

ACCP WHITE PAPER

Development of Student Professionalism

American College of Clinical Pharmacy

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In late 2007, the American College of Clinical Pharmacy (ACCP) charged their National StuNet Advisory Committee to formulate tenets of professionalism, with the primary goal of introducing students to essential attitudes and behaviors of professionalism. The committee's list of tenets served as a working document for the development of this White Paper. This collaborative effort of the ACCP Board of Regents and the National StuNet Advisory Committee sought to complement other published documents addressing student professionalism. The purpose of this White Paper is to enhance student understanding of professionalism, emphasizing the importance of the covenantal or "fiducial" relationship between the patient and the pharmacist. This fiducial relationship is the essence of professionalism and is a relationship between the patient and the pharmacist built on trust. This White Paper also outlines the traits of professionalism, which were developed after an extensive review of the literature on professionalism in medicine and pharmacy. The traits of professionalism identified here are responsibility, commitment to excellence, respect for others, honesty and integrity, and care and compassion. It is from these traits that student actions and behaviors should emanate. Students, pharmacy practitioners, and faculty have a responsibility to each other, to society as a whole, and to individual patients whom they serve to ensure that their words and actions uphold the highest standards of professional behavior.

Key Words: pharmacy students, professionalism, clinical pharmacy, American College of Clinical Pharmacy, ACCP.
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To assist students, pharmacy practitioners, and faculty in the development of student professionalism, the American College of Clinical Pharmacy (ACCP) charged their National StuNet Advisory Committee to formulate tenets of professionalism, with the primary goal of introducing students to the essential attitudes and behaviors of professionalism. The committee's list of tenets¹ served as a working document for the development of this White Paper. This collaborative effort of the ACCP

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Board of Regents and the National StuNet Advisory Committee seeks to complement other published documents addressing student professionalism.^{2–5} The purpose of this White Paper is 3-fold:

- To enhance student understanding of professionalism, emphasizing the importance of the "fiducial" or covenantal relationship between the patient and pharmacist that lies at the heart of professionalism
- To introduce the traits of professionalism (Appendix 1^{6–8}) to students, explaining how these traits are linked to the fiducial relationship between the patient and pharmacist; it is from these traits that student actions and behaviors should emanate

- To stimulate discussion among students, pharmacy practitioners, and faculty as a means of fostering the development of student professionalism

The Essence of Professionalism

No physician, in so far as he is a physician, considers his own good in what he prescribes, but the good of his patient; for the true physician is also a ruler having the human body as a subject, and is not a mere money-maker.

Plato, *The Republic*, Book I

The profession of pharmacy is continually evolving to improve patient care. To uphold the ideals of the profession—to successfully care for and about patients—students must not only acquire the core clinical knowledge and skills, but also possess the attributes of a health care professional, namely, the attitudes, values, and habits that form the foundation of a profession. To accomplish this, they must first understand the uniqueness of a profession.

All definitions of “profession” are context sensitive and thus provisional; no single definition can encompass all applications. For instance, a baseball player or a dry cleaner may appropriately be labeled a professional, but these appellations do not convey the sense invoked here. In the traditional professions (medicine, law, education, and religion), the common features used to identify professions often include esoteric knowledge, self-regulation, a code of ethics, autonomy, and a service orientation.⁹

These features are elements within the definition of professionalism used here, but they do not in themselves distinguish a profession from an occupation. That essential difference was hinted at a decade ago when one author, searching for the “soul of pharmacy,” provocatively asked whether pharmacy was an occupation or a profession.¹⁰ His own response was that the evolution of pharmacy from occupational to professional status was dependent on the problematic transition from the product-oriented ethos of an occupation to the patient-oriented ethos of a profession.

