

Civility and Professionalism

Dana P. Hammer

INTRODUCTION

Professionalism is a topic that has received a fair amount of attention in recent years in health professions education. And, with this collection devoted specifically to civility in pharmacy education, it seems appropriate to look at the relationship between professionalism and civility. The concepts of professionalism and civility certainly seem interrelated, if not equal on some levels, and as a reader of these types of articles, you might be asking yourself, "What exactly is the difference between civility and professionalism?" Although there is much overlap between these two concepts, there are distinct differences as well. This article will explore the relationship between civility and professionalism, discuss approaches to handling incivilities and unprofessional behavior, and provide strategies for cultivating civility and professionalism in our students.

THE RELATIONSHIP BETWEEN CIVILITY AND PROFESSIONALISM

This section begins with a discussion of the complex concept of professionalism to clarify the distinction between it and civility. *Merriam-*

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Webster's Collegiate Dictionary gives one definition of professionalism as "the conduct, aims, or qualities that characterize or mark a professional or a professional person" (1). The "White Paper on Pharmacy Student Professionalism" defined it as "the active demonstration of the traits of a professional" (2). Others have described professionalism as "constituting those attitudes and behavior that serve to maintain patient interest above [physician] self-interest," and "displaying values, beliefs and attitudes that put the needs of another above your personal needs" (3, 4). It has also been written that:

Professionalism is displayed in the way pharmacists conduct themselves in professional situations. This definition implies a demeanor that is created through a combination of behaviors, including courtesy and politeness when dealing with patients, peers, and other health care professionals. Pharmacists should consistently display respect for others and maintain appropriate boundaries of privacy and discretion. Whether dealing with patients or interacting with others on a health care team, it is important to possess—and display—an empathetic manner. (5)

Although these definitions of professionalism are given mostly in terms of attitudes and specific behaviors of professionals, the origin of the concept was based on somewhat different attributes. Social science literature of the 1950s and 1960s defined professionalism based on the possession of certain characteristics: professions and professionals possess sets of *structural* and *attitudinal* attributes that distinguish them from occupations and members thereof (6-11). Structural attributes of professions and professionals include:

- Specialized body of knowledge and skills
- Unique socialization of student members
- Licensure/certification
- Professional associations
- Governance by peers
- Social prestige
- Vital service to society
- Code of ethics
- Autonomy
- Equivalence of members
- Special relationship with clients.

Attitudinal attributes of professionals were described as:

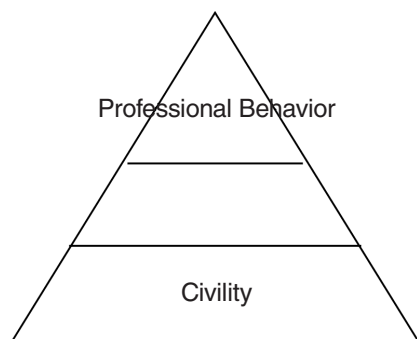
- Use of the professional organization as a major reference, i.e., using professional colleagues as the major source of professional ideas and judgments in practice
- Belief in service to the public, i.e., one's professional practice is indispensable to society and benefits the public
- Belief in self-regulation, i.e., one's peers are the best qualified to judge one's work
- Sense of calling to the field, i.e., dedication to the profession regardless of extrinsic rewards
- Autonomy, i.e., one can make professional decisions without external pressures from clients, nonprofessionals, and employers.

Thus, upon review of the literature we can determine that professionalism is a complex composite of structural, attitudinal, and behavioral attributes. No wonder the concept is so broadly used and widely interpreted by professionals, members of occupations, and consumers in any given society! A broader definition of professionalism that attempted to encompass all of the aforementioned characteristics was offered by this author in a previous paper: “[Professionalism] is the possession and/or demonstration of structural, attitudinal and behavioral attributes of a profession and its members” (12).

To contrast this definition with that of civility, we turn once again to *Merriam-Webster's Collegiate Dictionary*, where civility is defined as: “1 *archaic*: training in the humanities, 2 a: courtesy, politeness b: a polite act or expression” (13). Definitions 2a and 2b seem most applicable to our current discussion. These definitions of civility could be categorized as *behavioral* attributes of professionalism; thus, civility is a *component* of professionalism.

If we think more broadly about the concept of civility, however, civility could be considered a basic set of accepted behaviors for a society/culture upon which professional behaviors are rooted. In other words, civility must be present to have professionalism. It is the minimum set of standards for professional behavior; it serves as the foundation for professionalism (Figure 1). We would expect most members of a given culture or society to exhibit at least civil behaviors, but more “professional” members of that society/culture would be expected to consistently exhibit civil behaviors as well as professional behaviors. For example, communicating articulately, relating empathically, practicing ethically, exceeding expectations, and putting others' needs above

FIGURE 1



one's own might be considered professional behaviors—they go beyond what we might consider civil behaviors. A society/culture may not expect all of its citizens to demonstrate the aforementioned behaviors, but it may expect its members to demonstrate, at minimum, respect toward one another, for example.

