



# Professionalism in Pharmacy Education

## Final Report

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# 1. Executive Summary

## 1.1 Introduction

The recent report by the Royal College of Physicians (RCP) 'Doctors in Society: Medical professionalism in a changing world'<sup>1</sup> argued that research into professionalism is in its infancy and recommended that all health professions look at professional values. Although the pharmacy profession in Great Britain has a longstanding code of ethics in which principles of good practice are laid down, it has not yet engaged in open discussions about the role and application of professionalism, or how this is learnt and developed amongst pharmacy students and practitioners. Therefore, research is needed to help start an informed debate about the meaning of professionalism in modern day pharmacy practice. There is general agreement that the process of becoming a professional starts early, at least while being a student. It makes sense then to begin the debate by exploring how the foundations of pharmacy professionalism are laid during the course of teaching the Master of Pharmacy (MPharm) degree.

The main aim of this study was to understand and clarify how professionalism is learned, cultivated and facilitated in the academic environment. (By exploring notions of professionalism with pharmacy students we can define the nature of professionalism in pharmacy and shed light on the ways that teaching of the topic is transferred into practice settings.)

The study objectives were to:

- (i) Examine curriculum documentation to gather information about whether and how professionalism is covered;
- (ii) Examine staff perceptions about the ways the subject is taught and assessed. This involved consideration of what should be assessed, how it should be assessed, and why it should be assessed.<sup>2</sup>
- (iii) Describe what students understand by the term and what constitutes professionalism, and their perceptions about how it is taught and assessed in the educational setting;

## 1.2 Methods

This study was conducted in three different schools of pharmacy in the United Kingdom (UK). It employed a multi-method and multi stage design, using qualitative methods throughout. Data from existing curriculum documents were triangulated with primary empirical data collected through observation of teaching, and through focus groups and one-to-one interviews with students and pharmacy teaching staff respectively. Data gathered through these different methods explored the teaching

and learning of professionalism in pharmacy education from different perspectives. These then informed the 'curriculum map' which is composed of the 'intended' curriculum (documentary analysis), the 'taught' curriculum (teacher interviews & observation), the 'received' curriculum (student focus groups & observation) – and also the 'assessed' curriculum (documentation, staff interviews & student focus groups) – with regards to professionalism learning. Using insights from all data sources, and by comparing and contrasting across the three schools, it was further possible to inform how professionalism in pharmacy was defined and described by teaching staff and final year pharmacy students. This triangulation of data further allowed insights into enablers of strong professionalism learning, and the role a school's organisational philosophy plays in this.

Teaching materials were analysed for content and the identification of professionalism or its elements. Analysis was applied to course and module outlines, which were found in course or year handbooks. Stated learning aims & objectives or learning outcomes summarised content and detailed type of delivery (e.g. lecture versus practical or tutorial) and learning hours for each. Furthermore, school policies dealing with elements of professionalism were also reviewed, such as those on students' conduct, attendance, or dress.

A topic guide was developed based on some of the existing medical and also some pharmacy (mainly North American) literature on professionalism and its learning. This was used to interview seven members of school teaching staff in-depth, between two and three in each school. Four teaching staff were teaching fellows, who were involved in the oversight and direct delivery of professional pharmacy practice teaching; three of them retained regular patient-facing practice. Three further teaching staff were at a more senior level, two of them with a more general overview of the whole MPharm curriculum.

A similar topic guide was used for the student focus groups, and six focus groups (two in each school) were conducted with thirty-eight 4<sup>th</sup> year MPharm students in total in the three schools. Between five and eight students participated in each focus group. They were selected with the aim of matching the current male : female ratio (of about 3:7) amongst undergraduate students, so 29 (76%) of the focus group participants were female.

Furthermore, a number of teaching sessions were observed in the three schools, and detailed field notes taken and later transcribed and summarised in Word® files. One that was common across the three schools, was the pharmacy practice dispensing practical laboratory, in which students learn the dispensing process (and relevance of pharmacy law to this) from legal and clinical checks of a prescription, product assembly, labelling and handing this over to the patient. These classes thus also cover the identification of errors, omissions etc., and how these should be dealt with and resolved.

By reading all qualitative data sources (interviews, focus groups, observation field notes) in detail, common themes were identified and a thematic framework was developed, which was informed by the topic guides. This thematic framework was then applied to the transcripts, using QSR NVivo 8®. Observation field notes were summarised and specific findings used to verify and support findings and

interpretations that were emerging from the transcript analyses from staff (taught curriculum) and students (received curriculum). Supported by evidence from the interviews and focus groups, teaching materials, and in particular information from course handbooks, was used to identify the 'intended curriculum' with regards to 'professionalism'. Triangulation of data sources and analysis allowed the identification of enablers of strong professionalism learning.

## **1.3 Results**

### **1.3.1 Defining and describing professionalism in pharmacy**

Despite finding it difficult to define 'professionalism in pharmacy,' some staff and students did. Both were aware of common attitudinal and behavioural attributes of professionalism and described these in the pharmacy context. Both groups tended to differentiate between professionalism as it applied to students in the university setting, versus that applicable in practice. Interestingly, during focus group discussions, many students started by defining professionalism as they saw it applying to the practising pharmacist. Despite a relative lack of school led / organised placements in community and hospital pharmacy settings (something that is common across UK schools of pharmacy), the majority of them had work experience from summer and part-time jobs. Teaching staff interviewees and student focus group participants confirmed the importance of work experience in the formation of an understanding and practice of professionalism in pharmacy.

### **1.3.2 Teachers and role models**

In the discussions about what professionalism in pharmacy is, and how this is learnt and developed, the importance of role models came up in all student focus groups as well as interviews with staff. Students saw role models as pharmacists who set examples of good (and bad) professionalism, thus informing and guiding the students' learning of professionalism. Students perceived role models as particularly important in the work setting, but had more mixed views on role models amongst their university teaching staff. Here, teacher practitioners, i.e. those who retained regular patient-facing practice, were seen as particularly important, relevant and influential. Staff interviewees, on the other hand, saw the role of teaching staff as more important, and also their influence as role models.

Both students and teaching staff felt that pharmacist teachers, and particularly those who retained an element of patient facing practice, were particularly important for the students' learning of professionalism. Such pharmacist teaching staff, including teacher practitioners, were usually responsible for, and involved in, the delivery of professionalism 'teaching' / learning during the practice part of the course. This was commonly delivered with increasing presence over the four year MPharm course, so particularly during years 3 and 4.

Even though non-pharmacist staff and their position as role models was seen as less important, both staff and students noted that they still had an important role to play.

They could, and should, set good examples and reinforce the overall organisational philosophy of professionalism, in their case focussing more on the elements of student ('educational') professionalism than pharmacist practitioner professionalism.

### **1.3.3 The 'intended' curriculum**

Documentary analysis of teaching materials confirmed that teaching related to the practice of pharmacy increased throughout the four year degree course, with the majority being delivered in the 3<sup>rd</sup> and 4<sup>th</sup> year. It is in these practice parts of the course that professionalism, or elements of it, were either identified as being taught, or at least had the potential of being taught. That practice teaching increased over the 4 year course was visible in the practice related credits that could be achieved in each year, during which 120 credits needed to be achieved in total. In the three schools, these ranged from 15 to 25 in year 1, and increased to between 60 and 65 (excluding the research project) in the final year. Over the three years, the credits for practice modules ranged between 130 to 180 (out of a total of 480) in the three schools.

The review of learning aims & objectives and learning outcomes, as stated in module outlines, showed that all schools had incorporated elements of professionalism into their curricula. The term and/or concept of 'professionalism' itself was only used in two of the schools' module outlines. Both references to professionalism were made in the context of skills and elements that are attributes of professionalism, and a link was made to the role of the pharmacist in practice. The word 'professional' (both as a noun and particularly as adjective) occurred more frequently. Nevertheless, the way its use was contextualised and related to the importance and relevance of elements of professionalism differed between the three schools.

The main areas of teaching (both in terms of whole modules as well as aspects that were covered therein) which were identified as the teaching elements of professionalism were: communication (in particular) ethics, and ethical decision making and problem solving. Reflection, self-directed learning and taking responsibility for one's learning and practice were also covered. These were commonly incorporated with continuous professional development (CPD), and there was a requirement to complete a CPD record / portfolio in all schools.

### **1.3.4 The 'taught' curriculum**

The 'taught' curriculum, besides observations, was mainly identified from interviews with teaching staff, who discussed where they saw professionalism as being taught. Staff stressed both the difficulty in clearly defining and describing professionalism, as well as the fact that this could not simply be taught as other factual information might. They therefore explained that professionalism as a concept, values, attributes and behaviours, was something that had to be addressed and 'taught' continuously and thus be integrated, grounded and longitudinal throughout the four year curriculum. Professionalism, or elements of it, were hence incorporated in many ways, both through direct teaching but also through policies that address certain attributes, such as attendance, dress etc. Teaching was delivered through different means, where

more involved or active types of classes, such as practical labs or workshops, were seen as particularly useful. The relatively limited exposure to the practice setting as part of the degree was also acknowledged, and it was considered that professionalism would be best learnt and consolidated in real life practice rather than the university environment.

One class which was identified as providing a good opportunity to teach professionalism was the pharmacy practice dispensing lab, in which students learn the process of supply and sale of medicines and the practical application of pharmacy law. These classes were observed in all three schools, and these provided further insights into how professionalism was taught to MPharm students (the 'taught' curriculum). There were differences in how these classes were delivered across the three schools. Two schools, for example, incorporated role plays of interactions that would have to take place between pharmacist and prescriber and/or patient to resolve errors or other issues in the medicine supply process. This was intended as an opportunity to practise elements of professionalism, particularly communication (and problem solving). Another school provided a workshop element in one module which was specifically aimed at role play and practising communication skills, but this class was not observed.

### **1.3.5 The 'received' curriculum**

During focus groups with 4<sup>th</sup> year MPharm students, they tended to agree that the learning of professionalism had to be continuous and therefore be integrated, grounded and longitudinal throughout the curriculum. Those that had university organised placements on offer, particularly in hospital, found these very beneficial. They found that the implementation of reflective learning and practice supported their development of this element of professionalism, and they noted the implementation of CPD portfolios in their schools. Interestingly, teaching of ethics and ethical decision making was brought up by students in one school in particular, but otherwise this element of professionalism and its development was particularly noted through its absence in student discussions.

Students further identified the pharmacy practice dispensing lab (and the above mentioned communication workshop) as classes which provided the opportunity to apply the practice of pharmacy and thus learn professionalism. The use of role plays appeared particularly useful in enacting 'real life practice', and having these as regular elements of the course encouraged elements of professional behaviour to become second nature.

However, students also commented on the artificial nature of any class which takes place in the university environment and remarked on the limited exposure to clinical practice settings during their degree. Some comparisons were made with the education and training of other healthcare professionals, such as doctors, dentists and optometrists, who experienced much more practice based teaching. Focus group participants felt that this would also be useful for pharmacy students. Some noted that this would become increasingly important, as pharmacists were trained and expected to take on increasingly clinical and patient focussed roles. Students did also acknowledge that much of this practice exposure was expected to be

delivered during their pre-registration training, which followed the four year degree course.

### **1.3.6 The 'assessed' curriculum**

Students, and staff in particular, acknowledged the difficulty of assessing 'professionalism', particularly as this was not easily or clearly defined. If 'professionalism' was assessed, this was commonly done during role play situations, and emphasis tended to be on communication skills. Particularly for summative, i.e. marked, assessments, the shortcoming of the snap shot nature was noted, which allowed a student to 'play a role' which they would not necessarily enact in real life practice. More emphasis was therefore placed on a formative approach to assessment, where feedback to students could improve their awareness and performance. This would then contribute to and support a gradual and continuous development of students' understanding and development of professionalism, as previously noted.

The emphasis in formative assessment, again, tended to be on communication, but elements of reflection (and problem solving, or ethics to some extent) were also said to be addressed in CPD portfolios and/or essays. Finally, some reference to 'assessment by proxy' was also made, where compliance with certain behaviours or codes (such as attendance, dress etc.) were 'assessed,' particularly if they carried consequences. This is discussed further in the following section.

### **1.3.7 School organisational philosophy**

What was noticed when comparing across the three schools, as well as teachers versus students, and triangulating data from the different sources, was that there appeared to be a number of key elements which particularly contributed to the positive learning of professionalism. These were not restricted to delivered and/or guided parts of the curriculum, such as taught classes or self-directed learning, but included all aspects of the academic environment and beyond. The totality of what was included in this was termed 'organisational philosophy' with regards to professionalism learning. The key elements of a positive organisational philosophy, i.e. one that nurtures professionalism and its learning to its full potential, are detailed below.

One important element was strong role models, both within the academic but also in the practice environment. These were particularly influential where they set high standards, both for themselves and students, thus earning their respect and acting as strong and positive role models. Regular role plays, as practised, for example, in the pharmacy practice dispensing labs or communication workshops, were important. They helped to incorporate pharmacists' roles, including communication and problem solving skills, and thus helped enact professional skills and behaviours. Particularly where these were regular elements of teaching, this approach appeared to help embed these professional attitudes and behaviours as 'second nature' within the limits of an artificial academic (versus practice) environment.

What also seemed to be important was whether policies were in place, which covered elements of professionalism, such as attendance, punctuality, dress. However, not merely their existence was important, but also whether they were consistently enacted and enforced. Here, positive pharmacist role models who did not only set high standards but lived by them appeared to be particularly influential. Furthermore, early encouragement to support the forming of a positive and strong professional identity also played an important role.

It was noted that strong organisational philosophy was found where the 'intended' and 'taught' curriculum closely matched that 'received' by students. In other words, the teaching related to professionalism which was identified in reviewed teaching / programme materials and also expressed by teaching staff, was received and appreciated as such by students. Such a strong overlap between the 'intended,' the 'taught,' and the 'received' curriculum was termed an 'integrated' organisational philosophy. Thus, these findings suggest that, to achieve an integrated organisational philosophy with regards to professionalism teaching / learning, these elements do not only need to be integrated, grounded and longitudinal throughout the 4-year curriculum, but the whole school of pharmacy organisation.

## **1.4 Discussion**

This study has provided novel insights into an otherwise (at least in the UK) rather under-researched area, that of 'professionalism in pharmacy' and how this is taught and learnt in the UK MPharm degree course. Through interviews with teaching staff and focus groups with 4<sup>th</sup> year MPharm students, this study provides some understanding of how students and their teachers define professionalism. The study further illustrates which elements (or values, attitudes and behaviours) teachers and students see as being part of professionalism. These insights were further corroborated through observations and a review of programme documentation in three UK schools of pharmacy.

This study has a number of limitations, which are mainly due to limited resources and the relatively short timescale of the study (nine months). Even though three schools could be included, thus allowing some rather interesting and insightful analysis, teaching and learning practices around professionalism may be very different in other schools, particularly those which have been established more recently. Furthermore, only a rather limited number of taught sessions could be observed, and interviewing more staff to cover those directly involved in all elements of professionalism related teaching delivered may have helped to avoid potential gaps. Nevertheless, 4<sup>th</sup> year students are those who have been in the schools the longest, so would have been exposed to the school's teaching and overall organisational philosophy the longest. Furthermore, teaching staff were chosen to cover both those directly involved in pharmacy practice and professionalism delivery of the course, as well as staff with a more strategic overview over the whole curriculum. Finally, pharmacy practice dispensing labs, which were observed in all three schools, have previously been identified as classes which provide a good opportunity to teach pharmacists' professional role and to develop a professional identity.

This study has confirmed the importance of role models in both the academic and the practice environment. It further does not only identify the importance of an integrated organisational philosophy with regards to professionalism learning within schools, but describes elements of this and how they contribute to an integrated (rather than diffused) organisational philosophy, which in turn seems to enable effective professionalism learning. For this, each element of the curriculum (i.e. the 'intended,' 'taught,' and 'received') has to set high and explicit standards and achieve a strong overlap between them. In other words, where the 'intended' and the 'taught' curriculum match closely, supported and enabled by strong role models among (particularly pharmacist) teaching staff, the 'received' curriculum is likely to also overlap closely.

Whilst practice placements do not form a strong part of the UK MPharm course, it appears that some professionalism teaching can be successfully delivered in the academic environment. This appears to be supported particularly through active and guided problem solving, where students take at least some responsibility for their learning. Role plays, where a pharmacist's role is enacted, may be particularly enabling, as they allow to incorporate communication skills as well as other professional skills such as problem solving. To support such elements of professionalism, as well as related values, attitudes and behaviours, to be learnt successfully and incorporated as 'second nature,' making role plays a regular feature of teaching may be important.

Further research will need to confirm whether and how a student's exposure to a integrated versus a diffused organisational philosophy with regards to professionalism makes a difference once students enter practice. This exposure is first achieved during the pre-registration year, and the development of professionalism and professional identity is likely to continue beyond registration as a pharmacist.

## 2 Acknowledgements

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We would like to express our gratitude to all those who made this project possible, i.e. the staff who agreed to be interviewed and/or observed, as well as the students who agreed to participate in focus groups and/or be observed. Without their permission to observe a selection of MPharm classes, and their willingness to share their current and historical knowledge of their courses and the teaching and learning of pharmacy professionalism, as well as any views they held, this study would not have been possible.

Finally, we would like to thank Professor Peter Noyce for reading, and commenting on, this final report.

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## 4 Introduction

Interest in professionalism has grown in recent years. The many reports of the unethical, illegal, or unprofessional behaviour of doctors, MPs, and officials in large corporate organisations have played no small part in why so much attention is being paid to the issue. Restoring public trust, particularly in medicine, is really what lies at the heart of attempts to define, describe, measure and assess professionalism in the healthcare professions.<sup>1</sup>

Among the healthcare professions medicine leads the way in its attempts to engage in debate about professional values and behaviours in modern day healthcare. While sharing many features in common, definitions of professionalism, particularly medical professionalism, are numerous.<sup>3-8</sup> Of the most recent, the Royal College of Physicians (RCP), after considerable consultation, defined it as “a set of values, behaviours, and relationships that underpin the trust the public has in doctors.”<sup>1</sup> In pharmacy, certainly in the UK at least, no such definition is available, and while there seems to be a reasonable degree of consensus on what constitutes professionalism in medicine,<sup>9</sup> questions remains as to whether the same characteristics are relevant to pharmacy education and practice, whether a consensus exists about them at all, and how they can be measured and assessed. It is possible for example, that pharmacists would not reject the notion of personal autonomy as a professional value, as the RCP report has done.<sup>1</sup> It is not clear either, given the nature of community pharmacy practice, whether the notion of team working as an important professional value would be endorsed by the majority of the pharmacy profession, as it has been in the RCP report.

Pharmacy academics in the United States of America (USA) have recently begun to pay attention to the conceptual and methodological challenges associated with the concept. There is a growing literature on defining student professionalism,<sup>10</sup> assessing it,<sup>11,12</sup> ascertaining attitudes towards it,<sup>13,14</sup> and methods of enhancing it.<sup>15,16</sup> Aside from one small scale study by two of the authors, which identified domains of professionalism in pharmacy education,<sup>17</sup> there is no UK research which set out with the express aim of exploring these or any other aspects of professionalism in pharmacy.

The notion of professionalism is beginning to receive attention in policy and professional position papers,<sup>18</sup> and the findings and recommendations of the RCP report on professionalism were well received by pharmacists at a number of ‘roadshows’ open to all healthcare groups. There is also recognition among academics that the topic needs to be researched. For example, while recognising that any teaching of professionalism to pharmacy undergraduates is most likely to be tacit in nature, researchers looking at different aspects of the pharmacy curriculum have identified a need to explore how professional behaviours in students can be identified and assessed.<sup>19-22</sup> Research by one of the authors is highlighting the importance of role models during time spent in university and during exposure to practical work experience in shaping professional behaviour and values.<sup>23</sup> There is thus clearly a need to develop a robust understanding of how ‘professionalism’ is defined and how it is addressed in the curriculum (if at all). Furthermore, there is a

need to identify what attitudes and perceptions exist among academic teaching staff and students towards professionalism and its teaching / learning.

Given the paucity of research on the topic in pharmacy, and since the literature and research on professionalism in medicine is far more comprehensive, the following section draws attention to some of the key pieces of work in this discipline. This is to show how it may help frame our understanding of the concept in a pharmacy context.

#### **4.1 Professionalism in medicine**

In its 1995 publication 'Project Professionalism' the American Board of Internal Medicine (ABIM) explicitly defined professionalism as: "those attitudes and behaviours that serve to maintain patient interest above physician self interest."<sup>6</sup> Specific components of professionalism were identified: altruism, accountability, excellence, duty, honour and integrity, and respect for others. The document also identifies threats to professionalism, including: abuse of power, arrogance, greed, misrepresentation (lying, fraud), impairment, lack of conscientiousness and conflicts of interest.

A decade later the ABIM, in a joint project with various European medical organisations published the Physician's Charter in which expectations about professional behaviour and values were updated.<sup>5</sup> The authors of the Charter assert that the modern medical practitioner now works in an environment where challenges such as limited resources and the dependence on market forces make it important for them to reaffirm their dedication to the welfare of patients and society. Based on three fundamental principles of patient welfare, patient autonomy and social justice, the Charter outlines 10 professional responsibilities: commitment to professional competence; commitment to honesty with patients; commitment to patient confidentiality; commitment to maintaining appropriate relations with patients; commitment to improving quality of care; commitment to improving access to care; commitment to a just distribution of finite resources; commitment to scientific knowledge; commitment to maintaining trust by managing conflicts of interest; and commitment to professional responsibilities.

In Great Britain, a report from the Kings Fund in 2004 attempted to redefine medical professionalism.<sup>7</sup> Drawing heavily on the work of Irvine,<sup>24-27</sup> Cruess and Cruess,<sup>28</sup> and the US Physician's Charter,<sup>5</sup> the authors of the report suggest that medical professionalism has four basic characteristics: a calling or vocation linked to public service and altruistic behaviour; the observance of explicit standards and ethical codes; the ability to apply a body of specialist knowledge and skills; and a high degree of self-regulation over professional membership and the content and organisation of work.<sup>7</sup>

This 'new professionalism' as it has become known places a strong focus on modernising regulation, on strengthening medical education, particularly giving more weight to the ethical, attitudinal and interpersonal features of medical practice as well as teaching skills in management, teamwork and communication,<sup>24,26,27</sup> and a focus on reforming structures such as professional organisations and education.<sup>27</sup>

Sociologist writing about the new professionalism movement in medicine in particular reject the concept of autonomy and argue for a more responsive or reflective medical professionalism.<sup>29-32</sup> Mechanic, for example, identified a 'misfit' between traditional understandings of medical professionalism and merging healthcare structures.<sup>29</sup> He describes a new medical professionalism grounded in four key elements: new forms of patient advocacy, an ethic of responsibility for patient health, new types of patient partnerships, and the development of an evidenced-based culture in medicine. In calling for a new 'professional ethic', Mechanic argues for greater efforts within medical education to provide socialisation consistent with healthcare changes. He feels that students do not have enough exposure to good role models or to realistic practice. Mechanic also emphasises the importance of 'interpersonal competence' and argues that this is teachable.<sup>29</sup> All this may have particular saliency to pharmacy since other research by one of the authors already clearly demonstrates the importance of role models.<sup>23</sup> However, the limited clinical exposure in their undergraduate programme means that pharmacy students have few opportunities to develop these skills in the practice setting or interact with competent practitioners. This is something which is common across all UK schools of pharmacy.

In a similar vein, Sullivan's work on 'civic professionalism' is concerned with social engagement, and the concepts of mutual obligation and the importance of doctors becoming self aware and reflective are seen as crucial to this.<sup>31</sup> Epstein's work focuses on knowledge and highlights the distinction between two types of knowledge and their relationship to 'mindful practice'.<sup>32</sup> Explicit knowledge is readily taught, accessible to awareness, quantifiable and easily translated into evidence-based guidelines. Tacit knowledge is usually learned during observation and practice, includes prior experiences, theories in action, deeply held values and is applied more inductively. Epstein argues that it is essential to be self-reflective to be able to act in a professional manner, and mindlessness may account for deviations from professionalism. Mindfulness cannot be taught explicitly, but can be modelled by mentors and cultivated in learners.<sup>32</sup>

Arnold and Stern<sup>4</sup> provide the following definition of medical professionalism: "Professionalism is demonstrated through a foundation of clinical competence, communication skills, and ethical and legal understanding, upon which is built the aspiration to, and wise application of, the principles of professionalism: excellence, humanism, accountability and altruism."<sup>4</sup> These attributes and the need for a 'new professionalism' in medicine were consolidated with the publication of the Royal College of Physicians report 'Doctors in Society'.<sup>1</sup>

Professionalism has also been defined for medical students in the US. The Accreditation Council for Graduate Medical Education (ACGME) has identified six core competencies expected of students.<sup>33</sup> This includes professionalism, which covers respect, compassion, integrity, a responsiveness to the needs of patients and society that supersedes self interest, accountability to patients, society and the profession, and a commitment to excellence and on-going professional development. Thus, medical programmes are expected to foster professionalism in their students and graduates are expected to demonstrate it. While some question whether elements of professionalism are present in pre-medical students, consideration has also been given in the US to how the admissions process into medical school can help select students who can develop the kinds of professional behaviour now

expected of doctors. While academic ability (assessed by cognitive measures) is key, admissions committees are increasingly using a variety of non-cognitive methods to help predict the capacity for professionalism: letters of recommendation, personal statements, supplementary application forms designed to provide insights into the student's level of altruism, empathy, personal values and beliefs; and interviews.<sup>34</sup> It should be possible to explore which, if any, of these methods are being utilised in pharmacy.

## **5 Aims & objectives**

The main aim of this study was to understand and clarify how professionalism is learned, cultivated and facilitated in the academic environment.

(By exploring notions of professionalism with pharmacy students we can define the nature of professionalism in pharmacy and shed light on the ways that teaching of the topic is transferred into practice settings.)

### **5.1 Objectives**

(i) Examine curriculum documentation to gather information about whether and how professionalism is covered;

(ii) Examine staff perceptions about the ways the subject is taught and assessed. This involved consideration of what should be assessed, how it should be assessed, and why it should be assessed.<sup>2</sup>

(iii) Describe what students understand by the term and what constitutes professionalism, and their perceptions about how it is taught and assessed in the educational setting;

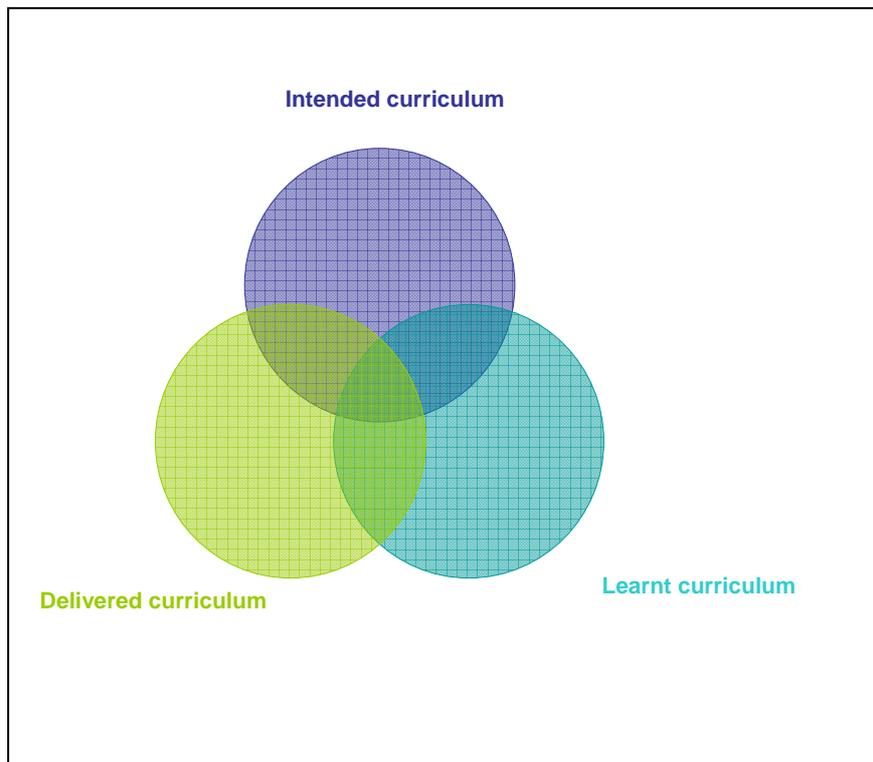
## 6 Methods

### 6.1 Curriculum mapping

Professionalism and its teaching and learning in the undergraduate Master of Pharmacy (MPharm) is a new area of investigation for pharmacy. To avoid the risk of imposing pre-conceived notions of professionalism into the study a largely qualitative approach to the design and conduct of the research was decided upon. To be able to understand how professionalism is taught, assessed, and learned by academic staff and students in the educational setting, a mixed methods approach, in which data from different sources and techniques can be triangulated, was used.

A technique known as 'curriculum mapping' provides a framework for the study as a whole. The technique, first developed to identify gaps and linkages in a programme of study (i.e. a curriculum), can be used by researchers as an analytical framework to explore the extent to which students are exposed to a specific topic (i.e. in this case professionalism). By examining the 'intended', 'taught', and 'received' curriculum, a transparent and complete picture of the way and the extent to which the topic is addressed in the curriculum can be ascertained.<sup>35,36</sup> Figure 1 depicts how the 'intended,' 'taught' and 'received' curriculum can be visualised.

**Figure 1: Curriculum map / elements**



Curriculum mapping is concerned with what is taught (e.g. the content, and the learning outcomes); how it is taught (the learning resources, the learning opportunities); when it is taught (e.g. the timetable, the curriculum sequence), and

the measures used to determine whether the student has achieved the expected learning outcomes (assessment). Visual maps can be created to spatially represent these different components so that the whole picture and the relationships and connections between the parts are easily seen.<sup>35,37</sup>

This study employed a multi-method and multi-stage design, in which data from existing curriculum documents were triangulated with primary empirical data collected through observation of teaching, and through focus groups (FGs) and one-to-one interviews with pharmacy students and staff respectively. Data gathered through these different methods explored the teaching and learning of professionalism in pharmacy education from different perspectives.

The 'intended' curriculum was ascertained by examining and collating learning objectives in course handbooks and other documentation where relevant and available. The 'taught' curriculum was investigated by interviewing academic staff to explore their intentions and what they understood as being taught to students. The 'received' curriculum was explored by obtaining students' views and feedback on the subject of professionalism in the curriculum. Finally, some observations of teaching sessions were also undertaken to get behind the formal 'intended' curriculum, to try to understand, for example, the impact of role models, rituals, etc., in shaping learning about professionalism. The observations thus informed both the taught as well as the received curriculum further. They also helped shape a description of the latent or hidden curriculum,<sup>10</sup> which may not be clearly identified in the intended or even taught curriculum, but would be important in the way students are socialised into being a pharmacy professional.

## **6.2 Study sites**

The study involved a purposive sample of three different case study sites representing schools of pharmacy in the UK. These schools were selected in three different locations in the UK. Two were in a Russell group university; and all three had long established pharmacy undergraduate programmes.

At the outset, study contacts had been recruited in the schools, and they coordinated all data collection in those sites. They arranged identification and gathering of all relevant documentary materials and forwarded these to the investigator in either hard copy or electronic format (the latter being the preferred format). The contacts also arranged all relevant interviews, focus groups and observations, so they could be conducted by the researcher in one site visit lasting between two or three days. Each site thus had the option of choosing participants and classes which would be particularly informative and/or positive with regards to professionalism learning. Despite this posing a potential risk for bias, this potential was the same in all schools.

The protocol, topic guides, information sheets and consent forms did not require NHS ethics committee approval (confirmed by e-mail from the central NRES Queries line on 25 July 2008). However, the protocol was submitted to, and approved by, the University of Manchester Ethics Committee in August 2008. It was further approved by one school's own ethics committee for the part conducted at their site.

### 6.3 'Intended' curriculum – documentary analysis

The 'intended' curriculum was ascertained by examining and collating stated learning objectives for the overall MPharm as well as practice related individual modules within the MPharm. These were generally found in course or year handbooks, which contained information on stated module aims & objectives, types(s) of delivery, study/learning hours, and assessments. They further detailed other relevant documentation, such as school wide and/or module specific policies, such as codes of conduct, dress codes, attendance etc. Such policies are also included here, as they could serve to educate and reinforce certain behavioural attributes or 'professional conduct', such as attendance, punctuality, dress etc.

The three schools were requested to supply course and module outlines for all modules which were practice (rather than science) related, so only practice related module outlines were used for analysis. Practice related teaching was defined as covering the following broad areas. (For the purposes of the analysis presented here, the research project was not included, as this can cover a practice or science topic.)