In short, what essentially distinguishes a profession from an occupation is the relationship between the provider and the people being served.⁹ In an occupation, the provider interacts with customers. In a profession, the professional provides care for patients, clients, congregations, or students. The difference between a customer

and a client or patient is crucial. In an occupation, the relationship to a customer is commercial; the provider's first responsibility, appropriately, is to an employer or group of stockholders, although obviously, good business practice requires a balance between “caveat emptor” and “the customer is always right.” Regardless, profit ultimately trumps all decisions. In a profession, the relationship between a provider and a recipient is not commercial but covenantal or fiducial. “Fiducial,” derived from Latin word “fides,” or faith, clearly affirms that faith and trust underlie professional interactions—a faith and trust that transcend occupational norms. In a profession, the provider has the knowledge and skills crucial to the well-being and even the life of the person seeking assistance. This person does not fully understand the knowledge base involved and cannot evaluate whether the services provided are the most effective. Thus, this individual must entrust the professional with his or her care and well-being: must give the “gift of trust.” In return, the professional promises, by the very nature of the professional role, to act in the best interest of the patient.¹¹ This is the fiduciary or faith bond that undergirds professional services. If that bond is broken, the system fails.

The respect that the nonprofessional has for the professional is not based on the amount of money the professional makes or on social status, nor is it based on the amount of knowledge or quality of judgment he or she exhibits. Rather, the layperson respects the professional because he or she believes, and must believe, that the professional can be trusted to strive for the patient's well-being. Patients look to pharmacists as individuals who possess an in-depth knowledge of drugs. Patients trust that pharmacists will provide personalized, up-to-date, clinically relevant, and useful information about their drugs to improve their health and prevent them harm. The patient's trust in the pharmacist as a professional and the pharmacist's acting in the best interest of the patient at all times bind this relationship and define pharmacy as a true profession.

Traits of Professionalism

Working from the concept of a “profession” that is based on a patient-centered ethos—that is, on fiducial or covenantal responsibilities—we can begin detailing the essential traits of a professional.

In our review of the literature, we identified several related constructs and characteristics that could have easily been listed among the cognitive, emotive, attitudinal, ethical, and behavioral traits of professionals, including empathy, reliability, collaboration, cooperation, advocacy, professional competence, altruism, creativity, innovation, and leadership (to name a few).^{2-5, 9-14} Although all of these characteristics are desirable goals for a student professional, instructors' remarks to students to "act professionally" are often simply admonitions to improve civility, demeanor, language, and physical appearance: "Be quiet, please"; "Come to class on time"; "Avoid slang"; "Enunciate more clearly"; "Wear clothing that is more appropriate." Moreover, although such breaches of professionalism are, of course, not trivial, students should gain the ability to discern the underlying principles and reasons for such behaviors. Hence, our purpose is to identify a manageable core of essential traits that form a substructure for instilling student professionalism. At stake is the public trust, which is essential for providing quality patient care.

The traits of professionalism in Appendix 1 were developed after an extensive review of the literature on professionalism in medicine, nursing, and pharmacy.^{2-5, 11-15} In addition, our articulation of the traits relied on input from the ACCP National StuNet Advisory Committee, as well as review and critique by several professionals and the ACCP Board of Regents.¹ Of note, most of the characteristics, tenets, or qualities of professionalism identified in the literature are connected to the fiducial relationship between the patient and pharmacist, and all are important. Our goal in compiling the traits of professionalism was to be comprehensive, yet to arrive at the traits that might best capture the essence of professionalism without losing sight of the important contribution of related characteristics.

To illustrate and explain the relationship between the traits of professionalism and the patient-pharmacist fiducial relationship, we expand on an analogy suggested by a previously published article entitled "Student Professionalism."⁴ As a simple way to conceptualize professionalism, envision a bicycle wheel (Figure 1). We propose that the hub of the wheel is the heart of professionalism, the fiducial or covenantal relationship that pharmacists have with the patients whom they serve. The spokes of the wheel are the traits of professionalism, from which professional behaviors and actions should emanate. Traits of

professionalism include assuming responsibility, demonstrating a commitment to excellence, respecting others, displaying honesty and integrity, and demonstrating care and compassion. The tire is literally "where the rubber meets the road"—a road that leads to patient care; teaching; scientific discovery, application, and scholarship; and professional service and leadership. Although the physical appearance and image of the bicycle are important and should not be overlooked (i.e., how professionals dress, carry themselves, and represent themselves in interactions with others), the essential part of professionalism is the hub of the wheel put into action by the spokes—without a relationship built on trust and the actions and behaviors exemplifying this trust, the tire itself and the road traveled are no longer those of a professional.

