

Professionalism, Ethics and Empathy: What Pharmacy Schools Can Learn from the Medical School Experience

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Abstract

In the education of pharmacy students, it is essential that they develop a professional ethos centered on patient care. This professional ethic is one that requires the pharmacist use moral reasoning and empathy for patients in making ethical decisions. The pedagogical question for the pharmacy profession is how do we develop a professional attitude in our students? Unfortunately, the pharmacy literature does not provide a coherent body of information on the teaching of professionalism, including ethics, empathy and moral reasoning to our students. Therefore, the author has reviewed the medical teaching literature to identify strategies that aid students in developing professional attitudes and behaviors. The results of this review illustrate that many different interventions have been developed to address these issues. However, only a limited number of interventions actually demonstrate significant differences in student attitudes. The most efficacious practices include small group and active learning models. It is suggested that those methods, which enhance students' professionalism, could be incorporated into pharmacy curricula to increase professional attitudes in pharmaceutical care practitioners.

Key Words: Professionalism, ethics, empathy, moral development, pharmacy schools

Introduction

As pharmacy practice has expanded from dispensing in the retail setting to providing pharmaceutical care, the need to develop a professional ethic centered on empathetic patient care has become urgent. Pharmacy is a profession, whose role has historically been defined by its relationship with the health care system.[1] With the rise of the pharmaceutical industry after World War II, the primary responsibility of the pharmacist was the safe and accurate dispensing of drugs prescribed by the physician. Recent changes in the health care industry have led to a shift in the way that pharmacists view their professional obligations. This paradigm shift holds that it is patient care, not just drug dispensing, which defines the professional responsibilities of a pharmacist.[1] The new focus on patient care as the primary responsibility of the pharmacist requires that the practitioner expand their role in caring for patients.

This patient-centered focus also requires the professional to develop an expanded sense of professionalism. The importance of professionalism to pharmacy in the 21st century was the subject of a recent White Paper published by the American Pharmaceutical Association Academy of Students of Pharmacy - American Association of Colleges of Pharmacy Council of Deans Task Force on Professionalism (APA-ASP/AACP-COD Task Force). Within this document, the Council defined 10 characteristics of a profession and 10 traits of a professional. The characteristics and traits identified by the APA-ASP/AACP-COD Task Force can be compressed to those identified by many other writers, who define a profession as having three basic characteristics: expert knowledge, self-regulation and a requirement to place the needs of the patient or client ahead of the self-interests of the practitioner.[2-5] In the health care professions, empathetic caring is added as an additional component.[1-5] These qualities and traits are articulated in the Oath of a Pharmacist,[6] which also asserts that pharmacists will maintain the highest principles of moral, ethical and legal conduct, in carrying out their professional responsibilities.

Although most pharmacists assume that all practitioners follow these principles, the public has recently become alarmed by dramatic evidence that this is not always the case. Recently, a

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Kansas City, Missouri pharmacist pleaded guilty to diluting drugs delivered to cancer patients for his own financial benefit.[7] In addition, other reports of unethical and illegal behavior by practitioners, such as Medicaid fraud, suggest that the ethical and moral tenets of professional behavior, as well as the culture of empathetic care-giving, is not fully developed in all pharmacists.[8] With the adoption of the Doctor of Pharmacy as the sole entry-level degree for pharmacy, the inculcation of professionalism in pharmacy students is more important than ever. This is true because recent studies have demonstrated a lack of professional socialization amongst pharmacists and pharmacy students.[9] The question for pharmacy educators is how do we instill a sense of professionalism in our students?