- **Social pharmacy**, where concepts such as health, illness, patient behaviour, the pharmacists' role and place within society and the workforce are identified and taught
- **Professional pharmacy**, where the individual pharmacist's role and responsibilities, the policy and legal framework around the pharmacy profession and the provision of medicines are defined, described and applied
- **Clinical pharmacy**, where pathophysiology, therapeutics, disease management, pharmaceutical care and individualised drug regimens are covered

For this stage of the study, i.e. the documentary analysis, only the written information in the reviewed documents and teaching materials was included in the analysis. This was to avoid the introduction of bias by insights which may have been obtained from teaching staff, for example. Therefore, if any information relating to professionalism teaching was not recorded in the reviewed documents, this was not included in this part of the analysis.

For analysis, this information was entered onto an Excel® spreadsheet, using the following headings:

- Module number and title
- MPharm year of delivery
- Overall module aims
- Specific objectives and topics covered
- Types of delivery and associated hours, these being:
  - Lectures
  - Workshops
  - Tutorials
  - Practical / laboratory
  - Seminars

- Placements / clinical attachments
- Student presentations
- Coursework
- Directed / guided reading
- Private study
- Total learning hours and number of credits
- Assessments:
  - Formative
  - Summative:
    - Type(s): what covered and how
    - % counting towards overall mark (if more than one)
    - Pass mark

This allowed some comparison across the three schools, but the main aim of doing this was to allow the drawing up of a curriculum map, which covered the relevant information for all three schools. However, in order not to compromise the three schools' confidentiality, the analysis of this information is only presented as summaries and without identifying, for example, in which year certain modules or topic were being taught. To allow such grouping, it was originally planned to use the headings (and items under these headings), as listed in the RPSGB indicative syllabus for accreditation of UK pharmacy degree courses<sup>38</sup> (see Table 1).

**Table 1: RPSGB indicative syllabus for UK pharmacy degree courses<sup>38</sup> – selection of items related to professionalism**

<b>The patient</b>	<b>Item no</b>
The unique role of the pharmacist in ensuring that the patient benefits from pharmaceutical intervention.	1
Theory and practice of personal and inter-personal skills, including written and verbal communication skills, and study skills.	4
<b>Medicines: drug action</b>	
<b>Medicines: the drug substance</b>	
<b>Medicines: the medicinal product</b>	
Sale and supply of medicines, including evaluation and management of risk and provision of advice.	27
<b>Healthcare systems and the role of professionals</b>	
Health care systems: NHS community, primary, secondary and tertiary care; private health care; the pharmaceutical industry; scientific and medical publishing; all including the roles of pharmacists, and other healthcare professionals and other scientists. (To include coverage of concepts of medicines management and pharmaceutical care.)	42
The duty of care to the patient and the wider public: concept, scope and application of professional ethics, the code of ethics of the RPSGB.	44
Codes, standards and systems of governance and practice; risk management; and personal accountability, to include the need for, and means of, continuing professional development.	45
Professional and multi-professional audit. Managing and learning from errors.	46
<b>The wider context</b>	

However, when reviewing the course information from the three study sites, this structure did not prove particularly useful, even though many of the listed items were obviously found in course outlines. However, under a number of these headings, both science and practice related topics were being covered, which may, in part, explain, why none of the three schools had organised their curriculum and modules under these headings.

It was therefore decided to also use the new 'Education and training standards for pharmacists,'<sup>39</sup> which have been drafted by the newly forming General Pharmaceutical Council (GPhC) and are currently under consultation until 12 January 2010. These standards will no longer include an indicative syllabus, but will set a number of standards, where the focus of learning delivery will be on the achievement of a list of learning outcomes, which are organised under the proficiency standards for the pharmacy profession. Table 2 lists these heading and a number of outcomes related to professionalism have been included as illustrative examples.

Both, the current and future syllabus information or education and training standards have therefore been used to structure and analyse the teaching documentation for their contents regarding professionalism. However, items that are not included in either of these indicative publications, yet could be seen as covering elements of professionalism, are included in the analysis, and the findings from this are detailed in the relevant results section (7.3).

Even though this may have been useful, teaching materials, such as presentation slides, handouts or workbooks, were not examined. This was partly because this would have been outside the scope and funding of this project. Another reason was that one school was not willing to share more detailed teaching materials with the investigators, as this would have involved gaining consent from over 30 teaching staff, teacher practitioners (TPs) and visiting lecturers.

*Where quotes are used from the reviewed teaching and course outline documentation, these will be highlighted in blue italics.*

Where such quotes are used, the school is not identified (A, B, C), as these materials are published and accessible, and attribution may compromise anonymity of the three schools.

**Table 2: A selection of learning outcomes related to professionalism, as listed in the draft ‘Education and training standards for pharmacists’<sup>39</sup>**

<b>Learning outcomes</b>
<b>1. Expectations of a pharmacy professional</b>
Recognise ethical dilemmas & respond in accordance with the Code of conduct, ethics and performance
Contribute to the education and training of other members of the team
Contribute to the development of other members of the team through coaching and feedback
Engage in multidisciplinary team working
<b>2. The skills required in practice</b>
<b>2.1 Implementing health policy</b>
Collaborate with patients, the public and other healthcare professionals to improve patient outcomes
<b>2.2 Validates therapeutic approaches and supplies prescribed and over the counter medicines</b>
Instruct patients in the safe and effective use of their medicines and devices
Communicate with patients about their prescribed treatment
Supply medicines safely and efficiently, consistently within legal requirements and best professional practice.
<b>2.3 Ensure safe and effective systems are in place to manage risk inherent in the practice of pharmacy and the delivery of pharmaceutical services</b>
<b>2.4 Working with patients and the public</b>
Establish and maintain patient relationships while identifying patients’ desired health outcomes and priorities
Communicate information about available options in a way which promotes understanding
Support the patient in choosing an option by listening and responding to their concerns and respecting their decisions
Conclude consultation to ensure a satisfactory outcome
Provide accurate written or oral information appropriate to the needs of patients, the public or other healthcare professionals
<b>2.5 Maintain and improve professional performance</b>
Demonstrate the characteristics of a professional pharmacist as set out in the principles of the Code of Conduct
Reflect on personal and professional practice to identify learning needs
Create and implement a personal and professional development plan
Maintain a portfolio of professional development & achievement
Review and reflect on evidence to monitor performance and revise professional development plan

#### **6.4 ‘Taught’ curriculum – staff interviews**

The ‘taught’ curriculum was investigated by interviewing academic staff to explore their intentions when delivering teaching around professionalism, and what they understood was being taught to students. For these interviews, a member of teaching staff directly involved in the day-to-day delivery of teaching and a member of academic staff with a more strategic role in curriculum overview and development, were identified in each school. Given these criteria, the most appropriate (as well as

willing and available) staff were identified by the key contacts and face-to-face interviews were arranged by them.

Seven interviews with members of teaching staff were conducted in total, between two and three in each school. In each school, one (or two in one case) interviewee was a teaching fellow with both a good overview over the pharmacy practice and professional teaching on their course, and also direct involvement in the delivery of this teaching. In two schools, the other interviewee was a member of staff with a more strategic overview of the whole undergraduate curriculum. In the other school, the second interviewee was a member of staff with particular insight and overview specifically of professionalism related teaching.

## **6.5 'Received' curriculum – student focus groups**

The 'received' curriculum was explored by obtaining students' views and feedback on the subject of professionalism in the curriculum. 4<sup>th</sup> year students were identified for focus groups by the project contacts. In two schools, an e-mail with brief information about the project was sent to all 4<sup>th</sup> year students. Upon expression of interest in the study, they were sent further information in the form of an information sheet (see Appendix 1). In one school, the project contact identified 4<sup>th</sup> year students through project groups. All contacts ensured that one or two male students would be recruited into each focus group. Students were given a £20 book voucher as an incentive, and also to show appreciation for their participation.

Two focus groups were conducted by the lead researcher (ES) in each of the three schools. There were between five and eight participants in each group. A total of 38 students were involved in the focus groups, the majority of them (n=29, 76%) were female.

## **6.6 Detail on staff interviews & student focus groups**

As the process of interviews and focus groups was very similar, these two methodologies are presented together in this section. Signed consent (forms in Appendix 3) was sought from interviewees and focus group participants alike, and one copy was retained by the researcher and one given to the participant.

The topic guides (see Appendix 4) for both the focus groups and the interviews were very similar. They were based on two papers published by Van de Camp et al. in 2004<sup>40</sup> and 2006.<sup>41</sup> They covered the following main headings / items:

- a definition of professionalism, overall & specific attributes
- whether there is a difference between professionalism as applied to students versus pharmacists
- where professionalism is being learnt / taught
- whose responsibility the teaching / learning of professionalism is
- whether, how and where in the curriculum professionalism is being assessed, as well as whether it should be assessed

- a request to describe and summarise the overall culture (now termed ‘organisational philosophy’) with regards to professionalism in the school
- how well the MPharm course prepares students for being a (professional) pharmacist

Results from the analysis of the staff interviews and student focus groups are presented alongside each other where appropriate. Quotes are used to support the analysis presented in this report. For ease of reading, interview and focus group quotes are always indented and in italics. Furthermore, so that the reader can identify easily which data source the quotes stem from, the following colour codes are used.

*Teaching staff quotes*

*Student quotes*

Quotes from staff interviews and student focus groups are identified with a school code (A, B, C), followed by an ID number to identify individual participants. Teaching staff were allocated ID numbers between 1 and 7. However, to ensure the confidentiality of individual staff participants, and the potential ability to identify them using the information provided to describe them, staff genders and job roles are not specified. Student ID number were also allocated (ID1 – ID38), and these are followed by –M or –F to identify the gender of individual focus group participants.

## **6.7 Observations – informing delivered, received & hidden curriculum**

The researcher also undertook some observations of teaching sessions, which aimed to get behind the formal ‘intended’ curriculum, by trying to observe and thus understand the elements from all parts of this study, i.e. documentary analysis, staff perspective and student perspective. It helped to illustrate teaching delivery in action, the actual implementation of policies, such as dress codes, and how professionalism teaching and learning was incorporated and enacted in class. It helped to further understand, for example, the impact of role models, rituals, etc, in shaping learning about professionalism.

Observations of teaching sessions were undertaken by the lead researcher (ES) in all three schools. Students and staff were informed about observations beforehand, using an information sheet (Appendix 2) and again when introducing the researcher and explaining the reason she was there. Students and staff were given the option of withholding consent to observations, which meant that anything they said or did was not noted. The researcher took detailed field notes, which were later transcribed and summarised in Word® files. Which teaching sessions should be observed was decided in consultation with the project team and the lead contacts. The aim was to select teaching sessions where issues related to professionalism were likely to be taught and thus observed. It was decided that the most likely classes where this would be the case would be the pharmacy practice (PP) dispensing practical ‘laboratories.’ These classes are part of the professional curriculum, i.e. that required by the Royal Pharmaceutical Society of Great Britain (RPSGB). Furthermore, they

have been identified previously as providing students with the best opportunity to develop a professional identity.<sup>20</sup>

These classes commonly teach less than 100 students, so in the larger schools not the whole year cohort in one class, and have more than just one member of staff present. The emphasis during these classes tends to be on the teaching of practice requirements involved in the whole dispensing process, including prescription requirements, product selection, labelling, record keeping etc. These are key features in professional pharmacy practice and a requirement for qualification and registration.

This class was delivered in different years in the three schools, but its core contents were relatively similar. This class also had slightly different names in the three schools, but for the purpose of this report, it will be referred to as the Pharmacy Practice (PP) dispensing lab.

The practical nature of these classes made it possible to observe the learning / teaching of professionalism by being able to observe actions not only on the part of the teaching staff (which would be the case during didactic lectures, for example), but also the students themselves. This allowed behaviour of teaching staff and students to be observed in general, how any of the actual teaching related to professionalism, and how interactions between staff and students featured within this.

In two schools, two other teaching sessions were observed. In one it was a one hour lecture which prepared students for the PP dispensing lab that followed. The lecture was delivered by one staff member to the whole cohort of students, whereas the practical class only contained one third of the cohort. In the other school it was decided to observe a three-hour hospital tutorial, which provided an example of small group teaching in a hospital environment (rather than in the school).

Detailed notes were taken and recorded on a 5x8 ring pad whilst observing (without leaving the observation site). These were then transferred into Word®, where a detailed summary of both the observations themselves, but also the researcher's own comments and thoughts / interpretations on what she had seen, were noted.

In this report, observations are reported in two ways. Firstly, the summary notes are detailed in the results (see section 7.5.4), where they serve to describe the observed classes and their key features, particularly where these related to (elements of) professionalism. This allows the reader to better understand the context of the teaching sessions when reference is made to them during the results, for example when discussing not so much the where but the how of teaching / learning professionalism. Secondly, analysis of field notes and some more detailed observations and/or quotes are used to support, or negate, the analysis of staff interviews and focus groups, as well as documentary materials. Such descriptions are colour coded in the results section, to identify but also distinguish them from the transcript quotes.

### *Observation notes*

## **6.8 Data analysis**

All interviews and focus groups were transcribed verbatim and imported into QSR NVivo 8® for qualitative analysis. Data analysis began by reading all qualitative data sources (interviews, focus groups, observation field notes) in detail. This served to identify common themes, following which a thematic framework was developed, which was informed by the topic guide (and the literature). The thematic framework was then applied to the transcripts, and its key themes, with sub-categories, were coded in QSR NVivo 8® using nodes and a tree structure. This approach allowed to explore different themes and compare any commonalities or differences both between staff and students' perceptions, but also across the three schools. Associations and contradictions could thus be explored for further explanation and interpretation.<sup>42,43</sup> The above process was led by the author, but was reviewed with her co-authors, who read the transcripts and verified her coding and interpretation at various stages.

Observation field notes were summarised and specific findings used in particular to verify and support notions that had been identified by staff (taught curriculum) and students (received curriculum). Triangulation of all primary data, through comparison and contrasting across data sources as well as the three study sites, allowed to delve deeper and, for example, identify enablers of strong professionalism learning or elements of a effective organisational philosophy with regards to professionalism and its development.

The interview and focus group transcripts were further used to help draw up a curriculum overview for each school. Staff, in particular, were asked to talk the interviewer through their MPharm course and specifically identify where and how professionalism, or any part of it, were taught. This allowed the researcher to familiarise herself with the curricula in the three schools. She then used this overview as a grounding when subsequently reviewing the teaching materials to identify where professionalism was identified as being taught ('intended curriculum'). Excel® (rather than QSR NVivo®) was used for the documentary analysis.

## 7 Results

### 7.1 Defining professionalism

Before moving onto a description of the ‘intended’ (documentary analysis), ‘taught’ (staff perceptions & observations) and ‘received’ curriculum (student perceptions & observations), this report will first present some general data, collated from both staff and students, on how both groups define and describe professionalism. This will ensure a more detailed understanding of what forms the foundation for both teaching staff and pharmacy students, as this will have influenced the way they report their views on the taught and received curriculum. Furthermore, it informs the analysis of how professionalism is defined and how teaching and learning related to it may thus be expected to be identified in the teaching materials which were reviewed.

During interviews and focus groups, both teaching staff and 4<sup>th</sup> year students were asked to define professionalism. They were further encouraged to describe certain attitudinal or behavioural attributes which, to them, described professionalism. They were asked to do this either in relation to what would be seen or described as ‘good professionalism,’ or to do so by describing the opposite, i.e. ‘poor professionalism’ if they found this easier.

This was found to be a difficult question in both staff interviews and student focus groups. Commonly throughout the interviews and focus groups, the way ‘professionalism’ was talked about was as something that was kind of understood without it being explicitly defined. Indeed, an explicit definition was found to be rather difficult to formulate.

*“I think there is a difficulty in [defining professionalism]. It’s one of these things that you kind of inherently know it when you see it and you know it when you don’t see it. And defining it has always been quite difficult.” (Teach 2 B)*

*“I think that’s so much easier [defining what is not professionalism], isn’t it, to go the other way and say what’s not professional than necessarily what is. I mean it’s so hard to... that’s probably why there’s so many different definitions, isn’t there.” (Teach 6 A)*

#### 7.1.1 Parties / people involved in professionalism (definitions)

Nevertheless, a number of overarching definitions were offered by some participants. These tended to encompass three main parties: patients and the public, other health professionals and the profession (including the Royal Pharmaceutical Society of Great Britain) as a whole.

*“I think it’s a matter of considering other people’s welf... not necessarily welfare, but interests as your primary concern in all your work. And those other people could be your colleagues, other pharmacists, the profession as a whole, clearly obviously your patients, other healthcare professionals.” (Teach 4 C)*

*“I think the first and most obvious thing is respect for the people you’re dealing with. If you’re in the clinical scenario, respect for the patient, your colleagues you’re working with, whether that’s a scientific level or whether you’re just social level, empathy with the patient and things like that.” (Teach 7 A)*

*“Well, I teach it to first years, so I mean I can give you my lecture notes. [...] I sort of start off and define what the dictionary says, about being, you know, a professional. and it’s really about serving the public and being paid for that and putting the public first. It’s about having a representative body of practitioners that you can relate to and gage how well you operate within or how similarly you operate. I guess probably, those are the key elements of it anyway. [...] You go through a bit about the requirements for a code of ethics.” (Teach 5 C)*

With regards to patients and the public, professionalism was about having the patients’ best interest at heart all of the time; it also dealt with the perception of, and trust in, pharmacists held by patients and the public, and the importance of not abusing or upsetting this.

*“As a pharmacist you have to kind of be really considerate of the way you act and the way you are to other people because if people see you as being professional, I love that word, then they.. when you’re dispensing their medicines, they trust you and they have faith in what you’re doing.” (FG1 B, ID20-F)*

The interactions with, and perceptions of, other healthcare professionals were also cited as important.

*“About how you’re supposed to act and how other people see you, not just patients, but also, like you say, other healthcare professionals as well.” (FG1 B, ID10-F)*

Belonging to a profession (the pharmacy profession) was the third element that was mentioned, where individual members represent the profession as a whole. This meant that pharmacists had a duty to display the professionalism expected of them and not to bring their profession into disrepute, either to patients / the public or other healthcare professionals.

*“We’re acting in a way that reflects well on your profession as a whole.” (FG6 C, ID16-F)*

*“I’ve a personal belief that, you know, every day as a pharmacist, you’re on a one man PR exercise looking after the good reputation of the profession in all aspects and you should be judged against [that].” (Teach 4 C)*

With regards to all three of these parties, it was acknowledged that pharmacists, as professionals, would behave in a way that was expected by society, and that what these expectations are, and behaving accordingly, is quite important.

*“You have to be professional for the job, and people do.. It’s like about expectations as well, like if somebody expects you to be in a certain way, then you have to behave in that way which is usually sort of associated with the professionalism..” (FG1 B, ID35-F)*

*“I think it’s in the... you know, sort of like people’s perception of professionalism, either your colleagues or the public and how they expect you to conduct yourself, sort of rather than what you think’s professional what’s important, is what they think’s professional.” (FG5 A, ID17-F)*

Whilst defining / describing professionalism, one student noted that the public's perceptions of different health professions and their professionalism probably differed, in that doctors and dentists were relatively highly regarded, whereas pharmacists were not to the same extent, possibly because their role was not understood as well.

*"I think it's a difference in as well that the public I think perceives doctors and dentists and those sorts of people as professionals, whereas a lot of the time people perceive community pharmacists for example as the people who stand behind the counter and hand your pills out. They don't really... I don't think perhaps the public understands that, you know, pharmacists are professional people in the same way that, you know, doctors are." (FG5 A, ID38-F)*

Finally, one teacher also acknowledged that the definition of professionalism may indeed differ depending on whose perspective it was defined from, i.e. practitioners, students or patients.

*"I'm aware that professionalism is part kind of a spectrum of subjective views about behaviour and attitudes. So my patients have very different views to my students and I tend to sit somewhere in the middle in terms of the behaviours and attitudes that are associated with professionalism." (Teach 1 B)*

### **7.1.2 Professionalism as a trait that applies all the time**

This also meant that being a professional was not something that was simply applicable to somebody while they were at work, but it was more of an individual's (and collective) trait, which would apply throughout their lives, i.e. inside and outside of the working environment.

*"It's outside as well as when you're at work being a pharmacist, but it's outside work as well, so it's about you as a person as opposed to just who you are from 9 till 5." (FG 1 B, ID15-F)*

*"The way that you conduct yourself in work and outside work, when you like leave work at the end of the day, you're still a pharmacist through the evening, you're not only a pharmacist between nine and six. So the way you act outside work, like for example getting drunk or doing something that you shouldn't, leaving children unattended that kind of thing, that's not acting professionally and people expect as a pharmacist for you to be sensible and be professional at all times." (FG6 A, ID27-F)*

*"I think it's like being aware of your responsibility like holistically as a professional person and acting within that capacity at all times." (FG6 A, ID27-F)*

Rather than providing overarching definitions, participants generally found it easier to describe individual elements of professionalism. These were usually attitudinal or behavioural attributes which would exemplify / describe 'professionalism' or 'professional behaviour / attitude', or they described the opposite, poor professionalism. In most of these more detailed deliberations, it was clear that respondents talked about attributes of individual (rather than societal) professionalism.

*Probably sort of an attitude as well as the behaviour so it's the way you think as well as what you do.” (FG6 A, ID37-F)*

When asked questions about what professionalism is, it was notable that, consistently, through both the staff interviews and the student focus groups, participants referred to what would define and/or describe professionalism of a pharmacist in practice, as opposed to a pharmacy student.

### 7.1.3 Professionalism of a registered pharmacist – attributes

Numerous behavioural attributes were used to describe what showed / exemplified professionalism. Professional dress was one example, but many other attributes were also noted by participants. These included behavioural attributes such as punctuality, others which were commonly related to communication with patients and other professionals, including pharmacists, such as allowing sufficient time, being polite, showing respect, and overall communication skills etc.

**Table 3: Attitudinal attributes of professionalism – as coded in QSR NVivo 8®**

Altruism / duty of care
Empathy
Honesty & integrity
Being conscientious / reliable
High standards

**Table 4: Behavioural attributes of professionalism – as coded in QSR NVivo 8®**

Overall going about what they do
<ul style="list-style-type: none"> <li>• Being accountable, having to base advice etc on evidence</li> <li>• Act within rules of Code of Ethics</li> <li>• Dealing with commercial versus professional issues / pressures</li> <li>• Ethical / independent decision-making (&amp; possible conflict with CoE)</li> <li>• Independence, taking responsibility (inc. learning)</li> </ul>
Others
<ul style="list-style-type: none"> <li>• Confidentiality</li> <li>• CPD – reflective practice</li> <li>• Punctuality</li> <li>• Working for team</li> <li>• Knowing one’s limits</li> </ul>
Communication skills
<ul style="list-style-type: none"> <li>• allow time when required</li> <li>• being sensitive</li> <li>• being non-judgemental</li> <li>• polite</li> <li>• show respect</li> </ul>

Other attributes were more of an attitudinal nature, underlying some of the ‘professional’ behaviour which would then be displayed, such as being accountable for one’s actions and advice, being conscientious, non-judgemental, and generally

working to a high standard. Having empathy and being altruistic were also mentioned.

The importance of adhering to the Code of Ethics was mentioned, but more commonly, the importance of making ethical, independent judgements, which were in the best interest of the patient. Generally taking responsibility for one's actions, but also for one's learning, were also mentioned. Table 3 and Table 4 list the attitudinal and behavioural attributes, respectively, as mentioned by participants.

### 7.1.3.1 Communication

The node that had the most number of references (i.e. individual quotes attached in QSR NVivo®) was around communication with patients. A second common one was around communication with peers (i.e. pharmacists & other HPs). Other attributes which can probably also be seen as dealing with issues around communication are listed at the bottom of Table 4. The importance of communication as a professionalism attribute becomes clearer as this report progresses. It illustrates how much emphasis is placed on teaching and assessing communication skill as part of the MPharm degree.

### 7.1.3.2 Professional dress

Dressing in a 'professional' way was mentioned by many participants, as an expected appearance attribute of professionalism. This usually involved dressing smartly (often simply called 'dressing professionally' or 'professional' or 'business dress').

*"Certainly with community pharmacists, there's more of a perception of them being dressed as a business person." (Teach 1 B)*

It was emphasised that it was important to dress 'professionally' as it supported many other attributes of professionalism, such as trustworthiness, conscientiousness, etc. Appearance, as well as how somebody communicates (both verbally and non-verbally) is often the only visible, outward display of their professionalism.

*"A professional should appear to be a professional, they should take pride in their appearance in the workplace. They shouldn't be turning up to work looking maybe like hung-over or messy or scruffy," (FG2 B, ID13-F)*

*"I suppose you sort of are more respectful in just not being scruffy." (FG3 C, ID36-F)*

*"I think that is very important, because, I think how somebody looks and how they dress and how they, like, appear, I think that does have a lot to say about the sort of attitude that you have got." (FG3 C, ID21-F)*

*"Of course, dress is quite important in terms of displaying professional behaviour and attitude." (Teach 1 B)*

Remarks were also made about the fact that dressing smartly actually helps the professional (pharmacist) to feel and act professionally.

*"I think as soon as you put on a nice suit or a nice shirt you feel better." (FG3 C, ID11-F)*

#### 7.1.4 Difference between student and practitioner professionalism

Both teachers and students acknowledged that there is a difference between the professionalism 'expected' of a pharmacy student, versus that expected of a practising pharmacist. This difference seemed to be mainly based on the difference in the two settings in which these two groups were practising: students at university and practitioners in the (usually patient-facing) work environment.

*"I wonder if that is something to do with kind of their professional role in the time here at the university, [which] is time for being a student and then you grow up and you have a job, and [...] I think combining the two makes the students feel a little bit uncomfortable, maybe." (Teach 1 B)*

The practice environment was seen to be 'stricter' in terms of its requirements around professionalism. This was because professional behaviour actually mattered, the main reason being that (besides other healthcare professionals) patients were involved, and that their wellbeing, best possible care and safety had to be ensured.

*"The difference is, I suppose, if you're a pharmacist and working, and you see somebody doing something that could endanger a patient's life, then you have a duty to do something about that. In our situation that's unlikely to happen. If we had a student doing something..., they were cheating or something, then we could only really act if there was evidence. [...]...the danger of the risk of harm is probably different between the two." (Teach 2 B)*

*"It [professionalism]'s not as important as it would be when we're actually doing it in real life." (FG5 A, ID17-F)*

Students recognised that their roles in the two settings were very different:

*"I'm just a student in lectures, I'm there to learn and stuff, but when I'm actually in the pharmacy setting it's like, you know, I'm representing the company and you're trying to figure, you know, tailor different treatments and things to that patient and, you know, trying to come across as that you know that you are professional and you know what you're doing sort of thing, so that they're gonna trust what you tell them sort of thing." (FG1 B, ID20-F)*

Students further recognised that it is in the work setting where professionalism and professional behaviour matter:

*"It doesn't really matter how much you have professional drummed into you at university, it's how you sort of come across when you're actually in practice." (FG1 B, ID20-F)*

This requirement did not exist to the same extent in the university setting, as this is not "the real world" and no patients are involved. Nevertheless, it was acknowledged by both staff and students, that the much 'stricter' rules of professionalism would

have to apply in the work setting, even if this was accessed by students, for example during a visit to a community or a hospital pharmacy, as part of the undergraduate programme.

*“I think there is a difference [between professionalism of a student versus a registered pharmacist / healthcare professional]. I mean essentially you would hope that the same sort of things apply, but there are some differences because they’re not in the real world, they’re not out practising. Lots of things that they do are in classrooms with scenarios, so they don’t have the same pressures that they have to feel in the real world. They also come into contact with patients sometimes on visits when they go to pharmacies and things, so in those things you would expect them to behave like a professional. But I think that the standard is probably slightly different in that we wouldn’t put them in the situations that a real pharmacist would be in, but generally they’re observing.” (Teach 2 B)*

Whilst in the university environment, it was acknowledged that students were students, and that they should indeed be allowed to be students. However, there had to be clear distinction and separation from what was expected and acceptable from students not studying on health professional degrees. Even though there were some comments that pharmacy students (in many cases, but possibly not all) would enter the pharmacy degree programme with a certain set of values, attitudes and behaviours, which were compatible with those forming the basis of those underlying professionalism. From then onwards, the learning / forming of professionalism was acknowledged to be a gradual process. Knowledge and understanding of professionalism, and the appreciation of its importance, would increase throughout the four years on the degree course. This would indeed continue to be formed and cemented in the following practice experience during pre-registration training and early career.

Expectations were thus accepted to be lower than those expected of practitioners, but the extent to which these should differ varied. They varied depending on year of study (see comments re: gradual development of professionalism learning above), but also depending on the school. This detail will therefore be presented under the relevant sections dealing with where in the curriculum professionalism is being learnt.

## **7.2 Importance of experience in the work setting**

An interesting and important observation following the above description of students’ definitions and descriptions of professionalism in pharmacy is how much, students in particular, made these iterations in relation to the practice environment in the first instance. For example, students would start out by describing what professionalism in pharmacy meant for the practising pharmacist. Only later on, when prompted to talk about differences between professionalism for students versus practitioners, and asked about specific aspects of student professionalism, did they describe these in more detail.

What is particularly interesting and noteworthy here is the fact that pharmacy is a health professional degree, which currently offers relatively little exposure of their students to practice placements. This is something that would be expected to be delivered in the pre-registration year, which follows the four year MPharm course in

all but one school in the UK. The understanding of, or exposure to, practice that students were drawing on was what they experienced in the following settings (possibly in order of importance from the top):

- Vacation (e.g. summer) or part-time (e.g. Saturday) jobs
- School organised 'placements,' tutorials or visits in community and/or hospital pharmacy settings
- Practical school classes (labs & workshops) where they experienced practical teaching about the role & job of pharmacists, including dispensing and communication

In all of these three settings, the exposure to, experience of, and learning from (good and bad) role models was very important. What was also raised in connection with discussing work experience was not only the importance of it, but that much more should be provided within the degree programme. Obviously, much of this study deals with where and how professionalism is being taught and learnt. This appears to be in direct delivery of teaching, particularly through practical classes which, to some (varying) extent, simulate professional practice, such as workshops and pharmacy practice dispensing laboratories. Some of this is also delivered in community and hospital pharmacy settings. Whether and how professionalism is being assessed is also explored.

Finally, besides specific classes where professionalism teaching is (aimed to be) delivered (and assessed), the overall rules and codes that exist within each school appear to be influential in forming students' understanding and practice of professionalism. Whether such rules and codes exist, what they contain, how well they are disseminated, and particularly the way they are implemented appears important in their contribution to an overall 'professional organisational philosophy' within each school. The following sections of this report are therefore structured using these headings:

- Importance of experience in the work setting, incl. role models setting (section 7.2)
- Role models in the university setting (section 7.4)
- The 'intended' curriculum (section 7.3)
- Where, when & how professionalism taught / learnt – the 'taught' and the 'received' curriculum (section 7.5)
- Assessing professionalism (section 7.6)
- School organisational philosophy of professionalism and professional socialisation (identity) (section 7.7)

## 7.2.1 Vacation and part-time jobs

As noted earlier, student participants based many of their detailed descriptions on actual work experience, which was felt to be crucial to their learning and cementing of professionalism. Such work experience consisted of summer jobs or part-time jobs through the year, for example on Saturdays. These jobs are undertaken completely independently from the MPharm course, but the experience from them contributed considerably to the students' learning, understanding and practice of professionalism. Indeed, such summer and part-time jobs were generally encouraged by the schools.

*"We have to do two and a half days hospital minimum, but then you're encouraged to do longer placements in the summer, but the only compulsory aspect is some community experience and that two and a half days at a hospital, that's it. (FG5 A, ID36-F)*

*"We're encouraged to like do placements over the summer and stuff, that's quite good experience." (FG6 A, ID12-F)*

*"They encourage you to do them as much as possible, especially to help get a pre-registration place and get experience and encourage us to do them. (FG6 A, ID1-F)*

*"I mean a lot of the students we encourage them to do that [summer training placements] and quite a lot of them do take that up." (Teach 6 A)*

It seemed that the majority of students did undertake their own work experience, some from early on, but most from the summer before their 3<sup>rd</sup> year.

*"I think most students do them [part-time / summer jobs]." (FG6 A, ID37-F)*

*"They do do work experience, a lot of them will do vacation experience and some of them, of course, have weekend jobs and it's a.. quite a fair percentage have pharmacy weekend jobs. So I think all of that feeds into it." (Teach 3 B)*

*"Summer Placements Schemes though, cos a lot of the students obviously do those as well." (Teach 6 A)*

Only one member of teaching staff estimated the percentage of students in their school who they thought were doing summer placements and part-time jobs:

*"I would say probably about, maybe slightly less than a third, I would say probably about 25% that's just from speaking to students in the class..." (Teach 4 C)*

In at least one of the school locations, these summer placements, even though taken up as summer jobs, seemed to be done as structured 6 or 8 week training programmes, which were organised by some of the larger chains.