Exercising Professionalism

What one says and does, how one treats others, and how one conducts oneself on a daily basis convey character. Students must be committed to the development of professionalism, thereby assuming responsibility for exercising the appropriate professional behaviors throughout their pharmacy education and training. Similarly, as members of society, pharmacists must remember that they are professionals, trusted by the students they teach, the colleagues with whom they interact, the community and public

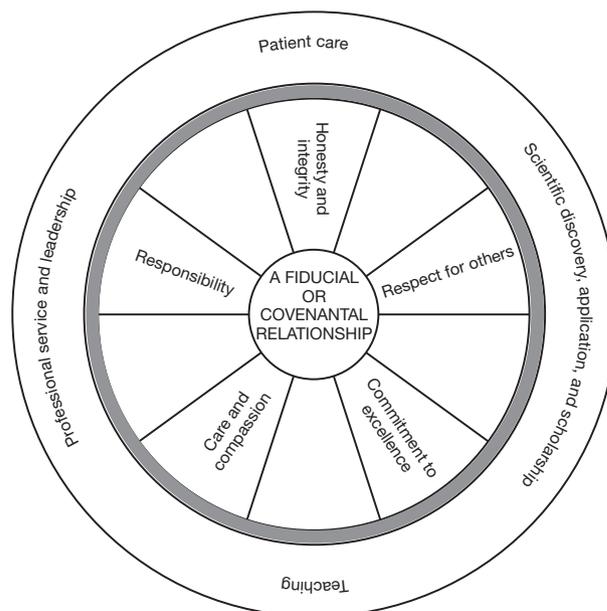


Figure 1. Conceptualizing professionalism in pharmacy.

at-large who depend on their expertise, and, most important, the patients they serve. Pharmacists must be committed to upholding the highest standards of professional behavior.

Students may pursue a wide range of professional opportunities after graduation from pharmacy school. Many will provide direct patient care and experience firsthand the importance of maintaining the highest standards of professional behavior in daily interactions with patients. Emphasis should be placed on the critical role of professionalism in the provision of patient care: the trusting relationship and covenantal bond between pharmacist and patient that defines pharmacy as a profession. In the words of one author, it is the pharmacy practitioners who have internalized the core values of the profession and who have made personal commitments to establishing these relationships and moving the profession forward.¹⁶ On entry into the profession, students may also pursue opportunities not involving direct patient care, as entrepreneurs, pharmacy managers, pharmacists working in various capacities within industry and government, administrators in hospitals and other organizations, and scientists devoting their careers to improving drug therapy outcomes. Even though, in these capacities, individual pharmacist-patient relationships are not the focus, these professional roles ultimately improve the lives of patients. Despite their separation from direct patient care, these pharmacists also must internalize the core values of the profession and make personal commitments to moving the profession forward; in brief, it is essential that they, too, exhibit the traits of professionalism that define pharmacy as a true profession.

Teaching Professionalism

The crucial question, then, is what in pharmacy education prepares students for such responsibilities—what informs and motivates students to achieve a professional identity? Teaching and assessing professionalism within a curriculum is a Herculean challenge. For more than 3 decades, new methods have been introduced for engaging students and promoting active learning in the classroom. These methods include interactive learning environments with standardized patients, which provide opportunities for students to practice and refine their skills, and innovative clinical training settings that expose students to real-world clinical care for patients of all ages. In pharmacy,^{17–22} as well as across medical profes-

sions,^{13–15, 23–32} numerous strategies have been developed to enhance curricular efforts aimed at promoting professionalism.