Another way to describe the relationship between civil and professional behavior is to examine the *frequency with which* and *degree to which* civil behaviors are demonstrated. A more “professional” person would be expected to demonstrate civil behaviors more often and to a greater degree than a nonprofessional person—behaviors such as respect, politeness, and courtesy. Societies desire to hold their professionals to higher standards of behaviors. To illustrate this, just think of how much media attention is devoted to a professional person if that person demonstrates unprofessional behavior (e.g., Bill Clinton, O. J. Simpson, Jim Baker).

Although a clear distinction between civility and professionalism may still not be evident, suffice it to say that without civility there cannot be professionalism. Professionalism is civility at a “higher” level—exceeding expectations versus meeting them. Also, one may be civil in attempting to get one's own needs met, but the same behavior may be unprofessional. As an example, a pharmacist may politely and respectfully give a patient her medication without any counseling. This would be civil, yet unprofessional due to professional codes of conduct. It is important to remember that civil and professional behaviors are defined by society, culture, and generations. Thus, what is considered civil or professional in one culture may not necessarily be considered civil or professional in others. This is easily illustrated if you think in terms of

generational values: what is considered acceptable and appropriate changes as we advance in age. It is perfectly acceptable to Generation X to have a pierced eyebrow, while the grandparents of Generation X find the same practice offensive and unprofessional. Thus, the relationship between civility and professionalism may differ, depending on a society's values.

APPROACHES TO HANDLING INCIVILITIES AND UNPROFESSIONAL BEHAVIORS

This section describes “macro” approaches for handling incivilities and unprofessional behaviors such as the negative behavior/punitive approach, positive behavior/reward approach, a combination approach, and the “do nothing” approach. This section also discusses methods for establishing which approach or approaches will be used in a given course or institution. Other articles in this volume discuss more specific response strategies depending on the negative behavior demonstrated.

Negative Behavior → Punitive Approach

“Bad dog” (13). The basic tenet of this approach is that a subject should be punished for demonstrating an undesirable behavior. The source of motivation, then, for subjects *not* to participate in these behaviors is that there is punishment involved. This approach is usually practiced in societies and cultures where the “norm” or minimum expectation(s) is/are always expected to be met. Action occurs only when an assumption or norm is violated. Consider the case of pharmacy education. Unwritten expectations/assumptions of our students are that they will act as mature adults, value their education, and treat others with respect. Thus, when a student is caught cheating, there is a punishment involved. The clerkship student who consistently arrives at the practice site late and unprepared is marked down on the clerkship evaluation form. These students are usually the 10% (or less) who consume 90% of a faculty member's time (tongue in cheek). With the negative-punitive approach, guidelines or minimum expectations are not always explicitly articulated to the population; they are simply assumed to be known.

Positive Behavior → Reward Approach

“Good dog” (13). The basic tenet of this approach is that a subject is rewarded when it demonstrates a desired behavior. The source of motivation, then, for subjects to demonstrate these behaviors is that there is a reward involved. This is not to say that the only time subjects demonstrate the desired behaviors is when there is a reward involved, but it can serve as the motivating factor for some subjects. This approach is usually practiced in cultures where the “norm” is that of *not* meeting or exceeding expectations for behavior, so a reward system is established to create motivation for them to do so. Consider the case of an alternative education program for convicted juvenile offenders. Because many of the offenders may not consider education important, instructors may offer field trips, prizes, or bonus points to those students who choose to have perfect attendance in class. In pharmacy education, the “good dog” approach may be illustrated as scholarships, “A” grades (although some students *expect* to receive A’s), extra credit, a day off from class, and other rewards. With the positive-reward approach, goals and expectations are usually defined so that students know what the “target” is and what they need to do to attain the reward.

Combination and “Do Nothing” Approaches

Most educational programs use a combination of the negative and positive approaches to avoid negative behaviors and promote positive ones, although these approaches may not always be explicitly articulated as such. However, in the past there may not have seemed as great a need to establish punitive and reward systems to help govern behavior in educational programs. It was “known” that education was a privilege, not a right, and that hard work was expected to learn as much as possible and take advantage of the opportunity to be educated. Educational programs in the past may have subconsciously employed the “do nothing” approach. There was no need to punish undesirable behavior or reward positive behavior because the norm was that all subjects met and/or exceeded expectations to the level of their ability.