*"They're formalised training programmes over the Summer but they're run by Lloyds and Boots and so on for an 8 week period. [...] ...it's run by the company not by the university... it's nothing to do with the university. [...] It depends from company to company. [...] Some will have a more structured training manual than others. Some students will just go and work in a small independent for the summer... which is obviously not going to be as focused in that kind of...or rigorous in terms of the training manual as*

*someone like Boots who's set up for large numbers of students and they have a special file that you'd put the students and so it is slightly different.” (Teach 6 A)*

In terms of learning professionalism, gaining work experience helped in several ways. It helped students see and understand the role of pharmacists better. It further gave them the opportunity to apply and consolidate what they were learning during their degree course. It also worked the other way round, in that working helped students understand the relevance of what they were learning at university to their (current and future) role in practice.

*“In a part-time job you get to use all your knowledge, but then at the same time you get to see the kind of outline of what your job's going to be and what your responsibilities are gonna be and what responsibilities you have for being a pharmacist.” (FG4 C, ID14-M)*

*“I think it's good you learn everything throughout the year, but you never really get to put it into practice, so when you go away then in the summer and you work for like four or six or eight weeks, then you can actually put into practice what you've learnt and you can see qualified pharmacists conducting themselves in a way that like we've been told about. So like when XX said about the emergency supply workshops and [...] the EHC [emergency hormonal contraception], you can see them actually doing it as we've been said you should do it. And you get to learn about how to be professional from them as well, not just in actors and in workshops.” (FG6 A, ID27-F)*

Finally, there was also an acknowledgement that the university environment can only actually go so far in teaching professionalism, which then requires practice exposure for consolidation.

*“I think it [university teaching] prepares you in certain aspects, but I think the biggest preparation I've had is working by myself in my pharmacy.” (FG3 C, ID3-F)*

*“Basically we learn to be professionals by doing it, you don't learn it by someone telling you, you learn by getting out there and just life isn't it?” (FG6 A, ID27-F)*

*“I feel quite well prepared, but obviously that had nothing to do with anything that I have been taught at university that's just my every... all my summer jobs and all the experience I've had it's nothing to do with university.” (FG5 A, ID2-F)*

## **7.2.2 Importance of role models within the work / practice setting**

When discussing the learning of professionalism with students, something that came through very strongly, was that they based much of what they mentioned on the work / practice setting of a pharmacist, rather than on the educational setting of the university. This is where they encountered many role models who had an important influence on their overall practice and particularly their learning and development of professionalism.

*“I'd say definitely in work but thinking back into our pharmacy degree I can't remember when they have actually... where I've actually learned anything about professionalism. But when you go to work you'd look up to your pharmacist and you see how he deals with patients and how he goes about his job, I think that's how you'd learn it...” (FG5 A, ID31-M)*

*“Seeing the view of professionalism I definitely think that my part time job has helped me build on that, because then you’ve got a role model. Like my pharmacist is a really good pharmacist and just like he would actually spend the time to say what, what they’re doing and why they’re doing it and you know go into like code of ethics or what you need to do or what’s the detail that you needed.” (FG4 C, ID14-M)*

There was also an acknowledgement that practice experience can be both good and bad, and that students can be exposed to both good and bad role models. However, the comments that were made in this respect were still mostly positive, suggesting that students were able to identify poor or sub-standard practice. They used these different experiences to inform their own continuous learning and forming of their own view and practice of professionalism.

*“I think experience like when you’re working, you’ve seen pharmacists and you can tell the difference between a good one and an average one, if you know what I mean.” (FG1 B, Female)*

*“It’s not necessarily looking up to the people you work with, but there might be pharmacists you work with where, not that they’ve necessarily done anything unprofessional, but you might see something they’ve done and think I would do it differently.” (FG5 A, ID38-F)*

*“It’s really useful because not only do you learn from good examples, you learn from bad examples, because you sort of like place yourself somewhere in between that and get your own idea of what to be professional is.” (FG6 A, ID37-F)*

Two students in one focus group also mentioned that not only pharmacists can be role models in practice, but that pharmacy technicians and other members of the pharmacy team can also be influential.

*“Not just pharmacists though, [...] I’ve worked with some really great technicians who are really, really experienced and I’ve learnt as much from them as I have from the pharmacists.” (ID37-F) - “I mean the healthcare [...] counter assistants are the best ones telling you about how to interact with patients, because they’re there all the time.” (FG6 A, ID12-F)*

### **7.2.3 Teaching staff views of work experience**

All teaching staff were aware of their students commonly undertaking work placements. Indeed, many of them actively encouraged that students should do this, as they recognised the importance of gaining professional experience in practice, and the relevance this has for the learning and forming of the students’ understanding of professionalism.

*“I do find a huge difference in students though, who have jobs in community pharmacy, a massive, massive difference and they perform an awful lot better. I think because what they’re learning is... has got a context whereas if you’ve no experience of working in a practice environment on a regular basis, then it’s all a little bit, ‘Right okay I’m hearing what you’re saying but I’m not entirely sure what this really means.’” (Teach 4 C)*

Just like the students, the staff also recognised that students' experiences could be both good and bad (but there was less discussion about this in interviews than focus groups). This led one member of teaching staff to note their role in managing the students' practice experience, and how this then impacted their understanding of professionalism. He emphasised their role in discussing good and bad experiences with students and the ability to coach students to reflect on their experiences and use them to further their own understanding and development of professionalism:

*"My own feeling for bad role models, I think some of the attitudes that they [the students] bring in from pharmacies, where they may be working, perhaps leaves a little bit to be desired and so I feel it's our job to, not to criticise, but to show other ways. [...] I think as an academic in... or a teaching practice in that situation is to actually put an alternative to them, so that the student themselves can make their mind up about what they think is the best way of resolving, I think. Rather than saying, 'Oh no that's wrong' you say, 'Well, here's another way of doing it, have you thought about this?'" (Teach 4 C)*

However, staff also recognised that such summer jobs or placements were outside the jurisdiction of the university, which had potential implications for quality control and standardisation.

*"We already encourage our students to do summer placements, holiday placements wherever possible, but obviously there's great difficulty getting all the students into those and some students don't want to do them they have other... I think it's the majority do want to do them, but obviously for each of those then we're letting the student go off on their own." (Teach 7 A)*

#### **7.2.4 Expectation of further practice exposure in pre-registration year**

There were a number of comments from students that those who were not undertaking summer placements were disadvantaged, both in terms of appreciating what they were learning at university and making full use of it, as well as at the point of entering their pre-registration training and actually being prepared for this.

There were numerous comments from students that they expected their pre-registration year to deliver much of the professionalism related issues in the practice setting, and indeed in the early career years beyond.

*"If you don't work in a pharmacy you are disadvantaged. You don't have your healthcare training, so [...] you'd have to do it in your pre-reg year." (ID8-M) – "Which is fair enough, because that's what it is there for, but I think you should have a background." (FG 3 C, ID11-F)*

#### **7.2.5 Recommendation for more practice placements as part of the degree course**

In both staff interviews and student focus groups, there were many and consistent comments that, in order to deliver professionalism learning in the practice setting as part of the degree, there was a need for more such exposure during the degree.

*“It [practice exposure]’s a really important element and I personally think that placements should somehow be brought into the MPharm programme, because there’s so much you learn on a placement that you wouldn’t even touch or scratch the surface of in a degree. Like for example communication, I mean we have communication lectures, but you don’t learn communication by sitting at the front in a lecture theatre. And like you know when you’re on placements talking to doctors and talking to technicians you learn very quickly like what to say and what not to say, how to go about just conducting yourself as a person in the workforce and like similarly with how you react and interact with patients and you just don’t get that like the... the sort of methods of teaching formerly here.” (FG6 A, ID24-F)*

During these discussions, a number of comparisons were made with existing programmes, such as other health professional degrees, like medicine, dentistry and optometry. Comparisons were also made with other schools of pharmacy, either the newer schools, which were seen as more practice orientated, or particularly the Bradford sandwich course, where half of the pre-registration training is delivered during the third year and the other half at the end of the final (5<sup>th</sup>) year. All of these professions trained their students in the clinical settings, where students were exposed to ‘real’ patients and could learn, observe and practise professionalism. This, they felt, was a much more powerful teaching environment for the purpose of professionalism than any other more artificial learning environment. It allowed for practice and patient exposure throughout, thus ensuring learning in the real life setting, whilst still under the control of the university and the school’s teaching staff.

It was further acknowledged that the level or expectations in terms of professionalism in other health professional degrees were likely to be much higher than in pharmacy:

*“I’ll be interested to see what they do in medicine and dentistry courses cos I’m [...] sure they’re quite high up on their kind of professionalism, I’m sure you couldn’t get through the course kind of with our kind of levels of professionalism that we can get through.” (FG5 A, ID4-M)*

Some students also recognised the changing role of the pharmacist, with increasing patient contact and clinical responsibilities, which would require more practice based learning of professionalism.

*“And especially as the role of a pharmacist is expanding and it’s becoming more patient orientated there’s an increasing demand, I think to have more exposure to practice throughout the degree rather than after we’ve qualified.” (FG5 A, ID2-F)*

In this context, there was also some discussion of the five year integrated pharmacy degree programme, and that this may provide the opportunity to include increased and/or earlier practice based training.

### **7.3 The ‘intended’ curriculum – documentary analysis of course materials**

Before presenting staff and student perspectives on the ‘taught’ and ‘received’ curriculum, the ‘intended’ curriculum is described here. This details where in the

curriculum in all three schools professionalism or professionalism related elements were either identified as actually being taught, or where there would be the potential for these to be taught. 'Where' will either refer to the subject / topic area(s) that are covered in the relevant modules, but also the types of teaching contact which are used to deliver professionalism related teaching, i.e. via lectures, tutorials or practical laboratories etc.

### 7.3.1 Practice teaching – potential for professionalism learning

Before going into more detail on what professionalism related elements were being stated as being covered and how, this section will first detail some more general information on the delivery of the practice curriculum in the three schools. When reviewing programme documentation, it was found that teaching delivery related to the practice related subjects increased throughout the four year degree course, with the majority being delivered in the 3<sup>rd</sup> and 4<sup>th</sup> year. That practice teaching increased over the 4 year course was visible in the practice related credits that could be achieved in each year, where a total of 120 credits need to be achieved each year. In the three schools, practice credits ranged from 15 to 25 in year 1, and increased to between 60 and 65 (excluding the research project) in the final year. Over the whole four year degree course, the number of credits for practice modules ranged between 130 to 180 in the three schools (out of a total of 480).

**Table 5: Practice teaching contact hours and percentage of practical delivery**

	<b>School A</b>	<b>School B</b>	<b>School C</b>
<b>Year 1</b>			
Total contact hours	80	84	23
Proportion of practical/tutorial type delivery* amongst total contact [%]	39	58	43
<b>Year 2</b>			
Total contact hours	61	26	81
Proportion of practical/tutorial type delivery* amongst total contact [%]	41	8	54
<b>Year 3</b>			
Total contact hours	117	156	122
Proportion of practical/tutorial type delivery* amongst total contact [%]	44	41	76
<b>Year 4</b>			
Total contact hours	124	264	137
Proportion of practical/tutorial type delivery* amongst total contact [%]	79	52	82

\* These include workshops, tutorials, seminars, practical labs, and clinical attachments.

There was wide variability between the types of contact teaching delivery in practice subjects / modules in the three schools. In line with the increase in course credits from year 1 to 4 in all schools, the overall contact hours increased from between 23 and 84 in year 1, to between 124 and 264 in year 4. Table 5 details the total number of contact hours in each school, and also the percentage of practical/tutorial type teaching in relation to the total contact teaching, which also included lectures. This ranged (mostly) between 39% and 76%, but was highest in the final year, with

between 52% and 82%. Table 5 also shows that there were some marked differences between the three schools, not only in the percentage of practical teaching, but also in terms of total contact hours.

### **7.3.2 Identification of 'professionalism' related teaching / learning in module outlines**

As mentioned previously in the methods section 6.3, the detailed analysis of teaching materials from the three schools (in particular course / module outlines, i.e. aims & learning objectives, key skills, outcomes & assessment) was also informed by the current and future education and training documents from the RPSGB<sup>38</sup> and the GPhC.<sup>39</sup> Qualitative analysis identified a number of headings / themes which related to the learning of (elements of) professionalism, which are listed below. Each heading / theme will be discussed in more detail in the following sections.

- Directly related to professionalism
  - o professionalism actually mentioned
  - o professional role of pharmacist / pharmacy as profession
  - o professional (responsibility / accountability)
- Ethics, ethical decision-making & problem solving
- Communication
- Reflective practice:
  - o Taking responsibility for one's learning and practice
  - o Self-directed learning
  - o CPD
- [NB – competence related items are generally excluded here]

Elements covering these headings were indeed found in all course outlines in all three schools. However, the frequency with which they were mentioned, the way the related learning aims & objectives were phrased, and the extent to which these were (stated to be) applied and practised differed considerably between the three schools. Furthermore, statements also differed in the extent to which links were made with different learning objectives or outcomes and how they related to professionalism and or professional pharmacy practice. These differences will be explained further below.

#### **7.3.2.1 Reflection, learning, responsibility & CPD**

All schools appeared to have incorporated elements of reflective practice and particularly learning, as well as CPD into their degree courses. In at least two of the schools, this was done in smaller groups, such as tutorials, where students were allocated individual members of staff who were their personal tutors for these, as well as other issues, thus providing students with a named first point of contact. The learning objectives and outcome that were covered under this heading included:

- reflection on, and improvement of, a range of personal skills
- to develop students' confidence and self-awareness

- to identify and work towards targets for personal, academic and career development
- effective time management
- support for effective learning (study skills) and revision
- taking responsibility for their own learning (including lifelong learning)
- exercising some independence
- [working as part of a team – pharmacy only or inter-professional]

In all three schools there was a stated requirement to record related reflective and learning activity by completing a portfolio, and the link with CPD was generally made in the reviewed course outlines.

In one school there was clear evidence that a related module was offered in each year of the course, and this module was credit bearing. Each year appeared to build on the previous year, as there was evidence of stated learning outcomes progressing in their requirements and their stated relevance to the student's year of study. In another school there was particular evidence of this supported learning occurring only in the first year; in the third school it was noted in particular in the final year.

### **7.3.2.2 Communication**

One item that, in the student and staff perspectives (findings presented later under 'taught' and 'received' curriculum), was found as being given particular importance with regards to the teaching, learning and assessment of professionalism was communication. Indeed, communication, both with patients but also with other healthcare professionals, is listed as a distinct and important professional skill in the current RPSGB indicative syllabus<sup>38</sup> as well as the GPhC draft standards.<sup>39</sup>

Communication was stated as being taught in all three schools of pharmacy. In all schools, this involved teaching delivery in lectures, to aid the students' understanding of the need for communication, the advantages and disadvantages of different types of communication. Elements of effective questioning and/or conversations, including introduction and closure, were also addressed. Furthermore, practical classes, such as workshops and laboratories, were identified as classes where the actual skills of communicating effectively with patients, peers and other healthcare professionals were practised and applied. These skills included effective questioning, the elements of an effective explanation, and appropriate (and professional) opening and closure of a conversation. In all three schools communication skills were practised in role plays. In one school in particular there was clear detail on how these practical classes took place in every year and were assessed using objective structured communication assessments (OSCAs).

### **7.3.2.3 Ethics, ethical decision-making & problem solving**

Ethics and ethical decision making was an important aspect listed in the existing education guidance documents,<sup>38,39</sup> and it also an important element of professionalism in the existing literature. According to the teaching materials reviewed for this analysis, the level and detail on ethics teaching differed between the

three schools. In one school, an introduction to “ethics” and the “code of ethics” was first noted in a year 1 module. “Ethics” reappeared as a learning objective in a more applied pharmacy practice module in the 2<sup>nd</sup> year, and was noted again in connection with “problem solving” as related to pharmacy practice in a 4<sup>th</sup> year module.

In another school, “ethical practice and decision making” were first stated in a year 2 module, where “resolving professional dilemmas” appeared as a further stated learning outcome. They were covered in further classes in the third and fourth year which built on the earlier years.

In the remaining school, ethics was only mentioned in the context of pharmacy law teaching. However, on exploring the documentary evidence further, it became clear that a module exists in this school, consisting of six lectures and three workshops, where ethical principles are taught and then applied in case studies presenting ethical dilemmas. This module did not appear in the programme handbook, because this part was moved from delivery in one year to another at the time of the study. It was therefore not delivered in the 2008/09 curriculum due to having been covered in the previous year.

In all schools, teaching ethics, ethical decision making and problem solving was usually taught in a combination of lectures and workshops.

#### 7.3.2.4 ‘Professionalism’

The word ‘professionalism’ itself was only noted in the teaching documentation as follows:

- In one school’s handbooks & module outlines, the word ‘professionalism’ itself did not occur at all.
- It was only noted once in one school, where it occurred in the context of an objective, which addressed a whole number of elements of professionalism, i.e. communication skills, time management, with the stated goal of “developing the skills for real life practice”
- In the remaining school the “concept of professionalism” was stated as being introduced in a year 2 module where a number of other important concepts, including ethical practice and decision making, were introduced in the context of introducing students to the “role of the pharmacist as a healthcare professional.”

Other related terms were mentioned more in the reviewed teaching materials, such as ‘professional’ as noun, or particularly ‘professional’ as adjective followed by ‘(pharmacy) practice’, ‘conduct’, ‘manner’, ‘obligations’, ‘responsibility’, ‘role’, ‘aspects’, ‘issues’, ‘interaction’ (either with patients, peers or other healthcare professionals – and the inter-‘professional’ team), ‘contribution’, ‘image’, ‘dilemma’. It further appeared as part of ‘continuing professional development’ (CPD).

However, the use of these (combined) terms differed between the schools, both in terms of the frequency with which they appeared throughout the course and module outlines, but also in the way they were contextualised. In one school, for example, the use of the word 'professional' occurred mostly in connection with 'pharmacy professional or other 'healthcare professional' which could be seen more as identifying a group or type of professional or role, rather than referring to the concept of 'professionalism'. In this school, the importance and learning of professionalism was not identified in modules where this may have been expected, such as the pharmacy practice dispensing lab. There was also no mention of this as a learning aim or outcome in modules identifying the teaching of communication (other than describing the elements of communication teaching – admittedly one aspect / attribute of professionalism); or learning that took place in practice settings (i.e. hospitals).

In another school, the way the words 'professionalism' and 'professional' were used differed. Besides the more frequent occurrence of these terms, the way they were incorporated into the course and module outlines was different. Rather than merely noting, for example, lay – professional interactions, or identifying that to *“describe lay –professional interactions”*, the text included more detail and read as follows: *“...showing an insight into the impact of the condition on a patient and the implications for the professional patient-pharmacist interaction.”* By providing slightly more detailed context for learning aims & objectives or outcomes, a much clearer link was made with a pharmacist's professional role. This, consequently, helped to emphasise the importance of professionalism. It is, for example, noteworthy that, despite a preparation for the role of the pharmacist or for practice being mentioned in all three schools' outlines, in this school these statements generally also included the word 'professional', which was then followed by 'role' or 'practice'.

Furthermore, whilst another school merely stated that 'explaining' or 'describing' a particular aspect of professionalism or professional practice was one objective of a particular module, this was contextualised differently in this school. Here, the relevance of the topic in question to *“good professional pharmacy practice”* was noted in one module. Another module identified that it *“examined [...] the professional issues arising from the sale and use”* [of certain products covered in this module]. In yet another module, a noted objective was to *“Explain and analyse the pharmacists' professional contribution to patient care in [...]”* In the pharmacy practice dispensing lab at this school, one of the written objectives was *“Communicate effectively with a patient, purchaser, prescriber and/or healthcare professional in a variety of circumstances presenting a professional image”*. Another module stated to *“supply the product in a professional manner”* as an objective. These classes aimed to prepare students for their professional practice, and this is exemplified in a 4<sup>th</sup> year module aim which concluded with the words *“as preparation for progress to pre-registration and professional practice”*.

### **7.3.3 School policies, as detailed in programme handbooks**

Each of the three schools had a course and/or year handbook. These summarised the course or specific year and provided students with general information on university and school policies, as well as curriculum overview / elements and staff

contact details. With regard to professionalism, they detailed policies dealing with elements of this, such as attendance, punctuality etc.

All three schools provided information regarding elements of professionalism in their programme handbooks. In some cases, additional information on specific policies relating to the professional classes, particularly the PP dispensing labs, was provided in handbooks specifically relating to these modules. The headings / areas of professionalism which were covered are listed and explained in Table 6. This table further details, in the last three columns, in which schools related information was covered. By using a ✓ this table summarises where reasonably detailed information was given to describe and explain the relevant code or behaviour, as well as potential consequences if this was not abided by. A (✓) is used where some information was present, but this was kept short and/or merely referred to information that could be found elsewhere, for example the general university code of conduct.

Even though the majority of 'professionalism' headings were covered in all schools, the extent to which they were covered, i.e. the level as well as the depth of information that was provided to students, differed considerably. Some useful insights can be gained from the detail and how this was phrased in the different handbooks, and a number of examples are provided here.

It was interesting that all schools used class registers, but only one used them for all classes, whereas the other two used them only for practical classes, such as labs and workshops. What was particularly noteworthy in one school, was that it raised the signing of registers by somebody other than the person whose signature was for as something that *"will be considered a disciplinary matter which could result in exclusion from the programme"*. This school further wrote elsewhere that it was the student's responsibility to ensure they signed the register. These iterations thus incorporate a number of elements of professionalism into what they expect from students, i.e. that of forging signatures and that of taking responsibility for one's actions and learning.

Another example for placing the responsibility for professional behaviour on students was found in another school, in relation to plagiarism. Here, the following statement was given: *"The student is responsible for ensuring their own academic honesty and not committing plagiarism. Uncertainty or ignorance of what constitutes plagiarism will not be accepted as a defence or plea in mitigation."*

Two schools had issued detailed dress codes, both generally in their programme handbooks, and more specifically in the guidance for their PP dispensing labs. One school had implemented a somewhat stricter dress code which required professional dress to be worn under clean white coats. However, both schools made explicit comments on why students were required to dress as stipulated for classes, which incorporated an element of simulated interaction with patients and/or prescribers as well as communication. In one school, the introduction to the dress code for PP dispensing labs read as below, followed by a list of types of clothing which were not allowed:

*"Dress in a manner that adds to, and does not detract from, effective communication. [...]. In general, male and female students should be clean and smartly dressed."*

**Table 6: Professionalism headings covered in course / year handbook policies**

Heading	description of content	School		
		A	B	C
Conduct & discipline of students	This contained many of the following headings, but here it relates to whether this was summarised or introduced as an overall concept / heading.	-	(✓)	✓
<b>Attendance</b>	Where the classes where attendance is required / mandatory are specified. This usually applied to all classes.	✓	✓	✓
Registers	Related to attendance, this specified at which classes attendance registers were taken. This applied to practical laboratory and workshop classes in all schools; registers during lectures were only taken at one school.	✓	✓	✓
Non-attendance	School procedures around non-attendance, its recording, requirements for the provision of certificates etc.	✓	✓	✓
Process for the review and consequences of non-attendance	Details on school process for monitoring and reviewing attendance, and the consequences for non-attendance	✓	✓	✓
Punctuality	Stated requirements for punctuality	-	-	✓
Submission of assessed work	Requirement to submit all work by set deadline, and rules and consequences for late submission	(✓)	✓	✓
Dress	Information with regards to a general school dress code	-	✓	✓
Dress during professional classes (i.e. PP dispensing lab)	A specific dress code which applied to professional classes and practice placements / visits (sometimes noted in specific module handbooks)	✓	✓	✓
Disruption of classes	This includes talking, deliberate noise, use of mobile phones, and anything <i>“which interferes with the learning of others.”</i>	-	-	✓
Use of mobile phones	Even though already noted under ‘disruption’ (above), further detail specifically about the use of mobile phones was covered.	-	(✓)	✓
Paid employment	A recognition that some students may be required to undertake paid employment, but setting guidance on the maximum number of hours per week.	-	-	✓
<b>Academic dishonesty</b>	A broader term including plagiarism, which were addressed under separate headings. This covers more general introductions and explanations.	-	-	✓
Plagiarism	Defining plagiarism (and collusion) and noting consequences	✓	✓	✓
Misconduct in examinations	Description of what is expected of students during examinations, and consequences for failure to do so.	-	-	✓
Requirements for criminal records checks	Whether there is any requirement for criminal records checks and an explanation as to why they are obtained	-	(✓)	✓
<b>Personal tutors / advisors</b>	Allocation and description of role of these individuals	✓	(✓)	✓

In the other school, justification for professional dress as well as white coats was iterated:

*“As pharmacy students you will be expected to reflect the professional image of pharmacy when you attend the labs. It is therefore expected that you turn up smartly dressed wearing a clean, white lab coat.”*

The most detailed information was contained in the handbook for school C, and this covered all aspects of conduct and professionalism. This did not only describe what was expected of students; the detail further contained explanations as to why the school had these expectations, and these were commonly linked to the students undertaking a professional degree course. The introduction to the requirements for attendance, for example, read as follows:

*“Students are reminded that as they are training for a professional qualification, a high standard of personal conduct is expected of them at all times, both on and off campus.”*

#### **7.4 Role models in the university setting – and whose responsibility is the teaching of professionalism?**

The importance of role models (particularly good, but also bad) has already been raised in the preceding section, when presenting students' (and staff) views on work experience in the practice setting, particularly in community pharmacy. The importance of role models in the school environment was also discussed in focus groups and interviews. This section presents the relevant findings.

Before discussing role models in the school environment and their importance, it may be worth noting that several students emphasised the importance of practitioners in the work setting as role models. They, students felt, were most influential as role models, as they were practice based.

*“When I think of the people I would look up to as in look towards to see, you know, how they behave professionally, I'd think about sort of the people I'd worked alongside as in a community pharmacy, I wouldn't sort of think of any other... It wouldn't come to my mind, instantaneously anyway, to think of any lecturers in school. But again, I suppose I'm thinking more towards, you know, practising in a pharmacy rather than just professional in general, because you probably, you could look towards the way that, you know, the lecturers conduct themselves, if you were looking towards professionalism in general.”  
(FG5 A, ID33-F)*

As illustrated at the end of the above quote, university lecturers were not generally seen as particularly strong role models or the ones in the best position to teach professionalism.

*“I would say until you've actually seen them working in a pharmacy or worked with them then I'd still say no, because I don't see them doing it, I just see them as the lecturer or the tutor or something.” (ID31-M) – “I agree, you just sort of see them as somebody who's giving you lots of information and they might be giving you lots of really good information,*

*accurate information but then, as we said earlier, being a professional there's a whole lot more than that, so to actually sort of... to look up to someone, you'd have to see them, as [ID31-M] said, in the working environment.” (FG5 A, ID33-F)*

*“I don't, well, I would agree with what [ID7-M] said, my role model would be from the experience I did over the summer, the pharmacist working there and I would place my opinion of a professional on what he does rather than saying that I could pick an individual person that teaches us here, I couldn't.” (FG2 B, Female)*

#### **7.4.1 Teacher practitioners**

Nevertheless, when delving more into those who teach in the school setting, and how students viewed their responsibilities and their function as role models, numerous comments were made by students. One important issue that was raised over and over again in all three schools, was the importance of teacher practitioners, namely those members of teaching staff who, alongside their university teaching commitment, retain regular patient facing practice elements. What students noted and appreciated particularly was the fact that these pharmacist members of staff could provide students with useful and up-to-date examples of things they had experienced in practice, and how those related to the teaching topic at the time. These staff thus established regular connections between their teaching material and delivery, and this could include items around professionalism, and day-to-day ('real life') practice. This gained particular respect from the students.

*“I think with maybe the like practising pharmacists who lecture for us, maybe we find it a bit more, I don't know, interesting, because in that respect they say to us, ‘Oh this did happen and when it happened I did this’ so you think, ‘Oh right, yeah, that's sort of how you do that’ so you sort of listen more...” (ID20-F) – “It's like you can relate to them and they can relate to you?” (FEMALE) – “Yeah as opposed to somebody who's teaching you the material, but there isn't any sort of interaction with the material, if you know what I mean. (ID20-F) (FG1 B)*

*“We have a lot of... like teacher practitioners like, [...] that come in and they like work as pharmacists, maybe two or three days a week, and then they come in and work with us the other days and that's really good, because they can say ‘Oh well, that's happened to me last week in work’. I actually had a situation where this happened and that's quite good.” (ID11-F) – “It's good getting the experience, because it's quite recent experiences as well like maybe last week or something, or bad experiences they have or good experiences and it just makes you realise that this still goes on and things.” (ID21-F) – “Cos they can pass on, like their professional capabilities as well. They pass it on to you like we would do this, so you feel that you can see it, like, because they can do it themselves.” (ID36-F) (FG3 C)*

*“The lecturers that teach us most of the aspects more towards working in pharmacy rather than the pharmacology science side, most of them do practise at least once a week, we've got a lot of teacher practitioners who are really, really good. [...] It's a constantly changing profession, so for us to be up-to-date, they need to be up-to-date and the only way they're gonna be like that is to be practising.” (FG6 A, ID37-F)*

Something else that students appreciated about being taught by teacher practitioners was that they got to know these tutors much better, as teaching takes place in labs (rather than large lecture theatres) with a higher staff student ratio. Students also felt

they could approach these tutors better with questions and for reassurance, and felt they were generally very supportive.

*“Those tutors as well, you know them better, because you are in the labs with them and you are speaking to them all the time, whereas other lecturers are just standing at the front all the time and you don’t know them at all and you wouldn’t really feel as comfortable approaching them as you would with our other professional tutors.” (FG3 C, ID36-F)*

Three of the staff who were interviewed retained such a regular practice commitment (two in community and one in hospital pharmacy). All staff acknowledged the importance of these members of teaching staff, and how they were particularly appreciated by students. One teacher supported this with consistent comments she recalled from students’ module feedback:

*“...quite often the feedback is along the lines of, this person is telling us like it is rather than it being very theoretical, and so it’s obviously coming through even not among the Teacher Practitioners but among full time... academics who also work as pharmacists at the weekend. They [the students] really like those examples of practice coming out....” (Teach 6 A)*

Following a question on why teacher practitioner (TP) in particular are particularly appreciated (role models) by students, this teacher continues:

*“The main one [reason] is having... being near... someone who can stand up and say, ‘I’ve actually worked in a pharmacy and I know what it’s really like’ and someone who can say, ‘Well yes [...] this is the formulary that you would use in theory, you may adapt your own in practice and come with your own different things. You don’t have to use the rule I’ve taught you,’ and once you know that kind of flexibility... and appreciation of the sort of.. more pragmatic side of things. They also, again, it’s hard to put your finger on ‘cos it’s not really very tangible, but the fact that the students always comment very much so I’ve noticed on the practice type module feedback, about approachability of staff in general so whether that’s because we teach communications and we’re perhaps more interacting with the students...” (Teach 6 A)*

The teacher practitioners themselves recognised both the importance of their practice role to the students, and they also acknowledged that this practice involvement was important to them as well.

*“When we do an induction for a new tutor, that point [role model] is laboured quite a lot, in terms of: the students don’t have very many role models in their degree course, they do when they have work experience, and therefore it’s important that the role models they do meet are ones that they can, you know, look back on and think.. have been influential and behaved in a professional manner.” (Teach 1 B)*

*“It’s nice to actually go out into the pharmacy and just do it rather than to be explaining all the time why you’re doing and what you’re doing. It’s good just to do it. [...] I think it improves my practice or has done and similarly when I’m talking to the students I can say, ‘Well this happened to me last week,’ so it’s not something, if they ...sort of pretend this is real life scenarios that really do happen, and I think it works nicely that way.” (Teach 4 C)*

This teacher practitioner noted later on in their interview the importance of having pharmacist role models, and particularly those who retain a practice element to their role.

*“I think the staff have to act as role models. I think that’s important, and I think that’s one of the big arguments for making sure that schools of pharmacy have plenty of pharmacists around with them. So that they can see [...] there’s certain standards that you need to maintain as a professional person, but also I think they need to see that you can practise or operate those standards and still be a normal human being as well.” (Teach 4 C)*

*“I think coming into contact with teaching staff is possibly one of their [students’] major influences on professional behaviour, they’re not seeing it in their normal day to day, so they need to have something to make some judgements by, and I think having pharmacists in is very important.” (Teach 4 C)*

Indeed, several comments were suggestive of practising pharmacists taking their role in teaching professionalism, and particularly that of being a role model to students, especially seriously.

*“There’s a lot of role-modelling, so most of the clinical teachers are pharmacists and I think the students do make some distinction, because some of our academics who teach them in earlier years, they’re coming in a shirt and tie, might make more jokes, might take their role less seriously, whereas if you go and observe one of the hospital practitioners coming in and doing a lecture, it’s quite different, the way they conduct themselves, and I think students pick up on that, despite the fact that actually we’re not aiming to teach professionalism, per say, it’s more a clinical area...” (Teach 1 B)*

*“I am conscious that there are not that many pharmacists on the teaching staff. So whenever I have contact with students, I always have my kind of professional hat on, as opposed to kind of an academic teacher’s hat. I’m always thinking about that in my mind, [...] So, I’m always on time, I always finish on time, I’m always polite to them, etc. and that’s fairly conscious.” (Teach 1 B)*

As the student quote below illustrates, having strong teacher practitioner role models amongst the teaching staff helps professionalism teaching to be present different areas of teaching in a way that is not always explicit, or indeed should be explicit.