Yet, even though curricular efforts to enhance professionalism may be effective, they are not sufficient. Pedagogy has long known that in education, there is a “hidden curriculum,” a process of socialization that enculturates students, instilling values, habits, attitudes, paradigms, and biases—much of it transmitted unknowingly using no formal systems. In pharmacy, as in medicine, “although matters of technical information and the transmission of technical skills traditionally have been thought to lie at the heart of the medical educational system, medical training at root is a process of moral enculturation; in transmitting normative rules regarding behavior and emotions to its trainees, the medical school functions as a moral community.”³²

This hidden curriculum of unwritten and unspoken guidelines for belief and behavior can be a tremendous tool for furthering professional development. Exposure to the role modeling of professionalism throughout one’s pharmacy education and training is probably more effective than weeks of lectures. It is through modeling—the student’s exposure to what pharmacy practitioners and faculty actually say and do in day-to-day interactions with one another and with patients—that professional development occurs. Such role modeling serves as the most powerful influence on a student’s understanding of professionalism.¹⁴

Another, more subtle opportunity for role modeling presents itself in the classroom or experiential site. A teacher, like a pharmacist, is a professional. The teacher-as-professional is obligated to support a fiducial relationship with students.⁹ The teacher’s primary obligation is to the student—to help the student succeed in his or her learning. Entailed in that fiducial relationship are respect, care, and empathy for the student. If students sense that the instructor is committed to and concerned about their welfare, they can experience firsthand, and appreciate, what a fiducial commitment means.

However, instructors who exhibit arrogance, indifference, or aloofness to patients or students also educate and enlighten students about professional roles. Wise students perhaps can learn from these negative examples and thus progress in professional development (students can learn professionalism by observing its breach), but for others, the negative behaviors

become ensconced in their understanding of professional roles. They learn from the modeling, but what they learn is different from what they are lectured on in the classroom. Thus, unfortunately, there is a downside to the hidden curriculum. If unexamined and uncontrolled, it can interfere with the student's development of the traits defining professionalism that are requisite for patient care.

Throughout one's pharmacy education and training, professionalism should be discussed, evaluated, and, most important, modeled. In their daily interactions with students, faculty must demonstrate the traits of professionalism: responsibility, commitment to excellence, respect for others, honesty and integrity, and care and compassion. Faculty must hold students accountable for their behaviors and actions and guide them toward developing their own excellence in professionalism. Students must recognize poor examples of faculty and pharmacist modeling (i.e., what not to do and how not to act) and commit to providing a better example. Similarly, students should recognize and internalize exemplars of true professionalism and, in turn, instill these values in others. Students have a responsibility to ensure that their words and actions in the classroom, at the bedside, and before society as a whole uphold the highest standards of professional behavior. Faculty and practitioners must do the same.

Conclusion

It is important that students, pharmacy practitioners, and faculty recognize what is truly at the heart of professionalism—the pharmacist-patient fiducial or covenantal relationship. Professionalism is driven by much more than one's actions and behaviors—professionalism hinges on a trust relationship. The pharmacist-patient fiducial or covenantal relationship obligates the pharmacist to act in the best interest of the patient. As a result, the patient has a firm belief, an unwavering trust that the pharmacist will provide him or her with the best possible care. The traits of professionalism (responsibility, commitment to excellence, respect for others, honesty and integrity, care and compassion) should be discussed, practiced, and, most important, modeled. Students, pharmacy practitioners, and faculty have a responsibility to each other, to society as a whole, and to the individual patients and students whom they serve to ensure that their words and actions both

within and outside the classroom uphold the highest standards of professional behavior.

