form to be withdrawn by the faculty member if this is deemed appropriate. If a student receives 2 or more of these forms during the first 2 years of school and then receives another in clerkships, this indicates a serious problem that could result in academic probation or dismissal. A similar process, implemented across the entire curriculum, is being considered here at AUHSOP. The APE already has a mechanism in place to address professional conduct. For example, in order to pass each rotation, the student must demonstrate satisfactory performance in the categories of citizenship/leadership/social interaction and professional behaviors and ethics. Thus, a student can fail a

Table 1. Meyer Briggs Type Indicator Frequency in Various Populations

Meyer Briggs Type Indicator	General Population (G)	Pharmacists (P)	2006 class	2007 class
Extroversion/ Introversion (E/I)	75/25	47/53	52/48	59/31
Sensing / Intuition (S/N)	70/30	54/46	75/25	83/17
Thinking / Feeling (T/F)	50/50	51/49	55/45	51/49
Judging / Perceiving (J/P)	55/45	65/35	55 /45	92/8

rotation based on poor performance in either of these 2 areas alone despite excellent performance in all other areas (patient care, drug therapy knowledge, etc).

The important point to the above discussion is that if professional socialization is to be taken seriously and internalized, it must be evaluated and assessed as seriously as technical competency. Adequate grade point averages simply are not enough to assure the development of a mature professional.

Awards

Like other pharmacy schools, the HSOP has an annual awards program. While award selections have typically focused on students who were high achievers academically, student performance in the areas of professionalism and leadership have more recently been given greater weight in selecting award recipients when so allowed by the selection criteria for specific awards. For example, in the past year the School initiated an award for one student in each class who was selected for exemplary performance in the introductory pharmacy practice experiences (PPE), based on documented excellence in professionalism and patient care.

In addition, a new award was created to honor the outstanding faculty mentor for the school. This award is different than the usual teaching awards in that it focuses entirely on mentoring.

Curriculum

For professionalism to be taken seriously, in addition to all of the previous considerations, it must be taught in the curriculum.[7] It must be clear to students and faculty how coursework fits with and fosters professional development.[1] Classroom theory and content needs to address real-life experiences of students so that formal training is relevant and comes alive for the student.[1] Without a continued emphasis on relevancy and making conscious efforts to link coursework with practice and professional development, these types of experiences may actually cause students to become disengaged or cynical.[8] It is important to incorporate issues of professional judgment, ethics, and law into case scenarios taught within the curriculum to reiterate key points addressed in foundational didactic courses. We are currently tracking students' activities in the APE sequence via an electronic portfolio, which will ultimately be expanded to include their activities over the entire curriculum. This is one possible approach to mapping students' professional and ethical behaviors.

The AUHSOP has taken several steps in that direction. As previously mentioned, the introductory and advanced practice experience courses each have strong requirements related to professional behaviors. Student success in these courses is contingent on demonstration of appropriate professional behaviors. Faculty members responsible for other courses in the curriculum continue to redesign courses to require more active engagement of students in the learning process. This happens most explicitly in the Pharmacotherapy course sequence, which begins during the latter part of the second professional year and extends throughout the third professional year. Students learn in small groups by working their way through patient cases with the assistance of a facilitator. This learning process requires students to be accountable to others in their group in carrying out assigned responsibilities. The cases are interdisciplinary in nature, and students must be proactive in determining appropriate learning issues for each case and then accessing appropriate resources to obtain appropriate information. This learning process mimics the experiences that students will face during fourth year rotations and subsequently as practitioners.

IMPACT OF THE CHANGES

This section presents a summary of the impact of some of the changes mentioned. Obviously, some changes will be measured longitudinally to assess the impact of the changes.

Recruiting and Admissions

Several changes have occurred as a result of hiring a full-time recruiter and instituting a more rigorous interviewing process. The number of applicants to the program increased from 225 in 2002 to 425 in 2003. The average grade point average (GPA) of the entering class went from 3.30 in 2002 to 3.41 in 2003. The 2003 average reflects the exclusion of several students who had high GPAs but poor interview scores. The composite PCAT score went from the 67th percentile in 2002 to the 74th percentile in 2003. Moreover, 45% of the students enrolled in 2003 had previous degrees, compared with only 19% in 2002.