*“I think the fact that we do have good role models sort of drilled in, is drilled into us and I think we sort of pick it up maybe unconsciously, but I think as soon as we go out we will remember how, you know, we’ve been taught and what it means to be professional and I think as soon as we go out most of us will act professional.” (FG1 B, ID35-F)*

#### **7.4.2 Role models amongst the remainder of the teaching staff**

The function of role model and pharmacist teacher has already been presented in the preceding section, but what about the role and responsibility of non-pharmacist teaching staff? Students in all focus groups seemed to make clear distinctions between different types of teachers in their school; that students made these differentiations was also recognised by teaching staff. Students differentiated between practising pharmacists, who they defined as those who still worked in

patient facing practice regularly, other pharmacists (without such a patient facing element to their work) and non-pharmacists.

*“I think it tends to be the clinical staff that try and impart the sense of professionalism.” (FEMALE:) – “They are very good at instilling that, I think, and they also lead by example. I think, we have got a lot [of good role] models in them.” (ID20-F) (FG1 B)*

The perceptions of these different groups of staff’s responsibilities with regards to teaching professionalism, but also acting as role models, differed considerably.

In all schools it was acknowledged that, probably, all members of staff should be role models to their pharmacy students and lead by example. One non-pharmacist teacher emphasised the importance of staff (in general) leading by example, by respecting students and dressing appropriately, for example.

*“We [the teaching staff] have to be professional to them, if we’re gonna expect them to be professional back to us, so.. Not that members of staff aren’t, but maybe just the way they think about things, we need to reinforce what we’re looking for from the students and what we expect from the staff.” (Teach 7 A)*

However, several members of teaching staff acknowledged that this would be difficult whilst science and practice remain as relatively separate entities, but hoped that this could be addressed when implementing an integrated curriculum. Until then, it was felt that the teaching of professionalism probably continued to apply mainly to practice / professional (=pharmacist) staff. Indeed, another non-pharmacist teacher said the following:

*“I mean obviously we don’t teach it in the science side of the course at all, apart from behaviour in lectures and so forth.” (Teach 3 B)*

However, this teacher went on to stress that, nevertheless, all members of staff should provide good role models or examples in the broader sense of ‘educational professionalism’.

*“With half this school not being pharmacists it’s difficult for them to be a role model as a pharmacist per se. I mean, I would hope that... all members of staff would act in a professional way to the students [...] I’m talking about as a professional educator here. And one would hope that therefore that would feed back to the students, if you know the member of staff ...is acting in a professional way to the student, then the student should also actually see that.” (Teach 3 B)*

Several remarks were also made by some teaching staff that, amongst the non-pharmacist members of teaching staff, there was probably a lack of understanding of what pharmacy actually involves, and therefore a lack of clear understanding of what pharmacy professionalism means. This meant that the ability of non-pharmacist / scientist members to actually teach professionalism would be limited, or at least their understanding of the difference between student and practice professionalism.

*“Well I guess I really can’t answer that question [whether there is a difference between pharmacy student and practitioner professionalism], because I don’t have a lot of experience with their [pharmacy students’] behaviour in the workplace and I really don’t see that, I mean apart from obviously my own casual dealings going into various*

*environments like a pharmacy or a hospital. So I can really only make comments about their behaviour as students at the university.” (Teach 3 B)*

Nevertheless, it was emphasised that broader areas of educational / student professionalism, such as dress, punctuality, respect, etc., should be practised by all members of teaching staff.

Even though students also saw the role of non-pharmacists in their teaching of professionalism as limited, there were a number of conversations that stressed how students recognised their science teachers as very respectable experts in their fields. They thus saw (at least some of) them as role models in wider educational or student professionalism.

*“The first person that came to mind was people like XXX, and people who are internationally renowned for the work that they do, and they’re also interesting talkers and when they give a lecture, they’re really challenging and all that kind of stuff, and I think well, like he’s a good role model.” (FG1 B, Female)*

One member of teaching staff, himself a pharmacist but practising more as a scientist, explained how many of the rules imposed on laboratory practice also teach students elements of professionalism. For example, particularly in sterile laboratory practice, certain rather strict rules of dress, cleanliness and production had to be respected, and their importance recognised, thus contributing to the learning of elements of professionalism.

### **7.4.3 Whose responsibility is the teaching / learning of professionalism?**

When asked whose responsibility the teaching / learning of professionalism is, teaching staff as well as students generally felt that this was the responsibility of a number of different parties. Both groups recognised that students themselves had an important role to play. They should, for example, take responsibility for their learning, a trait otherwise identified under (student) professionalism (see section 7.1.3).

*“I think everyone has a role to play in it, you know, the students from themselves, they’ve got to have a feel for what is gonna be and they’ve got to listen and then think in their own mind what professionalism is to themselves. The members of staff have got to be able to describe what professionalism is and then make sure the students learn from their teaching. And then someone oversees all this whether that’s [the director of undergraduate studies] or a head of department, someone’s gotta control it to make sure that, I suppose you could argue it’s that the curriculum development team as a whole who’s looking to drive this through the whole course. So we all work together, so we pick it up in various time periods, hopefully then by everyone learning from each other, with us having clear attitudes about what professionalism is, maybe with an influence such as the Pharm Soc saying what they want us to teach, but we’ll have to adapt that, making sure we find good role models, exposure, attitudes or ways of teaching professionalism or showing professionalism and then the students reacting to that hopefully in a positive way and the feedback being, do we see that change in the students, if we don’t, we review and go back to it. [...] So I think there’s no one person, it’s a mix of everyone together.” (Teach 7 A)*

*“I think everyone, I think from the top down I think. The society is responsible for it. I think it’s responsible for making sure it is.. the pharmacy [degree course] is done in such a way that they’re producing professionals, because they’re accountable for the profession ability of the entire thing. So they’re ultimately responsible and at first it was down to the people in charge of the course, the class co-ordinators, I think they’re responsible. I think every lecturer who gives a lecture as a pharmacist is responsible and that it’s not just down to us. Obviously we don’t have a formal thing that we have to be professional about but it’s expected of us like... it’s... they expect a high standard of you.” (FG4 C, ID18-M)*

The parties that were mentioned were the teaching staff, particularly those delivering the professional / practice teaching (i.e. pharmacists); the head of school or a curriculum overview committee (either overall or practice based); and also the Royal Pharmaceutical Society in its role as accreditor of pharmacy degree courses.

*“I guess it’s the Head of School that’s got to weigh that down and within here the teaching committee’s got to decide how they want to run it.” (Teach 5 C)*

*“I think probably that it has to be sort of an overall aim of the whole course that we actually...I have a problem with the word teach professionalism, cos it’s a difficult thing, but certainly that we produce graduates who are professional in their behaviour, so we’ll put it that way.” (Teach 3 B)*

*“I think it’s got to come from all over. I mean you can’t say it’s only gonna be the pharmacists members of staff and nobody.. it’s got to be all the staff in the school, it’s gonna be from work based colleagues, you know, when they’re going out on placements, not just the pharmacists but the technicians and the other people that you’re gonna be working with.” (Teach 6 A)*

## **7.5 When, where and how is professionalism taught / learnt? – the ‘taught’ and the ‘received’ curriculum**

As was noted in an earlier section, the learning and development of professionalism is a gradual process. Students in the later years of the degree course, i.e. years 3 and 4, feel closer to practice and thus feel they have more understanding of both what pharmacy involves (i.e. what being a pharmacist involves) and what professionalism means in this context, than those in years 1 and 2. This may be because years 1 and 2, in all schools, deliver a lot of science teaching in these first two years, much of it being delivered by non-pharmacist experts in their fields. Years 3 and 4 introduce much more pharmacy practice teaching, which is, to the majority, delivered by pharmacists. Other influences, which have also been mentioned previously, may be that the majority of students in all schools are likely to have had practice exposure and thus have gained a better understanding of pharmacy practice, either through their own part-time or summer jobs or school organised (short) placements. Finally, students make choices and arrangements regarding their pre-registration places during their 3<sup>rd</sup> year, which seems to bring the impending end of their degree and their entering practice closer to their minds.

### 7.5.1 Professionalism learning: integrated, grounded and longitudinal throughout the curriculum

Before presenting data relating to individual types of classes, it is worth noting that there were numerous comments from both teaching staff and students (several comments coded in all interviews and focus groups) to say that teaching and learning should be (and, to an extent, is) present throughout all four years of the course. There was, of course, an appreciation that the majority of more direct teaching / learning of professionalism would probably occur in the 3<sup>rd</sup> and 4<sup>th</sup> year, where most of the professional / pharmacy practice and therapeutic clinical teaching is located. Nevertheless, it was seen as important that relevant aspects were introduced early and continuously reinforced. However, student comments including words such as that the learning of professionalism was ‘unconscious,’ ‘indirect,’ or ‘unaware’ were quite common.

*“As soon as you start pharmacy you’re told kind of you’re now part of a profession, you’ve got to be responsible and all of that kind of stuff. But it’s not like all of a sudden the moment you walk into [the school of pharmacy building] for the first time you’re just suddenly a professional. It is like, they try and drill it into you from the start, but it is a gradual thing.” (FG1 B, Female)*

*“It’s not like an outwardly, like this is professionalism, you’ve got to do this, this and this. I think it is sort of leaked to us in small doses through the whole course and from all areas without us knowing.” (FG1 B, ID20-F)*

*“I think it’s probably a continual process.” (Teach 3 B)*

There was also some recognition (amongst students and staff) that students enter their pharmacy course with some level of understanding of general values and attitudes, and that these will be developed and moulded, but not changed fundamentally.

*“It’s how you were brought up as well...” (FG4 C, ID34-F)*

*“Part of it’s your own standards already though, isn’t it really, but I don’t think to be a professional pharmacist would be that much different to the way I behave now, you know, just most of it’s common sense I would have thought.” (FG6 A, ID37-F)*

*“I do believe that we should, you know, we should have that sort of inherent within ourselves, we should want to listen, we should want to learn and to behave or be professional.” (FG1 B, ID35-F)*

*“I don’t think that affects you in the sort of way where you’re somehow gonna be a different person or... like fair enough you’ve got your knowledge and you all use your knowledge to help people, but as far as sort of the code of a professional how to act and things like that, I don’t think for me that’s got any different.” (FG4 C, ID22-F)*

*“I don’t think we change attitudes greatly with well from what we get from the high schools. I mean they’re coming from... in most, well the vast majority of cases are coming from a disciplined institution where they’ve been structured and that includes how they behave.” (Teach 3 B)*

In line with the above teacher quote, some students also commented on the opposite, where students with a lower level of professionalism related values and attitudes at the beginning of the course, did not change underlying personality make-up too much.

*“It does depend largely on how you were before, if you know what I mean. Cos for some people it just hasn’t changed them, they’re the same way they were in the first year and they still go out drinking every week and they still do it and won’t take their coursework as seriously as everyone else.” (FG 4 C, ID18-M)*

Nevertheless, the importance of then developing professionalism in pharmacy needs to be extended through the course, accounting for all different types of students. The following quote further illustrates the importance of making the school’s and teaching staff’s expectations with regards to (student) professionalism explicit, and also emphasises that the forming of an individual’s professionalism is a process of personal development.

*“They have to learn about what professionalism is, they may have seen it in their everyday life through their family or what they read, but they don’t really know what to expect, so we can’t expect it from day one, so we must identify for them as part of the course, what we expect from them and then they develop their own skills to some degree. It’s personal development rather than something we can teach and therefore as it builds slowly the hope would be that they’re put in situations where we can assess their professionalism, have they developed at the level we want?” (Teach 7 A)*

In line with such a gradual process of the learning and development of professionalism amongst students, their awareness and possibly the extent to which they had internalised professionalism was felt to increase over the time of the course.

*“I think it’s not as such that in my first year I knew or thought what professionalism is. It’s rather now I rather think about it, it’s now that I think about professionalism and what it actually defines and what, like because of my like the longer I’m in the pharmacy course and why sort of, you know, I’m involved in this profession.. and also had work experience so I think all about the experience. And in first year I didn’t really have pharmacy experience so I didn’t really think about professionalism as such.” (FG1 B, ID35-F)*

The message of pharmacy being a professional degree, leading to being eligible to become a health professional, appeared to be incorporated in all schools from the beginning. This was done in varying ways, many of which will be discussed in more detail in the following sections. The messages usually covered responsibilities that came with being a pharmacy student, training to become a future pharmacist. These were relayed either by reinforcing what important features, attitudes and behaviours were, or they employed negative iteration / illustration, where attention was drawn to the negative consequences of contravening codes or elements of professionalism.

*“I think we are told quite a lot through the course though, and always given like scare stories and things, like if you go and do this then you’re off the register, and if you do that then you’re off the register. So I think as you go through the course it is something that you think about more, because obviously you’re told it every so often so it’s drilled in a bit, you know. [...] One particular lecture that we have, that’s constantly giving us these ghost stories.” (FG1 B, Female)*

*“I think they’ve said somewhere that they do criminal record checks before you go to jobs in your pre-reg and stuff so that’s a sort of warning about how you conduct yourself outside the pharmacy, especially as long as it doesn’t affect your judgement when you’re in work or it doesn’t affect anyone else, I think then I suppose you’re being taught.” (FG5 A, ID31-M)*

Students also showed awareness that professionalism was not like many other subjects and could not simply be taught in one class, thus supporting the importance of the omnipresence of professionalism learning throughout the course.

*“I don’t know if you could teach professionalism on its own. I think it has to be taken from different aspects of the entire course not just one class that will teach.” (FG2 B, ID28-F)*

### **7.5.2 Setting students up for professionalism from the start**

The importance of clarifying for students what was expected from them (and then sticking to these codes) was mentioned by both staff and students in all three schools. What was less clear was where in the course such inductions occurred. In one school, core tutorials were mentioned as providing this opportunity. Here, each member of academic teaching staff acts as tutor for a group of about six to seven students. Times for tutorial group meetings are timetabled, and they start with alternate weeks during the first semester in year one and are then reduced in future years. At the beginning, these tutorials were identified as providing the opportunity for students to be introduced to professionalism in pharmacy and also made aware of their responsibilities as pharmacy students.

*“In the XX tutorials ... we do cover the expectations of the students, so each tutor should go through expectations on attendance, on their time keeping, the ways they should work.” (Teach 2 B)*

Some related talks were also delivered to first year students during fresher’s week. Furthermore, a representative from the RPSGB was said to come in to give a one hour lecture.

*“Just really straightforward things about being late, what you do when you’re absent, how you address your peers and how you address the academics here and how you behave when you’re out and about in XXX. And I know they have some talks in Fresher’s Week, but it’s maybe something that we can link better to their CPD and perhaps their kind of Fresher’s Week induction every year when they come back” (Teach 1 B)*

*“The Pharm Soc come in and give them a one off lecture to the first years around professionalism. [...] They cover the things like if you do something you might not be able to register, if you break the law... you might not be able to register. So that’s the kind of first introduction to what professionalism is.” (Teach 2 B)*

This teacher acknowledged that tutorials, due to their small group size nature, provided an ideal opportunity to work on aspects of professionalism. However, she also acknowledged the difficulty of having a consistent approach, particularly where the majority of staff were not actually pharmacists, a comment which was confirmed by another (non-pharmacist) member of staff at the same school.

*"I guess it should really be every member of staff. It's very difficult in a class of 180 to 200 to teach and assess professionalism. I think ideally you want small groups, so I think the tutorial is probably [...] one of the best ways, but the proportion of pharmacists in this school is relatively low... about 30% of the academic staff are pharmacists so the majority of students won't have a pharmacist tutor and those... whether they'll have been assessed to the same professional standards, that's a difficulty." (Teach 2, B)*

*"First thing to say about the XX tutorials, of course, is that they're extremely heterogeneous, because each member of staff takes their own set of tutees and then the big difference is obviously differences in how they treat... work with their tutees, but also differences, of course, in the background, you know, so we have approximately what half science based, half practice based, so they're quite heterogeneous." (Teach 3 B)*

In another school, similar issues around (student) professionalism were covered, but it was not entirely clear where.

*"We do mention something, you know, little things in the introduction in the enrolment about plagiarism, about this why we're doing it, about the monitoring process why it's in place and about thinking about you are going to be a pharmacist, but without going in detail, but I wouldn't say it's necessarily what I would call a culture. It's an attitude from a group of us who like to drive it, maybe, but it's certainly not at the level we would like." (Teach 7 A)*

In a third school, a whole series of lectures was delivered to cover definitions and elements of professionalism. Some aspects of pharmacy students' responsibilities were also covered by discussing some cases of students' behaviour which may affect their future ability to register as pharmacists.

*"In our first year we have a course called XXX and it introduces them [the students] to a whole range of different topics. It teaches them to do a bit of literature research, how to do referencing, they have clinical scenarios to investigate, and then they also have to consider the patients scenarios from the point of view of the pharmacist, what can the pharmacist bring to this situation. So I think that introduces them to it, ... there is something more that a pharmacist can bring to the medicine rather than just, you know, just giving it out to them in a bag for example. Erm, you know we try to get them to think about counselling, have there been pharmacists involved in guideline development and is the prescription adhering to guidelines. What important information does the pharmacist need to give the patient to, you know, deal with side effects or important elements of the counselling." (Teach 4 C)*

*"I cover that [student professionalism] in my notes as well to first years. [...] It was about five years ago, that, I had said 'Look we really need to teach them the first week they're here, about being a professional and that the fact that being a student gives them license to do certain things, but there are other things that they can do as a student that can get them struck off or can get them in the position they can't register.' This started with just one lecture, then two [to 1st years], and now has expanded to 2nd years. (Teach 5 C)*

*"I feel that there's stuff in here that they won't ever get and they won't find, I go through all the sort of what the society's powers are and stuff like that, and law and ethics and different professionals, trading professionals and so on." (Teach 5 C)*

*"Initially I just, try to say to them that, you know, essentially that this is your career and I have been in a situation where I've had to choose between a job and a career because I've been asked to do things that are illegal and I say that to them, [...] what do you do in*

*that situation? I say well, if I do something that's illegal I could lose my professional title as a pharmacist, if I resign I could always look for another job if I'm still a pharmacist.”*  
(Teach 5 C)

4<sup>th</sup> year students' comments showed that they remember receiving these lectures at the beginning of their studies.

*“We were told in first year [...] when we came in here and sat down and in the first lecture we had we were told: ‘You can't behave this way and if you ever have any like any criminal... if you're associated with any criminals or something you would be like, not disciplined, what was it like you wouldn't be considered like a good professional.’ I don't know it was something like that, if you're associated with anyone that does anything illegal then that makes you responsible to tell someone basically.”* (FG4 C, ID26-F)

### 7.5.3 Implementation of reflective practice – CPD portfolios

One aspect / part of the curriculum that probably lends itself particularly well to being present in all year is that of the implementation of continuing professional development (CPD) and reflective portfolios. Such CPD portfolios had been introduced into the course in all three schools over the preceding years. These were in place to prepare students for lifelong learning, CPD and its recording, a mandatory requirement for all practising pharmacists in Great Britain. Students would also need to complete a reflective portfolio during their pre-registration year. A further aim of these portfolios was to encourage reflective practice and learning, which was, in some cases, assessed and seen as a proxy for elements of professionalism. Where in the curriculum these portfolios were incorporated differed between the three schools. In one school they were mainly used during small group tutorials, in others they were incorporated into other practical professional classes, where the staff – student ratio was also high.

*“The questions we give on the continuing professional development I think are probably more specific to health and professionalism. With the CPD they've got to go through a cycle, [...] they've got to identify something and got to plan and carry out and then reflect, it's a similar cycle and there's a list of skills that they've got to master which are in the handbook. [...] We introduced that in this form last year for the first time, this is the first time we've called it CPD. [...] We've always had something like this, but before it was quite vague. [...] They tended not to set themselves targets, whereas this is the first time we've actually given them specific things to do.”* (Teach 2 B)

*“One thing I've not mentioned actually that we've been developing as well is bringing in CPD through all four years. So again just trying to encourage that thought that you are going to be a pharmacist at the end of the day and there are things you need to be more reflective, you need to think about the consequences of what you're doing. We have things like error reporting forms in dispensing classes so... and reflection sheets after a lot of the workshops, the more professional type of workshops we give them reflection sheets to complete to try and get them into that mode. So I think certainly from what it was even three years ago...”* (Teach 6 A)

*“They have a personal development plan which introduces them to the idea of sort of CPD cycles and you're analysing how they're getting on and coming up with action plans.”*  
(Teach 4 C)

#### 7.5.4 Practical classes

Many comments by both staff and students illustrated an understanding or appreciation that the best way to learn professional skills, and also professionalism (or elements of it), is in the practice work setting. However, with a (current) relative lack of placements as part of the MPharm course (a feature common to UK schools of pharmacy), much of the teaching about 'professionalism' takes place in practical classes. These, in effect, aim to simulate elements of practice and professionalism which students would find in the work setting.

There are, in effect, two types of classes when students enact real life practice. One are pharmacy practice dispensing labs where students learn about all aspects of the practice of pharmacy, i.e. drug selection, checking, labelling, dispensing, and appropriate record keeping. Communicating with patients is also incorporated into these classes but to varying degrees. In all school, items of information that would need to be conveyed to patients, for example, or entries that would need to be made into relevant pharmacy records were mentioned and recorded in workbooks. In two schools, these processes were generally also enacted, which meant that these items were incorporated into every weekly class. Here, role plays and communication with 'pretend' prescribers and patients were a regular and active part of these classes. Some schools also offered classes which were specifically aimed at practising communication skills, such as around self-limiting conditions and over the counter (OTC) medicine selection.

In order to encourage and guide independent thinking, problem-solving and decision-making, all identified as attributes of both student and practitioner professionalism, this type of teaching delivery tends to be a relatively staff intensive approach. Besides role plays, this would involve responding to students' questions with questions to encourage the student's own thinking, rather than giving them the answer. This is summarised in the detailed quote below:

*"I personally feel that maybe the, you know, the organisation as a whole perhaps doesn't appreciate that we're actually trying to mould people not mould but develop a way of thinking for people rather than teaching them, and so I think we occasionally get some criticism for our area being very manpower intensive but it's a kind of thing you... we're coaching, you know, we're going through the whole process of, "Here's a problem and this is how you would sort it, right there's the problem what would you do with that, there's a problem go off and deal with it" kind of situation and that does require more intensive teaching, like when I use the word teacher myself, but you can't teach it but it, it... more, more contact with pharmacists is the best way for the students to pick that up. One of the things that we do which I think maybe helps them is that we... One student doesn't have the same pharmacist in contact with them every week so we always rotate the tutors. So we often get a situation where, "Oh this tutor said this thing and this tutor said that thing" so this illustrates professionalism, you know, there can be lots of right answers to a situation and there will be wrong answers, but there can be a number of different correct answers and that's something that we build into it so that they're exposed to a whole range of different opinions, and I think that's quite helpful. [...] I think what we're trying to do is to get the students to navigate through the grey zone. Like whereas previously it's been black or white in science we're trying to somehow or other provide them with the*

*thought processes to navigate the grey areas of professional decision making and what's the best thing to do." (Teach 4 C)*

Another teacher also acknowledged that the type of teaching in their school which encouraged lateral thinking and independent decision making, particularly that involving role plays (and their assessment), was a timely and costly way of teaching. However, it had clear benefits for the students, especially whilst there was still relatively little teaching in the work environment.

Elements of this approach to teaching were indeed present and observed in the different practical classes that were observed. However, the level of implementation of this approach differed depending on school and also the type of class. This will be described in more detail below.

#### **7.5.4.1 Pharmacy Practice (PP) dispensing labs**

Before analysing staff and students' comments and discussions on this class, and how it teaches students elements of professionalism, a summary of the observations during these classes in the three schools is described below. This will help illustrate and understand the nature and set-up of these classes.

##### **7.5.4.1.1 Pharmacy Practice dispensing lab school C**

*This class takes place in a large teaching 'lab'. Students are grouped around benches and computers in a way that facilitates dialogue. There are three monitors with keyboards in the centre, with labelling software, attached to a printer for labels. There are about six to seven students on each such arrangement. In total, about 65-70 students took this class.*

*This PP dispensing lab lasts three hours, and students work through six workstations each week, supervised by one tutor on each workstation. Even though there are only six or seven students per bench, a tutor group is between 10 and 11 students strong, so each group goes across to a second bench. This second bench thus has students from two different groups on it. Rather than staying with one group of students on the day, or even each week, the tutors stick with one particular exercise for the day, so all students are taught by all six tutors. One of the tutors explained during the observations that this so that all students are exposed to different teaching styles, and to show them that there is often more than one way of dealing with a case, each being acceptable.*

*Students are asked to come to this class in professional dress, i.e. men are asked to come in shirt and tie, and women in smart clothes. Male students wear shirts, most wear ties; all wear a clean white coat (some buttoned up, others open). Only one member of the teaching staff wears a white coat, all others do not but are smartly dressed. Not wearing white coats, one of the tutors commented, makes it easier for everybody to identify and locate where the tutors are.*

*All teaching staff were ready in the 'lab' several minutes before its start, whilst all required material for the different workstations had been prepared. Exercise*

materials, such as labelled medicines boxes, only have to be available for one group of students (10-11 of them) rather than the whole class. Tutors are in charge of the material required for their exercise and rotate to six different groups of students during the course of the afternoon. The theme of this observed class was 'emergency supply.'

Students were waiting outside this lab, while all tutors were ready and waiting in the lab until the start time, when the doors opened and all students came in promptly. All students went to their allocated place, and one of the tutors started to give information about this particular afternoon at just two minutes after the official start time of this class. He used a microphone to do this so that everybody could hear him clearly. An attendance register was taken for this class, which each tutor checked on their first bench.

In total, there were six workstations / exercises in an afternoon's class, and there was a clearly set timed rota for this. Each workstation lasted exactly 30 minutes, after which the tutors moved around to a new group of students. There was a clear structure within each 30 minute workstation: Students started working through their exercises. They sat looking through the BNF, sometimes (often later on in the 30 minutes) checking their Medicines, Ethics & Practice, which was generally being referred to as MEP. Quite a few of the exercises involved speaking to the prescriber and/or patient to obtain information missing but required to ensure they could safely and legally dispense the given example.

In order to obtain this required information, each and every student had to do role play, where the tutor could take on the role of prescriber as well as patient, depending on what the student requested. The students had to conduct these conversations as they would in practice, and pretty much without fail this was what they did. The tutor also took their role seriously and responded to each request as if it was in real practice. The tutors were professionally challenging to the students and guided them when necessary, so student could reach the solution themselves. A conversation with a prescriber (usually a telephone call) would therefore go something like this.

Student: "Hello, could I speak to Doctor XXX please."

Tutor: "Speaking."

Student: "It's NN, I am the pharmacist from XXX Pharmacy. I have a prescription for Calpol Six Plus, which is blacklisted. Could I ask you to issue a new generic prescription for paracetamol suspension, 250mg in 5ml?"

Tutor: "Yes, no problem, I'll have the prescription sent over."

The tutors only gave out the information the student asked for, and if a change was required on a prescription, such as a reduction in dose, the tutor encouraged the student to make a recommendation as to what exactly they thought would be appropriate. Any change then got recorded by the tutor in the student's workbook, to demonstrate that this interaction had indeed taken place.

As each student had to participate in a one-to-one role play with the tutor for each station, students sometimes had to queue up to wait their turn, which they did quietly and patiently. During role plays, they all conducted themselves

*professionally, just as the tutors did too, showing that they all took the exercise seriously.*

*When conducting role plays and responding to students' questions, tutors actively encouraged students to think laterally, access knowledge previously learnt and to apply this in a practice like scenario. They thus encouraged and guided the students to come to a solution themselves, rather than giving them the answer. One of the tutors made the following comment during the observations: "The emphasis is on not spoon feeding them, but getting them to think for themselves." Another tutor commented that this course was designed to pull it all together, the theoretical teaching and making the students apply this, and thus get them ready for practice. Sometimes a number of different courses of action were available to take, all were discussed, and the students were then expected to decide on one. There was one occasion where the tutor actually encouraged all those students who work in a community pharmacy, that they could check with their pharmacist what they would do in a similar situation.*

*All observations and amendments then needed to be recorded by the student in the students' workbook. This included any entries into records held in a pharmacy, such as controlled drugs (CD) register, Prescription book (for private prescriptions and emergency supplies – as relevant in today's session). Pages of these records were in the back of each workbook, identified in different colours. Students also printed required labels and put one copy into their workbooks.*

*After 15 to 18 minutes into each 30 minute workstation, each tutor called their students together for what they called 'counselling and feedback'. This started with one student handing the ready labelled and bagged prescription product over to the patient (the tutor) and doing all relevant counselling. This was now done by just one student – and there was a system for identifying students, so that everybody did this at least once in the semester with each tutor. (This information is recorded on the register sheet held at the head of each bench.)*

*After this the tutors would generally start by asking fellow students what they thought of the counselling when handing over the medication in question. They would then comment and go through what was covered and why. They would comment on both what was handled well as well on what maybe could or should have been added or improved. The tutors then went back over the actual exercise from the beginning, possibly drawing the students' attention to issues that caused particular problems in this workstation, going through any entries into the workbook exercise, occasionally asking students for further comments or reasons. They all finished by asking if the students had any further questions, before they moved onto the next workstation.*

*Because of this set-up, all students did all six stations with all six tutors, finishing the class after its allotted time of three hours' length, so they all left at exactly the official finish time; nobody left early. Furthermore, as the 30 minute slots were generally being used for checking reference materials, such as the BNF or MEP, role playing or recording, and subsequently a counselling and feedback session, there was little time when students were unoccupied. This was reflected in the overall relatively low noise levels, with little private chat observed between*

*students. Overall, all students seemed pretty engaged and talked about the subject rather than much personal chat, apart from when they were waiting for group change-over near the end of each 30 minute workstation.*

The above observations were both described in detail by numerous focus group students, thus identifying the received curriculum. One member of staff, who was also a tutor in this class, described how this class contributed to the taught curriculum around 'professionalism' learning. They described the aim of this class as clearly establishing practice relevance, and teaching students (the taking on of) their (future) role as professional pharmacist.

*“When they get into third year then there’s a little bit more application of it when they’re in the pharmacy practice [dispensing] course, because they are assessed much more rigorously on these sort of topics and I think that’s when you, you’re really pushing on the idea that they have to start thinking like a pharmacist. [...] [PP dispensing in a previous year] covers the nuts and bolts of the legal requirements and then [this year’s PP dispensing], they actually apply it to patient and prescription scenarios, so they can be given a controlled drug prescription with an error on it and they have to identify the error and make whatever records are necessary and check doses and so forth. So I think that’s when it all starts coming together for them in [this PP dispensing] and that also covers communication, minor ailments, all these other elements too. So I think by this stage we’re expecting them to start applying all the stuff that they’ve been given previously. At the end of [this PP dispensing] I think a lot of them are quite competent, you’d be quite happy to have them working in a dispensary” (Teach 4 C)*

Numerous students commented on how the PP dispensing class was very applied, was very relevant to practice in a pharmacy, and thus aided and supported their learning about professionalism. It helped students to learn to think laterally and draw on knowledge they had gained in other classes. By doing this, this class also helped students appreciate the knowledge and skills they had already gained, and how these were relevant to practice. The latter was particularly supported by the regular use of role play and having to enact a patient–pharmacist or pharmacist–prescriber encounter or conversation.

*“You’re having to go in and pretend you’re a pharmacist, and you’re speaking to a member of [teaching] staff who is pretending they’re a prescriber, like a nurse or a doctor or a dentist, so you are having to go in and like communicate with them, so that’s like professionalism.” (FG 3 C, ID21-F)*

*“Cos you can see yourself being a pharmacist at the end of it because you are getting more experience on how you’re gonna use it. I think it’s better to... I just think you enjoy yourself so much more if you think you are going to use [it] and if it’s relevant to you.” (ID11-F) – “And that’s the, that’s the main professionalism that we are taught. That is the main class [referring to their PP dispensing lab] that we are taught professionalism in, do you know what I mean?” (ID21-F) – “It’s the one class that’s relevant. [...] [PP dispensing], all those classes, which is like one every year, is the only class I’d say that’s relevant to you being a pharmacist. [...] And that’s where you get taught all your professionalism on what you should and how you should conduct yourself.” (ID11-F) (FG 3 C)*

*“Most of the professionalism I think came from like obviously [the PP dispensing lab], that’s when it hit you and you got to actually implement all your knowledge and you got to put, be put into like a real life situation. They actually used real patients, real symptoms and all this kind of stuff and they even incorporated that idea of going to the doctor, and*

*then like being professional is going to the doctor and asking all the right questions, trying to get all the information together before you can make it. So that whole kind of aspect in [PP dispensing class] was really good for building professionalism.” (FG4 C ID14-M)*

As overall behaviour and role plays were a part of this class every week, it seemed that, by acting out ‘professionally’ again and again, it became second nature

*“The way you sort of counsel a patient, how you treat a patient, how you deal with... and if it’s not kind of classed as professionalism like it’s being drummed into you.” (FG4 C, ID26-F)*

### Assessment – School C

The exam for this class was organised as follows: There was a first test with four prescriptions in 2 ½ hours. A second test also dealt with four prescriptions (in April). Furthermore, there was an open exam, where students could have any references except lab note books. If the students passed with a sufficiently high mark they could get exemption from the degree exam, which consisted of five prescriptions. Negative marking was in use, where marks were deducted from 100%. If students made a mistake, for example to make an illegal supply, deduction was so severe that they failed the whole exam. This, one tutor noted, was why students were quite scared of it, but the majority actually passed on their first attempt. Those that failed, one tutor said, were usually due to really silly mistakes.