References

1. American College of Clinical Pharmacy. Tenets of professionalism for pharmacy students. *Pharmacotherapy* 2009;29:757–9.
2. Hammer DP. Professional attitudes and behaviors: the “As and Bs” of professionalism. *Am J Pharm Educ* 2000;64:455–64.
3. American Pharmaceutical Association Academy of Students of Pharmacy—American Association of Colleges of Pharmacy Council of Deans Task Force on Professionalism. White paper on pharmacy student professionalism. *J Am Pharm Assoc* 2000;40:96–102.
4. Hammer DP, Berger BA, Beardsley RS, Easton MR. Student professionalism. *Am J Pharm Educ* 2003;67:1–29.
5. American Society of Health-System Pharmacists. ASHP statement on professionalism. *Am J Health Syst Pharm* 2008;65:172–4.
6. Sharpe VA. Behind closed doors: accountability and responsibility in patient care. *J Med Philos* 2000;25:28–47.
7. Leininger M. Leininger's theory of nursing: cultural care diversity and universality. *Nurs Sci Q* 1988;1:152–60.
8. Galt KA. The need to define care in pharmaceutical care: an examination across research, practice and education. *Am J Pharm Educ* 2000;64:223–33.
9. Zlatic TD, ed. The professional nature of teaching. In: Re-visioning professional education: an orientation to teaching. Kansas City, MO: American College of Clinical Pharmacy, 2005:5–10.
10. Zellmer WA. Searching for the soul of pharmacy. *Am J Health Syst Pharm* 1996;53:1911–16.
11. American Pharmacists Association. Code of ethics for pharmacists. Available from http://www.pharmacist.com/AM/Template.cfm?Section=Code_of_Ethics_for_Pharmacists&Template=/CM/HTMLDisplay.cfm&ContentID=5420. Accessed December 16, 2008.
12. American Association of Colleges of Pharmacy. Oath of a pharmacist. Available from http://www.aacp.org/Docs/MainNavigation/ForDeans/9517_OATHOFAPHARMACIST2008-09.pdf. Accessed December 16, 2008.
13. American Board of Internal Medicine. Project professionalism, 2001. Available from <http://www.abim.org/pdf/publications/professionalism.pdf>. Accessed December 16, 2008.
14. Inui T. A flag in the wind: educating for professionalism in medicine. Washington, DC: Association of American Medical Colleges, 2003. Available from www.regenstrief.org/bio/professionalism.pdf/download. Accessed December 16, 2008.
15. Brainard AH, Brislen HC. Learning professionalism: a view from the trenches. *Acad Med* 2007;82:1010–14.
16. Zellmer WA, ed. Pharmacy's professional imperative: distinguishing between pharmacy providers and practitioners. In: The conscience of a pharmacist: essays on vision and leadership for a profession. Bethesda, MD: American Society of Health-System Pharmacists, Inc., 2002:1–3.
17. Chisholm MA, Cobb H, Duke L, McDuffie C, Kennedy WK. Development of an instrument to measure professionalism. *Am J Pharm Educ* 2006;70:1–6.
18. Bumgarner GW, Spies AR, Asbill CS, Prince VT. Using the humanities to strengthen the concept of professionalism among first-professional year pharmacy students. *Am J Pharm Educ* 2007;71:1–6.
19. Duncan-Hewitt W. The development of a professional: reinterpretation of the professionalization problem from the perspective of cognitive/moral development. *Am J Pharm Educ* 2005;69:44–54.
20. Purkerson Hammer D, Mason HL, Chalmers RK, Popovich NG, Rupp MT. Development and testing of an instrument to assess behavioral professionalism of pharmacy students. *Am J Pharm Educ* 2000;64:141–51.
21. Brehm B, Breen P, Brown B, et al. Instructional design and assessment: an interdisciplinary approach to introducing

- professionalism. *Am J Pharm Educ* 2006;70:1–5.
22. Sylvia LM. Enhancing professionalism of pharmacy students: results of a national survey. *Am J Pharm Educ* 2004;68:1–12.
 23. Adams D, Miller B. Professionalism in nursing behaviors of nurse practitioners. *J Prof Nurs* 2001;17:203–10.
 24. American Physical Therapy Association. Professionalism in physical therapy: core values self-assessment. Alexandria, VA: American Physical Therapy Association, 2003. Available from <http://www.apta.org/AM/Template.cfm?Section=Home&CONTENTID=41461&TEMPLATE=/CM/ContentDisplay.cfm>. Accessed December 16, 2008.
 25. Cornett BS. A principal calling: professionalism and health care services. *J Commun Disord* 2006;39:301–9.
 26. Wear D, Bickel J, eds. Educating for professionalism: creating a culture of humanism in medical education. Ames, IA: University of Iowa Press, 2000.
 27. Epstein RM, Hundert EM. Defining and assessing professional competence. *JAMA* 2002;287:226–35.
 28. Hatern C. Teaching approaches that reflect and promote professionalism. *Acad Med* 2003;78:709–13.
 29. Hickson GB, Pichert JW, Webb LE, Gabbe SG. A complementary approach to promoting professionalism: identifying, measuring, and addressing unprofessional behaviors. *Acad Med* 2007;82:1040–8.
 30. Lynch D, Surdyk P, Eiser A. Assessing professionalism: a review of the literature. *Med Teach* 2004;26:366–73.
 31. Rees CE, Knight LV. The trouble with assessing students' professionalism: theoretical insights from sociocognitive psychology. *Acad Med* 2007;82:46–50.
 32. Hafferty FW, Franks R. The hidden curriculum, ethics teaching, and the structure of medical education. *Acad Med* 1994;69:861–71.