Table 1 presents Meyer Briggs Type Indicator (MBTI) psychographic data on the entering classes in

2002 and 2003. The students who enrolled in 2003 are significantly different from the previous year's entering class in the following dimensions: extraversion (E), sensing (S), and judging (J). It seems clear that we have attracted a much different student than in the past. They are more extraverted (not likely to want to hide behind the counter) and more fall into the decision-making manger category of the MBTI. Therefore, they are results oriented, like affiliations with groups, are loyal, and cautious, careful, and accurate in their approaches.

Orientation: Faculty College. At the conclusion of the orientation phase of the Faculty College, each new faculty member was asked to rate each session of the Faculty College using the following scale: 1 (strongly disagree), 2 (disagree), 3 (neutral), 4 (agree), or 5 (strongly agree) as it applied to the following statement: "This session was effective in helping prepare me to be a successful faculty member." The overall average rating for each session was as follows: for the "introductory sessions" the overall average rating was 3.95 (5.0 scale); for "expanded department presentations," it was 4.43; for the "student-centered education" phase, it was 4.78; for the "professional development" phase, it was 4.59; and for all sessions combined, it was 4.40. These numbers indicate that this group of 8 new faculty members feels very strongly that the Faculty College was successful in helping to ensure that they are comfortable in their role as faculty members.

In addition to rating each session, the new faculty members were given the opportunity to provide feedback through their responses to 5 open-ended questions. The questions were the following:

1. What was the best part of the Faculty College?
2. What was the weakest part of the Faculty College?
3. Is there anything we should add to future versions of the Faculty College?
4. Is there anything we should eliminate from future versions of the Faculty College?
5. Additional Comments.

In response to the first question (What was the best part of the Faculty College?), 6 respondents mentioned practice teaching, 5 mentioned the cohort and the relationships developed during the program, and 2 mentioned the professional information. Additional strengths of the program were: promotion and tenure discussion, role-playing, teaching the whole class, and having an educator (not a pharmacist) teaching them how to teach.

In response to the second question (What was the weakest part of the Faculty College?), the following areas were mentioned: lack of a web page tutorial, the noninteractive discussions, not enough teaching theory, the discussion on mentoring was not detailed enough,

and the redundancy of some sessions in the first 2 phases.

In response to the third question (Is there anything we should add to future versions of the Faculty College?), several participants suggested we have the PPE discussion earlier in the program. Also mentioned as possible additions were: more discussion on issues of credibility for young female faculty members, information on how to deal with problem students, a discussion on the HSOP Honor Board, and a tutorial on GroupWise (the School's email system).

In response to the fourth question (Is there anything we should eliminate from future versions of the Faculty College?), only 2 items were mentioned. First, several respondents mentioned the lengthy introductory sessions. In addition, some participants reiterated the information from the second question about the redundancy between some of the sessions.

Finally, in response to the fifth question (Additional Comments?), most participants reinforced issues they had mentioned in response to the first 4 questions and were, in general very complimentary of the program. Comments like "I feel much more comfortable," "Great job!" "Enjoyed it thoroughly!" and "Great way to get to know fellow faculty," were found throughout their responses.

The feedback supplied by this initial cohort will be used to improve future versions of the faculty college. Although generally well received, there are definitely some areas in which we can improve.

Orientation: students. There were several assessments done of the student orientation. Students were asked about the impact of the orientation program on them personally. They provided the following responses:

- 90% met/formed relationships with students and faculty
- 79% said that their career aspirations were changed by orientation
- 79% (not the same) said that their career was definitely going to be focused on care for people
- 31% said that as a result of orientation, they were considering a residency
- 32% stated that orientation permitted bonding with classmates and teachers
- 67% believed it was an excellent opportunity to learn teamwork
- 27% said that they learned what it is to be a professional and why it is important.
- 16% said that it made them aware that there are numerous opportunities in the field of pharmacy.