*“When we’re marking their pharmacy practice [dispensing] exams, we have ‘professional attitude’, so if they come and, you know, they just sit down with the sort of pretend prescriber and they don’t introduce themselves or they’ve got quite an offhand way of dealing with them, they’ll be marked down, it doesn’t impinge hugely on their marks, it’ll be commented on, it maybe cost them you know five, ten marks if it’s particularly bad. ...They would get penalised for inappropriate referrals or saying things to in... if their counselling’s not up to scratch.” (Teach 4 C)*

Also non-completion of documentation, such as private Rx book, emergency supply, CD register etc. lead to a deduction of marks:

*“You would drop so many marks for like not filling out your CD register and like” (FG4 C, ID22-F)*

There was an acknowledgement from students that strict marking teaches about the importance of getting things right (first time) when dispensing, also an element of professionalism.

*“I think it was quite harsh like at the time, you felt so harsh that like one mistake and you’d fail the whole class but it kind of made you realise that well if you’re a pharmacist and you’re out there you’re the only one checking it, you do have to get it right every single time and so you do need to kind of find your own way of making sure you get it right. And I think that was quite important because there isn’t like a set way for everyone to get it right like everyone’s gonna have their own way of getting it right, but I think the main thing that comes out of that is that well, it doesn’t matter how you do it, as long as you do everything in a way that it gets done and it gets done right.” FG4 C, ID6-F)*

Overall marks were pass or fail. However, a number of students in one focus group in this school discussed how this class was such an important part of their learning, in terms of professionalism and their overall role and responsibility as a professional pharmacist. Yet, as the mark was only a pass or fail, this would not count towards the students' degree classification which they disagreed with.

*“Compared to all the other classes like you had to do so much more for it and you learnt so much more from it, but like they should give it like more time and they should like make it worth more like your mark for that should maybe count more.” (FG4 C, ID26-F)*

*“It doesn't go towards your average [...] whereas I think it's more important than the ones like other ones like [a class other than PP dispensing] and stuff that's like a twenty credit class that will like pull your average up or down sky high [...] whereas in [PP dispensing] you would put in so much more effort and you would learn so much more but it just didn't, I didn't take anything really.” (FG4 C, ID26-F)*

#### Assessment of case presentations

*“Case presentations, we're gonna have to do and prepare and present and I think there should be professionalism in that like you've got to have patient confidentiality and...you've got to know them and the case appropriately as well.” (FG4 C, ID6-F)*

#### 7.5.4.1.2 Pharmacy Practice dispensing lab school A

In school A, two separate but related classes were observed: a 1-hour lecture to the whole year cohort in a traditional style lecture theatre with just one lecturer, and a pharmacy practice dispensing lab delivered to a third of the year cohort (n = 40). The lecture was different from usual lectures, as it was a discussion of six different prescriptions. These lectures aimed to prepare students for the PP dispensing class which followed in the next few days.

The second (main) observed class, a three-hour PP dispensing lab, took place in semester week 2, so it was the second time students had this class. Six prescription exercises were dealt with in 2 ½ hours, and the last half an hour was for feedback. In the past, this was done by the tutors, but for the first time this semester, they were getting the students, in pairs, to do this feedback. The tutor was still there to help out or add further relevant information.

*There were five long benches in a rectangular room, with five students on each side. Each student had their own monitor and key board, and label printers were placed at the end of each bench. Each student had a stool to sit on at their bench. Looking from one end of the room, there was a whole wall of windows along the right hand side. Along the left hand side, there was a (lockable) cupboard with shelves containing products for dispensing, a screen for PowerPoint® projections in the centre, and then a second large cupboard with medicines shelves, followed by a cupboard with doors which contained liquid medicines. On the short walls there were shelves which contained trays with letters (for each bench) and a number, which identified the place along a bench. This meant each student had one tray to themselves, where they placed their completed sheets and dispensed and labelled medicines.*

*Thirty-eight students were present during the observation, and there were four tutors but no other help such as technicians. All tutors were dressed professionally, i.e. smart trousers, shirt or nice jumper, whereas the students were dressed in clean-ish white coats. Two tutors were positioned at either end of the room, from where they could respond to students' queries, mark etc. When one was going round to give feedback on marked sheets, they made sure that another always remained at the end bench to respond to students without delay.*

*One tutor introduced to the day's class schedule, with a slide which remained projected throughout the session. This slide was organised into two columns; the left hand side listed a number of student bench ID numbers and patient names. This meant that students started from different prescriptions, so that not all students were going for the same stock at the same time. Different named prescriptions were used in the practical classes for the remaining two cohort groups, so they could not just print labels from the patient medication record (PMR), but had to enter all relevant information themselves. The right hand side of the slide read: "Professionalism – Remember to approach your prescriber or patient in a professional manner."*

*The students were given a handout, where each A4 sheet (landscape format) contained a prescription on the left hand side, and a number of boxes on the right hand side, where students needed to complete their legal and pharmaceutical checks of the prescription. There may be information missing or things that are wrong which may require the student to speak to the patient or prescriber (who could be a doctor, nurse, dentist, supplementary etc). Students were expected to role play these scenarios, and tutors said they encouraged students to talk to the tutors (who acted as prescriber, patient etc.) in a professional manner in order to obtain the information they needed. The students then completed and printed the relevant label, found the relevant product(s) and placed those, with their checking sheet, in individual trays; each student had their own tray. Students also had access to A4 sheets which were for entries of private prescriptions. These got handed in with the completed sheets, where relevant.*

*Labels were not placed on the product, but attached using elastic bands. The tutors checked the product and label against the prescription. The label then got attached to the student's worksheet, and both got marked by one of the four tutors as they went along. Once marked, the tutors went round and handed the sheets back to the students, whilst giving them brief feedback on any mistakes or errors. The tutors returned checked packs back to the shelves when they got the chance during the class and also at the very end of the class.*

*There was one occasion where a female student realised she had made a mistake after she had placed her sheet and labelled product into her tray, so asked if she could change it. The tutor stopped her and said: "Once it's in the tray, the patient is gone. So we'll mark it and let you know if there is anything wrong."*

*Students also had an error reporting sheet, which they were encouraged to complete if an error occurred. This was similar to what they would be expected to do in practice and was intended to help students reflect on why the error may have*

occurred, thus enabling them to learn from it. This should also help them identify anything they could use for a CPD entry, which they had to complete and hand in. The error reporting sheet did not have to be handed in, partly to make it less threatening and thus allow students to be honest and learn.

Besides role playing, sometimes having to queue to do so, students also came to the tutors to check things they did not understand, such as what it said in the BNF. The tutors then spent time explaining. However, they commonly asked questions back, rather than simply providing the answer, thus encouraging the student to work out the answers for themselves. Furthermore, the tutors clearly encouraged the students to role play, where the student is the pharmacist and the tutor either the patient or the prescriber. For this, the student had to identify who they would like the tutor to be when they came to speak to them. This was exemplified in this early example, where the student came over and launched straight into something. The tutor responded by saying “Who would you like to speak to?” and the student responded: “Oh, the prescriber.”

Usually, role plays were started like this by the student: “Hello, I am the pharmacist, can I speak to the patient please?” Following an interaction during the role play, the tutors made changes to the prescription where required, or noted something down in the boxes on the right hand side of the sheet. All tutors’ notes on the sheets were done in red, which they also used when they marked later. They also noted whether it was the first, second or further time the student contacted the prescriber, as they wanted to encourage students to think through all of the issues they may want to speak to the prescriber about, and then approach all of them in one go.

Overall, the class was busy and generally quite calm and quiet whilst students worked their way through prescriptions. The students seemed to work relatively independently on their own scripts, working their way through each exercise. The class finished after its allocated time of three hours.

### Learning – school A

As described above, during the PP dispensing class at this school, role plays were also used to enact practice, where the tutor takes on the role of a patient, prescriber etc. It is thus identified as aiming to bridge the gap between university teaching and real life practice.

*“There is a tutorial before [...] most of the workshops though as well... to sort of focus them and give them practice at doing prescriptions, but it’s in a... when I say tutorial it’s the whole cohort in a lecture theatre... but it’s run rather than as a lecture it’s more talking about prescriptions and... much more inactive with tasks for them to do on quite a grand scale and then they do the [PP dispensing labs] where they’re assessing prescriptions, selecting labelling and so on, so that’s in the lab.” (Teach 6 A)*

*“We try and encourage wherever possible in there [PP dispensing lab] for them to have a professional attitude when they come towards us. So if they come up and sort of thrust a bit of paper under us and grunt we refuse to acknowledge them. Whereas if they come up and say, “Please could you be Dr XXX, hello please could I speak to you about this” then we’d deal with it.” (Teach 6 A)*

This teacher also noted how they try to encourage students to be organised in their approach, think through what needed to be done or ask before acting, so that they would only contact the prescriber once.

*“We encourage them [the students] that in terms of their organisation, if there are a number of problems with the prescription, they really shouldn’t be pestering a prescriber 17 times about the same prescription, so we penalise them in the assessment then for multiple trips to a prescriber. So we’re trying to get them to think a bit more realistically.” (Teach 6 A)*

Another teacher also described this class:

*“Obviously in the practice type scenarios, I’m not sure of the full detail cos I don’t get involved in that aspect, I know they re-enact and they’ll represent doctors and nurses and what not, have patients and been monitoring what’s happening when they get a prescription, does it have the right information so have they dealt with it correctly. Or if they’re given a scenario how they deal with that scenario, do they go and find the right information, do they ask the right questions of the patient or the doctor.” (Teach 7 A)*

Students echoed the teachers’ descriptions of the intentions of these labs, by describing them as one of the main practical classes where they learnt about, and practised, professionalism.

*“I think we have been sort of taught it [professionalism] to an extent with doing things like OSCA’s and some of the sort of practical like dispensing classes and things like that, where you have to sort of... where you sort of play pharmacy, you sort of have to conduct yourself in a professional way so that’s... [...] even though it’s not realistic exactly, it sort of gives you an idea of... on how to conduct yourself.” (FG5 A, ID 2-F)*

*“I think that within the [PP dispensing labs] anyway we...because we have to pretend that lecturers are the doctors or the nurses or whatever [...] I think you kind of think well you have to talk to them properly as a pharmacist would talk to them.” (FG5 A, ID17-F)*

### Assessment – School A

The exam for this class was a 2 ½ hour time test, where negative marking was in use, incl. for contacting a prescriber twice. Role plays were marked, and the pass mark high (70%)

*“They have to score seventy percent based on the prescriptions they dispense and it’s a negative marking system, like obviously they start off with full marks and they lose marks for missing things. ... But they also... if they do anything dangerous so... if they give out an overdose or wrong drug or something which would cause harm to the patient, that’s classed as a fail error, which means they fail the whole exam regardless of the score... so they could get eighty percent and fail.” (Teach 6 A)*

*“I think that within [PP dispensing] anyway we... because we have to pretend that lecturers are the doctors or the nurses or whatever you wanna it to be, I think you kind of think well you have to talk to them properly as a pharmacist would talk to them because then you might fail it or they’d mark you down and there’s a high pass rate as well so you kind of get the encouragement that you have to do it right the first time.” (FG5 A, ID17-F)*

As mentioned previously, students were 'penalised' if they contacted the prescriber twice. This was intended as encouraging professionalism, i.e. making sure one had thought through the whole problem before beginning to resolve it. This, however, was not necessarily recognised in the same way by students.

*"I think with those PP dispensing classes, more about getting it right than actually being professional [...] things like penalising you for ringing the doctor twice, I mean, I don't think it would be unprofessional to ring a GP twice, if you were practising as a pharmacist, if it was in the patient's best interests so if that, you know, penalising you for doing things like that makes you more professional then I think it's a bit silly to be honest." (FG5 A, ID38-F)*

Nevertheless, not all students appeared to be entirely clear on which aspects were marked during these class role plays, and whether elements of professionalism formed a part.

*"Even within the PP dispensing classes, as far I'm aware we're only marked on, you know, whether you've got it right, you know, like what you've actually dispensed whether it's the correct product, you know, within expiry date all this sort of thing. As far as I'm aware we're not marked on how we communicate with the lecturer who's pretending to be the doctor or the patient or whatever." (FG5 A, ID38-F)*

#### 7.5.4.1.3 Pharmacy Practice dispensing lab school B

The PP dispensing class in this school was delivered to half of the pharmacy student year cohort, which comprised about 80 students. Each student had an allocated place which was the same every week. There were altogether six members of teaching staff present to teach this class, giving a staff : student ratio of about 1:13. Each tutor had a bench of students they were responsible for, and there was only some rotation of staff or students, so the students on one bench had one tutor responsible for them for the whole 3-hour teaching session.

*The class took place in a large rectangular PP dispensing lab, which was all white (walls, benches etc), and there were about ten double benches for students facing each other. The maximum seemed to be about six on each, but in practice there were a maximum of five on each; when facing each other there were thus about 10 students per bench. The benches had been prepared by two technicians, ready for the students to do their work. Worksheets / books were on each bench, trays with paper pharmacy bags with patient packs in them, and other items were in drawers.*

*During these PP dispensing classes it was mandatory to wear a clean white coat, which was seen to encourage awareness of this being a class where students learn a professional activity. Also of importance in relation to professionalism and professional behaviour was that it had been made clear to students that they needed to be punctual, i.e. that they were not to be late for their PP dispensing classes. However, whilst many students had gathered outside the PP dispensing lab and changed into their white coats on time, the teaching staff did not turn up until ten minutes late. That this was a regular rather than unusual occurrence was later confirmed by a member of staff.*

*The class began by the lead tutor standing at the central bench to explain the day's session, which had two main elements: one was a leaflet, where the students had to work out how to speak to patients, the second was an element new to these students, which was about checking. There were products on the benches (in trays) with labelled patient packs which needed to be checked against a prescription, as they would in practice. The class was relatively quiet whilst students settled down and got their things out of their drawers.*

*The PP dispensing class was trying to teach students about 'real practice'. Tutors did this by using simulations of 'real' prescriptions, real products, real examples. What students appeared to engage with the most were individual 'anecdotal' examples of things tutors had come across, experienced or done in their own practice. The other feature that also seemed to get them engaged and thinking for themselves was a teaching style which answered the students' individual and sometimes specific questions with a question rather than by providing them with the answer: 'Well, what do you think?' – 'What would you do?' - and then helping the students to come to an appropriate solution by asking a number of questions, prompting them to think about the relevant things. The different tutors had varying levels of actually using this teaching style, with the lead tutor probably employing it the most, and in fact in quite a humorous way. This may be interpreted as 'unprofessional' by some, but on the other hand it felt like (at least some of) the students tuned into this approach. It seemed to make them feel at ease and able to ask questions which they may otherwise have been reluctant to ask, as they may have suggested that they had not fully grasped the subject matter.*

*What was markedly different in this class [in comparison to the pharmacy practice dispensing classes at the other two schools] was that there was no role play element. This was despite the fact that at least some of the exercises involved an element of information retrieval or clarification (from the prescriber, for example), or patient counselling. This meant that some students, those who actively engaged themselves and asked questions, got the kinds of responses from the tutors which encouraged their thinking and learning. However, as students were not all 'forced' to participate in individual role plays, some remained relatively quiet, invisible and unengaged.*

*The following details two observed interactions:*

*- The tutor asks a student something about lithium. There is a discussion around how to find out whether the item is MR (modified release), and which brand to dispense. After getting students to think about this, the tutor suggests that they should ask the patient what brand they take. He also asks if it matters, and yes it does for lithium. 'Is it Priadel® or Camcollit® you want?' The tutor suggests that it may be better to ask the prescriber a direct question, when contacting him, i.e. to suggest the two names rather than ask which one, as this may simply make the doctor look up the names on the computer.*

*- Mono amine oxidase inhibitor – the tutor asks: 'is this used a lot today?' He explains that the  in the BNF simply reminds that there is a better product. The students then ask what they should do in response to an item with this symbol, and the tutor responds: 'What do you want your life to be like as a*

pharmacist?' Another tutor responds, laughingly, 'an easier life, so just dispense'. However, a female student persists: 'so we could contact the GP and suggest something else?' Again, the tutor merely reiterates that the symbol only means that a better product is available, but it can be prescribed on the NHS.

The other tutors' teaching style was different, more serious (or professional?). However, there seemed little active engagement from the students, other than them filling in their exercise sheets. Even though the tutor asked questions, the students did not have to respond as she would soon discuss all relevant points herself and did not generally wait for students to answer her questions.

- This tutor gets all students to gather to discuss their warfarin exercise. She goes through everything on the worksheet, everything the students have to look at, even if nothing is wrong on this particular script / exercise. 'What have we got?' 'What's wrong?' '3mg' The tutor explains the dosing of warfarin. 'Anything else?' Date is ahead, so not yet valid and would need to get changed. 'Anything else?' The tutor talks through all the boxes the students need to complete on their sheet and explains: type of drug, maximum dose, private Rx. 'What goes in there?' She talks through everything individually and all students check their sheets. The tutor asks questions in quite a serious, professional manner. She mentions the website for patients about anticoagulation. She also gets out the little orange booklet that should now be held by all patients. One student asks 'will we have those in the drawer in the exam?' The tutor simply answers 'yes'.

Another example of a tutor, who was in the process of talking through the exercise:

- As this tutor talks through the exercise, she sounds slightly detached / removed / bored; kind of 'seen this all before'. She asks the students, but then tends to give them the answer and basically tells them what they need to tell the patient, what they need to do etc. While she goes through the answers that need to go on the worksheets, all students listen and compare what she says and what they have written on their sheets; they correct or add if necessary. However, while she goes through any additional information, such as issues around patient counselling, some of the students seem to be switching off, simply waiting until the tutor moves onto the next item on the worksheet. Some of the students simply sit there, looking a bit bored and disengaged; others chat amongst themselves very quietly (but the observer cannot work out what about). Like the lead tutor, this tutor does respond to a question with a question at first, but she then does not persist with getting the students to come to the answer themselves, but rather spells it out to them. This means that the students nearest to her are probably most engaged (but not all), the ones that are further away do not seem to get involved unless they actively make an effort to do so for themselves.

Overall, not much structure was imposed during this class, other than that students had to get through all of their exercises and complete the relevant worksheets. However, after 2 ¼ hours (out of a 3 hour class), most benches were beginning to clear, as students were leaving.

Some of these observation findings (field notes) can be further supported with student quotes from this school, where students commented on the pharmacy practice dispensing class. Students noted that it was not very interactive and that not all students engaged as much or as actively as they should or could have done.

*“The actual class involves you having to sit with your hand in the air for half of it, that’s how they run it. So if you’ve got a question then you’ve got to wait for someone to come over to you and more often than not everybody on the same bench has exactly the same question, but they come and see you separately.” (FG2 B, ID28-F)*

Indeed, the fact that students were less engaged with this class in this school than they were in the other two was also evident during observations (see field notes above). This class took a less structured approach than in the other two schools, and students were allowed to work their way through the different exercises in their own time. This meant that the majority of them were leaving after about two to 2 ½ hours, thus not effectively using all three hours available for teaching. Furthermore, there was considerable discussion in one of the focus groups here, about some of the teaching staff not taking this class particularly seriously.

In the this focus group, there was some discussion where students suggested there should be more consistency in the way teaching staff approach their teaching, so that all students are exposed to the same, or have the same / comparable benefits from attending the PP dispensing class. From these students’ comments it is further interesting to see how they were much more used (and indeed expect) to be given the answers, rather than being guided / coached by teaching staff to come to a solution themselves.

*“I mean XXX goes through calculations with you guys, we don’t get anything like that, nothing, unless you, you don’t actually have to ask for it but then if everybody, if every individual person is asking for help in the PP dispensing class then you’re gonna be there for ever aren’t you? They’re better off just sitting down like they did in the extemp classes, run through it.” (FG2 B, ID28-F)*

Nevertheless, certain elements of pharmacy practice were, of course, covered, but in a less active or enacted way.

*“You’re given your knowledge if you like, and then you act upon it the way that you see fit, so consequently you’re using your own judgement, so [...] even stuff like in PP dispensing when we have to say what questions we would ask, having to think on the spot and decide, make a decision whether we would give the emergency supply out and all that kind of stuff. And in a way, I mean I might be splitting hairs a bit, but I suppose that’s sort of in a sense trying to get you to be professional.” (FG1 B, ID35-F)*

Furthermore, teaching staff in this school also acknowledged that their curriculum delivery, particularly in practical classes, did not go as far as imitating real life practice as it could.

*“Working as a pharmacist, PP dispensing I think, the way that we do it doesn’t mirror real life. We do the best we can, but we’ve got a 100 people in a room and that’s not anything like any real pharmacy. [...] I suppose we have to try and bridge the gap between real life and the undergraduate, we have to link them much more closely to prepare them because*

*I don't think we're preparing them that well at the minute for their professional life.” (Teach 2 B)*

## Assessment – School B

The exam for the PP dispensing class in this school consisted of practical exam. This was an assessment of the students' written sheets, rather than also marking the actual process or any interactions. As in the other schools, fatal errors lead to failure of the whole exam. There was a simple pass / fail mark, which therefore did not count towards the final degree classification.

### **7.5.4.2 Other communication workshops**

#### **7.5.4.2.1 OTC workshop (school B)**

During the third year, a dedicated OTC module is taught at one school, and this workshop is divided into two main sections. In the first, the students produce written care plans for patient scenarios, and in the second section they practise role playing exercises in dedicated consultation areas. According to one teacher interviewee, the module organisers introduced simulated patients (i.e. trained actors) for the first time during the study year (which the focus group students did not experience, because they completed this the previous year).

There were otherwise not many other teaching staff comments on this particular module, which can probably be explained with the fact that none of the interviewees had any direct involvement in this module. Nevertheless, several students referred to this module and its role in professionalism and particularly communication learning.

*“It's only worth a small percentage and it does give you some good experience, especially if you don't go on to work in the community pharmacy over summer.” (FG1 B, ID5-M)*

Students acknowledged the importance of communication for their practice, and that this OTC workshop was probably the main way of delivering related learning as well as practice in this school.

*“It's just when that's your only real teaching, you know, like verbal communication that sort of thing it's a, you know, it's a big deal because at the end of the day as pharmacists, we're expected to go out there and we have to communicate to people because if you don't... [...] It could be a matter of life or death with people if you don't get a full story or if you're not giving the full story, so they don't know how... you know why they're taking the medicine, if they're not taking it properly. It can have serious consequences...” (FG2 B, ID28-F)*

However, students in one focus group where this workshop was discussed, did not feel that it delivered enough practice, or that indeed all students were undertaking this learning.

*“We did have a bit of, erm, like a bit of a practice with, our OTC class, didn't we with this... but again you didn't have to turn up to it, do you know, you could go through the class without even going to that section.” (ID28-F) – “Some people, yeah, you could go... people*

*used to sign the register and then sneak out.” (Female) – “Yeah, it would be possible to do that and people have done.” (ID28-F) (FG2 B)*

*“But people would just sort of miss the role plays especially if that was their last rotation, because it was the last thing on a Xxxday and people didn’t want to stay till the end, they don’t want to be there at 5 o’clock, do they?” (ID28-F) (FG2 B)*

*“I know the OTC which we did last year was a bit of a similar thing, there was inconsistency with some of the teaching across it, but it was done for the first year and they did say to us give us feedback on like what would you do so they are willing to take all the feedback and work with that.” (FG2 B, ID7-M)*

#### 7.5.4.2.2 OSCA/Es school A

In one school role play scenarios, OSCAs (Objective Structured Communication Assessments) were in use, which mainly served for communication skill assessment rather than teaching / practice. The focus was on content and process, where the weighting of each could differ between years, and the emphasis may be on communication skills for some. These took place in every year of the course, but increased in complexity, both in terms of communication skills and clinical competence. They were role plays where, in at least some of the years, actors were brought in to play patients.

*“OSCA’s, that is basically putting the student in a role model situation. In the ideal scenario that would be in the real world, we could assess them in a practice placement but that doesn’t happen, so we have to do that from here to give them the basics.” (Teach 7 A)*

*“The OSCA was all about being... it was about empathy and things like that, which is part of professionalism as well [...] it was about like listening to the patient and responding to them and we were judged on that, so you started to think in that mindset rather than just ticking the boxes.” (FG6 A, ID37-F)*

These OSCAs appeared to be appreciated by students, and staff also felt they were useful, as they removed one part of the otherwise entirely artificial set-up, which would otherwise just involve students and staff. Furthermore, actors were seen as particularly useful for giving feedback, as they provided more of a lay person’s insight into (assessment of) performance.

*“I think what was helpful at the most recent OSCA, we actually had actors from outside the school... kind of as our patients, and the feedback they gave, I think that... there was a lot more kind of professionalism there, because they wouldn’t necessarily have known what to expect... so I think kind of incorporating that earlier on would... [...] I found [it] really helpful, kind of more of a lay patient’s perspective...” (FG5 A, ID4-M)*

These OSCA exams were generally seen as very beneficial, and (at least one) student suggested that it may be beneficial if more were incorporated into the degree.

*“Maybe incorporating more OSCA’s and things into the pharmacy curriculum [...] because I think we only get one a year is it, two a year.” (FG5 A, ID33-F)*

Indeed, these OSCA assessments did incorporate a number of items which would be seen as falling under the overall umbrella of 'professionalism'.

*"We also have OSCEs [...] where we look at communication and in amongst that there is some words that you would equate to professionalism, like empathy, like dealing with the patient correctly, are they listening, are they joking to them and the downsides, so they are being marked." (Teach 7 A)*

However, besides elements of students' communication skills, other items, such as the accurate retrieval of relevant factual information from a patient, were also being assessed.

*"What we do is we have a two part marking sheet and one part marks the content if you like and one part the structure, so there are marks available for probing into finding not just they've got a headache but what kind of headache, whereabouts, when, what brought it on. [...] So actually getting the detail but then there's another part which marks on things like an appropriate introduction and closure, but also things like use of questions, you know, open, close, multiple." (Teach 6 A)*

First year:

*"I can't remember on the first year one (OSCA), I've got a feeling it is actually called professionalism or empathy or professional approach or something like that, dealing with the patient, languages, I'm trying to think what else is on there, I think possibly availability and use of time or logical order, logical approach..." (Teach 6 A)*

Second year:

*"I think there is slightly more weighting on the structure rather than the content in terms of how the marks work out, but that's the first year, and it's similarly second and... second year is very much again saying there's marks for actually being able to find out details or providing certain facts and valuable pieces of advice and marks for the structure and the approach." (Teach 6 A)*

Third year:

*"Third year is slightly different because we just do a drug history station so rather than mark a content side we only mark them during the interaction, we only mark on approach and then they have a second part to the station and that is when they go and answer questions based on the drug history. .. So, you know, what problems was Mrs Suchabody experiencing, how was she using her eye drops?... those kinds of things, so there's again I think that's a fifty-fifty split across the two parts." (Teach 6 A)*

Fourth year, straight after above quote:

*"Fourth year has changed this year, it used to be more very similar, more communication based. This year we've gone over more to consultation so we've got two longer stations, ten minute stations... rather than five... which is what we have in the other years." (Teach 6 A)*

Actual marking – for all years:

*“The marking schemes are essentially... you’ve either done it and you get one mark, you’ve almost done it and you get half or you’ve not really done it and you get zero. So rather than give... the other ones are sort of rated from nought to five or one to ten this is more... you’ve either got it or you’ve not.” (Teach 6 A)*

*“And we mark on introduction which includes things like exploring patient’s agenda, outlining what’s happening, consultation skills which is all the things like empathy and acceptance of the patient, structured approach use of questioning, all those kind of things, closure again obviously. [...] And then a section on the data gathering and a section on the actions and solutions, and so [...] each one of those five sections is marked nought, half or one and there are no marks for... there’s no sort of content section if you like, that’s the mark scheme. [...] We have actors in to do those assessments...” (Teach 6 A)*

*“We give them [the OSCA actors] a feedback sheet where they tick whether or not the pharmacist spoke in a manner they could understand, whether or not they seemed confident or caring so we... tick boxes like that, and then a comments box so they can write some kind of constructive feedback and we use those kind of feedback forms then in second and third year and fourth year.” (Teach 6 A)*

*“They get five categories but they’re weighted so they end up with a mark out of ten effectively so the consultation skills is worth four whereas introduction is worth one.” (Teach 6 A)*

*“For communications we have a fifty percent pass mark.” (Teach 6 A)*

*“The drug history one I was talking about with the fourth years was actually a summative one in that if they didn’t hit the mark they get marks allocated to it and if they don’t get sufficient marks they actually fail from it. But there is some formative feedback associated with it, so there is a combination of that.” (Teach 7 A)*

The student view:

*“In the OSCAs I guess we’re sort of, because it is the way you communicate and the way you consult, but it’s also marked a lot on the information that you give out and the information that you get from the patient that we’re marked on, not just you know the way we communicate.” (FG5 A, ID38-F)*

#### **7.5.4.3 Artificial nature of classroom teaching**

There were numerous comments, from both teachers and students, that the teaching in a simulated set-up, which the university environment unavoidably is, would be artificial and could thus only part-teach ‘real world practice’.

*“But I think the [PP dispensing] class is such a false set up that it’s hard to be yourself if there’s... it’s just... it’s almost like acting, it’s like a drama class, it’s just not real, so I think it’s kind of hard to learn that way rather than if you were in an environment where it was a location. Obviously they can’t let us out when we don’t understand it, at the same time it was difficult to kind of take it all seriously and like learn a lot from it. You just spend half the time thinking we just look ridiculous with what I’m doing.” (FG4 C ID34-F)*

*“I think with those PP dispensing classes, [they are] more about getting it right than actually being professional like, you know. [...] I think like [ID2-F] said, to be a professional, or to learn how to be professional, you’ve got to actually be in that setting*

*and it's all about having the experience and controlling mistakes and go on from there really." (FG5 A, ID38-F)*

*"I think it's difficult for any of the things that we've learnt like we talk about ethics along the first three years to be binding cos we don't really have any responsibilities so practically it doesn't really mean anything although you know that there's... you know there's a statutory committee or there's this committee or that... because you don't have any responsibilities..." (FG5 A, ID4-M)*

But a student colleague, despite admitting that these classes were artificial, they were identified as at least providing the opportunity to practise what will eventually be required in practice.

*"But compared to say like science based workshops, OSCAs and PP dispensing do at least make you think a little bit about how you need to word things and how you need to behave." (FG5 A, ID33-F)*

It was felt that, within the constraints of not having more placements, or the capacity or funding to introduce more placements in the current set-up of the MPharm course, that these classes provided a useful opportunity to teach and learn about professional practice. Students could learn skills, but also about professionalism.

#### **7.5.4.4 Ethics teaching / workshops**

*Ethics workshops or applied classes, supported by more theoretical and didactic teaching in lectures, appeared to exist in all three schools (see documentary analysis – the 'intended' curriculum). These appeared to be classes where students were presented with ethical dilemmas which they had to discuss, possibly come to a decision as to what they would do in a given situation, which they then had to justify. Nevertheless, there was very little mention of this topic as a 'taught' or 'received' curriculum, as there were very few comments from both staff and students that specifically referred to such ethics classes.*

One example that was probably cited most commonly, as one presenting an ethical dilemma, was that of making an emergency supply, or indeed the supply of emergency hormonal contraception (EHC).

*"In ethics though, in terms of like stuff like EHC and like the way to act as a professional and like that bit of being a professional as well, like making judgements about emergency supply and stuff like that, yeah, that's all ethics based, so you could be acting within the law, but then you wouldn't be acting ethically towards that patient so it's... it's being able to make a decision, have a reason and, you know, have a reason that you can then put forward if... in question of you can put forward why you've made that choice and show all the different... show the ethical kind of consideration that you took." (FG6 A, ID16-F)*

In just one school, ethical dilemmas, as well as the importance and how to make ethical decisions was introduced from year 1, where this was applied to issues of personal conduct rather than pharmaceutical issues or problems.

*"We always did scenarios, like what would happen if you found out that one of your friends has taken ecstasy or something, it's like what would we do if we knew that." (ID11-F) –*

*“And you had to go through that in workshops, like as a pharmacist what would you do, if we knew if someone in course or somebody out with the course was somebody you knew because if you are associating with them you know it’s illegal then what should you do? Should you act on it? Or should you not?” (ID21-F) (FG3 C)*

The problem of these classes taking place in an artificial environment, where any decision would not have any bearing, were again raised with regards to ethics teaching. It may be that this kind of learning is particularly difficult to incorporate into a university (rather than practice) based curriculum.