***TOP-DOWN OR BOTTOM-UP:
WHICH APPROACH IS MOST SUCCESSFUL?***

The process of establishing guidelines for behavior and its subsequent punishment or reward is fundamental in guiding a system’s suc-

cess or failure. Consider the first year, first semester pharmacy class. Because these students are unfamiliar with the school's program, it is appropriate for the faculty and administration to design and implement guidelines for expected behaviors. These are then presented and made explicit to students so that there is no question what the school expects of them. On the other end of the continuum, as these students progress through the program and become more mature students (some mature to a higher level and faster than others), it may be appropriate to let *them* determine what the expectations for their behavior should be and how it should be rewarded and/or punished, if at all. The latter idea supports principles of adult education and also illustrates the concept of "buy in"—if they help create it, they are more likely to support/abide by it.

Consider the example of the Professional Skills Development course sequence at the University of Colorado Health Sciences Center School of Pharmacy. In the first semester of the first year, the course instructors determine the dress code for the course and the consequences of not adhering to the dress code. In the second year of the course sequence, the instructors make minor modifications to the dress code with students' input. The third year of the course has students determining their own dress code. Lo and behold, it looks amazingly similar to the codes from previous years. The students have matured professionally enough to understand the importance of a dress code and to appreciate the respect, trust, and level of responsibility that the instructors show them as they have progressed through the program. This maturation process has, in part, been facilitated by the instructors having previously set guidelines and provided a reasonable expectation why these guidelines exist.

It is difficult to determine whether the former, "top-down" approach or the latter, "bottom-up" approach is more successful when establishing and implementing expectation and consequence systems. Programs that use faculty/student committees to establish and/or enforce codes of conduct may choose to employ a combination of approaches. Acceptance and impact will depend on the students' level of responsibility and maturity with the given system.

CULTIVATING CIVILITY/PROFESSIONALISM IN OUR STUDENTS

This section explores general ideas of how educators may develop, maintain, and improve the behavior of their students. For additional guidelines and more specific ideas, refer to other articles in this work,

the “White Paper on Pharmacy Student Professionalism,” and a previously referenced paper (2, 12).

Recruitment and Admissions

For the most part, educators know that it is easier to teach students a subject or skill if the students already possess some knowledge of or have previous experience with that subject or skill. Intuitively, then, we know it should be easier to develop, maintain, and improve students’ professional behavior if they come into our programs already possessing some of the desired traits. What kinds of students are we recruiting? How can we focus our attention on those students who already demonstrate civil and professional behaviors? Is there a way we could communicate with the counselors and faculty in our “feeder” programs so that they could encourage students with these traits, among others, to apply to our programs? Interaction with the prepharmacy majors on our campuses can also help us to identify those applicants who may demonstrate desired traits more than others. Are students who demonstrate active participation (versus membership just to get the résumé item) in the school’s prepharmacy club given more consideration in the application process? Service to the profession is certainly a desirable professional trait.

What about our recruiting materials and presentations? Do we discuss the kinds of desired traits and behaviors that pharmacists and pharmacy students should possess? Reviewing and modifying these materials for this sort of content may be a beneficial exercise that may result in attracting desirable students.

Most admissions processes in schools of pharmacy include the collection of recommendation letters from various sources who know the applicant, as well as on-site interviews to help determine candidates’ communication ability, demeanor, and general social skills. But even with these activities, we know that programs still admit students who later on show their “true colors”—very different behavior from what was demonstrated in their interviews or what was stated in their recommendation letters. So how can we gather more accurate data about these students before they enter our programs? I do not have a good answer to this question, but I have been thinking about more rigorous screening methods where we could contact previous employers, instructors, or colleagues of interviewees via telephone to ask specific questions about the applicant. Of course this would be a time-intensive process that would add even more hours to an already time-intensive process. But

perhaps the knowledge gained from an information-seeking process like this could save the school more time and energy later.

Admissions committees should consider having applicants complete standardized instruments that have predictive potential for student success and other parameters. For example, Rest's Defining Issues test has been shown to be a predictor of cognitive moral development and clinical performance (14, 15). Although a full discussion of predictive instruments is beyond the scope of this article, there is an abundance of literature in pharmacy education that describes them.

Programmatic—Culture, Curriculum, and Extra-Curriculum

Within our programs, there are a number of areas in which we can devote attention to help foster professionalism in our students. Examine the culture and environment of your program. Are the policies employed conducive to fostering professional behavior of students, administrators, faculty, preceptors, teaching assistants, staff, and others with whom students come into contact? For example, maybe there is a policy of no cell phones allowed during class without prior permission of the instructor. In addition to an honor code, are there policies regarding other specific unprofessional behaviors or incivilities? If so, are these policies used and enforced? Are there consequences for the student who consistently violates these codes? Additionally, are the policies that are meant for students applicable to faculty? If so, are those enforced? We often have guidelines that explicate what is expected of students, but do we have similar documents concerning what students should expect of faculty? Professional development requires mentoring and, more importantly, role modeling.