The development of a professional ethos, embodying caring, morality and ethical behavior, in both pharmacy and medicine occurs through a process that Miederhoff calls professional socialization.[9] Unfortunately, because this socialization often occurs as an implicit part of the education experience, embedded in a "hidden curriculum," the outcomes are often different from that which is desired.[1,2,9-11] Miederhoff contends that there are conflicting forces in socializing pharmacy students, including faculty, practitioners and peers.[9] Additionally, pharmacists must contend with two different professional identities, businessperson and health care professional.[11,12] Because socialization occurs in so many settings under a number of different influences, there is a lack of consistent socialization leading to students and pharmacists who demonstrate an inadequate professional ethic.[9,11] In addition, while pharmacy faculty speak of pharmaceutical care and patient-centered values, the majority of our students will work in product centered (often retail pharmacy) settings. This conflict between academia and the workplace, leads to the confusion, frustration and dissatisfaction that is observed as a lack of professionalism or as professional disillusionment.[12-14] A similar situation has been observed in medical students, where medical education has been shown to decrease the innate altruistic and humanitarian virtues of individuals entering medical school;[2,3,5,10,15-20] thus, in both medical and pharmacy schools achieving a caring professional ethos is a challenge that must be addressed.

Recently, there has been increased recognition that professional attitudes are necessary for the delivery of pharmaceutical care and the importance of empathy as an essential element of pharmaceutical care has been acknowledged.[1,11] However there has not been a consistent effort within the pharmacy community to examine the best way to nurture the quality of caring in students and help them to develop a professional ethos. Because of a lack of data on professional socialization of pharmacy students, the experience of medical educators in developing methods for inculcating appropriate professional attitudes among students may be instructive.

As the profession of pharmacy enters a period where the emphasis is on patient care, rather than solely on dispensing, pharmacy education is emulating many of the features of medical education, including clerkships, residencies and fellowships. Medical educators have found that professional health care concepts of ethics, altruism and caring can be taught in an explicit or in an implicit manner.[15] However, it is the unspoken socialization process, that occurs as part of the educational experience that appears to be most powerful in shaping student attitudes.[1-3, 5,11,13-18] In medical education literature, solutions to the problem of producing caring professionals are numerous and include: modeling the desired behavior,[2,3,5,21] courses in ethics and/or empathy, [4,5,22-26] specific teaching styles,[19,27] early patient experiences,[28, 30] supporting moral development [8,18] and generally creating a professional atmosphere. [2-5,22] The pharmacy education literature advocates developing faculty-student relationships that are characterized by cooperation and respect, early experiences with patients, mentoring, use of the Oath of a Pharmacist, and the white coat ceremony as mechanisms for developing professional attitudes.[1,11] All of these courses of action have been attempted with varying degrees of success by medical educators. The pros and cons of the modalities used to mold attitudes and behaviors will be discussed below.

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Modeling Behaviors

Among physicians, the concept of experienced physicians modeling professional behavior for residents and students is considered an important mechanism for teaching compassionate patient care. [2,3,5,19,30,31] However, the ability of students to recognize and incorporate the modeled behavior is often inconsistent. In fact, studies looking at modeling report that unprofessional behavior, in house staff and students, occurs as often as once an hour. [2,31] These behaviors include disrespect for patients, not completing a physical examination or ordering appropriate laboratory studies, and hostility and rudeness to patients or to other health care professionals.[30-33] In the clinical setting, many of these behaviors go uncorrected because attending physicians are uncomfortable giving negative feedback or because their corrections are not recognized as such by students. In interviews of students and mentors, it was observed that students often failed to recognize correction of inappropriate behavior. The students did not notice the occurrence of non-verbal signals, such as facial expression or body language, so while the mentor thought that they were correcting behaviors, these corrections were unrecognized and therefore invalid mechanisms for behavioral change. Other forms of correction of unprofessional behavior included the mentor using humor, which was interpreted by the student as approval of the behavior, identification of professional behavior as being in the self-interest of the student or medicalization of the situation and downgrading the behavior. Interviews with students following each of these interventions/corrections indicated that the students did not realize that they were being corrected and in fact, believed that the mentor approved of their behavior.[33] Another study found that while compassion and accountability were often taught as part of the hidden curriculum, interprofessional respect and service to the community were taught as negative values, rather than positive ones, and that honesty, integrity and self-policing were not a part of the curriculum at all.[2] So, these results demonstrated that in the implicit curriculum, values that are explicitly stated as being important are either not taught or taught in the negative during experiential medical programs. The conclusion therefore is that implicit modeling of professional behavior does not teach the students the desired professional ethos.

