INTRODUCTION

The Chair (Ina Lee Stile Calligaro) of the Council of Faculties, established the Task Force on Professional Socialization to continue with charges and recommendations brought forth by the Task Force’s predecessor, the COF Committee on Professional Socialization, which was established in 1993 by then COF Chair, Lee Evans, as the Committee on Changing the Culture Within Our Schools/Colleges of Pharmacy. Specific charges for the 1996-97 Task Force on Professional Socialization were to:

1. Develop a framework of essential values.
2. Describe the process and structure within which lay persons become professionals.
3. Identify formal and informal mechanisms to impart professional values.
4. Make appropriate recommendations to the Council of Faculties.

This report begins with some background on the perspective taken by this Task Force and then discusses each charge. For each respective charge, the Task Force makes recommendations.

BACKGROUND

“You can only have a new society...if you change the education of the younger generation.”(1)

Pharmaceutical care has been advocated as a way to reprofessionalize pharmacy by having pharmacists take on a patient-outcome-oriented role, a role not quite consistent with current practice. The dilemma is how to effectively change current practice for this new professional mission and role. An examination of the socialization of students (and faculty) and how pharmacy education can intervene and effect this change in practice is warranted. What types of interventions do we need to optimize the achievement of this pharmaceutical care mission? Assessment is the vehicle for evaluating if and how we are achieving our mission in pharmacy education: what outcomes (student knowledge, skills, attitudes and values) are desired as reflected in our mission statement and what type of inputs and environment are needed (how do we recruit, select, educate and socialize these students) such that those outcomes are achieved?

Assessment of the achievement of an educational mission often is conducted using the Astin framework pictured in Figure 1(2). The Task Force chose this model as way of seeing what has been done thus far or what might be done regarding professional socialization.

Output or outcomes pertain to what knowledge, skills, abilities and values we want to influence or develop in our students through college/school of pharmacy educational programs and practices. Outcomes can be cognitive and affective and can be evaluated on a short-term or long-term basis. Inputs pertain to the types of students recruited and admitted into the educational program—students with certain motives, skills, experiences, maturity, attitudes. Environment pertains to the institutional culture, its educational program (experiential and didactic), academic and service programs, opportunities to participate in professional organizations; financial aid opportunities/scholarships; type of campus and whether it is public/private; research vs. teaching orientation; and reference groups such as faculty, peers and preceptors.

The key is to recruit and admit individuals and to create an environment such that when the students complete the program, they have the knowledge, skills and attitudes to be competent pharmaceutical care practitioners, i.e., the institution will have accomplished its educational mission. Thus, colleges/schools of pharmacy can impact the future practice of pharmacy by putting out graduates with specific characteristics, knowledge, skills and attitudes (outcomes) via its recruitment/admission (inputs) and educational processes (environment).

Competence traditionally has been equated with level of knowledge and skills and outcomes assessment in pharmacy education has focused on the achievement of academic or cognitive outcomes. Outcomes assessment should also include the assessment of attitudes and values (i.e., affective outcomes) pertinent to successful performance as a pharmacist, based on the mission of pharmacy and pharmacy education.

Not only must we decide the type of persons to recruit and admit, we also must decide on the type of environment that would foster the development of the attitudes and values inherent in an effective pharmaceutical care provider. We have “education by objectives”; why not have “socialization by objectives”? The future of pharmacy not only rests on the technical expertise of pharmacists, but also on their affective approach to practice. Key values and attitudes deemed necessary for the achievement of the pharmaceutical care mission need to be identified, ranked as to importance and then measured. The task of identifying and ranking key attitudes/values is challenging: it requires input from both educators and practitioners; and, techniques for measuring affective outcomes are not as far advanced as are those for cognitive outcomes(2).

**Charge One: Develop a framework of essential values: What affective outcomes are necessary to achieve our mission?**

“Pharmaceutical education inculcates students with the values necessary to serve society as caring, ethical, learning professionals and enlightened citizens....It also encourages students prior to and after graduation to take active roles in shaping policies, practices and future directions of the profession.”