*“When we sort of do these practice workshops where we’re sort of, you know, doing the ethics scenarios and that sort of thing, you can come up with, you know, all these ideas and say what you would or wouldn’t do but at the end of the day it’s not real... so there are no repercussions as to... whereas when you’re actually doing it in practice... it matters.” (FG5 A, ID38-F)*

### **7.5.5 University-organised practice ‘placements’**

As noted earlier (see section 7.2), the majority of students’ practice experiences were what they organised themselves, independent of the degree course, as part-time or summer jobs. Nevertheless, each of the three schools organised some experience in community, and some in hospital pharmacy. For each of these, the schools prepared their students, in terms of what to expect, but particularly in terms of what would be expected of them. This covered issues of professional dress, punctuality, respect and communication with patients and other healthcare professionals. The expectations of students were thus clearly different (and much stricter) than those expected of them in the school environment.

In preparation for 4<sup>th</sup> year hospital tutorials in one school, students were given a PowerPoint® presentation, which contained staged images of professional as well as unprofessional behaviour. These served to prompt discussion and thus awareness of the behaviour and appearance that would be expected of students in the hospital environment. Students also had to sign a form regarding confidentiality as well as health & safety, infection control and hand washing policies in their local hospitals.

*“There’s the clinical tutorials in the third and fourth year and they get talks from clinical tutors around the way they should act and behave in the hospitals.” (Teach 2 B)*

Indeed, these rules were very strictly implemented.

*“Another story about another student who turned up in jeans to a tutorial and they were just point blank told, “Go home you’re not seeing patients” because that’s, you know that’s unacceptable. You’re told what the dress code [is] and you can’t adhere it, you shouldn’t be here kind of thing.” (FG1 B, Female)*

It was noted that, possibly due to their work experience, students were much more comfortable and familiar with community pharmacy, yet found their hospital visits rather different and uncomfortable.

*“I think some of it’s fairly expected, they anticipate it. But it is very much a shock to them. Interestingly, when the [university dean] was here, just yesterday, he did comment that the students, on their first visit to the XXX hospital, looked like rabbits in headlights. .. It really is a very big culture shock for them and I think they realise the enormity of their responsibilities in the hospital, because they’re seen to be healthcare professionals, even though they don’t really view themselves as mini-professionals at this stage.” (Teach 1 B)*

Nevertheless, or maybe even due to their unfamiliarity with this setting, students appreciated the opportunity the hospital tutorials offered them for seeing professionalism in practice.

*“I think they’re very good role models our lecturers. And I think not only within PP dispensing do we sort of see how, you know, you should act as a pharmacist but also the fact that the University of XXX offers our students to go [...] every second week to the actual hospital like we’re one of the few universities that do that. So going into the actual [...] sector and working there with pharmacists, with patients, is a brilliant experience even for students who didn’t have their own work experience to see how it is, you know, to work as a professional.” (FG1 B, ID29-F)*

And when talking about the clinical tutorials, this student’s quote probably captures the essence of how students felt about this experience and opportunity.

*“I think that, you know, going out in practice is definitely one of the biggest things that teaches you what professionalism [is], I think.” (FG1 B, Female)*

### **7.5.6 The role of different styles of teaching**

Besides the ‘where’ professionalism was taught, the ‘how,’ i.e., the actual style of teaching, was also important. Teaching style refers to approaches which encourage and indeed teach or guide students’ learning of (student) professional behaviours, which would also be relevant to the future practice setting. This applied, for example using the teaching approach of problem solving, with the aim of teaching and practising independent thinking, judgement and decision making. By answering students’ questions with questions, for example, which help guide the student to come to the right way of going about solving a problem and deciding on an answer, where students. This was observed in the clinical hospital tutorials in one school, which officially used a problem-solving approach.

This approach, of answering questions with questions, was also observed during the pharmacy practice dispensing labs, which were observed in the three schools, albeit to differing extents. In one school in particular, staff identified this as an intended approach to their teaching in this class, where they wanted to encourage independent, active and lateral thinking.

Interestingly, this approach was recognised as beneficial and indeed helping to learn and practise elements of professionalism by several students. They appreciated a teaching style, which encouraged problem solving and independent (lateral) thinking, where students are actively encouraged to access and use knowledge they have

learnt previously. This may also be more akin to what they would have to do in practice.

*“They make a stink though, because they know our abilities. So if we say, ‘Oh, like, I can’t do this,’ they’ll be like, ‘Yeah you can’ and they’ll just make a stink about it and stuff, and like ‘what would you do in this situation?’ and it’s like.. ‘Oh yeah, I do know that.’ And it kinds of makes you feel a bit like you’re using your brain, because, you know, they know you can do it, so they’re just trying to encourage it, so it’s quite good.” (ID11-F) – ID3-F agrees [more text] and then says: “Some lecturers and things, it’s just a case of getting the work in and they don’t really care, whereas these ones kind of know you on a personal basis, so [...] I think you’re more likely to do the work and really try for the ones that you know are gonna... you don’t want to disappoint them exactly.” (ID3-F) (FG3 C)*

However, other students did not recognise the reason for, or benefit of, this approach to teaching. Indeed, students in another school described how teaching staff appeared to give answers and solutions more readily, rather than encourage students to reach solutions for themselves. They seemed to expect to be given answers and did not necessarily see the benefit in being challenged and questioned. In fact, they saw such questions as the teachers’ attempt to trip them up, rather than help their independent and applied learning.

*“From what I’ve been told from one of my friends that [...] when they get something right they [the tutors] always question more just to slip [them] up.” (FG2 B, ID7-M)*

## **7.6 Assessing professionalism – the ‘assessed’ curriculum**

Both focus group participants and staff interviewees were asked whether professionalism, or attributes of it, were currently assessed in their course. It was also explored where in the course professionalism was assessed, and which attributes of it were assessed. Furthermore, it was discussed how the assessment of professionalism was implemented, including whether this was mostly formative, or if elements contributed to summative assessment. Finally, some further time was dedicated to a discussion about whether participants felt professionalism should be assessed, and if so how this could / should be done. Some of the specifics around assessments in place for particular modules have already been incorporated into the previous section, when presenting detailed information about the ‘taught’ and ‘received’ curriculum. The following two sections will therefore focus on the more general issues of participants’ views on assessment of (elements of) professionalism.

### **7.6.1 Difficulty of assessing professionalism**

When discussing whether professionalism was or should be assessed as part of the MPharm course, and how this was or should be done, the difficulty of assessing ‘professionalism’ was acknowledged by staff and some students. This difficulty was attributed to the lack of a clear definition of professionalism, with easily identifiable attributes which would lend themselves to a relatively straightforward form of assessment.

*“I suppose they [the attributes of professionalism] are difficult to articulate because .. a lot of the work that you need is about knowledge and skills, and professionalism doesn't kind of fall into these categories so it's, they're not quite as tangible, the attributes of professionalism.” (Teach 2 B)*

*“It would be nice to [have a straightforward measure to assess professionalism], however, finding something reliable and actually quite useful would be difficult.” (Teach 1 B)*

*“There are things we would like to assess but the difficulty is how do we assess it or how do we measure it, what are the acceptable standards, I think that's the big difficulty we have. So yeah, we would love an assessment that would allow us to assess different attributes of professionalism and that's difficult. I think what we do is we assess what we can easily measure and the other things, we don't assess because they're not easy to measure, because it's about justifying your mark so we, if we were to mark someone on an aspect of professionalism, [...] what's the standard, what's our consistency of approach to that, that would be very difficult to justify.” (Teach 2 B)*

The last of the above quotes draws attention to the need to justify marks. Justification of summative marks for professionalism, with the lack of a clear definition and related standards, would be rather difficult to do. Another reason given to explain the difficulty of assessing professionalism was the artificial nature of assessments in the university environment, where one could, and was likely to, act differently from the normal and regular work setting.

*“I think that's probably why it's so hard to assess professionalism actually in the university sort of setting because, I don't know about anybody else, but I act completely differently when I'm actually in the pharmacy dealing with customers and things than I am in lectures.” (FG1 B, ID20-F)*

Snap-shot assessment would thus not lend itself to extrapolate onto a student's professionalism or professional behaviour outside of this snap-shot, i.e. in the remainder of their studies, but particularly outside of the university.

*“There's no way for them [teaching staff] to really assess how professional you are while you're at university, there's no way they could possibly know what you're like in your outside life... you know, unless they follow you around, it's not gonna happen. They know what you're like in lectures, workshops and exams but that's all they can tell. That's what... I think that's why you do your pre-registration year 'cos you've got someone there all the time while you're working to assess you.” (FG6 A, ID27-F)*

If assessment was to take place in the form of observation and marking (such as OSCAs), a number of staff and students raised the problem of being able to simply play a role for the duration of the assessment, whilst possibly not being professional or not always acting professionally in the real life work environment.

*“I think for all of those things you can get away with a huge amount of unprofessionalism by just applying this sort of image or persona for 10 minutes during the role play and then maybe do your essay the week before and then you're okay or I don't know, you know, you can still behave in a way that's perhaps unacceptable and it's not sort of picked up on. And you do wonder if there is a point where pre-reg starts and then professionalism kicks in or whether this is just a general personality that can't be avoided.” (FG1 B ID20-F)*

Furthermore, the problem of students commonly being exam- and pass-focussed during their degree course was acknowledged. This, students in one school suggested, was particularly the case if the same types of role plays that were being assessed were not incorporated into regular teaching sessions. Only incorporating these regularly would allow students to just get used to playing this role (which was then seen to be more likely to be transferred into practice). This was mainly mentioned by students at one school, where little (especially regular) role play had been incorporated into practical classes. It may be that the two other schools, which seemed to incorporate role plays more regularly (particularly in their PP dispensing classes), may have managed to remove at least some of the rather artificial feel in these role plays.

*“You only took the [OTC communication] exam seriously. You were in there five minutes doing your role play and then you’re out and you’ve forgot about it cos you’re just thinking about it as an exam.” (FG2 B, Female)*

*“With those sort of classes, you’re not bothered really about learning the skill, you’re bothered about getting the mark to pass the course that’s what’s missing, the emphasis is in the wrong place entirely. We should be learning the skill, we shouldn’t just be thinking, ‘Oh I need, if I get like 50,’ what is it 40% we need to pass or 50%, ‘awesome I don’t have to do it again.’” (FG2 B, ID28-F)*

Indeed, this member of teaching acknowledged the importance of ensuring that the focus in the use of role plays was on regular practice and taking on practised behaviour, rather than that of taking on a persona for a short period of time with the mere aim of passing an exam.

*“Whether that’s kind of the persona that they will eventually adopt in practice, you never really know, or whether it’s just to pass exams for now. There might be a relationship between them in that they get comfortable with that persona and therefore that’s the way they portray themselves, but I guess it depends on the environment that they then go on and work in... So if they’re always putting on a show, then they might adopt that.” (Teach 1 B)*

## **7.6.2 Assessed elements / attributes of professionalism**

Because of the difficulty of assessing ‘the whole of professionalism,’ it became clear from many comments made by both staff and students, that if anything was assessed, they would be certain elements of professionalism. What could be assessed would be those elements that could be identified and thus assessed relatively easily. The following quote illustrates this, and the fact that the most commonly assessed element was that of communication skills.

*“I don’t think professionalism as in professionalism is being assessed. What is being assessed is portions of professionalism, communication, if you can’t communicate or you communicate in the wrong way, you’re not being professional, you’re giving the wrong information. So individual sections of that may be assessed at various time periods.” (Teach 7 A)*

*“I think that [communication]’s the easy area of dealing with professionalism.” (Teach 7 A)*

Indeed, the vast majority of examples given by staff and students, detailing which elements of professionalism that were being assessed in their MPharm course related to communication, as is illustrated further in the following section.

### 7.6.2.1 Role plays in practical labs and workshops: communication skills

As noted previously, the most commonly assessed element of professionalism was communication, which is supported by the large number of examples of this given by staff and students in all three schools. The classes where communication skills were taught and assessed using role plays were the pharmacy practice dispensing labs in two of the schools, where role plays formed a regular feature of this class (schools A & C). In one of these schools it seemed that the importance of 'professionalism' was made explicit throughout the teaching in this class. Furthermore, that this formed part of the assessment of role plays, appeared to be communicated to the students. This connection appeared less clear in the third school.

A further communication workshop was referred to in one school (A), where this was talked about as 'the OSCA class,' And these assessments have been discussed in an earlier section (7.5.4.2.2). In the third school (B), a specific OTC workshop was mentioned as one where communication skills were being taught and assessed using role play situations (see section 7.5.4.2.1).

*"The way they communicate and whether they are able to show empathy and such like yes, I think that we do assess that in our third year in communication classes, so they do get the opportunity. And this year we have introduced actors into the class who will be the patients and they will help assess the students' empathy." (Teach 2 B)*

What is presented in this section is only the description of how these communication skills were assessed in the above mentioned classes. What the role plays and teaching of professionalism involved was presented earlier when discussing what was taught in the relevant classes.

Assessing communication skills was usually done by assessing role plays, either during practical classes that used role plays, such as pharmacy practice dispensing labs or OSCAs. The way these communication assessments were set up differed somewhat in the three schools. One school used OSCAs and used actors as patients who then provided lay-person type feedback (in the form of written comments to students).

*"In the OSCA's I guess we're sort of, because it is the way you communicate and the way you consult but it's also marked a lot on the information that you give out and the information that you get from the patient that we're marked on, not just you know the way we communicate." (FG5 A, ID38-F)*

Teachers in this school, however, acknowledged the time intense and costly nature of running these kinds of classes and setting up the related assessments.

*"[OSCA's] are very difficult assessments to set up, very time consuming, lots of members of staff, it can be very expensive when we've used people from outside to come... actors*

*and actresses, but they also play a very valuable part, so we've got to be careful where we place them and how we place them.” (Teach 7 A)*

Others used mock consultation areas, where interactions were filmed in one school, thus proving students with useful insights into their own behaviour and mannerisms.

*“They like video you when you're...like a patient comes in, it's like fake, you know, it's fake so you kind of treat it sceptically cos you know they're trying to like trick you.” (FG4 C, ID6-F)*

Some students discussed the benefits of videoing, noting that one could learn from seeing one's own behaviour, and that this, in turn, encouraged reflective learning:

*“That [videoing] does assess how professional we are and the way of behaviour, cos you watch yourself back and like you might not realise that you're not giving eye contact or you turn your back on a patient or things like that, that you do it without realising it and it actually shows you. It makes you actively think, “All right why did I do that”” (FG4 C, ID34-F) - [ID22-F] agrees with this point later.*

In another school, where this technology was not available, its potential usefulness was acknowledged.

*“I think if you're able to look back at what you've done. Cos I remember at one point they're meant to have cameras in those OTC rooms but they never installed them or something...” (ID28-F) – “That would have been a good way.” (Female) “You'd have been embarrassed, you [d have] been shy, but at the end of the day, you've got to get over it cos it's your job.”(ID28-F – FG2 B)*

All of the three schools imposed dress codes during these PP dispensing labs and some other communication assessments. Besides the usual requirements to wear 'professional/ business dress', they imposed further restrictions on dress which would hinder communication and thus its assessment. The particular things this applied to was any dress that obscured the face, so full face masks were usually not allowed during these classes and assessment, even if these restrictions were not usually imposed during other classes.

*“If we're conducting communication skills or having clinical scenarios how can you monitor someone with the full face mask on, how do we know is that communication going on, and that was identified in a number of other departments that that wasn't allowed, that because they need to have clinical observations as it were simply an observation includes professionalism as well as communication...” (Teach 7 A)*

## **7.6.2.2 Reflections in essays or CPD portfolios**

### **7.6.2.2.1 Ethics essays**

When discussing if and where (elements of) professionalism were assessed, there were only very few references made to essays which required students to deal with (ethical) decisions and explain the process and justification for resolving a given scenario.

*“I think in the social pharmacy module we had to write like an essay, half the exam was writing an essay on what you would [do] in that situation, if you were in a pharmacy and I think that’s sort of assessing professionalism.” (FG1 B, Female)*

*“I’ve not really seen any pharmacist assessment of professionalism in the course. You do some essays about like ethics in third year but that’s like one thing we have done for four years.” (FG3 C, ID8-M)*

*“In first year they have to answer some exam questions on what I do, what I’ve taught. I have to say that I’ve tended to cover more things like risk management or clinical governance aspects rather than, you know, history stuff, but we have had dilemmas for them to answer as well so those were assessed, but it’s not a lot.” (Teach 5 C)*

Some peer assessment appeared to take place in at least one of the schools, where students gave each other one-to-one feedback on interviewing a patient during a hospital visit. They were then required to write a reflective piece which was, in effect, marked on the basis of their reflection, rather than direct evidence of their observed professional behaviour.

Interestingly, only one member of staff mentioned that they felt it was important that the difficulty and process of reaching a decision (in a professional way) was incorporated as something that relates to professionalism teaching, which was also assessed. This is commensurate with the limited discussion of professionalism being taught in ethics workshops. These appeared to exist in all three schools, but were only really mentioned as an important feature in one.

*“I think one of the ways we’ve tried to do it [assess professionalism] is by giving them dilemmas to actually produce an answer to. So in many ways there is no right answer, but what you’re looking for is a structured approach, a knowledge of the facts and possible implications, and a sensible decision flowing from that, that’s very subjective though isn’t it? You know it means that I’ve gotta mark it so, you know, that’s sensible and it’s not the decision I would make necessarily but it’s the decision that probably would stand up professionally.” (Teach 5 C)*

#### 7.6.2.2.2 CPD portfolios

There was also some discussion around the use of CPD portfolios, their assessment, and how this may relate to professionalism.

*“The only thing really is CPD I guess that the CPD I’m doing we submit are assessed but unprofessional behaviour isn’t at all it’s just the skills, it’s just the knowledge that we have is assessed and not the behaviour and everything else that goes with it. That’s the only two that’s used really at the moment.” (FG5 A, ID2-F)*

*“There are questions they’ve got to answer [in their tutorial portfolio] and they are assessed. It’s very difficult really to assess them, but they’re assessed on[...] how they’ve written the responses to these.” (Teach 2 B)*

Nevertheless, many students did not seem to see the benefit of these portfolios. They knew they had to complete them and that they were being marked. However, they did not talk about them positively in terms of either helping or informing their learning through reflection, or this relating in any way to elements of professionalism.

### 7.6.2.2.3 Hospital placements / visits

The other way by which professionalism may have been assessed during placements was through the observation or reporting of unprofessional behaviour, including non-attendance, but also aspects of, for example, interacting with patients.

There appeared to be some limited assessment of aspects undertaken during hospital tutorials / placements. In one school, the students' case presentations were assessed, which was possibly seen as one way of assessing (an element of) professionalism. Also, some elements of the students' behaviour seem to be 'assessed', but it is not clear how much of this feeds into the student's progress.

*"We get our hospital presentation assessed in third year as well. Obviously again, even like this year going to the hospitals, we are getting assessed by a pharmacist in the hospitals to make sure that you are being professional, because everything that we do gets reported back, because there has been complaints and stuff about maybe, people in certain hospitals and like their behaviour and things. [...] At the end we do our presentations as well, because obviously we do the ten weeks at hospitals and then we do our presentations at the end of it and that's just what we have learnt from it and also the assignment as well, so that gets marked. So we are getting marked on it, as well as our feedback and things." (FG3 C, ID11-F)*

*"But it's not really specific to professionalism, professionalism is an aspect of what we were doing, you know, they will mark us down for non-professionalism, but they wouldn't say that is very professional of you I mean, yeah, it's not, it's like either a pass level altogether or a fail on being and you're already back on not being not professional." (FG3 C, ID8-M)*

*"Well, we've progressively kind of made some serial improvements, so we do a lot of reflection and kind of peer assessment of interviewing patients and presenting at the hospitals, which, you know, it's proxies.. are quite good for professionalism, I guess. Erm... and I think we just need to be maybe more explicit when we're asking the students to give each other feedback, erm, to include aspects of professionalism, rather than just things like, you know, what about the information that was given on the way and was given perhaps we should make a more explicit link with professionalism. There are certainly aspects in there that are appropriate, in that we talk about the body language with the patient and the language used, but perhaps we should, erm, use the word professionalism more and try to instil in students that's exactly the kind of behaviour we want them to be displaying as pharmacists and I don't think we've made that leap. I think we're saying, "Yes, this is really good as a student", but we probably need to make more of a link to say "Actually, if a junior pharmacist had done the interview that you'd just done, we'd be really pleased, as that's exactly how he should be doing it", kind of thing. We're very time limited and we don't get to do that one-on-one feedback that I think you'll find quite valuable." (Teach 1 B)*

*"It's quite one-to-one, so they fill in their own reflection forms and then their peers fill in a peer reflection form, and then what the tutor will do is get the individual together and go through kind of the peer comments and feedback." (Teach 1 B)*

*"The oral presentations are assessed and the interviews with the patients aren't assessed, but the students have to write a written report on it, which is assessed. And I think it's*

*quite difficult to give formative feedback when the students know that it's linked to summative assessment.” (Teach 1 B)*

*“Certainly, when students write up their patients' interviews, we are looking for some kind of reflection on their behaviour in front of their patients and they would get marks for that, but there's nothing specific in the marking scheme, in terms of professionalism in front of the patient, it's more kind of interviewing technique, which is linked ... I mean, it's all quite, it's all subjective in that it's the student's account, so there's no kind of direct observation that's actually observed and marked..” (Teach 1 B)*

*“It's quite doable to mark reflective work, ...certainly something that I've looked at because we have quite a lot of reflection in our hospital assessments and I think, it would be possible to fail students, on a specific marking criteria, but not necessarily on their professionalism. It would be their ability to meet the assessment criteria, of which professionalism would be a major part. But obviously, some people that fail may not have unprofessional behaviour, it's just that they're unable to reflect into, put that into words on paper, and likewise, you might get the opposite where students don't behave particularly professionally, but they're able to write quite eloquently about a load of old rubbish and submit that. So, I guess, in combination with observation, it might be quite useful.” (Teach 1 B)*

*“The buy-in for the students is that they're gonna have to do this when they're pre-regs and they're gonna have to do it when they're pharmacists as well ,and if they get used to it now, it'll be a lot less painful, and something we're quite... we're quite clear now, with I think, in the CPD, is actually that employers want this kind of evidence, and will ask for it in interviews as well and that's a big sell. The students do actually take note of that.” (Teach 1 B)*

### **7.6.2.3 Assessment by proxy**

Besides the forms of assessment discussed above, particularly of communication and reflection, a number of students mentioned another more indirect form of assessing professionalism, which will be referred to as 'assessment by proxy.' This refers to policies (covering attributes of professionalism, such as meeting of deadlines, dress or punctuality) which did not only exist but were indeed reinforced, i.e. had consequences for the students (albeit to varying degrees in the different schools). Examples that were mentioned here are listed below:

- Dress: the existence of dress codes where students were not allowed to participate in the class if they did not comply
- Punctuality: if students were later than a certain number of minutes, they would not be allowed to enter the class and participate
- Required materials such as BNFs or calculators: students would not be allowed to participate without the required materials
- Deadlines, such as those set for assignments and consequences of late submission

The quote overleaf illustrates the last of the above points, where if a deadlines was set but not met, this could lead to a deduction of marks. This was seen as something which indirectly taught but also assessed an element of professionalism:

*“Maybe it’s not assessed directly all the time but there are certainly situations where I bet even [...] If you’re told that a deadline for an essay or something like that is on a certain date and then you’re told if you hand in after that you either won’t be accepted or it’ll have a 10% deduction for any time period, that’s professionalism, that’s saying you have a deadline to meet and if you don’t meet it you’ll.. you know that’s in a way imparting [professionalism].” (FG1 B)*

Some of these policies, and the extent to which they were implemented and reinforced, will be discussed in more detail in a later section dealing with different levels of ‘organisational philosophy’ with regards to the learning and living of professionalism in the different schools.

### **7.6.3 Should professionalism be assessed – if so, where and how?**

Previous sections have dealt with the difficulty of assessing professionalism and also the issue of the teaching / learning of professionalism being (and needing to be) a gradual process of reflective learning and improvement. This led some to discussions amongst, and comments from, participants about assessment of professionalism not being the most useful approach. This was seen as particularly applying to summative assessments, i.e. those that are marked with the possibility of failing.

*“There’s some minor things which do assess professionalism but [...] it’s not called the professionalism mark. We don’t say, “Oh this student’s 80% professional” [...] “This one’s 50% professional” it’s not done like that. But it’s something that is a constant view of what they’re doing... so it does influence things, but it’s not assessed directly.” (Teach 4 C)*

Furthermore, a number of students made the point that both being academically good and being able to pass exams did not mean that a student would turn out to be a good professional.

*“Just because you can get a first in your degree does not make you a good pharmacist but that’s what you’re kind of led to believe, but just because [...] you get like some amazing mark, it doesn’t mean that you’re gonna be confident enough to go out and do your job. It means, okay you’ve managed to pass your exams, good for you, but there’s more to it, there’s much more skill involved.” (FG2 B, ID28-F)*

*“As a student since year one or whatever you were just coming to the exam thinking that you need to do this and this and this I just need to act sort of professional for I think two hours and then I’ll stop, I will pass. So it doesn’t really mean that if you pass all your exams you’re a professional.” (FG6 A, ID30-M)*

Students further acknowledged that professionalism could only really be assessed in the work environment, ideally over an extended period of time. Just like the real learning (and application) of professionalism was expected to be delivered during the pre-registration year (see earlier section 7.2.4), the same applied for its practice based assessment.

*“They know what you’re like in lectures, workshops and exams but that’s all they can tell. [...] I think that’s why you do your pre-registration year ‘cos you’ve got someone there all the time while you’re working to assess you.” (FG6 A, ID27-F)*

*“Under the society’s guidelines they [the pre-registration tutors] are still supposed to be responsible for making sure that you’ve passed these competencies and [...] several of them are [about] having to interact with people around you and how you portray the image of the pharmacist and that kind of thing. So I think maybe that’s when it’s assessed in a much more black and white way and you have to demonstrate it clearly.” (FG1 B, ID35-F)*

Nevertheless, both staff and students made suggestions as to where and also how professionalism should or could be assessed during their undergraduate MPharm course. Following on from the comments above, that work based assessment would probably be most appropriate, some suggestions were about incorporating work based assessment into the MPharm. One student, for example, suggested that, if the course was organised over a five-year period, where part of the pre-registration period occurs earlier than in the final year, such as is currently the case in Bradford, practice based assessment would be possible.

*“If they did the pre-reg [...] I think it’s Bradford University where they integrate it into a five year course, then assessing professionalism would become a lot easier.” (FG1 B, ID5-M)*

Assessment during university led placements was also suggested. Comments referred to both placements which could be newly introduced, and those that already existed, for example in the form of 4<sup>th</sup> year hospital visits / tutorials.

*“Maybe a mark that’s just for professionalism could be part of your hospital portfolio, [...] ‘cos there’s only small groups so the tutor knows who turns up like looking smart and like who participates because like she’s sat there and she listens to what everyone says, so maybe there should be like a small part for that.” (FG2 B, ID19-F)*

*“If they did [...] have placements [...] throughout, then they’d be able to assess it then, because you could just have assigned a tutor and they could mark you.” (FG6 A, F)*

The following quote stresses how this approach would address the shortcoming of assessment during role plays, for example, which took place in an artificial environment and only provided a brief snap-shot of a student’s ‘professionalism’.

*“Maybe it would be an idea if they were put on a placement, you know, to have maybe the pharmacist in charge to write a small report at the end of that, because obviously they [the students ...] probably won’t feel as much under pressure. Rather they’ll just be going along with their day to day things and the pharmacist could write a small report to say how... you know, how well they were, if they turned up on time, if they were smartly dressed, how they dealt with customers, that type of thing. Because it would be [a] better reflection on them rather than sort of assessments in the university where it might just be on one specific day and they’d be under lots of pressure, because, you know, they’ve got this big exam.” (FG5 A, ID33-F)*

Indeed, a member of teaching staff also talked how they had already explored incorporating assessments into hospital tutorials, and that they had actually got patients themselves involved in providing formative feedback.

*“I guess the only thing that we have explored that might be worth a quick mention is, there is a possibility of using patients to give feedback and to assess students and we have explored that at XXX Hospital. However, there is this kind of tension between what you*

*use the patients to actually assess and how good they are at actually assessing it, but we have used the patients over at XXX to kind of mark students and give the tutors some feedback on a piece of paper that then the tutors can go through with the students, just to say, "Oh, this patient thought you were really good at X, Y and Z". [...] It's still a mechanism for feedback that we'd like to use, but not entirely sure where that fits in, because I guess the service users are the people that matter." (Teach 1 B)*

Another student mentioned a community pharmacy that could be incorporated into the school, which would be open to the public, and where 3<sup>rd</sup> and 4<sup>th</sup> year students could practise under supervision. She compared this to the existence of a comparable set-up of an optometry clinic in their university. This set-up would then lend itself to practice based assessment of students' professionalism.

*"I dunno how feasible it would actually be, but if there was a university pharmacy, 'cos for example in the university eye clinic the third year optom students would go and do eye tests on the public, the general public, which would then be checked by qualified optometrists and so on. So if the, you know, we sort of discussed the idea of a university pharmacy where you [...] would have to go and work maybe during your third year or fourth year for a couple of afternoons or something like that and you could actually be observed, actually dealing with real patients and be assessed on that rather than [...] the sort of artificial environment of poor PhD students that have been dragged in to do OSCE's." (FG5 A, ID38-F)*

A few students acknowledged the challenges associated with practice based assessment, such as training of assessors, consistency, quality control, as well as any cost associated with such a system.

*"If you're going to be assessed [during placement] then you need to make sure that [...] all the people that are gonna be assessing are sort of trained [...], you know, they knew exactly what they were meant to be doing, so sort of standardised and there's no added costs to that as well." (FG5 A, ID2-F)*

They also acknowledged the difficulty of assigning marks or pass/fails for professionalism, but that an overall view on a student's conduct may be a better measure of their 'professionalism' than the passing of an exam. There was thus a suggestion to make professionalism related assessment a routine part of the course.

*"It doesn't really mean that if you pass all your exams you're a professional. So I think it would be good but it would be tedious for the school to assess everyone more on... more or less on their conduct overall instead of just on exams to see whether someone is professional or not." (FG6 A, ID30-M)*

*"If we're assessed I think it's something that should be done routinely throughout the year, cos some people just aren't good [...] you know, under a lot of pressure, so it might not be a true reflection of how somebody would conduct themselves on a day to day basis in that kind of setting, it should... something that should be done periodically." (FG5 A, ID2-F)*

#### **7.6.4 Types of assessment: summative versus formative**

During the above discussion of the difficulties of assessment and what could and should be assessed, both staff and students probably referred mostly to summative

assessment. Some form of summative assessment existed in the three schools, but this was commonly incorporated into a marking tool and final mark where a 'professionalism mark' was only one part.

From numerous staff and students comments it seems that formative assessment of professionalism may be a more appropriate or at least equally important form of assessment. This involves feedback to students which should help them reflect, learn and improve. This therefore acknowledges the premise that the learning of professionalism is a continuous process, which can be positively supported and encouraged through feedback (and coaching).

*"They probably give advice like, I mean you always learn as you go so I think it's a two way.. like they assess how do you act at the moment but we also tell you what you should do maybe in the future so I think it's a two way thing." (FG 1 B, F)*

*"I don't know if you could assess it [professionalism] but to be able to watch yourself progressing and get... building your confidence, that's almost just as important as assessing, so that is a form of assessment I think, being able to see yourself grow and improve and get the confidence." (FG2 B, ID28-F)*

There was considerable support from students for the importance that should be placed on professionalism as part of what needs to be learnt and practised by pharmacy students. So even though a few were advocates of summative assessment, for most the emphasis when using summative assessments was to stress the importance of professionalism as a learning outcome that ought to be achieved.

*"I think it's such an important aspect of being a pharmacist is to being professional then, you know, I think there should be sort of strict rules on with assessments, and if someone does fail on them then obviously, you know, they can improve on that and, you know, learn from it and hopefully and maybe they'll pass second time round." (FG5 A, ID2-F)*

*"I think some word has to be said [about professionalism] at some point really and if you fail in the exam then that's the best way of well hitting the spot." (FG5 A, ID31-M)*

However, a few paragraphs later this student made this remark, thus also emphasising the value of formative rather than summative assessment.

*"I don't really see the need to have a pass mark as long as the person gets feedback and knows exactly where they went wrong and can improve on that then that's now a support thing." (FG5 A, ID2-F)*

Teaching staff generally agreed that the preferred way of assessing professionalism was through cyclical and continuous learning, supported by formative feedback.