A different study demonstrated that appropriate professional behaviors could be taught through explicit mentoring using training in empathy skills, and acknowledgement of both professional behaviors and attitudes.[21] The authors concluded that it was the fact that expected behaviors were discussed, modeled and then assessed that led to a positive change to professional behavior. Even though pharmacy schools have extensive experiential learning programs, through early experience, clerkships, and residency programs, similar studies on the effects of modeling professional behavior for pharmacy students (explicitly or implicitly) are not available. From the studies at medical schools, it may be concluded that professional values can be effectively transmitted when discussed explicitly with students. These studies also recommended that explicit discussions in small group sessions accompany the modeling of professional behaviors. [2,21,33]

Courses

Since relying on the hidden curriculum results in inconsistent professional socialization [1,2,9-12] and modeling is often ineffective, [3,5,30] medical schools have looked at the effect of courses designed to teach ethics and/or empathy [3,4,22-26] and at the effect of different teaching styles on development of empathy and affect tolerance. [19,27] The data from each of these approaches will be examined separately.

Ethics

While the teaching of ethical professional behavior is valued, there is no single solution for development of courses in professional ethics. The goal of medical ethics education is five-fold

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and includes providing students with the ability to: recognize the humanistic and ethical aspects of practice; affirm their personal moral commitments; understand the appropriate philosophical, social and legal foundations of practice; apply personal knowledge in clinical reasoning; and interact with patients to apply their knowledge and insights in clinical care.[23] These are also the goals of teaching ethics to pharmacy students, especially when pharmacists have increased responsibility for patient care. [25] However, a literature survey suggests that the development of core curricula for courses in ethics in pharmacy schools lags behind that of medical schools. The pharmacy schools' published curricula for ethics courses are more theoretical and business-based, rather than patient-centered, [5,10,25,26] while the medical school curricula are more patient-oriented.[23]

A recent innovative course at Tulane University Medical School integrates teaching of professional values and medical ethics across the curriculum during the four years of medical school.[22] In addition to explicitly integrating the ethics course through the entire curriculum, it is experienced by permanent teams made up of students in each of the four years with faculty facilitators and mentors. This integrated and team approach provides a safe, stable learning environment and continuity throughout the medical school experience. In addition to didactic work, the students had the opportunities for small group discussion and role-playing, as well as time for personal reflection and introspection. In addition, each exercise had clearly defined goals. These exercises were evaluated by questionnaires following each exercise and the authors reported that this was a successful mechanism for teaching medical ethics. In contrast, the authors found that large-group exercises with limited discussion and participation were ineffective for teaching desired attitudes and behaviors. Unfortunately, other integrated programs have been less successful. A series of integrated courses at the University of Glasgow Medical School showed that teaching ethics over three years was not significantly better than a single year of instruction. The authors attributed the lack of gain in ethical reasoning in the latter years of the program to two factors. The first factor that the authors cited was that during first year, the ethics teaching took place in small classes with time for discussion. While in the second and third years, the ethics was taught in a large lecture format without the opportunity for active participation. The second factor that the authors felt contributed to failure to gain skills in ethical reasoning was the lack of formal assessment in these years.[34] Thus, in two courses designed to integrate teaching of ethics across a medical school curriculum, both sets of authors concluded that teaching these concepts in small groups with opportunities for discussion was more effective than teaching the same material in large lecture settings.