Targeted faculty development can also help to reduce negative behaviors in our programs. Do all faculty members, especially new faculty members, participate in educational programs about how to promote civility and professionalism in the classroom and minimize or prevent incivilities? Are there mentors, guidelines, or other sources of support where faculty members can go for advice?

What about the facilities of your school of pharmacy? Are they clean, are they organized, and do they present a professional image? Are the classrooms, supplies, and equipment well kept and up to date? A professional physical environment can go a long way in helping to maintain a positive professional atmosphere for students and faculty.

Educators can also employ strategies within courses that help develop students' professionalism. One way is to establish behavioral pol-

icies, such as the cell phone example above, that are peripheral to course content. Another way is to create activities and assignments that focus on professional behavior and professionalism as a part of the course content. Consider once again our colleagues at the University of Colorado Health Sciences Center School of Pharmacy. In the Professional Skills Development course sequence, students evaluate themselves on their professional behavior periodically, meet with a faculty member to discuss their assessment, and then develop a written professional plan for improving their weaknesses and maintaining their strengths (Appendix A). In subsequent meetings with faculty members, students discuss their progress and modify their plans if needed. Faculty members also provide input about the student's professional behavior based on their observations of the student. Peer assessment is employed as part of the courses. Although a single course, or even a series of courses, cannot be completely responsible for students' professional development, such courses can certainly go a long way in helping students (and faculty) to define professional behavior and foster its development.

Another way to approach professionalism and civility within the classroom is to make behavioral evaluation part of students' grades or requirements to pass the course. This could be considered either a negative-punitive approach or a positive-reward approach, depending on how it is established. For example, if a student is consistently tardy to class, that student's grade is adversely affected. These policies can be successful as long as the behavioral expectations and grading system are made explicit to students and there are valid methods for documenting students' behavior.

Most experiential programs already employ some sort of behavioral evaluation of students. These behavioral criteria should be reviewed to make sure that they are specific and consistently interpreted the same way by preceptors. For example, the line item on an evaluation form "Student displays professional behavior" is much more vague and open to various interpretations than specific items like "Student is prompt and punctual," "Student adheres to dress code employed by the practice site," and "Student is respectful toward patients, supervisors, staff, and other health care professionals." Of course, the more specific the evaluation becomes, the lengthier and more time-consuming it becomes. When reviewing these behavioral criteria, one also needs to ask about the weight given to these items versus the skill-based or competency items. If all items on an evaluation form are given equal weight and there are 25 skill-based items and 3 behavioral items, then it seems that there is not much value placed on the behaviors.

Lastly, professionalism and professional behavior can be fostered in extracurricular activities. Are students encouraged to serve as representatives of the school to their community? Do they get involved with local agencies and organizations? Are the student organizations more than just social and party groups? Are the advisors for the groups serving as positive professional role models? Positive involvement in extracurricular activities helps to develop students' structural and attitudinal characteristics of professionalism as well as the behavioral aspects of professionalism.

CONCLUSION

If we consider civility to be an accepted set of behaviors that maintains the decorum of a given society or culture and professionalism to be the possession and/or demonstration of structural, attitudinal, and behavioral attributes of a profession and its members, the relationship between the two concepts can be described as this: civility serves as the foundation upon which professional behavior is rooted, and professional behavior is part of the complex concept of professionalism.

Approaches to handling incivilities and unprofessional behavior can be classified into four categories: negative-punitive approach, positive-reward approach, a combination of the two, or "do nothing." There are many areas that schools can address to promote civil and professional behavior and to minimize undesirable behaviors: recruitment/admissions, programmatic policies and procedures, physical environment, faculty development, classroom activities, assignments and grading policies, the experiential program, and extracurricular activities. As schools pay more attention to students' behavioral development in addition to their knowledge and skill development, we should hope to see student behavior improving or, at least, not worsening.

REFERENCES

1. Merriam-Webster's Collegiate Dictionary. 10th ed. Springfield, MA: Merriam-Webster Inc.; 1997.
2. APhA-ASP/AACP-COD Task Force on Professionalism. White paper on pharmacy student professionalism. *J Am Pharm Assoc.* 2000; 40(1):96-102.
3. American Board of Internal Medicine. Project professionalism. Philadelphia: American Board of Internal Medicine; 1995.