*"I mean it [professionalism] certainly shouldn't be assessed in the way an examination's assessed." (Teach 3 B)*

## **7.7 Organisational philosophies of professionalism & professional socialisation (identity)**

There was a notable difference in the 'feel' of and the 'living' professionalism (teaching) in the three different schools. At the end of each focus group and interview, students as well as staff were asked to summarise what they felt the 'culture' with regards to professionalism was in their school. Many found this rather difficult to describe, but others offered such summaries, which are discussed in this section. However, the analysis presented here goes far beyond comments that were made in response to this specific question. This section draws on all sources of data and aims to triangulate these to offer explanations for similarities and differences that were noted between the three schools. This then serves to describe features that may support the achievement of a strong 'culture' – subsequently referred to as 'organisational philosophy' – around professionalism and its teaching during an MPharm degree.

A school's 'organisational philosophy' around professionalism is thus defined as all aspects of professionalism teaching and learning (in the widest sense) which contribute to the students' development of their individual attitudes and behaviours of professionalism. A strong organisational philosophy would therefore be a school context, which contributes and achieves a high standard of professionalism understanding, application and living. It would suggest that positive professionalism values, attitudes and behaviours will gradually be internalised by its students as much as is possible in the university environment.

In this analysis, certain elements or features appeared to enable and define such a 'strong' organisational philosophy, whereas others were found to either hinder or counteract its full achievement / outcome. Firstly, the main foundation of this was that positive and internalised professionalism was an overall goal of the school's learning outcomes. These statements would then be expected to be incorporated in the school's course documentation ('intended' curriculum) and reflected in the high standards set and lived in the school. A successful achievement of this goal then appeared to be found in a strong overlap between the 'intended,' 'taught' and indeed 'received' curriculum. In other words, the high standards set in course materials and by teachers (role models) were equally noted, learnt and internalised by students, all together showing strong emphasis on professionalism throughout all three curricula.

Following on from the above observation that a strong overlap between the 'intended,' 'taught' and 'received' enables strong and effective professionalism learning and development, has led to the use of the term 'integrated' organisational philosophy with regards to professionalism learning. This is proposed as a conceptual model of viewing and interpreting the way professionalism learning is delivered and achieved. Therefore, where less overlap is achieved between the different curricula, this is referred to as more 'diffuse.' Different schools can be seen as being located somewhere along a continuum between the two anchor points 'integrated' and 'diffuse'. The following section details the elements which appear to contribute to an integrated organisational philosophy, or indeed those which diffuse it. Examples are presented to illustrate what appears to enable or enfeeble an integrated organisational philosophy around professionalism learning.

### 7.7.1 Summarising organisational philosophy around professionalism

As noted earlier, staff and students had some difficulty describing their school's overall 'organisational philosophy' ('culture') around professionalism. Nevertheless, some in each school had a go. These summaries are presented here. Interestingly, these summaries describe the diffuse or integrated nature of organisational philosophy that was later confirmed by much deeper and more detailed analysis of the different data sources.

Staff in a more 'integrated' school noted:

*"I tend to think it's fairly positive, but not exclusively positive I think within our pharmacy practice teaching area, I think it's very positive." (Teach 4 C)*

*"I mean I think we're getting to the level now where we're trying to promote it [professionalism] as an ongoing thing from day one. One thing I've not mentioned actually that we've been developing as well is bringing in CPD through all four years. So again just trying to encourage that thought that you are going to be a pharmacist at the end of the day and there are things you need to be more reflective, you need to think about the consequences of what you're doing." (Teach 6 A)*

Students echoed these views in statements which displayed a similarly strong sense of professionalism teaching and high standards.

*"Everyone's like aware of it [professionalism]..." (FG6 A, ID16-F)*

*"Obviously we don't have a formal thing that we have to be professional about, but it's expected of us like... they expect a high standard of you, there's no 'if you behave in this way you won't pass', there's nothing like that, but you are expected to behave in that way." (FG4 C, ID18-M)*

*"It's implied but I wouldn't say it's taught...I, I don't think it's like enforced on us but it's there and they kind of give us a set of examples all the way along. I'd say that was the culture in school." (FG6 A, ID37-F)*

*"The opportunity's there and it's applied, but it's not like heavily enforced which I think is a good thing actually, cos then it sort of separates like the people who are like really, you know, showing initiative and really enthusiastic." (FG6 A, Female)*

More 'diffuse' organisational philosophy, on the other hand, was expressed by teaching staff at one school, who sensed that high standards were not consistently set and achieved.

*"It is a difficult one. I don't think we have a uniform culture." (Teach 2 B)*

*"I'm not sure there is a culture. There's probably more of a culture amongst the staff than the students in that we fail to address it head-on, in that we make hundreds of references to it throughout the whole course and expect the students to adopt this kind of professionalism and when they don't, we give them a real slating, but actually we haven't probably addressed it in a specific way, that would encourage the students to then adopt it themselves." (Teach 1 B)*

## 7.7.2 How professionalism and professional behaviour were talked about

The following section will serve to describe features that enabled an integrated organisational philosophy around professionalism. It will discuss these alongside examples which illustrate features which suggest a less integrated organisational philosophy. Because enabling and enfeebling features were encountered and their role in the teaching and learning of professionalism could thus be more clearly identified, this strengthens this section.

*How professionalism and its teaching were talked about by staff and students, and the extent to which these perceptions actually matched up, seemed to be one important feature. In a school with a more integrated organisational philosophy, it appeared more likely that comments from both staff and students suggested a sense (or even conviction) that elements of professionalism and its teaching / learning had been successfully and effectively integrated, rather than that they should be. The following quotes, for example, are taken from discussions around how professionalism learning should be, and is, integrated throughout the whole 4-year curriculum.*

*“I think it’s something that should go on through the whole course and to an extent I think it probably does.” (Teach 5 C)*

*“I think we’re getting to the level now where we’re trying to promote it as an ongoing thing from day one.” (Teach 6 A)*

In another school, where the organisational philosophy around professionalism was more diffuse, the emphasis was more on the ‘should’:

*“I guess it [the teaching of professionalism]’s got to be fairly multi-pronged attack. In the first year, a lot of it will just be introduction to concepts, explaining what’s expected, they need to practise some of those elements of professional behaviour and then there will be some exposure to role models and much more practice towards the end of the course, where they really should get feedback and that’s something we’re not really good at.” (Teach 1 B)*

*“I think that you certainly have to introduce the concept right at the beginning. They [the students] have to be aware that there are standards that have to be achieved and that this course is different from other courses. So I think that has to be quite clear at the beginning. And I guess it’s something that has to be continual throughout, so it’s not just something you do at the beginning and get it over and done with but... so it has to be continual but really I think standards have to be set from day one...” (Teach 2 B)*

*“I think you can’t say that professionalism just applies to the PP dispensing classes or medical classes, I think that becomes quite dangerous if we have one set of standards and the rest of the course has another set of standards. So we have to have a more uniformed approach. I don’t know that we do have now a uniformed approach, so I think I would aspire towards a more uniformed approach.” (Teach 2 B)*

*“I think we do a lot on professionalism but not under a heading. So if you said to someone, you know, teaching professionalism, they probably wouldn’t recognise it but they’d probably be fitting into the whole question.” (Teach 3 B)*

Integration of professionalism learning was mentioned in relation to reflective practice and CPD, but also in the context of an integration between science and practice.

*“I think certainly from what it was even three years ago, it’s developing and it’s almost work in progress I suppose,... but it’s certainly coming on and that we’re trying to pull it together more, [...] and also trying to mix it across into the more science teaching as well by trying to bring some of these issues across into there.” (Teach 6 A)*

### 7.7.2.1 Features of an integrated organisational philosophy

Students from the school which appeared to have a more integrated organisational philosophy talked about the relevance and importance of professionalism in their school in a positive way, which was rather different from students in another, less integrated, school. For example, the importance of punctuality and dress as professional behaviours was accepted and carried (almost) comparable importance at university as it did / would for the work environment. Other attributes of professionalism were also seen as important and indeed part of the course:

*“It kind of touches on team building, communication, your skills, your knowledge, your timekeeping and all that, so I think that’s why maybe they introduced it slowly and then in third year especially they started introducing the smart dress, they started introducing, you know the, the lateness, ‘Are you on time, it’s up to you to be on time, it’s up to you to dress smart and make your own decisions, do your work beforehand, if you do your work beforehand you’ll get more.’” (FG4 C, ID14-M)*

The importance of being professional, and having professional values, appeared to be relatively internalised by students at this school.

*“You get to talk to people on a kind of like professional level about all the work and then that way you’re kind of, that kind of sets you up for how you talk to people around you in the profession as well. So instead of you being so opinionated or being so quiet, you’re actually used to being a part of... an actual part of the team, cos that’s one thing that they do with us.. they do skill building so they have to like rate our skills about every year.” (FG4, C, ID14-M)*

*“Everyone knows or everyone should know how to behave because we’re taught it and just like your instincts as well, you should just know. If you’re going to be... if you apply to be a pharmacist, or if you apply to uni, you know at the end of the day you are going to have to be professional.” (FG3 C, ID11-F)*

There were general comments from students at this school that they felt that relatively high standards were being set (partly by role modelling) and expected.

*“I think the way they behave is of a quite high standard and they expect you to be at a high standard; they don’t make allowances for you. [...] They are basically holding quite a high standard and you look at them and that’s... you look how they behave, so it’s quite easy to learn how, you know, it’s quite a good example to learn how you should behave.” (FG4 C, ID18-M)*

This meant that students generally had high respect for their lecturers and also for their rules.

*“The tutors are expecting us to behave in a certain way. [...] It’s not as formal as other things but it is there.” (FG4 C, ID18-M)*

*“There’s some lecturers or some tutors who you just wouldn’t want to annoy, do you know what I mean, like, there is people.. I definitely wouldn’t like to get on the wrong side of within in the School of Pharmacy, for fear of... I don’t know, punishment.” (FG3 C, ID21-F)*

*“You need to have a lot of respect for them.” (FG3 C, ID11-F)*

*“You’re like made to have respect like, because eventually you are going to be like that, so you should have respect.” (FG3 C, ID21-F)*

### **7.7.2.2 Features of a more diffuse organisational philosophy**

One important difference that was observed at another school with a less integrated organisational philosophy was how students talked about the applicability of certain professional behaviours in their school. They suggested that unprofessional behaviour, in many cases, went either unnoticed or, if noticed, without any consequences.

*“You can still behave in a way that’s perhaps unacceptable and it’s not sort of picked up on.” (FG1 B, ID20-F)*

*“I think that we have been allowed to get away with an awful, an awful lot. I remember the first couple of years, or the first year in particular, I just couldn’t really hear the lecturer there was so much noise going on. I noticed somebody answering a phone in the lecture, actually having a phone conversation...” (FG1 B, ID35-F)*

The following quote, for example, illustrates that students felt that not the same requirements existed at the university with regards to being on time for 9 o’clock lectures, as there were during work experience.

*“When they’re working a summer placement, you just have to come in for 9 o’clock. If you continued the same way as uni coming in late you’re just gonna get kicked out of the job...” (FG 2 B, ID7-M)*

Another student noted that there were lecturers who were stricter, and that this was appreciated and was one way of teaching about an attribute of professionalism.

*“There is one lecturer and we thought, ‘Oh but he was harsh,’ but then after that I think it’s good in the sense that it does teach you to get there on time and it sits you down and just tells you how to act and that helps you for in the further years.” (FG2 B, ID32-F)*

Another example would suggest that at this school, talking during lectures was more acceptable, whereas students did recognise that this kind of un-attention and disrespect would be unacceptable in the work setting:

*“If you were interviewing a patient and you were talking and not paying attention, you could probably get away with that in a lecture. Lecturers are just gonna let that slide.” (FG1 B, Female)*

Rather than enacting high standards and expectations of professional behaviour amongst both staff and students, there appeared to be a perception amongst students that lecturers found it acceptable to view student behaviour as very different from professional work behaviour.

*“I reckon they do, just think, “Lets not be too harsh on them” (FG1 B, Female)*

*“I think the uni have got the idea like, but it’s just not enforced, so it’s kind of optional whether you want to... with a lot of the aspects of how they teach professionalism.” (Female) - “I think they try to but cos there is no serious consequence no one actually sticks to it.” (FG2 B, Female)*

Interestingly, the teachers at this school also showed awareness of the lack of an altogether positive organisational philosophy around professionalism in their school, and said they were working hard to address this.

*“I think that is an area that we have to work on really, to kind of realise that what we do is... you know, has an impact on the students...” (Teach 2 B)*

*“I mean there’s, erm, really basic things like timekeeping, you know, where we’re always at the start of a lecture, we’re always there and that’s not always the case with the staff. I know it’s terrible if staff don’t turn up on time. That, I would think, that is a simple thing which well, you know, is professionalism, or whether it is just common courtesy. But behaving in a way which is... the students can see, you know, that you’re acting in a way and they have your respect. ” (Teach 2 B)*

### **7.7.2.3 Summary of features**

As can be seen from the above section, many features that have been discussed throughout this report are again noted as important features of organisational philosophy with regards to professionalism learning. These are, for example, strong role models, high expectations, and anything that practises the internalisation of professionalism. Taking responsibility for one’s own learning is another feature, and the following quote is taken from a discussion where students talked about how their school encouraged their students to learn independently and take responsibility for this. In a conversation about their 4<sup>th</sup> year group projects, some students have a conversation which demonstrates this expectation on the part of the school:

*“You know that if you miss a lecture or whatever, for whatever reason then you know you have to do the work yourself to catch up, otherwise, it’s you that’s being disadvantaged.” (ID21-F) [...] - “It’s your responsibility to manage your work and make sure you get it in on time.” (ID36-F) – [...] “It’s always been the same on this course, [...] everything is down to yourself, whether you want to do the work or not like and it’s tough.” (ID21-F) (FG3 C)*

Indeed, this relates to the next two sections, which deal with codes and policies that schools have in place to encourage certain professional attributes or behaviours, and also whether these are enforced. However, one further point is worth making here,

which goes beyond whether a policy is in place and is being enforced. It is about whether the reason for such policies existence was explained, as well as how they related to elements of professionalism. This is mentioned again below under 'attendance'.

### 7.7.3 School codes & policies related to professionalism

Another important issue in terms of defining a school's organisational philosophy around professionalism appeared to be whether policies or codes were in place, which covered different aspects of professional behaviour. These related to, for example, punctuality attending lectures or handing in assignments, attendance at different classes, and dress codes. However, besides the existence of codes and policies, whether and how these were enforced (and 'lived') seemed to be another important factor in determining the students' and staff attitudes towards professionalism and the related organisational philosophy within their school.

*"Even compared to a lot of my friends' courses, like you know timekeeping, attendance, even certain labs, like the dress wear, you've got to comply to it all and other courses, a lot of them are laid back and give them a lot more responsibility as a student than I've known anyone." (FG4 C, ID6-F)*

One student summarised usefully, how having certain rules, which relate to attributes of professionalism, and actually have them reinforced, is quite a powerful / effective way of learning about professionalism and why it matters:

*"I think as well that.. like it teaches you like there is consequences for not being professional. Like if you were to miss a class there'd be like an assignment, you'd have to write it up and actually physically hand it in. [...] Or like as you say, you're fifteen minutes [late] for a lab, you don't get in. And then you have to well maybe write up what you've done that day or what you missed, so it's just like.. for everything you do unprofessionally there is a consequence." (FG4 C, ID26-F)*

Another student noted how these rules were implemented gradually and that students got used to them, even if they did not agree with them immediately. Indeed, it seemed to help that, for these students, elements of professionalism gradually became second nature to them.

*"I can't believe you have to do this or I can't believe you have to do that, but they always make it so that you have to do it and it becomes something inbuilt into you, cos of the way they sort of.. imply it on you. Whereas you probably don't notice it at the time you'll just be like as a student you'll be thinking, 'Oh this is like not fair, like all the other courses don't have to do this,' but because they make you do it in sort of stages and they sort of progress, so they kind of imply it [in their?] sort of teaching and they make you part of something that you know like, you're not gonna pass, if you don't do it like this and things. Then it becomes inbuilt and then by the time you kind of get to this stage and you're kind of doing placements and things, work a few days and all these kind of things, a lot of the professionalism standards are sort of inbuilt into your head anyway, because you've been doing them for so long. [...] At the time as a student you're kind of just thinking that it's unfair on you or whatever, but it's actually like probably in a good way, because you probably took it for granted, because you're just used to doing it like when you don't have to you won't actually be thinking of, "I need to do this, am I allowed to dress like that" and*

*all that 'cos you've already been doing it for so long it's just like, "All right okay I know what I'm doing now I'm going in there." (FG4 C, ID6-F)*

### 7.7.3.1 Are rules 'lived' and reinforced?

Another important aspect with regards to having policies in place, which also leads back to the importance of good role models amongst the teaching staff, was to what extent staff themselves actually abided by the codes (guides) or rules they set for their students.

Indeed, students seemed to recognise quite clearly, when – in their school – professionalism was not taken quite as seriously as maybe it should be, or was stated it would be. They made remarks about the fact that teachers, if they imposed codes or rules, *should* stick to them and indeed reinforce them. It was thus felt that they should do what they expected the students to do, for example turn up on time.

*"I think it might not be the main aspect of it, but are you practising what you preach." (FG1 B, Female)*

*"If you say one thing keeping to that line, you know." (FG1 B, Female)*

*"I just don't think professionalism is assessed at all. There's no way to tell who's turning up on time, who talks in lectures, who stays for the whole of the class in PP dispensing, cos if you were smart you could get away and pass it without even going to any of them. So that's a measure of how clever you are, not how professional you are." (FG2 B, Female)*

This lack of reinforcement, and thus the lack of credibility of the (formal or informal) policies that were in place, was recognised by staff in this school.

*"The students are well aware that actually, if they push their luck, nothing really happens. So you do get the serial offenders, who are always putting in mitigating circumstances around exam time, which isn't professional at all and you wouldn't do that kind of thing at work and they're allowed first attempts, and [...] I just feel a bit uncomfortable with that." (Teach 1 B)*

Indeed, many students from this school commented that certain standards should be imposed and then also enforced. For example, talking in lectures was unprofessional student behaviour and should not be accepted by lecturers:

*"If they said the doors were shut after 5 past 9, you'd always turn up on time, 'cos you know it's not an option to turn up later. [...] They do threaten it, but they never go through with the threats, have you noticed? [...] Because they do say, 'Oh if you turn up 10 minutes late then I'm not gonna let you come in' but people still do, they just let them sit there and then they're the people that come in and talk for the rest of the lecture." (FG2 B, ID28-F)*

*"Oh I think that's fair [throwing somebody out if they are talking during a lecture]." (Female) – "Yeah, I know exactly if they want to talk get out." (ID35-F) – "And that should be the lecturer, if they see somebody talk, they should just tell them to leave." (Female) (FG1 B)*

The responsibility for enforcing these professional behaviours, such as punctuality, not talking during lectures etc, was with lecturers, who would thus be setting examples students should and would follow:

*“I think it might have something to do with the way like the lecturers respond to people disrupting. Because like say in XXX she’d just laugh it off, so they think, you know, they’re not gonna take her seriously because, you know, she doesn’t really take what they’re doing as seriously as she would [...] something that would happen in her professional life, she’d probably take more seriously than just a couple of students at the back talking, you know, despite the fact they’re disrupting everybody else.” (FG1 B, ID35-F)*

Furthermore, students recognised that such rules and expectation should be enforced from as early as possible and would help them simply getting used to (internalising) such behaviours.

*“I think if like professionalism was really enforced, then people would comply with it more and then get used to it.” (FG2 B, ID13-F)*

*“I think when you first start university cos you’re like 18, 19 and you’re just fresh out of college, if you do have the lecturers being a bit harsh in terms of timings you will stick to it and that will kind of get you into a mould where it will help you in the next... in the further years. If you don’t do that in the first year, it’s gonna be hard for you in the second year, third year to come in on time because you just.. You know you’ve got lectures.. you’re gonna think you can stroll in at ten past nine, it doesn’t matter.” (FG2 B, ID32-F)*

Only once these kinds of ground rules were set and followed, could students be allowed some responsibility themselves, also an important attribute of professionalism.

*“I mean we shouldn’t have to be spoon fed but I think it’s getting to the point where [...] because if people aren’t taught properly [...] they’re just gonna have to step it up and spoon feed them, treat them like children again, if that’s how it’s gonna be. If that’s how they’re gonna act, they need to learn to grow up.” (FG2 B, ID28-F)*

Finally, it was stressed how important it was that teaching staff themselves would abide by their own rules and live by example:

*“I think one thing that does sometimes crop up in feedback is unprofessionalism from staff of not turning to lectures on time which does happen and we... well certainly myself and other people I know [...] are quite cross if students turn up late and we expect them to be there at the start and we expect them to apologise if they’re late and quietly come in and so on.” (Teach 6 A)*

These quotes and discussions point to the importance of setting high standards, giving out consistent messages, being good and strong role models who abide by these rules themselves, and finally imposing consequences for unprofessional behaviour. These features all reinforce the relevance and importance of professionalism, and give the school approach – or organisational philosophy – with regards to professionalism the required consistency and credibility. Indeed, students did appear to understand that insisting on such rules and policies was to reinforce the importance and relevance of related behaviours in the practice setting.

*“Right down to punctuality and to start at 9 in the morning, we understand now that it’s not about, you know, you have to be on time for any locum jobs or that pharmacy needs to be open at that time and there is no getting around that, so in terms of professionalism and sort of throughout the degree, I think that’s something that we[re] made aware of.” (FG1 B, ID9-F)*

#### 7.7.3.1.1 Dress

One example of clear differences with regards to the content of such policies was in terms of the dress code that existed for the pharmacy practice dispensing class in the three schools. There was a requirement for students in all three schools to wear clean white coats. However, the requirements for what should be worn under these white coats differed. One school did not issue clearly stated stipulations beyond the wearing of a white coat. Another did stipulate some requirements, such as not wearing a *“T-shirt with slogans; baseball hats; visible body art; large amounts of body and face jewellery; revealing clothing that may be considered unacceptable by patients; and covering most of the face.”*

A third school, however, had a rather stricter dress code, which required students to wear ‘professional dress,’ i.e. dress as if they were going to a pharmacy job, which was specified in their course handbook. This was generally seen as a good thing, even if it felt somewhat unusual and strange at first, but was something students seemed to get used to quite quickly and appreciated overall.

*“When we did that professional class and everyone came in with their suits and things and it’s like ‘Arh, everyone looks much better, in their suits’ and you could just imagine them being a pharmacist. It’s just nice.” (FG3 C, ID11-F)*

*“Even like travelling to uni, you actually feel like you’re going work, cos you don’t look like a student anymore.” (FG4 C, ID34-F)*

*“I agree that professionally for like the labs and things like, sets you up for... as then you’ve got all the stuff you need before you go out basically. You know how to dress and this, that and the other and if you’re not wearing something right, like the boys used to wear like no ties, then you can’t be in this lab for not wearing a tie, it kind of knocked that kind of aspect of it, but I don’t really think that you should have to wear a lab coat for something you’re not in the [science] lab for basically. [...] I think it’s a bit ridiculous cos pharmacists don’t wear lab coats anymore [...], so I don’t really think they should make us wear them.” (FG4 C, ID34-F)*

The dress code is noted clearly in their class notes, i.e. course documentation (also see section 7.3.3).

*“It’s written into their, their class notes so they know fine and well what the rules are at the beginning of the year.” (Teach 4 C)*

Interestingly, students confirmed that this dress code was indeed enforced.

*“Also it means that people get pulled up for like, ‘you shouldn’t be wearing that’, like ‘that’s not professional. You should be wearing this type of things’, because if the boys came in with things that aren’t quite smart on them, they will get told.” (ID3-F) – “Girls aren’t*

*allowed to wear short skirts.” (ID21-F) – INTERVIEWER: “Right. So what happens if they do turn up in, you know, you said, they get told that’s that not very professional. Does it have any implications? Like, say, if they come back next week again wearing scruffy jeans or…” – “Sometimes they just get warned.” (ID11-F) – “I think you just get told it’s not appropriate and I think it’s sort of.. they will keep telling you and they will be trying to embarrass you.” (ID21-F) (FG3 C)*

As noted before, even though a dress code did exist in the pharmacy practice dispensing labs in all three schools, it was less strict in the other two schools. Even though a dress code of clean white lab coat was in place in these two schools, the focus group students felt that a business dress code, which would reflect work practice more closely, could be usefully introduced.

*“I think they should be more strict and [...] say in the XX [professional] classes, and make us actually turn up in smart clothes rather than in just a lab coat, cos that’s not at all, it doesn’t reflect a real working world at all.” (FG2 B, Female)*

Students commented on how dressing smartly actually helped them feel different, more professional, more like in a work environment, even if smart (professional) dress was imposed in a course subject, such as clinical hospital placements.

*“It’s sort of hard to explain but .. I’m more sort of formal when I put my uniform on. I definitely act differently, and even with the clinical tutorial, as soon as I get like the suit on and stuff it’s, you know, you sort of carry yourself differently. You’re always kind of, you know, “I’m a professional” and all this sort of thing, whereas now like, you know, jeans and a jumper, it’s kind of, you know, just a lot more... casual. I mean I’m relaxed in both settings, but you know I’m more sort of informal when I’m outside of the pharmacy sort of setting and thing.” (FG1 B, ID20-F)*

Some students also made comparisons with dressing at university and that this was generally much more casual (see end of quote above).

### 7.7.3.1.2 Attendance

#### Class registers

Different policies for attendance existed in the three schools. Class registers were taken in practical and workshop type classes in all schools, but only one school also used attendance registered for all their lectures. Different views were expressed by students in all three schools about the usefulness of class registers. They felt were counter to the idea of students taking responsibility for their own learning, attendance, and being professional. Students said they would probably be more likely to miss a lecture (possibly because what was taught would be more easily accessed) than a practical class. They further stated that they should be granted the responsibility to decide and make their own judgements about which lectures to attend.

*“I don’t think it’s necessary to have a class register really, like because at the end of the day what if you had like a doctor’s appointment. [...] I mean, you don’t miss like workshops or tutorials or labs, but sometimes you would... if you had no other time to go during the week, you would have it during a lecture.” (FG3 C, ID21-F)*

In the school where registers were taken even during lectures, this view was even stronger:

*“We’ve got registers as well, which I don’t think really is professional. Because if you’re in a pharmacy degree and you’re in your final year you’re [not] gonna be missing loads of lectures, I just don’t think it’s necessary, like it’s kind of babysitting-ish, that’s the way I see it.” (FG1 B, ID5-M)*

*“It’s actually really, really patronising and I don’t like it. It’s your responsibility to turn up and you’re in charge of your own learning. Now if you miss the lecture then that’s your lookout, you know. It’s like I said as in PP dispensing, if you just want to come and sign the register and go then that’s up to you, but if you want to come and learn then stay for the class, they’re not gonna tell us what to do.” (FG1 B, ID35-F)*

*“They’re hypocritical in a way, aren’t they? They’re saying ah it’s your choice to turn up or not, but then they give us the register, so we have to turn up because we need to sign, but they still say don’t come if you don’t want to so it then, it doesn’t make sense it’s a paradoxical, so the register’s definitely for nothing.” (FG1 B, ID9-F)*

Indeed there were consequences for non-attendance in the different schools. There were processes for monitoring attendance, and if this was found to be too low, this would have consequences. Personal tutors may get involved, or letters issued in the first instance:

*“If you’re not here enough they do drag you up in front of a disciplinary committee.” (FG1 B, Female)*

However, particularly in lectures, having registers in place seemed to encourage the unprofessional behaviour of signing other students in, thus dealing with the students’ misgivings about registers during lectures in their own way.

*“People used to sign the register and then sneak out.” (FG2 B, Female)*

*“Even the register you just get someone else to sign you in.” (FG2 B, Female)*

### Other consequences of non-attendance

A different policy to encourage attendance, particularly at practical classes and workshops, existed in one school. Here, students who missed a class (even if this was for health reasons), had to submit a brief assignment about what would have been covered in this class. This was justified by stating that students needed to ensure they caught up on the learning they missed, rather than as a penalty for non-attendance.

*“They have remedial work to attend to, if they miss a session and a register associated with it, then they have to send in an assignment of a 1,000 words or something on a topic that was covered. And this isn’t seen as a punishment, it’s seen as making sure that they haven’t missed out on any learning that they would have got if they were at the class.” (Teach 4 C)*

The interesting thing was that it was not only teachers who embraced the reason for having this policy in place. Students commonly added an explanation why having this rule in place and enforced made sense, and how this related to professionalism and thus prepared them for their future practice. This suggests that when implementing these rules and informing students of them, teaching staff provide positive and constructive explanations as to why these rules are useful.

*“We don’t necessarily take registers and do it in important things like workshops and tutorials, but what does happen is if you don’t go to, like if you miss like say two or more, they can make you like non-qualified, they can NQ you, which means [...] you not being able to sit that class, therefore you maybe can’t pass the year. So maybe not for lectures and things but it is an issue for like workshops and things and if you’re maybe unwell or something and you don’t make it, you do need to email someone to tell them why you are not going and you have to hand in the work another time so I think that’s the kind of the same as with the hospital placements, it’s not being marked, but if you don’t turn up or anything like that, you act unprofessionally in that way, it can get fed back and I think you can be classed as not eligible to sit the exam.” (FG3 C, ID21-F)*

*“For certain classes like, if you do miss it you have to then provide evidence like a medical certificate or a doctor’s [certificate], I don’t know why, you’ve missed it which.. again like you just can’t miss work cos you feel like it, you’ve got to have a valid reason for things like that, so it kind of does help you.” (FG 4 C, ID22-F)*

#### **7.7.4 Recognition of teaching and relevance to professionalism**

There were descriptions of how and where professionalism teaching was integrated, grounded and longitudinal throughout the curriculum. Students in the school with a more integrated organisational philosophy described how there had been some professionalism related teaching from the first year. It seemed to start with some lectures in first year, then progressed to the introduction of more workshop type teaching as well as smaller group tutorials in second year. CPD portfolios were also mentioned. What was interesting about the way the students at this school talked about their learning, was that they did not only recognise different ways of delivery (see above), but they also talked about how these different styles (not just content) contributed to their gradual learning of professionalism. They mentioned, for example, the use of assignments which were imposed for non-attenders at a science lab. They discussed how small group tutorials in second year got them used to talking to other people. They also mentioned how CPD portfolios were in use from year 1, but that their content, level and relevance increased as they progressed through the year. They were recognised that they were introduced to reflection, and that the CPD process was something they would have to become used to as they proceeded to pre-registration and practitioner.

*“Cos they started that [CPD] properly in the second year, they started asking you more stuff. And then in third year they started asking you about your strengths and weaknesses and then they start building on that...” (ID14-M) – “And how to improve that.” (ID34-F)) – “...how to improve it, and then it kind of touches on team building, communication, your skills, your knowledge, your timekeeping and all that, so I think that’s why maybe they introduced it slowly.” (ID14-M) (FG4 C)*

It seemed that the students at this school recognised the benefit of rules or policies that were being imposed, and took them on board positively as helping the learning and development of their professionalism. The following quote illustrates a student's reflection on how the amount of work and learning that needs to be undertaken throughout his pharmacy degree course had helped him learn important elements of professionalism. These included elements such as time management and taking responsibility for one's own learning, i.e. ensuring that one was prepared for practical classes.

*“The load of work that you've been made to do changes what... how you think about things, how you conduct yourself, because if you can't do it in that way then you won't really keep going, cos there's a huge amount to do. And just in doing that, that has definitely changed my like attitude from first year to now, because [...] if I didn't go out and act a professional, if I didn't go and prepare for labs as you would have to, then I definitely wouldn't be the way that I am now. [...] When I see there is something to be done I think, “I need to do it now and I need to do it well.” I realise that's not necessarily, you know, first year it's definitely not what your attitude is.” (FG4 C, ID18-M)*

### **7.7.5 Difference between what professionalism means for students and practitioners – and the forming and importance of professional identity**

All of these different elements above seemed to contribute to the importance that students and staff gave to different aspects of professionalism, i.e. whether standards existed and were 'lived' by students, and staff in particular. Whether codes and rules existed, and whether and how these were reinforced, also played a role. Another important aspect seems to be the extent to which a difference was made between being a student at university and being a practitioner in the work setting. This, in turn, may have an effect on the extent to which students see themselves as different from non-healthcare students and their perceptions of the responsibilities they may already have as students training to be pharmacists. This may also feed into the pharmacy students' socialisation into becoming a pharmacist and indeed developing a professional identity. It may be that those who clearly recognise and embrace that they are studying to become pharmacists 'live' and act to 'higher' professional standards.

*“Our like tutors [...] they're all so smart and they all know exactly what's going on and it's like they have all the answers to everything and so in some kind of way it's like obviously we may teach basic really good knowledge for people it kind of makes me take more pride in the fact that you know I'm doing this pharmacy course and hopefully I'm gonna get this good knowledge base and be able to go out and help people and it makes me become more professional.” (FG3 C, ID14-M)*

The student who gave the last quote went on to raise another important point, which was that of taking pride in being a pharmacy student and training to become a member of the pharmacy profession by undertaking a pharmacy degree at this particular school.