Pharmacy colleges have been less likely to develop required courses that explicitly teach ethics. Reports from pharmacy education journals include surveys of pharmacist and pharmacy student attitudes concerning ethical dilemmas in pharmacy. These surveys reveal that both groups are concerned about patient welfare, but students were less concerned about issues of economic self-interest [30] (this could and does lead to pharmacists acting in their own self-interest, rather than in the interest of the patient[7]). Literature on courses related to pharmacy ethics described teaching ethical theory and developing student skills in defining and solving ethical dilemmas,[35, 36] general classroom considerations with regard to course content,[36, 37] and integration of case studies and discussions into clinical clerkships.[38] The effectiveness of most of these interventions has not been studied. The only study that examined the effect of the intervention on students' ability to make ethical decisions was the one that integrated case studies and discussion into clinical clerkships. The authors found that integrating ethics into clinical clerkships sensitized pharmacy students to ethical issues, but did not increase the students' ability to practice ethical, patient care or justify patient care decisions[38] as assessed by questionnaires of responses to ethical dilemmas. A preliminary study at Albany College of Pharmacy examined students' responses to ethical dilemmas after a single lecture and discussion session and after 45 weeks of clerkship training, where ethical decision-making was modeled, but not explicitly discussed. The lecture focused on autonomy, beneficence, non-maleficence and justice. The results of this study revealed that for cases involving assisted suicide, pharmacist resignation following a medication error and sedation of unruly patients, there was not a significant change in

student responses to the case study. However, significant differences were found when students were asked about rationing high cost drugs, although this did not correlate with a single training phase. In addition, following the lecture and clerkship there were changes in the student responses to recommending hormone treatment to allow parole of sex offenders. The authors concluded that a single lecture and discussion with a group of 20-40 students does not alter their ethical decision-making and that clerkships without explicit discussion of ethics also do not alter students' ability to make ethical decisions. The authors suggested that a consistent, intentional and ethical component should be included in pharmacy education. In addition, they recommended that it be a part of the clerkship experience.[38]

Surveys of course content of ethics programs in pharmacy schools, reveals that they are theoretical and often business-oriented, [35, 36] and pharmacy colleges as a whole have not developed the core patient-centered curriculum in ethics that the medical schools have developed. [23, 34] Courses that focused on patient-centered dilemmas would enhance patient-oriented pharmaceutical care skills. As discussed above, the most successful of medical school programs suggest that the goals of an ethical curriculum are best achieved through the use of long-term, stable small group educational experiences shared with faculty mentors.[22,34]

Empathy

Empathy is defined as the action of understanding, being aware of, being sensitive to and vicariously understanding the feelings, thoughts and experiences of another.[40] It is generally believed that empathy is a required trait for delivering compassionate, patient-centered care.[23] Therefore, programs have been developed to increase student empathy. At medical schools, these programs were developed in response to repeated reports that student empathy decreases over time. [2,3,10,15-17,41,42] Approaches for increasing empathy in students include specific courses on empathy and communication, [24,43-45] early patient experiences [28, 29,46-50] and specific teaching styles. [19,27]

Courses on empathy usually focus on communication skills, teaching students how to interview a patient and respond with empathetic responses.[24,43] With medical students, it was found that approximately 80% of students felt that the course made them better prepared to conduct patient interviews. However, objective testing showed that only about two-thirds of the students actually improved in their ability to make empathic responses to patient statements, as measured by analysis of interviewing skills.[24] When evaluating the effectiveness of workshops on developing empathy, another group found that only students attending small interpersonal skills workshops gained in empathy; therefore, having teachers participate in the workshop and transmit the information was not effective. Again, the skills assessed were demonstration of empathetic responses in patient interview situations.[43]

Structured courses on communication and empathy have also been offered to pharmacy students. [44, 45] Reports of these courses demonstrated that communication skills aided in recognition of empathic responses and increased empathic listening in pharmacy students.[44] While specific empathy training significantly increased the ability of students to respond empathetically to clients, it did not enhance their ability to appropriately counsel patients.[45] In both instances these results were based on student responses registered in situations that measured patient interaction and counseling skills. This finding is consistent with the reported results that training clerkship students in ethical dilemmas does not increase their ability to solve the problem or justify the solution.[38]

The importance of patients in the education of health professionals has long been recognized.[46, 47] A report by Spencer et al [47] provides a framework for evaluating the role of patients in educating health care practitioners. This report deals with the role of a patient, rather than a standardized or simulated patient (actors or individuals trained in appropriate responses to