Appendix 1. Traits of Professionalism

The traits of professionalism, as articulated by the American College of Clinical Pharmacy, are presented below. The text that follows each trait provides a more detailed description of the trait itself and its related characteristics, but is certainly not inclusive of all related constructs or possible practice applications. Also, a series of questions are provided to stimulate further discussion among students, pharmacy practitioners, and faculty. It is intended that these questions be used and addressed by each group to foster the development of student professionalism.

Responsibility

Responsibility focuses on what one can do and should do; it defines the pharmacist's duty and moral obligation. Pharmacists have responsibilities to individual patients, to health care professionals, to society, and to the profession. Pharmacists have a responsibility to participate with patients and their physicians in identifying and addressing patients' drug-related needs, taking action to ensure that those expectations are met, and advocating for the best possible care for the patient. This responsibility or duty means that pharmacists have a commitment to serve the patient even when the pharmacist may perceive that it is inconvenient to do so. Patients trust that pharmacists will act responsibly and that they will assume responsibility for what they say, what they do, and how they dress. Above all, patients trust that pharmacists will be responsible for their care, and when patients perceive that pharmacists feel otherwise, the fiduciary relationship—the heart of professionalism—is questioned, and confidence in the health care system can be eroded.

(Accountability is often used interchangeably with responsibility, yet the terms are different. Accountability measures one's behavior against established rules or norms. The accountability relationship is, thus, one of agent to overseer. Placing emphasis on accountability risks that too much attention may be focused on the rules, with both agent and overseer losing sight of what is ultimately important. By contrast, responsibility implies duty and moral obligation. Hence, the responsibility relationship is one of trust.⁶⁾

Questions to stimulate student-practitioner-faculty discussion

- As a student (or practitioner or faculty member), have you developed a sense of responsibility within the profession either in your job or with respect to your studies and assigned coursework? If so, describe your sense of responsibility and discuss what you have learned from this. If not, why do you believe you lack a sense of responsibility within the profession and/or your professional studies, and what can be done to address this?
- How do your actions, both within and outside the classroom, support the development of professionalism as it relates to being responsible? In other words, identify your own behaviors and actions that promote responsibility.
- Have you observed pharmacists or faculty members not being responsible? If so, describe the situation and discuss what you have learned from it.

Commitment to Excellence

Excellence is a conscientious effort to exceed ordinary expectations. It implies first a commitment to lifelong learning. Pharmacists are continually inundated with new knowledge that requires a commitment to continued learning: new studies are published that have a direct impact on patient care; practice guidelines are revised and updated; new drugs emerge, and the efficacy and safety of existing drugs are regularly challenged; advances in technology change the way health care is delivered; and new legislation and policies have implications on the practice of pharmacy. These factors require pharmacists to continually stay abreast of advancements in knowledge and needed skills (i.e., to commit to lifelong learning). In addition, these factors require pharmacists to commit to excellence in their own development of professionalism—to continually reflect on and exhibit the attitudes, values, and behaviors that exemplify professionalism. Most vital to the pharmacist-patient relationship is trust; patients trust that pharmacists will commit to lifelong learning in providing the best care possible. As pharmacists, this is our duty.

Beyond their own self-improvement, pharmacists must strive to advance the profession as a whole and commit to lifelong engagement and involvement in the profession. This will vary for each pharmacist, but there are many ways to be involved in the profession of pharmacy. Pharmacists can participate and engage in activities at the community, state, or national level. Likewise, pharmacists should seek leadership positions within the profession, whether locally or nationally, to influence change and advance the profession.