*“It is a good profession and I want to be a part of this good profession and they're all giving it such a good name because they're also good knowledge based and they're all*

*like quite friendly and so through that kind of aspect it can build up professionalism.” (FG4 C, ID14-M)*

On the other hand, those students who see themselves (and are seen by their teachers) more as ‘students,’ where becoming a pharmacist is further away in the future and clearly separated by a pre-registration year, may feel and act less like practitioners but as students. They may have undergone less professional socialisation, and have developed less of a professional identity.

*“I suppose we will be professionals when we first start our pre-reg, and arguably at the moment we’re not professionals because we haven’t started working. So maybe there’s, I think there’s sort of quite a few lecturers that probably think in the back of their mind they’re just students, you know, [...] I’m never gonna be able to stop a student talking in lectures, because people do.” (FG1 B, Female)*

Many of the comments made by students in the school with a more integrated organisational philosophy around professionalism suggest that, from very early on in the course, students are made aware of the fact that they are studying pharmacy, that this is different from other non-health professional degrees. Furthermore, it appears to be iterated to them that they are studying to become pharmacists, and becoming a member of a health profession comes with certain responsibilities.

*“We’ve been constantly told like what’s expected of you like and how serious you know your position’s gonna be like.” (FG4 C, ID22-F)*

Indeed, this one school set higher expectations for their students, for example in terms of the behaviour they expected and how close this should be to that expected of a practising pharmacist.

*“Anything that you couldn’t do as a pharmacist you shouldn’t really be able to do as a student.” (Teach 4 C)*

Another school also recognised the importance of instilling a good understanding by students of their responsibilities as pharmacy students and thus future pharmacists. This included a clear idea as to what was being expected of them and how this relates to professionalism.

*“I myself would like as I say to drive it earlier get the students almost to sign up from day one what is professionalism what we’re expecting to have for this particular session, you’re going to be needing to do this.” (Teach 7 A)*

It seems that 4<sup>th</sup> year students have started to develop a real sense of professional identity, and that they have, at least to an extent, internalised the responsibilities and expectations that come with becoming a pharmacist, a strong element of which is professionalism. The fact that teaching staff are indeed working towards developing a sense of professional identity and pride is illustrated in the following quote:

*“[In a 1<sup>st</sup> year lecture] I sort of give them a list of about twenty professions and say you know, who do you rate as number one profession in this lot and they’ve got pharmacists and prescribing pharmacists, [...] and train drivers and ministers and [...] doctors. [...] And this time, I actually said who thinks pharmacy should be number one? And about five put their hands up and I said well that’s what you should all be putting your hands up for,*

*that's what our goal is, you know, it's for pharmacy to be seen as the number one profession..." (Teach 5 C)*

In summary, the way students at the school with a less integrated organisational philosophy talked about professionalism and how it was learnt seemed to suggest more that professionalism (and professional identity) *should* be incorporated into their education. Students at the school with a more integrated organisational philosophy seemed to talk in a way that suggested more that it *had been* incorporated into their education – they 'lived' it.

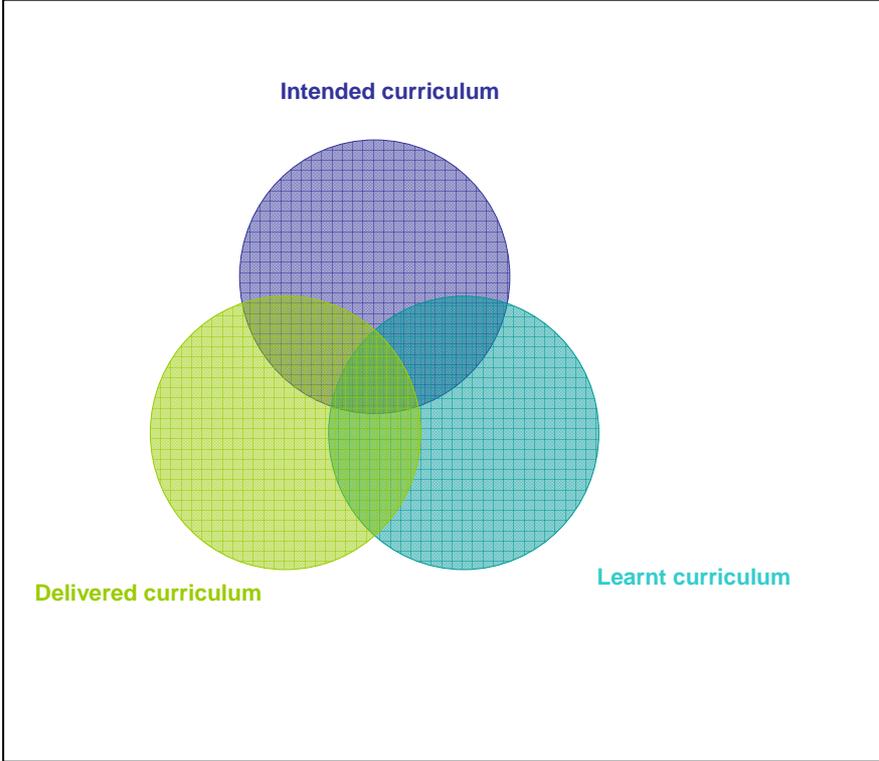
## **7.8 Curriculum maps**

The previous sections have described, in detail, where and how professionalism is learnt in the 'intended', 'taught' and 'received' curriculum; areas of a 'hidden' curriculum have also been identified. Following on from such a description, this study's intention was to then draw a curriculum map as a tabular and/or pictorial representation of the teaching and learning of professionalism in the three schools. Even though the curricula in all three schools have to cover the same core elements, as these are given in the RPSGB accreditation guidance,<sup>38</sup> where (i.e. in which year and which module topic) these were incorporated differed between the three schools. The way and extent to which professionalism and its elements were incorporated also differed between the three schools. However, locating this in tabular or pictorial form would risk compromising the confidentiality and anonymity of the three schools. The PP dispensing lab, for example, was located in three different years / semesters in the three schools, and identifying the year for each school would increase the chance of identification.

It was therefore decided to, rather than present a detailed 'curriculum map' (or in fact three maps), to focus on a more conceptual approach. This is based on the descriptions of organisational philosophies with regards to professionalism teaching and learning as developed and described in the previous section. A pictorial depiction now particularly serves to illustrate 'diffused' and 'integrated' organisational philosophies. 'Diffused' and 'integrated' can then be seen as two points along a continuum of professional learning and organisational philosophies, where different schools may be placed on different points along this continuum.

To illustrate this pictorially, a Venn diagram is useful (see Figure 2). In the 'diffused' model, there is limited overlap between the circles representing the 'delivered', 'taught' and 'received' curriculum. In the 'integrated' model, overlap between the three circles is much greater.

**Figure 2: Curriculum map**



Integrated:       $\rightarrow\leftarrow$  circles move closer together, greater overlap  
Diffused:        $\leftarrow\rightarrow$  circles move further apart, less overlap

## 8 Discussion

This study gathered teaching staff and students' views on the teaching and learning of professionalism during the MPharm course, observed some classes and reviewed documentary course and teaching materials. Through triangulation of findings from these different sources, this study contributes to our understanding of professionalism in pharmacy in the UK, and how this is being learnt in the undergraduate course. Findings have informed the 'intended' (documentary analysis), 'taught' (teacher perspective & observations), 'received' (student perspective & observations), and also 'assessed' curriculum with regards to professionalism, an approach referred to as 'curriculum mapping.'

Whilst professionalism in pharmacy appeared difficult to define, the importance of its presence in the curriculum was acknowledged, and that its learning does, or ought, to be integrated, grounded and longitudinal throughout the curriculum. This study went on to draw out enablers and enfeeblers of a strong organisational philosophy with regards to professionalism learning in schools of pharmacy. This can be conceptualised as the amount of overlap between the 'intended', 'taught' and 'received' curriculum. Where there is strong overlap, i.e. high standards of professionalism and its elements are clearly identified in teaching documentation, are delivered by teaching staff and subsequently received by students, the school's organisational philosophy is described as 'integrated.' Where the overlap between the intended, taught and received curriculum decreases, a school's organisational philosophy becomes more 'diffuse,' and effective professionalism learning lessens.

### 8.1 Study limitations

This study has a number of limitations, which are mainly due to limited resources and the relatively short timescale of the study (nine months). Even though three schools could be included, thus allowing some rather interesting and insightful analysis, teaching and learning practices around professionalism may be very different in other schools, particularly those which have been established more recently. Furthermore, only a rather limited number of taught sessions could be observed, and interviewing more staff to cover those directly involved in the delivery of all elements of professionalism related teaching may have helped to avoid potential gaps. Nevertheless, 4<sup>th</sup> year students are those who have been in the schools the longest, so would have been exposed to the school's teaching and overall organisational philosophy the longest. Furthermore, teaching staff were chosen to cover both those directly involved in pharmacy practice and professionalism delivery of the course, as well as staff with a more strategic overview of the whole curriculum. Finally, the observed pharmacy practice dispensing labs are the classes which have previously been identified as a formative influence on students developing a sense of professional identity.<sup>20</sup>

This study was undertaken before the recently published RPSGB 'Code of Conduct for Pharmacy Students'<sup>44</sup> was introduced. This is important considering the findings which stress the importance of professionalism policies being in place and adhered to, as well as curricula and teaching generally being explicit about what is expected

of students with regards to professionalism. None of the three study schools seemed to have a student code of conduct, even though they had codes covering certain elements of professional behaviour, such as dress codes or guidance regarding class attendance, academic dishonesty etc. These were found in the schools' year or course handbooks, with some more specific guidance noted in class specific guidance, particularly that relating to professional classes. It therefore remains to be seen, whether having a code of conduct, as well as making students aware of both its existence and the potential consequences of going against it, may have a positive impact on students' learning of professionalism and related behaviours, ethics and attitudes. A different pharmacy school, who have had such a code in place and combined this with a professional suitability interview, suggested that it might.<sup>45</sup>

## **8.2 Defining professionalism in pharmacy (education)**

Both staff and students expressed the difficulty of defining professionalism (in pharmacy) clearly and succinctly. For most it seemed to be more of an implicit rather than explicit concept ("you know it when you see it"<sup>14</sup>). Nevertheless, some overarching definitions were offered, which tended to encompass three main parties: patients and the public, other healthcare professionals (including other pharmacists), as well as the profession itself, as represented by the Royal Pharmaceutical Society.

What both teachers and students found easier was the description of certain attitudinal or behavioural attributes which make up professionalism. Many of these named attributes were behavioural attributes and thus helped to describe individual (or even behavioural) professionalism (rather than societal professionalism, for example). Behavioural attributes identified in this study were similar to those identified by Hammer et al.,<sup>11</sup> such as reliability and dependability, active learning (taking responsibility for one's learning), behaving ethically, striving to high standards and exceeding expectations, and putting others' needs above one's own. Communicating respectfully and articulately was a further attribute listed by Hammer et al.,<sup>11</sup> and in the present study this was the attribute most commonly cited by study participants. This referred particularly to elements of communication with patients, but also with other healthcare professionals, including pharmacists. The above attributes could equally be grouped under the six tenets identified by the American Board of Internal Medicine (ABIM) 'Project Professionalism':<sup>5</sup> altruism, accountability, excellence, duty, honour and integrity, and respect for others.

What was noteworthy during discussions with teachers, and students in particular, was that many based their definitions of professionalism in pharmacy, and descriptions of attitudinal and behavioural attributes, on those applying and seen in practice. They appeared to draw, in the main, on their experience in practice. This was despite the relative lack of practice placements organised by the schools, a feature common to all schools of pharmacy in the UK. The majority of student focus group participants appeared to have gained their practical experience through summer and part-time placements or jobs. Teaching staff encouraged such placements and felt that those with practice experience tended to find the practice element of the course easier and thus gained more from it. A previous study, which followed up the cohort of 2006 pharmacy graduates, found that 93.6% had spent time working in a pharmacy while studying for their degree.<sup>23</sup> Another study has shown

that as many as 75% of students in one school had had experience in community pharmacy by the start of their third year.<sup>46</sup> Hospital pharmacy experience tended to be less common, and the aforementioned study found that 29% of students in their school had had previous experience.<sup>46</sup>

### **8.3 Where & how is professionalism learnt**

#### **8.3.1 Importance of practice exposure**

Staff and students were aware of the changing and increasingly clinical and patient-centred roles of pharmacists, most recently laid out in the Pharmacy White Paper 'Pharmacy in England – Building on Strengths, Delivering the Future'.<sup>47</sup> It was acknowledged that many such roles would require further clinical and practice exposure and may be achieved through a potential integration of the MPharm and the pre-registration year. Indeed, both staff and students commented on the importance of such practice exposure and made comparisons with other health professional degrees, such as medicine and dentistry, where this was achieved to a much greater extent. Under the current set-up, however, students and teachers did note that much of this practice exposure would be expected to be delivered during the pre-registration year. It would therefore be most useful for further research to explore the role of this year in practice on the professional socialization of pharmacists in the early stages following registration.

#### **8.3.2 Importance of pharmacist role models**

This study has reemphasised the importance of role models, where pharmacist role models in the practice setting seemed most important and influential. Pharmacist teaching staff appeared to be more important and have more credibility as role models than non-pharmacist teaching staff. Furthermore though, students perceived there to be a qualitative difference between academic pharmacists without a practice element and those who retained some patient facing practice (such as teacher practitioners). This differentiation has been identified previously in a qualitative study which explored how pharmacy students learn.<sup>20,22</sup> This study further supports findings from the United States in particular, which also support the strong influence of role models on the professional socialisation of pharmacy students.<sup>10,15,48</sup>

Despite the fact that both staff and students acknowledged that students would be exposed to good and bad role models in the academic as well as the practice setting, this was not necessarily seen as a problem. Students felt that seeing different kinds of attitudes and behaviours helped them make their own judgements on which attitudes and behaviours they found (un)acceptable or (in) appropriate and why. This would then inform which of them they would adopt for themselves, making this a more reflective process. Pharmacist teaching staff saw one of their roles as coaching students and supporting these reflections and judgements, by talking through them and offering possible alternatives. This applies one of the recommendations by the AACP Task Force on pharmacy student professionalism,

which encourages that students and staff have the opportunity to ‘debrief’ by discussing positive and negative aspects of experiences in practice.<sup>49</sup> This, they suggest, would allow students to manage the various forces they feel in their professional socialization.<sup>49</sup> Incorporating a more explicit ‘coaching’ and ‘debriefing’ role for teaching staff, particularly pharmacists, may be one way of managing practice exposure which cannot be entirely incorporated as part of the MPharm course until additional clinical funding can be secured for an integrated course.

## **8.4 *When, where and how is professionalism taught / learnt? – the ‘taught’ and the ‘received’ curriculum***

### **8.4.1 Professionalism learning needs to be integrated, grounded and longitudinal throughout the curriculum**

Findings from teaching documents, but particularly from teaching staff, students and also observations supported the importance of professionalism teaching (and students professionalization) starting as early as possible (in year 1) and continuing through the whole course. This meant that professionalism needs to be integrated, grounded and longitudinal throughout all four years of the MPharm course, whilst increasing towards the more professional practice elements in years 3 and 4. However, it also meant that it needed to be present throughout. This applied to clearly identified learning objectives, where elements of professionalism, including communication, for example, were identified as being taught / learnt. However, this also meant that professionalism needed to be ‘omnipresent’ both in timetabled classes but also in relation to learning and other behaviours. The existence of explicit codes and policies, and whether and how they were reinforced, also featured as important, and this is discussed in more detail under ‘organisational philosophy.’

### **8.4.2 Pharmacy Practice dispensing lab**

The class that was identified as delivering professionalism learning in a practical and applied way in the school environment was the pharmacy practice dispensing lab. These are professional practical classes, which are generally delivered by experienced practitioners and are aimed at allowing students to observe the norms of professional practice at first hand.<sup>20,21</sup> These aims were indeed identified in the course outlines and their aims & objectives in all three schools. However, the way these classes were delivered differed between the three schools. These differences related to the strictness and enforceability of codes of dress and attendance / punctuality. All schools imposed dress codes of clean white coats and some restrictions on clothing that might not be appropriate to be worn in a professional class, such as cropped or logoed T-shirts. Only one school, however, imposed a requirement for students to wear professional dress, and specifically did not allow jeans and trainers. Teachers, particularly in this latter school, recognised the importance of acting as role models in professional attitudes and behaviour, including dress and punctuality. The setting of these high standards was recognised, appreciated and enacted by students.

A second important difference lay in the way these classes were delivered in the three schools. Two required the whole prescription and dispensing process to be enacted, from identification of any problems, resolving these, to printing labels and handing products over to patients. Even though all of these elements were present in all schools, a particular difference was the use of role plays to actively enact the pharmacist – patient/carer or the pharmacist – other healthcare professional (mostly prescriber) interaction that would be required to resolve any problems. These role plays were only integrated as a regular feature in the PP dispensing classes in two of the schools.

### **8.4.3 Teaching styles**

Besides enacting encounters with ‘virtual’ patients or professionals, another way which appeared to encourage lateral thinking and problem solving skills, was the way in which teaching staff responded to students’ questions. Evidence for this came from observations, but also interviews and focus groups. What appeared to be a powerful tool used in all schools was to, rather than give the answer or solution, to respond with another question. These questions tended to be challenging and encouraging students to reach their own solution or decision. Teaching staff would use their questioning in a way which guided students through the process and thus helping them identify relevant knowledge and skills learnt previously.

Interestingly, this approach, or rather its reason and benefit, was not necessarily recognised by students as fostering professionalism, independent thinking and problem solving. There were some examples of students feeling like teaching staff were trying to catch them out or trip them up, rather than appreciating the value of being challenged and succeeding in solving a given problem. Nevertheless, it appeared that this approach did encourage students to rise to the challenge and achieve learning and problem solving in a more involved and active manner.

### **8.4.4 Communication skills**

When teaching and learning about professionalism, and particularly when assessing elements of it, there was a clear emphasis of doing this via communication skills. It was acknowledged that this was, in part, because good communication could more easily be defined, identified and hence marked. Furthermore, communication was identified as an important attribute of professional skill and behaviour by both staff and students. Indeed, it was the most commonly cited attribute of professionalism in interviews and focus groups. Any potential overemphasis on communication as a measure of ‘professionalism’ may require further exploration. Nevertheless, communication skills are an important professional skill. This is supported by one study which explored perception of senior health professionals in the NHS and showed that problems with communication skills were the most frequently reported type of poor performance.<sup>50</sup>

## **8.5 Assessing professionalism**

Both students and staff identified the difficulty of assessing professionalism, particularly with regards to summative assessment, where clear justification would need to be given for how marks were allocated. With a lack of a clear definition of professionalism in pharmacy, and even without clear descriptions of many attributes / elements of professionalism, defining assessable learning outcomes was seen as a challenge. Nevertheless, some assessment was in place, and this focussed, in particular, on communication skills. Some assessment of problem solving skills and reflection on practice and learning was also incorporated, by requiring the writing of reflective essays and the completion of reflective development portfolios.

In line with the earlier finding which acknowledged the importance of professionalism learning being integrated, grounded and longitudinal throughout the curriculum and this thus being a gradual process, there was a feeling amongst both staff and students that formative assessment had a stronger role to play. Through providing feedback and encouraging reflection, students were encouraged to review and improve their understanding and practice of professionalism throughout their 4 year course and beyond. They were thus encouraged and supported to develop and improve their understanding and practice of professionalism.

## **8.6 Organisational philosophy – integrated or diffused**

Through triangulation, and comparing and contrasting between data sources, groups of respondents and study sites, this study has devised a conceptual model of organisational philosophy with regards to professionalism. By not only describing the intended, taught and received curriculum in three schools of pharmacy, but also the extent to which these overlap, this study has identified elements that enable or hinder the learning and development of professionalism amongst pharmacy students. The setting of high standards with regards to professionalism appears to create the foundation for a strong organisational philosophy. The extent to which this is then implemented (through direct teaching as well as through the underlying framework of professionalism related policies and codes) and received, appears to depend on the extent to which the intended, taught and received curriculum overlap.

Where professionalism standards are set high, and a considerable overlap between these curricula is achieved, professionalism learning and the overall organisational philosophy appear integrated. This means that documentary teaching and course materials (the 'intended' curriculum) make explicit statements (with explanations) about professionalism related issues, such as professional attitudes and behaviours expected of students. The intended curriculum does, however, go beyond that captured in teaching materials or course outlines and also includes more indirect rules and policies around students' professional behaviour. Codes and guidance which address, for example, required dress, class attendance, behaviour during classes and/or examinations, academic dishonesty etc., are important ways to explicitly set (high) standards.

Teaching around professionalism (the 'taught' curriculum) then continues and confirms the standard and strength of explicit professionalism messages. This is

done through a variety of methods, where didactic teaching probably plays a lesser role. The enacting of professional behaviour, such as that observed in classes enacting encounters between pharmacists and patients or professionals, appeared one important vehicle. Another was the importance of good and strong role models, particularly of those who are (practising) pharmacists, but also of all staff teaching in the school. A further important factor was the consistency with which policies and codes were enacted, and whether the contravention of any code did actually lead to a documented consequence.

The setting of high standards, and the 'intended' and 'taught' curriculum overlap, exemplifying consistency, appears to guide the extent to which the intended and taught learning are successfully received by students. Or in other words, if the above two achieve strong overlap, it appears that the 'received' curriculum closely matches (overlaps) them as well.

This deliberation has led to the development of a conceptual model which attempts to describe the extent of overlap. Where overlap between the curricula is close, an 'integrated' organisational philosophy with regards to professionalism learning and development appears to be achieved. Where less overlap is achieved, organisational philosophy is more diffuse. Schools may then be placed along a continuum between integrated and diffused organisational philosophy. Indeed, previous text have iterated the importance of consistent messages about professional values, attitudes and behaviours for the successful learning about them.<sup>51</sup>

Furthermore, Hammer (2006)<sup>15</sup> also summarised that, several longitudinal studies in medicine and nursing had identified three main factors as most predictive of students' practice behaviour following their training. Besides the values, attitudes and behaviours with which they entered the programme, both the environment in which they learnt and role modelling of those from whom they learnt, were crucial.<sup>15</sup>

## **8.7 Conclusions**

This study has made an important contribution to the understanding of how professionalism is incorporated and learnt in the MPharm curriculum. Important elements appear to be that learning is integrated, grounded and longitudinal throughout the curriculum, and that what is expected from students is not only made explicit, but is also 'lived' by all staff in the school. Pharmacist role models play an important part here, but delivery of effective and successful professionalism learning appears to depend on a number of factors. Direct, and particularly practical and applied, teaching appear important, as well as an overall organisational philosophy which reinforces and 'lives' professionalism on a variety of fronts and levels.

The findings from this study support earlier previous recommendations which emphasise the importance of early professionalization and that the concepts of professionalism should be introduced to students from their first day in the pharmacy school.<sup>49</sup> Evidence for the importance of role models, particularly those who are not only pharmacists but also retain a patient facing element to their practice, is also

strengthened.<sup>20</sup> Nevertheless, learning of professionalism is informed and influenced by many factors. These are gained from practice experience which is often obtained through part-time and vacation jobs. Even though this lies organisationally outside of the undergraduate degree, experiences around professionalism from these can still be incorporated into school teaching. Debriefing and guidance by pharmacist tutors<sup>49</sup> may be an important element that could be incorporated more formally into the roles of such teaching staff.

Explicit statements, policies and codes appear to be an important part to support the development of professionalism (and professional identity), and it is hoped that the recently published code of conduct for pharmacy students<sup>44</sup> will go some way to setting standards. However, more detail may be required, and making the relevance of any policy to professionalism explicit may be as important as actually having such codes in place. Finally, implementing and 'living' the different elements of professionalism at a high standard and consistently through the school will contribute to a more integrated organisational philosophy which will support strong pharmacy student professionalism and professionalization. A closer overlap between the intended, taught and received curriculum can then be achieved.

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## 10 Appendices

### Appendix 1: Information sheet for student focus groups and teacher interviews

School of Pharmacy and Pharmaceutical Sciences  
The University of Manchester  
Stopford Building  
Oxford Road  
Manchester  
M13 9PT

October 2008

## Professionalism in Pharmacy Students' Views

### How are students 'transformed' into professional pharmacists?

We have obtained funding from the Royal Pharmaceutical Society for a study to explore how professionalism is being taught in UK schools of pharmacy, and this study has been approved by the University of Manchester ethics committee. As part of this we want to find out what pharmacy students like you understand by the term **professionalism** and how you think this is being taught and assessed in your pharmacy degree programme.

### Why have you been chosen?

You have been chosen because you are a **4<sup>th</sup> year MPharm student** at either [school A], [school B] or [school C]. These are our three study sites [...].

### What will taking part involve?

You will be asked to take part in a **focus group** with fellow 4<sup>th</sup> year students in your school. This will be arranged during term time (avoiding clashes with teaching) in a convenient room in your school. The researcher Ellen Schafheutle will contact you to arrange this. The **focus group** will last about one to one-and-a half hours and will be recorded. To show our appreciation for you sharing your time and views with us, we will provide drinks and snacks on the day, and will offer a £20 gift voucher to each focus group participant.

### Are any risks or benefits involved?

There will be no direct benefits to participants, but the information you provide will help us gain a better understanding of how pharmacy students view professionalism. This, in turn, will enable us to make recommendation on how to improve the way this topic is taught to future pharmacy students.

### Confidentiality

All information provided by you during the focus groups will be kept strictly confidential. The recording will be transcribed, and the audio-file will be kept in a securely locked cupboard and destroyed at the end of the study. Any information will have your name and address removed so that you cannot be recognised from it. The contents of the transcripts will only be viewed by the research team, and none of what individuals say will be fed back to the relevant schools or universities in a form that would allow the identification of individuals.

PTO

**What will happen to the results of the research study?**

The results will first be published in reports to the funding body, the Royal Pharmaceutical Society. They will also be published in professional and academic journals, but this can take a couple of years. You will obviously not be identifiable from any report or other publication.

**Do I have to take part?**

It is entirely up to you whether you want to take part or not. If you do not want to participate, you do not have to give a reason. Your MPharm studies will, of course, not be affected by your decision to participate or not.

**Contact for further information**

If you require any further information, or if you are concerned about any of the issues arising during the focus group discussion, please contact Karen Hassell or Ellen Schafheutle, School of Pharmacy, The University of Manchester, Oxford Road, Manchester M13 9PT. Tel: 0161 275 7493. [ellen.schafheutle@manchester.ac.uk](mailto:ellen.schafheutle@manchester.ac.uk) or [karen.hassell@manchester.ac.uk](mailto:karen.hassell@manchester.ac.uk)

**If you are happy to help with this research,  
please complete all sections of the enclosed reply slip.**

**Appendix 2: Information sheet for observations**

School of Pharmacy and Pharmaceutical Sciences  
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October 2008

## Professionalism in Pharmacy Students' Views

**How are students 'transformed' into professional pharmacists?**

We have obtained funding from the Royal Pharmaceutical Society for a study to explore how professionalism is being taught in UK schools of pharmacy, and this study has been approved by the University of Manchester ethics committee. We want to find out what pharmacy students like you understand by the term **professionalism**, and how it is being taught and assessed in your pharmacy degree programme.

**Why have you been chosen?**

We are conducting a number of observations of teaching sessions in the **3<sup>rd</sup> and 4<sup>th</sup> years of the MPharm** degree at [school A], [school B] or [school C] (these are our three study sites [...]). Teaching about professionalism may be both explicit and implicit, so not all teaching sessions will be specifically concerned with the topic of professionalism, and different subject areas will be involved. Clinical tutorials and dispensing classes have been identified by teaching staff as ones where such teaching will take place, and they have therefore been chosen for observation.

**What will taking part involve?**

The researcher Dr Ellen Schafheutle will be present as an observer and will be taking some written notes during one of these sessions. She will, however, try not to interfere with your teaching, so everything should be as normal. When taking notes, she will not be recording individual students' names or other details which could jeopardise confidentiality.

**Are any risks or benefits involved?**

There will be no direct benefits to participants, but the information the observations provide will help us gain a better understanding of how pharmacy students experience the teaching of professionalism. This, together with data we obtain from focus groups with students and interviews with teaching staff, will enable us to make recommendations on how to improve the way this topic is taught to future pharmacy students.

**Confidentiality**

All information observed and recorded during the teaching sessions will be kept strictly confidential. No personal identifiable information will be recorded or stored, thus ensuring anonymity of all participants. The contents of the observation fieldnotes will only be viewed by the research team, and none of what individuals say will be fed back to the relevant schools or universities in a form that would allow the identification of individuals.

PTO

**What will happen to the results of the research study?**

The results will first be published in reports to the funding body, the Royal Pharmaceutical Society. They will also be published in professional and academic journals, but this can take a couple of years. You will obviously not be identifiable from any report or other publication.

**Do I have to take part?**

It is entirely up to you whether you want to take part or not. If you do not want to participate, you do not have to give a reason. Your MPharm studies will, of course, not be affected by your decision to participate or not.

**Contact for further information**

If you require any further information, or if you are concerned about any of the issues arising during the focus group discussion, please contact Karen Hassell or Ellen Schafheutle, School of Pharmacy, The University of Manchester, Oxford Road, Manchester M13 9PT. Tel: 0161 275 7493. [ellen.schafheutle@manchester.ac.uk](mailto:ellen.schafheutle@manchester.ac.uk) or [karen.hassell@manchester.ac.uk](mailto:karen.hassell@manchester.ac.uk)

**If you are happy to help with this research,  
please complete all sections of the enclosed reply slip.**

**Appendix 3: Consent forms**

**Professionalism in Pharmacy**

Participant information number for this study: \_\_\_\_\_

**Consent Form**

Please initial box

1. I confirm that I have read and understand the information sheet dated ..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, [without my pharmacy studies] or legal rights being affected.

3. I understand that relevant sections of data collected during the study, may be looked at by individuals from the University of Manchester or from regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to these records.

4. I understand that the interview / focus group will be recorded, subsequently transcribed, and that extracts of anonymous quotes may be used in reports and other publications to illustrate the presented analysis. However, I will not be identifiable from any such text.

5. I agree to take part in the above study.

Name of Student [Staff]	Date	Signature

Name of Researcher taking consent	Date	Signature

When completed, 1 for participant; 1 for researcher site file

## **Appendix 4: Topic guides for student focus groups and staff interviews**

### **PROFESSIONALISM – Focus group topic guide – PHARMACY STUDENTS**

“to discuss the students’ perceptions and understanding of professionalism, how it has been taught and assessed, and how they think it prepares them for professional practice.”

The focus group topics below will be explored in relation to the three professionalism themes: intrapersonal (patients & health professionals) – public – intrapersonal [Van De Camp et al. 2004, 2006]

#### **1. What is professionalism in pharmacy?**

To discuss: Definitions, examples of good / bad professionalism: behaviour & attitudes:

Professionalism ∨ Poor professionalism – Unprofessional

- A value (or attitude) which exemplifies (un)professionalism
- A behaviour which exemplifies (un)professionalism
- A relationship with other people which exemplifies (un)professionalism

#### **2. Is there a difference between professionalism as applied to students versus pharmacists?**

- What would be a student’s professional behaviour? – discuss same items as above.
- Does it only apply while in the school or also outside – what about extra-curricular activities / behaviours?
- How do you see your own role and responsibility in being professional (now and once working in practice)?

#### **3. Where and how do you think you have been taught ‘professionalism’ in your school?**

- Any particular courses? Where in the curriculum?
- Who teaches about professionalism (pharmacists / practitioners – other staff)?
- How is it being taught?
- How can teaching staff foster professionalism amongst students?
- What about role models
  - o Which behaviours encourage and support your own professional behaviour, which do the opposite?
  - o What makes them role models (or the opposite)?
- Any areas where the opposite is achieved – ‘un-professionalism’ – and how does this impact?
  - o Do they affect what you do?
- Could you sum up the ‘culture’ of this school with regards to ‘professionalism’?
  - o For ex, collegial atmosphere, good role models,
  - o Student & staff behaviour
  - o The environment

**4. Whose responsibility is (the teaching of) 'professionalism'?**

- students
- teachers (non-pharmacists v pharmacists / teacher practitioners)
- RPSGB
- Outside factors – what? Extracurricular activities?

**5. Is professionalism being assessed – and how?**

- Do you think professionalism (as applicable to student or practitioner) is being assessed in your school?
- Can you describe how? What is being assessed? (Explicitly or implicitly)
- Can one fail? Examples?
  
- Can you describe routines or procedures ('culture') in your school that enable or hinder (or assess) professionalism?
  - o Are you aware of the following policies, and if so, how are they enforced?
    - Fitness to practise
    - Work & attendance committee
    - Plagiarism

**6. How does teaching (of professionalism?) prepare you for professional practice?**

- What do you think being a 'professional' pharmacist will involve?
- Do you feel your MPharm course prepares you adequately for this?
  - o What's good? - What's not so good / lacking?
  - o What could change?
  - o What could be tried?