4. Beardsley RS. Chair report of the APhA-ASP/AACP-COD Task Force on Professionalization: Enhancing professionalism in pharmacy education and practice. *Am J Pharm Educ.* 1996; 60(Winter Suppl):26S-28S.
5. Chalmers RK. Contemporary issues: Professionalism in pharmacy. *Tomorrow's Pharm.* 1997; (Mar):10-12.
6. Parsons T. The social system. Glencoe, IL: The Free Press; 1951.
7. Greenwood E. Attributes of a profession. *Soc Work.* 1957; 2(Jul):44-55.
8. Strauss G. Professionalism and occupational associations. *Ind Rel.* 1963; 2(3):8-9.
9. Wilensky HL. The professionalization of everyone? *Am J Sociol.* 1964; 70: 137-46.
10. Vollmer HM, Mills DL, eds. Professionalization. 1st ed. Englewood Cliffs, NJ: Prentice-Hall, Inc.; 1966.
11. Hall RH. Professionalization and bureaucratization. *Am Sociol Rev.* 1968; 33(Feb):92-104.
12. Purkerson Hammer D. Professional attitudes and behaviors: The "A's and B's" of professionalism. *Am J Pharm Educ.* 2000; 64:455-64.
13. Paulsen S. Personal communication, May 2001.
14. Latif D. Moral reasoning: Should it serve as a criterion for student and resident selection in pharmacy? *Am J Pharm Educ.* 2001; 65:119-24.
15. Latif D, et al. Relationship between community pharmacists' moral reasoning and components of clinical performance. *J Soc Admin Pharm.* 1998; 15:210-24.

APPENDIX A

PHRD 3100: Professional Skills Development I
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Disclaimer: *This syllabus is a living, breathing document and will be referred to throughout the course. The course directors reserve the right to add, remove, and/or modify portions of it throughout the semester. The integrative nature of this course lends itself to flexibility in scheduling activities. As uncomfortable as this is for students and faculty, it is a necessary feature to maintain the quality of the course. Students, other involved faculty and teaching assistants will be notified immediately if/when changes are made.*

Required Materials:

Necessary preparation for each session
Positive attitude and professional behavior
Respect for self and others
Willingness to learn
Flexibility
Student ID
White lab coat (see page 7)
Professional attire (see page 7)
Calculator
Internet access
University email account

Required Text:

Khan, MA, and Reddy, IK. Pharmaceutical and Clinical Calculations, Ed. 2, Technomic Publishing Co., Lancaster, PA. (ISBN 1-56676-812-8)

Access of Materials and Information: In addition to what you are provided in class, materials and information will be distributed using:

- 1) Blackboard® (<http://bullwinkle/courses/PHRD3100/>), an electronic education delivery system. Students will receive instruction on enrollment and access during orientation.
- 2) your school email account.

These systems are **mandatory** communications modalities among faculty and students for this course. Most materials will be able to be accessed a week prior to the module via these systems.

APPENDIX A (continued)

Educational Philosophies (aka “the world according to Drs. Hammer and Paulsen”):

This course was designed based on the assumptions that students **want to learn** about the profession of pharmacy, will **actively participate** in learning activities, and **work to achieve their potential**. In turn, the course directors, other involved faculty and teaching assistants will create a learning environment to facilitate operationalization of this philosophy. This course is also based on the educational philosophies of **mastery learning** and **assessment-as-learning** to help students achieve course outcomes.

Mastery learning is demonstrated as individual students achieve the outcomes and competencies of a particular course or project. If students can demonstrate such achievement, then they earn the “grade” associated with that achievement. By contrast, courses that operate using a “norm-referenced” philosophy compare an individual student’s achievement to other students’ achievements and attempt to create a normalized distribution of students based on their level of achievement. Thus, many norm-referenced graded courses have bell-shaped distributions of students’ grades while many mastery learning-graded courses may have large numbers of students on the higher end of the grading scale, similar to graduate-level courses.

Assessment-as-learning is a concept originally described by Alverno College in Milwaukee, Wisconsin. It incorporates the notion that feedback provided to students regarding their performance on a particular exercise, for example, helps them to determine their strengths and weaknesses in relation to that exercise so that they can improve performance when reassessed. The concept can also be interpreted to mean that the assessment methods associated with a particular course or project will “drive” the manner in which students learn – especially in a graded system. For example, if a course utilizes performance on knowledge-based exams as the primary method of assessment of student learning, then students can be expected to memorize and regurgitate the knowledge on which they are being tested. By contrast, if a course assesses students’ learning using performance on knowledge-based exams in addition to writing papers, making oral presentations, or participating in class discussions, then students could be expected to memorize and regurgitate knowledge, write content relevant, grammatically correct papers, make effective oral presentations or actively participate in class discussions. In other words, students will usually perform in the manner in which they are incited.