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1. This report was accepted by the Council of Faculties at the 98th AACP Annual Meeting, Indianapolis IN.
2. Chair
“If we do not articulate the ideal, we will remain blind to how far short of it we fall.” (3)

The essence of this charge is to determine those affective outcomes (attitudes and values) deemed necessary for the effective practice of pharmaceutical care and espoused by faculty of our educational institutions. This Task Force, as with its predecessors, found this charge to be an onerous task—though crucial for the development of interventions and measurement of affective outcomes of those interventions. We chose to discuss the nature of “pharmaceutical care,” some of the attitudes and values related to its practice and recent “discussions” about professional attitudes and values in the pharmacy and nursing literature.

We expect pharmaceutical care providers to take on the responsibility to optimize patient well-being and to be patient advocates. It is a moral or ethical responsibility or “whatever ought or ought not to be done in light of the rights, duties or human well-being involved.” (4) It is the development of professional relationships with patients and other providers.

Being responsible is being accountable and proactive (versus reactive)—making a conscious effort to influence the practice of pharmacy and to justify one’s actions in terms of patient care outcomes. Advocacy implies “embracing a cause,” that cause being patient well being. Both responsibility and advocacy require empathy and assertiveness skills.

Pharmaceutical care also can best be realized when health care is patient-centered, where health care providers work collaboratively and interdependently, as a team, to achieve optimal health goals. Responsibility, advocacy and interdependence perhaps are maturational values/attitudes, which are not necessarily deemed “professional,” but which could help the advancement of pharmaceutical care and ultimately, patient well being.

There have been some efforts to define the “values of pharmacy.” In an editorial, William Zellmer addressed some common values within the profession (5). The Task Force found Zellmer’s values to be more “traditional;” they did not appear to address the patient- and team-oriented values needed for an effective pharmaceutical care practice.

The Task Force also reviewed the American Association of Colleges of Nursing report, “Essentials of College and University Education for Professional Nursing,” which provides descriptions of seven essential values with select attitudes/personal qualities (in parentheses) along with professional behaviors which exemplify them (6):

1. altruism (caring, commitment, compassion, generosity, perseverance);
2. equality (acceptance, assertiveness, fairness, self-esteem, tolerance);
3. esthetics (appreciation, creativity, imagination, sensitivity);
4. freedom (confidence, hope, independence, openness, self-direction, self-discipline);
5. human dignity (consideration, empathy, humaneness, kindness, respectfulness, trust);
6. justice (courage, integrity, morality, objectivity); and
7. truth (accountability, authenticity, honesty, inquisitiveness, rationality, reflectiveness).

In order to socialize students with the pharmaceutical care mission in mind, we need to address those values, attitudes and behaviors which promote not only the traditional professional values and attitudes, but also those values, attitudes and skills which reflect responsibility, advocacy and interdependence (and perhaps other values, attitudes and skills to be determined).

This Task Force realizes an initial need for further delineation (with representative attitudes and behaviors) and prioritization of those values deemed “pharmaceutical care values” with the eventual development of methods to measure them. Such a task requires input from educators and practitioners. Thus the Task Force recommends that the APhA-ASP/AACP-COD Task Force on Professionalism:

1. develop a composite list of essential values with consideration of other “essential values” and resultant attitudes which could more directly relate to the pharmaceutical care mission, including interdependence, responsibility and advocacy;
2. prioritize these “values”;
3. identify pharmacy-specific professional behaviors for these values, to be advocated and modeled by faculty and preceptors; and
4. inform the educational community, including AACP non-members, of these “essential values,” attitudes and professional behaviors.

The Task Force also urges pharmacy researchers to develop instruments to measure these values and/or resultant professional attitudes and behaviors, which could be used in outcomes pre- and post-program assessment (e.g., pre-admission, pre-graduation).

In summary, educators and educational institutions always have been explicit about the academic outcomes of professional education. The Task Force recommends that AACP (and Colleges/Schools of Pharmacy) and APhA be more explicit about affective outcomes (attitudes/values) and that these outcomes be prioritized. We also recommend that attitudinal and behavioral measures be developed so that these outcomes can be measured at pre-admission, during formal education, at pre-graduation and/or in practice to assess the effectiveness of admissions decisions and/or formal and informal educational program interventions.