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questions found in medical interviews) in medical education, and suggests that real patients have a great deal to contribute to the educational process. However, there is little data on the value of real, rather than simulated patients. Another report suggests that real patients may indeed be better than standardized patients, because students have trouble developing empathy with standardized patients due to failure of the standardized patient to convey emotions realistically. [48] Four reports deal directly with the ability of students to develop empathy with patients and three of these take place in an outpatient setting and one involves a hospitalization experience.[28,29,49,50] In one report, students are assigned as "navigators" for patients diagnosed with cancer. It is the student's job to help the patient find the clinic and to simply be with the patient through physician encounters and treatments. This was a one-on-one experience and most students reported it to be a positive learning experience.[28] This type of experience is challenging to administer because of its individualized nature. At other universities and teaching hospitals, standardized patients or more correctly, actors portraying patients, are used as a way to teach interviewing and examination skills to students.[49, 50] The use of actors as standardized patients was initiated by Brown University and has been copied at the State University Medical Center in Syracuse. In general, students, patients and clinical instructors report high levels of satisfaction with this teaching method. While there was no data available on measures of empathy, the program provided rapid feedback to the student and in a controlled environment. Because the patients are actors, the students actions will not harm the patient and because of the actors it is likely that the emotional content of the visit is more realistic than with a simple standardized patient.

Medical students may also become acquainted with a patient's experience by becoming a patient themselves. This exercise was developed at UCLA and based on anecdotal evidence that physicians' attitudes were altered following their own hospitalizations.[29] For the experience, nine second-year medical students were admitted to the hospital for problems ranging from dehydration secondary to AIDS related diarrhea, acute back pain following an automobile accident and acute loss of consciousness for several minutes following a fall from a ladder. The admission teams were blind to the experiment and students in general were treated as real patients. Following admission and discharge, the students were surveyed for their responses and shared the experience with other second-year students. Key ideas that emerged from the students' experience were a profound loss of privacy; distress at the coldness and distance they felt from the medical staff and appreciation for the quality of care and caring attitude provided by the nursing staff. Following the experience, students also reported that they would be interested in improving the human aspects of patient care. According to the authors, while this experience appeared to be highly worthwhile for the students, it is both time and money intensive.

None of these studies examined student empathy or patient-oriented behavior before or after the experiences. Therefore, the use of patients or standardized patients, to teach empathy and patient-care skills, has not been evaluated beyond examining student attitudes. While these experiences would seem intuitively to increase empathy, there is no objective data that this is true.

The effect of specific teaching styles and methods on empathy has also been studied. [19,27] Comparison of pedagogical methods such as problem-based learning (PBL) with more traditional teaching methods, demonstrated that PBL increases affect tolerance, an important prerequisite to empathy.[27] While the authors concluded that it was the PBL that provided the students with the skills to recognize and respond to their own emotions, the students in the PBL groups had more small-group interactions than did the students in the traditional program. Therefore, it may be the small groups that facilitate increased affect tolerance and empathy, not the PBL. This possibility was not corrected in the analysis of the data. Another study compared a medical college using PBL with three colleges that taught in a traditional manner.[19] The authors found that students at the college using PBL believed their teachers to be more humanistic, caring and concerned about their patients. Although this is a student impression, the faculty may or may not be more

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humanistic at schools using PBL. In most cases the differences between students in PBL and traditional lecture environments was not statistically significant. However, the trend was in favor of the faculty at the PBL-based school having more humanistic attitudes than did those in the traditional school. It should be noted that at the PBL-based school, class size was smaller and students had more small group contact with their instructors. Again, while the authors did not consider this in their discussion, the smaller class size may have contributed to the students' impressions. Therefore, differences in results may be attributable to smaller class size rather than the method of instruction.

Moral Development

Research also supports enhancing moral development or reasoning as a mechanism for enhancing empathetic patient care.[8,18] Clinical performance has also been correlated with moral development, the higher the individual's moral development, the more likely they were to have good clinical skills.[8] Branch has found that the process of moral development is inhibited by the medical school culture and that the opportunity for internal reflection is able to help students deal with the dissonance created by the clash between their personal values and the "ward culture." [18] By providing educational opportunities for critical reflection, in small groups, the students are better able to maintain their personal moral development and maintain or increase their empathic skills. While the goal of these programs is critical reflection and moral development, Branch emphasizes the importance of small group interactions with specially selected, caring faculty mentors, in the process of moral development.[18] With regard to pharmacy, when Latif and Berger compared pharmacy students' moral development scores with clinical performance, they found that the practitioners with the highest moral development make the best clinical decisions.[8] Latif and Berger did not attempt to modify the moral development of the students whom they surveyed. In their conclusions, they recommend developing coursework to stimulate moral reasoning and using scores of moral reasoning ability as a criterion for admission to pharmacy schools.