Course Description: This one-semester course is the first in a five-semester longitudinal course sequence intended to develop a broad range of skills necessary for **current and future** pharmacy practice. It is designed to parallel the didactic portion of the curriculum, integrating and applying essential knowledge, skills and attitudes required for a successful professional career.

Uniquely, this course lends continuity and cohesiveness to the entire curriculum. Each year, as students assemble their pharmacy knowledge base, the Professional Skills course gives students the opportunity to integrate information within a given semester and from semester-to-semester. Additionally, students will be able and expected to practice and refine a variety of skills through collaborative and individual activities. As this course builds over three years of the curriculum, students will be able to observe and document their own progression towards achievement of professional, academic and personal goals.

Course Outcomes: Upon completion of the Fall P1 semester, the student is expected to be able to:

1. Identify one's own and other's strengths and weaknesses as a communicator on the interpersonal level.
2. Identify and develop methods of verbal, non-verbal, and written communication in a variety of situations.
3. Demonstrate the ability to utilize the campus informatics system to achieve module and course outcomes.
4. Demonstrate the ability to document accurate information and provide evidence for decision-making.
5. Demonstrate accurate observational, comprehension, and evaluative skills.
6. Utilize problem-solving processes to resolve pharmacy-related issues.
7. Identify one's own personal, cultural, and generational values in the context of professional situations.
8. Recognize and effectively utilize one's own behaviors while involved in teamwork/group activities.
9. Identify behaviors, both personal and other's, that support or detract from professionalism.
10. Demonstrate expected professional and classroom behavior as outlined in the School's Student Ethics and Conduct Code and the Professional Behavior Assessment Form.
11. Effectively utilize and integrate knowledge from concurrent and prior courses and experiences to solve problems presented in class.

Course Schedule: This 3-credit course meets weekly every Monday and Wednesday, from 2:00 - 5:00 p.m., and Friday, from 1:00 - 4:00 p.m. (except for Monday August 28th which is rescheduled to meet Tuesday August 29th from 2:00-5:00 p.m. and Monday September 4th which is rescheduled to meet on Wednesday September 6th from 7:30 - 10:30 a.m). Class is cancelled Friday November 24th for the Thanksgiving holiday. Students from this Friday section will be rescheduled for earlier in the Thanksgiving week. Each student is assigned to one specific 3-hour section per week.

Course Feedback: Students will have the opportunity to provide the course directors, instructors and teaching assistants with course feedback in several ways:

- make appointment with course director(s)
- talk with class representative(s) who report to course directors' meetings (anonymity of persons making comments is maintained with student representatives)
- a mid-semester course-specific evaluation
- a formal university-wide evaluation process at the end of the semester

Policy Information

Class Decorum: This is a **PROFESSIONAL** Skills course. Students are expected to behave and perform as professionals-in-training, *i.e.*, demonstrate respect for course instructors, their peers and themselves; participate in all course activities with purpose and a positive attitude; and abide by course policies. Eating during laboratory activities, reading the newspaper, working on other courses' material, or other activities that distract from course activities are not allowed. Additionally, the use of cellular phones and pagers will not be allowed without the prior consent of the course directors. Because professional behavior is so important for persons entering an established profession, **your behavior during the course will be observed and periodically evaluated by faculty** and teaching

APPENDIX A (continued)

assistants using the Professional Behavior Assessment (PBA) form. You will be given the opportunity to **assess yourself** using the same instrument and discuss your assessment with course directors. A specified number of points toward your final grade will be allocated for the assessment of your professional behavior based on the faculty and teaching assistants' observations.

Assessment Policy: *Assessment* differs from *evaluation*. Assessment includes **feedback** that is used for the purpose of **improving** one's performance; evaluation is used to assign a grade or make a decision. In this course, assessors of your classroom performance will include yourself, your peers, standardized patients, instructors and teaching assistants. The nature and point value of assessments will vary weekly depending upon the type and complexity. These issues will be presented and discussed in the week prior to the assessment(s), if not before.

This course is subject to two levels of evaluation. The first relates to allocation of letter grades wherein grades are based on the total number of points accumulated by a student in the course. The second level of evaluation involves demonstration of mastery learning, i.e., a student must pass all assignments. It is important for the student to understand that he/she can receive a grade of "IF" independently of his/her point score, i.e., if a student fails an assignment or skill, they will receive an "IF" for the course.

Requirements for Passing this Course: In order to pass the course (C- or better), students must achieve all course outcomes. This entails students completing and passing all assignments, quizzes and exams. Failure to meet these expectations will result in a grade of **IF (Incomplete failure)**.