Charge Two: Describe the process and structure within which lay persons become professionals.

Charge Three: Identify formal and informal mechanisms to impart professional values.

(The Task Force finds these charges to be interrelated and thus will address both simultaneously)

“As long as man can actively reflect and make choices about behaviors, man is changeable.” (7)

In order to “buy into” the need for attention to this area called “socialization,” we must make the assumption that student attitudes and behaviors can indeed be affected by their experiences while in pharmacy school. A potential barrier for paying appropriate attention to the processes and outcomes of socialization is the attitudes of some faculty who might believe that students are adults with already formed attitudes and behaviors which are resistant to change. This initial assumption

Socialization within pharmacy schools occurs via two mechanisms: professional socialization (lay perspectives and knowledge are transformed to professional perspectives and knowledge) and developmental socialization (maturational) (8). We need to keep both perspectives in mind to examine or to have an impact on attitudinal and value changes in pharmacy students.

Theories of professional socialization are appropriately descriptive and explanatory (regarding what the norms/attitudes/values are and how students are socialized accordingly) rather than prescriptive (what norms/attitudes/values ought to be and what environment and experiential opportunities we need to create) and thus do not focus on mechanisms for inculcating specific professional attitudes and values. The latter is necessary, however, for change within the profession to occur, such as advancing the notion of pharmaceutical care. Similarly, we need “prescriptive” interventions, such as values clarification exercises or opportunities for service learning, to impact both professional and maturational socialization processes and to achieve those affective outcomes necessary to attain the pharmaceutical care mission as described earlier.

The process and perspectives of professional socialization have been described in a previous report (9). Forces of socialization include the type and ideology of the school (including its faculty and preceptors); the school’s location; student experiences in professional socialization; and/or formal and informal educational program interventions.
various types of practice settings; peer experiences, attitudes and values; and, the student's own value system(10). In essence, the school’s culture, its environment, along with external experiences (e.g., work), shape the students’ professional and maturational values and attitudes. Reference groups—be they faculty, employers, preceptors or peers—strongly influence the socialization process.

The task force reviewed previous reports and discussed various factors affecting professional socialization and appreciated the work and goals of the APhA-ASP/AACP-COD Task Force on Professionalism(11), in particular, their categorization of goals and interventions into four major areas: (i) recruitment; (ii) admissions; (iii) education programs/pharmacy school; (iv) practice issues. We strongly support task force member efforts and advocate their suggestions as they relate to the aforementioned assessment dimensions: inputs (recruitment/admissions) and environment (education programs/schools and practice).

The task force recognizes that the nature of professional socialization involves a significant role for reference individuals or groups in modeling and thus shaping the attitudes and behaviors of students. The reference groups with significant contact time and with great potential for influence are faculty and preceptors. These socializing agents model and teach about the professional role, along with its obligations and responsibilities. This Task Force chose to focus on the implications for faculty and on the direct and indirect role that faculty play in the socialization process, as socializing agents and as decision makers about curricula. In particular we chose to focus on faculty as a reference group and the need for their awareness and buy in to the pharmaceutical care mission, faculty reward and assessment systems, and finally, curriculum.

Faculty as Reference Group. Faculty are “motivators of professional life.”(12) Effective socialization for the advancement of the pharmaceutical care mission requires: faculty and preceptor “buy into” the mission and resultant advocacy of the mission via effective decisions about curriculum and how their discipline contributes to effective practice and consistent attitudes and behaviors among all of them, minimizing the chances for “disillusionment” or “inconsistent socialization.” Thus the task force recommends that AACP and member Colleges/Schools of Pharmacy investigate what professional attitudes and behaviors these faculty should have and be modeling (as recommended above regarding “essential values”) and what attitudes and behaviors these faculty actually have and are modeling. We also recommend, as a mechanism of enlightening research faculty, that they spend time in exemplary practice settings to gain an appreciation of the nature and knowledge needs of an advanced pharmacy practice.