Personality Characteristics

The idea of using moral reasoning as a criterion for admission suggests that some students are naturally more able to be empathic than are others. In fact, while some studies have shown that medical students' empathy scores decrease over time, other studies suggest that these scores may be relatively stable and related to personal characteristics. [42,50,52,53] Newton, et al[42] have shown that while men's empathy scores fall between the third and fourth year of medical school, women's scores do not. However, students' empathy scores are also related to their clinical preferences, with those going into primary care professions (family medicine, pediatrics and general internal medicine) scoring higher than those going into specialty practices.[42,51,52] Those individuals who scored highest in clinical competence also scored highest for empathy, paralleling the results seen in moral development scores. Empathy scores and clinical competence did not correlate with any standardized test measure, such as the MCAT.[53] Thus, the best correlates for clinical competence appear to be empathy and moral reasoning.[8,53] Pharmacy educators have also found that empathy levels correlate with performance in simulated patient-pharmacist interactions.[54] The higher the level of empathy on a forced choice scoring system, the more likely the student was to successfully counsel a patient in a simulated situation. The authors suggest that using empathy as a criterion for selecting pharmacy students, will improve clinical performance and enhance clinical care.

Creating a Professional Atmosphere

Finally, many advocate for creating a professional atmosphere as a mechanism for stimulating professional behavior.[3-5,22] These individuals suggest that creating a professional setting will result in students developing professional attitudes. Surveys reveal that professionalism is

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"taught" in a number of different ways ranging from isolated white coat ceremonies, to stand alone courses, to integrated courses.[3-5,22] These techniques may not always be adequate or appropriate. For example, white coat ceremonies, which have also been adopted by pharmacy schools, may not always teach or reinforce the professional behaviors we seek. Russell[55] suggests that by using the white coat as a sign of professionalism and care, the professions (medical and pharmacy) may be tacitly teaching students that what counts is the white coat, not their behavior. The author asserts that this ceremony fosters a sense of entitlement where authority is vested in the clothes, not in trust in the practitioner. If this is indeed true, white coat ceremonies are an impediment to the moral development of our students, teaching them that it is the appearance, rather than the attitude that makes a person a professional.

Conclusions

While many solutions have been posed to the problem of how to develop and/or maintain the empathetic professional ethos of medical and pharmacy students, most have not demonstrated efficacy in altering attitudes or behavior. In reviewing the literature on professionalism, ethics and empathy in these students, the most consistent finding across all the methodologies was that of class or group size. Students developed professional caring attitudes in small group learning experiences led by caring professional educators who modeled humanistic attitudes for their students. Even in studies that reported finding differences due to teaching methodologies might have been observing effects due to the availability of small group interactions.

In general, explicit instruction in professional behavior, empathetic responses and ethics achieved results only when linked to instruction in small groups with opportunities for discussion and active learning. In contrast, implicit modeling, instruction in large and lecture format settings did not result in any of the desired professional behaviors. These methods did not increase student professionalism, empathy or ethical reasoning. Course work in professionalism, ethics and empathy should be integrated in the curriculum and the class goals should be explicitly stated. In addition, course work to develop professional attitudes and skills should involve meetings with the same group of individuals in order to build a learning environment based on trust. Within the course on ethics and professional attitudes, students should have the opportunity for active learning through discussion and personal reflection on the concepts being presented. Thus, if the faculties of pharmacy schools want our students to care about their patients, the faculty and institutions must treat students in a manner that explicitly recognizes, respects and appreciates their humanity and instruct them in small groups where they can safely observe, explore and develop the behaviors the faculties most desire.

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