Grading Policy: Each Professional Skills Development 3-hour session will be worth a minimum of 25 but no more than 75 points. The final grade for this course will be assigned as a percentage of the total allowable points attained (percentages will be rounded as necessary). The percentage will then be converted to a letter grade according to the following University of Colorado Health Sciences Center grading scale:

93-100%	A	83-86	B	73-76%	C
90-92	A-	80-82	B-	69.5-72	C-
87-89	B+	77-79	C+	< 69.45	IF

Minimum passing grade for this course is **C-** (refer to "Academic Standing" section of the [Student Handbook](#)).

Quizzes and Exams:

Quizzes and exams may involve performance-based assessments in addition to short answer and multiple choice questions. Performance-based assessment examples include completing a task on the computer, utilizing drug information resources to answer questions, telephone activities, and compounding. **All calculations are considered to be either correct or incorrect; no partial credit will be given.** Calculations with misplaced decimal points, mislabeled or unlabeled units, unmeasurable quantities, inappropriate zero placement or inappropriate rounding will be considered incorrect and no credit will be given. Failure to show your work is considered an incorrect answer; as such, no credit will be given under these circumstances.

Quizzes: There will be two cumulative quizzes (see below) worth 50 points each. Additional quizzes, announced and/or unannounced may also be given in class on assigned readings.

QUIZ #1	October 4 8:00-10:00am	<i>Vincent and Gutke</i>	modules 1-5	50 points
QUIZ #2	November 6 8:00-10:00am	<i>Vincent and Gutke</i>	modules 6-10	50 points

Exam: There will be one cumulative final exam (date TBA) worth 100 points.

FINAL EXAM	modules 1-5	25%	100 points
	modules 6-10	25%	
	modules 11-16	50%	

Expectations for Assignments: Students will be expected to demonstrate skills and attributes of a developing professional. Students are expected to complete each assignment following the provided instructions. Students failing to follow the instructions will have their papers returned ungraded. These assignments must be resubmitted within one week and will receive a maximum of half the original possible points. Assignments handed in late **will receive zero points** unless prior consent is obtained from course directors.

Expectations for calculations are described in Exams and Quizzes and pertain to all assignments. All electronic assignments must be submitted in Microsoft Word®.

Other Assessments:

Patient Consultation: There will be one baseline assessment (25 points), one midterm (50 points), and one final (100 points) patient consultation videotaped exercise (to be completed at Belle Bonfils with standardized patients— see dates in course calendar).

Peer and Self-Assessment for Team Behaviors: There will be one (50 point) mid-term peer and self-assessment and one final peer and self-assessment of team behavior (50 points).

Professionalism Self and Faculty Assessment: Students will have an individual meeting with one of the course directors twice during the semester to discuss professional behaviors. In addition, students will be required to write two short papers (graded for content and grammar) and complete three self-assessments. Fifty points will be assigned to the first paper/first meeting and 100 points to second paper /second meeting.

TABLE OF POINTS

ASSESSMENT	MINIMUM POINTS	MAXIMUM POINTS
TWO QUIZZES AND FINAL EXAM	200	200
(UN)ANNOUNCED QUIZZES	0	100
PATIENT CONSULTATION	175	175
PEER/SELF-ASSESSMENTS	100	100
PROFESSIONALISM ASSESSMENT	150	150
WEEKLY MODULES	14 weeks x 25 points = 350	10 weeks x 25 points and 4 weeks x 75 points = 550
TOTAL POINTS	975 POINTS	1375 1275 POINTS

* Because of the variability of assignments from week to week, point values associated with each module will not be the same, but range from 25-75 points per week.

APPENDIX A (continued)

Academic Dishonesty: This course will follow policies and procedures as outlined in the "Student Ethics and Conduct Code" section in the Student Handbook. Each and every student is responsible for his/her learning and is expected to follow individual or group work guidelines set forth for each activity and assessment in this course. If a student is found to have compromised his/her academic integrity, he/she will be referred to the Office of Student Services for disciplinary action.

Attendance Policy: IT IS MANDATORY THAT STUDENTS ATTEND ALL SCHEDULED SESSIONS in order to achieve their potential in the various skills. The faculty realizes, however, that certain extenuating circumstances may occur which would prevent attendance. This policy addresses those circumstances, the procedures for making-up work and allocation of points. Please read through this material carefully and direct any questions to the course directors. *It is the student's responsibility to comply with these policies, i.e.; course directors will not "track you down" to find out why you were absent.*

Switching Sections: SWITCHING SECTIONS IS NOT PERMITTED without prior consent of course directors, and is only allowed under extenuating circumstances.