The APhA-ASP/AACP-COD Task Force on Professionalism suggests a “plan of action” regarding methods to enhance professionalism among pharmacy faculty in administration or faculty who are AACP members and who attend AACP meetings. This Task Force supports such an effort but recommends that the plan of action include methods to enhance professionalism for faculty who do not fit into the aforementioned categories. These faculty are perhaps in greater need of such an intervention. Faculty who are members and who attend AACP meetings are the “choir.” We need to recruit new choir members, all singing from the same page of music.

Zellmer has described subcultures within pharmacy practice(13). What has not been thoroughly described and discussed, along with the implications for professional socialization, are the subcultures within academia—teacher-practitioners, administrators, teacher-researchers—each with different duties, interests and perspectives(14). Researcher activities focus on the creation of new knowledge (research), whereas, practitioner activities focus on the application of new knowledge (practice). What is unknown is the extent to which there is variation in awareness and “buy in” to the pharmaceutical care mission and variation in exemplification of support of the pharmaceutical care mission through faculty attitudes and behaviors among these three groups. Nor do we know the extent to which there are differences and similarities in attitudes and values among these subcultures. For example, the value, truth, and the attitudes of honesty and inquisitiveness are inherent in a pharmaceutical care covenantal relationship as well as in a research program with scientific integrity.

Reward Systems. People behave the way they are rewarded. The Task Force recognizes that within many professional schools, teaching, research and service are viewed—and perhaps rewarded—differently. Generally, faculty and administrators believe that research productivity is the major factor in achieving rewards such as promotion, tenure and salary increases(15). Faculty themselves are socialized into a normative expectation of high research productivity at the potential time cost to practice and teaching.

Faculty assessment and reward systems should recognize a faculty member’s role in applying new knowledge and shaping future practitioners and practice. Thus this Task Force recommends an exploration and discussion of assessment and reward systems and recommend that colleges/schools of pharmacy explore the use of teaching and practice portfolios in communicating, assessing and rewarding faculty contributions and work.

Curriculum. “Professional ethics education is critical to the process of forming and inducting new professionals and to the process of continuing education for professionals already in practice.”! Most schools/colleges have some component of ethics education in their curricula. Some people advocate offering a specific ethics course; others advocate ethics be taught throughout the curriculum. A problem with the latter is that there is no accountability—no one person or course coordinator is accountable for the achievement or non-achievement of specific cognitive and affective outcomes related to ethics education. Such ethics education should include the notions of what it is to be professional and of what professional obligations (for patient well-being) are inherent in providing pharmaceutical care.

As discussed previously, effective pharmaceutical care necessitates an interdependent, team approach to patient care. The pharmacist’s role needs to be integrated into the health care system and effective integration necessitates the acceptance of pharmacists’ contributions to patient care by other health care providers4. If only future health care providers, (e.g., physicians, nurses, social workers, pharmacists) were socialized to work interdependently while in training, acceptance and integration of pharmacists in the health care system would be facilitated. The Task Force advocates AACP’s continued emphasis on the need for interdisciplinary education and AACP’s support of demonstration projects to implement interdisciplinary curricula.

The Task Force recommends that AACP:

1. support research measuring and comparing the attitudes/opinions about pharmaceutical care (extent of “buy in”) among the practice, administrator and research faculty, and within these categories, an examination of differences between faculty who are AACP members vs. non-members and between faculty who attend annual meetings and those who do not;
2. assist in developing educational interventions about pharmaceutical care for those faculty who are not members of AACP and for those who do not identify with the practice culture, including the pharmaceutical care mission;
3. continue to advocate a broadened view of scholarship; and, through the COF Faculty Scholarship Committee:
   A. assist colleges/schools of pharmacy develop ways to assess faculty practice and teaching efforts (e.g., practice and teaching portfolios); and,
   B. advocate the development of reward systems for those faculty who contribute to the development of future practice

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American Journal of Pharmaceutical Education  Vol. 61, Winter Supplement 1997 33S
and practitioners and who contribute in ways besides the discovery of new knowledge (research);

4. support and assist in the direction and development of course materials for an ethics component which relates to the notion professional obligations and responsibilities to be integrated in the professional curriculum; and,

5. continue to emphasize the need for and to support demonstration projects on interdisciplinary education.

Am. J. Pharm. Educ., 61, 31S-34S(1997); received 9/16/97.

References


(4) Ibid., p. 161.