In addition to the previous assessment, students were given a postorientation "exam." This assessment was developed by writing questions that were tied to the

orientation program's goals. This assessment consisted of questions like, "Does having Standards of Attire assure that a student in the Harrison School of Pharmacy will behave professionally? If yes, explain why. If not, argue why we should still have them," and "What is the purpose of having a Covenant in our School of Pharmacy? Why should students and faculty take it seriously?" The class mean on this assessment was 70%, with a standard deviation of 10.4%. Considering that more than half of the questions required some degree of critical thinking skills and that students could not "fail" the assessment, a score of 70% is quite favorable in regard to the impact of the orientation on learning. Of course, we also collected feedback on how to improve the orientation for next year.

The Curriculum and Experiential Learning. Information provided by the Experiential Council of our School of Pharmacy lends support to the impact of the curriculum and culture on our students. The Council is composed of focus groups that are held in each region of the state with our volunteer and full-time faculty members. Their anecdotal comments have suggested there has been an improvement in how prepared our students are to enter the practice environment. For the most part, the comments have suggested the students are more capable of interacting with patients and physicians (enhanced communication skills). There is a greater comfort level and the students seem more professional and motivated to care for patients. The overall competency (or knowledge) has not changed dramatically from their perspective. But it appears our program is graduating more students who are proactive and caring.

Pharmacy Practice Experience (PPE) Results

This section summarizes data collected from all of our students at the end of the 2002–2003 academic year. As stated previously, all students from the first through third professional year are required to participate in the Pharmacy Practice Experience (PPE) program. The following are summary data on the impact of the program as reported by students:

- 97% of the students either agreed or strongly agreed that team meetings address issues that are relevant to real patient issues and problems.
- 81% either agreed or strongly agreed that team meetings were a valuable learning experience.
- 88% either agreed or strongly agreed that team mentors encourage students to talk and share their knowledge
- 71% either agreed or strongly agreed that questions posed in team meetings caused students to reflect more deeply about their patients' issues
- 95.2% of the P3 students either agreed or

strongly agreed that they were comfortable assume a leadership role in the group
- 75% either agreed or strongly agreed that being part of their team throughout pharmacy school has been very beneficial
- 80% either agreed or strongly agreed that it was helpful to meet with faculty on a regular basis
- 84% either agreed or strongly agreed that they felt good about what they have accomplished with their patients this year
- 83% either agreed or strongly agreed that their patient care skills have improved as a result of PPE.
- 88% either agreed or strongly agreed that they are more confident in their ability to talk with and approach a patient about different issues
- 86% were able to make good use of their physical assessment skills
- 88% either agreed or strongly agreed that they had developed a sense of responsibility to the patients they visited.
- 91% either agreed or strongly agreed that pharmacists have a responsibility to the community or to address community needs.
- 96% either agreed or strongly agreed that their mentor treated them with respected and 91% believed that their mentor cared about their success.
- 93% considered their mentor a professional role model

While there are many more data, these are representative of the kind of impact the PPE program is having. Many of the students expressed that having 2 faculty mentors made them feel far more comfortable about discussing personal problems if they needed to do so. We will continue to improve this program and standardize the PPE groups based upon our students' feedback.

Summary

The environment of a school affects the culture of a school. Cultural rules and norms are important in shaping professional behavior. For example, as mentioned previously, admissions processes, orientation programs, and recruiting are changing our School's culture. Harrison School of Pharmacy has developed standards of professional attire and a covenant between students and faculty, and is 1 of 2 schools on campus that has its own honor board and honor code. The honor board consists of 4 students and 3 faculty members and is chaired by a student. However, it takes much more than standards, covenants, and honor boards to effectively incorporate professionalism into the fabric of the School's culture. The expansion of the orientation program and the addition of a white coat ceremony to welcome students into

the profession have begun to set the tone for the culture of our organization. To enhance and maintain professional socialization at AUHSOP, entering students are immediately given opportunities to provide patient care and enter into mentoring relationships with faculty members and more senior students. We must build upon these activities and guide the students through the process with as much energy as we expend in our academic endeavors. The data we have collected thus far indicate that we are moving in the right direction. We will continue to assess the impact of these changes on our students' professional development. We are continually looking for additional ways to improve on what we have started to impact: not only our graduates but the profession as well. Instilling professional values cannot be accomplished by a few "quick fixes" or isolated interventions. An institution-wide approach seems essential for cultural change. It will take a concerted effort from everyone to be successful.

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