Questions to stimulate student-practitioner-faculty discussion

- Beyond your required coursework, what are you doing now, as a student, to demonstrate your commitment to lifelong learning?
 - When you become a pharmacist, what will you do to demonstrate your commitment to lifelong learning? As a pharmacy practitioner or faculty member, what are you doing to demonstrate your commitment to lifelong learning?
 - Why is commitment to excellence and lifelong learning an important trait of professionalism?
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Appendix 1. Traits of Professionalism (continued)

Respect for Others

To respect others is to hold in high regard their feelings, opinions, and values. For pharmacists, this should apply to individual patients and their families, other health care professionals, colleagues, coworkers, and others with whom they come in contact. Pharmacists must respect the dignity and autonomy of individual patients, take their beliefs and values into consideration in formulating drug assessments and managing their drug therapy, and maintain their confidentiality at all times. In interactions and collaborations with other health care professionals, pharmacists must respect the opinions and insights of others, even when they disagree. Pharmacists must be willing to interject their opinions and insights, as appropriate, while always advocating for the best possible patient care.

Questions to stimulate student-practitioner-faculty discussion

- Describe situations in which you have observed a pharmacist (whether co-worker, faculty member, or preceptor) not showing the appropriate level of respect for others. What did you think about this, and how should the pharmacist have handled the situation?
- What actions or behaviors have you found yourself displaying that show disrespect toward others? How might you improve your approach?
- Describe situations in which you have been respectful of others even when it was hard for you to do so. How were you able to accomplish this?

Honesty and Integrity

Pharmacists must uphold the highest standards of behavior and refrain from actions that would violate one's personal or professional codes. Displaying honesty and integrity means that pharmacists are truthful, fair, trustworthy, dependable, and honest. When presented with a conflict of interest, pharmacists should avoid any type of encounter or relationship that could result in personal gain at the expense of the patient's best interests. This demonstrates commitment to fulfilling one's fiducial obligation to the patient. Displaying honesty and integrity demands a consistent regard for knowing appropriate professional behaviors and acting accordingly. Likewise, upholding the highest standards of moral, ethical, and legal conduct helps reinforce the covenantal bond between the patient and the pharmacist.

Questions to stimulate student-practitioner-faculty discussion

- Reflect on times when you have been dishonest or observed others being dishonest. If you were dishonest, what lessons did you learn from it? If you observed others exhibiting dishonesty, what did you do about it?
- If pharmacists are not truthful or do not keep their commitments, how does this affect relationships with patients or colleagues?
- Why do patients trust that pharmacists will be honest, fair, and trustworthy?

Care and Compassion

To care and to be compassionate are at the very center of the fiducial relationship between the patient and the pharmacist. Pharmacists must genuinely care for and about the patients whom they serve. Caring, in the most basic terms, means to attend to the needs of others and to have personal concern for the well-being of another. Caring, in the professional context, has been defined as expressing attitudes and actions of concern for patients to support their well-being, alleviate undue discomfort, and meet obvious or anticipated needs.⁷ To be compassionate is to recognize and understand the needs of others but, more important, to act on this compassion and desire to help them.

Caring behaviors of pharmacists include (but are not limited to) taking the time to explain drug information to patients and ensuring their understanding; actively listening to patients when they talk; being sensitive to the needs and expressed feelings of others; providing timely answers to a patient's questions; following up with patients whether by telephone, e-mail, or personal contact to determine how they are progressing toward the achievement of therapeutic goals; acting to obtain assistance for a patient from others more qualified to meet his or her needs; encouraging patients to participate in their own care; working closely with patients to ensure adherence to drug therapies; acting directly to fulfill any health care-related needs of the patient; and informing the patient you are available now and in the future to assist with drug-related needs.⁸ To care for and about the patient is paramount to establishing and maintaining the pharmacist-patient relationship.

Questions to stimulate student-practitioner-faculty discussion

- What caring behaviors have you observed pharmacists displaying in their interactions with patients?
 - Describe situations in which you have observed pharmacists who could have been more caring toward patients or in which care was lacking altogether. What pharmacist behaviors should have been exhibited in these situations?
 - As students, what can you do now to begin practicing caring behaviors?
-