Unexcused absence: Each unexcused absence will result in the **loss of 100 points** for that class session. It will be the responsibility of the student to make up any assignments for missed sessions. Students must follow the procedure for notification and make-up. Failure to arrange for make-up work within a time frame designated by the course directors and/or failure to make up the missed assignments will result in an **Incomplete Failure (IF)** for the course.

Excused Absence: Excused absences, anticipated and unanticipated, are based upon extenuating circumstances beyond the control of the student. Four areas fall into the category of extenuating circumstance: 1) medical necessity; 2) death of a family member; 3) pre-approved professional activities or 4) extenuating circumstances unforeseen by this policy.

1) Medical Necessity refers to unpredictable or serious illness of the student and his/her immediate family. Documentation, such as a medical statement from the patient's physician, may be required at the request of the course directors. Routine office visits within the control of the student are not considered extenuating and should be scheduled around the student's class.

2) Death of a family member refers to death of spouse, children or significant others within the immediate family including parents, grandparents and siblings of the student and/or spouse.

3) Pre-approved professional activities constitute an extenuating circumstance when the student and/or student organization has followed the appropriate notification procedures outlined in the School of Pharmacy Bulletin. It is the sole responsibility of the student to inform a course director of his/her planned absence **at least one month in advance**, preferably at the start of the semester. Documentation of attendance at the professional activity is required.

4) Extenuating circumstances: A course director should be contacted if a circumstance does not fall into one of the above categories. The decision of the course directors is final.

Procedure for Notification and Make-up Work: It is the sole responsibility of the student to notify the course directors of his/her absence. Once the student has met with a course director to discuss

the absence and procedures for make-up work, the student will email a summary of the discussion to both course directors to ensure the student's understanding. Failure to do this and/or follow the procedures below will result in an unexcused absence and specified point penalty.

Anticipated absences: The student must notify a course director of an anticipated absence as early as possible **prior to absence**. If circumstances prevent the student from providing proper notification, he/she must arrange for another individual to contact a course director. Messages must include the student's name, social security number, scheduled class time and group number if leaving a voice or email message (see course director contact information on first page).

Unanticipated absences: Contact a course director within two academic business days following your return to arrange make-up work. Written documentation of the plan and the completed make-up work must be provided in a timely manner to the course directors.

Exceptions to these procedures will be made only under extraordinary circumstances as deemed appropriate by the course directors and/or the Scholastic Advancement and Appeals Committee. Students may initiate an appeals process through the Scholastic Advancement and Appeals Committee (outlined in the Student Handbook) for any circumstances they feel are extenuating and are not covered by this policy.

Tardiness policy: It is essential that all students are physically and mentally prepared at the time class begins. If you know you may be late prior to the class session, contact a course director. Tardiness penalties will be levied as followed:

1-5 Minutes	- 5 points
6-10 minutes	- 25 points
11-15 minutes	-50 points
> 16 minutes	-200 points

Dress Code: Students and course directors will be expected to dress in a professional manner while participating in the Professional Skills Development Course. The course directors, instructors and students (peers) are responsible for maintaining compliance with the dress code policy. Students not wearing clothing deemed appropriate by the course directors or instructor will be **penalized 15 points** for the first time. A second offense of this policy will result in the student being asked to leave and change into appropriate attire. Students asked to leave will be required to comply with the make-up work policy. The following are the guidelines for appropriate dress and follow those applied to the pharmacy environment:

Male Students: Short white lab coat, (long sleeves required, non-UCHSC logos and badges are not permitted), dress slacks, a collared shirt and tie.

Female Students: Short white lab coat (long sleeves required, non-UCHSC logos and badges are not permitted) skirt, dress (no more than 4 inches above the knee) or dress slacks, and a blouse or sweater. Jean skirts or dress is permitted.

Inappropriate dress includes: baseball caps, tight-fitting leggings/stirrup pants, spandex, any kind or color of jeans, shorts, tee-shirts, any type of sweat pants or sweatshirts, short skirts or revealing blouses, halter tops, tank tops, midriffs, back-less tops or fatigues.

APPENDIX A (continued)

STATEMENT OF UNDERSTANDING

I have thoroughly read the course syllabus for PHRD 3100. Upon completion of this reading I clearly understand and therefore have no questions concerning the course intent, content, policies, grading structure or dress code contained within this document. I understand that this document is an agreement between the course directors and each student and both parties agree to abide by the statements held within this document.

If questions arise as the course progresses, I clearly understand that it is my responsibility to ask the course directors for clarification.

Print Name _____

Sign Name _____

I have thoroughly read the course syllabus for PHRD 3100. Upon completion of this reading I have questions regarding one of the following items: the course intent, content, policies, grading structure or dress code contained within this document.

I have listed my question below and request further clarification.

Print name _____

Sign Name _____