

White Paper on Pharmacy Student Professionalism

American Pharmaceutical Association Academy of Students of Pharmacy—American Association of Colleges of Pharmacy Council of Deans Task Force on Professionalism

What we as pharmacists believe our profession to be determines what it is.

—Wendell T. Hill, Jr.¹

This white paper is the culmination of a 5-year commitment by the Task Force on Professionalism to study and promote pharmacy student professionalism. The Task Force is a collaborative effort involving the American Pharmaceutical Association Academy of Students of Pharmacy (APhA–ASP) and the American Association of Colleges of Pharmacy Council of Deans (AACP–COD). The two primary goals of the Task Force are to raise awareness and to lead action on the issue of pharmacy student professionalism. The intended audience for this white paper is the entire pharmacy profession, as each member plays an important role in the development of professionalism, whether he or she is a pharmacy educator, student, practitioner, association executive, or state board member. The discussion and recommendations presented herein are intended to assist these parties as they participate in the development of professional attitudes and behaviors among future pharmacists.

Introduction

The history of pharmacy is often described according to chronological changes in the profession's role in society and the health care system. Once concerned primarily with the production of pharmaceutical products from raw materials, pharmacists in the modern industrial era have seen their primary responsibility change to safe, accurate, and efficient drug distribution. In the past two decades, however, changes in the health care environment have included new pharmaceutical manufacturing and dispensing technology in addition to dramatic restructuring of health care organization, delivery, and financing. Zacker and Mucha² have suggested that these environmental changes may take away professional functions that were previously established, resulting in a loss of pharmacy's professional status.

In response to these events and a perceived public need for expanded pharmaceutical services, the profession has embraced the paradigm of pharmaceutical care, as defined in 1990 by Hessler and Strand.³ Pharmaceutical care involves the pharmacist assuming responsibility for drug therapy outcomes in addition to the safe, accurate, and efficient distribution of pharmaceutical products. A critical component of this paradigm shift is a renewed professional role for pharmacists in the process of actively "caring" for patients. An expanded sense of professionalism is critical to the practice of pharmaceutical care because of its patient-centered focus. Paul Pierpaoli, a pharmacy educator and practitioner, has stated that "The concept of pharmaceutical care requires pharmacists to be true 'professionals,' responsible patient advocates committed to achieving optimal therapeutic outcomes."⁴ Just as the modern health care environment requires pharmacists to possess advanced clinical knowledge and skills, it also necessitates the further development of the characteristics that make pharmacy a profession and not merely an occupation.

Experience has shown that the attitudes and behaviors that characterize professionalism cannot be learned from a textbook

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or lecture. Rather, they must be actively acquired and inculcated through the process of professional socialization. In this sense, the development of true professionalism may simultaneously be one of the most important and yet most difficult aspects of the transition to pharmaceutical care.

Professionalization, or the development of professionalism, must begin at the earliest stages of professional education. Thus, schools and colleges of pharmacy play a critical role in this process. Likewise, mentors during early exposure to the practice environment play an important role in the professional development of pharmacy students. The Task Force elected to focus on the early stages of the developmental process. Task Force members felt it should be the primary mission of pharmacy educators and practice mentors to inculcate pharmacy students with the attitudes and behaviors necessary to deliver pharmaceutical care.

Definitions

The Task Force used the following working definitions, adapted from the references cited, during its deliberations.

Profession: An occupation whose members share 10 common characteristics^{5,6}:

1. Prolonged specialized training in a body of abstract knowledge.
2. A service orientation.
3. An ideology based on the original faith professed by members.
4. An ethic that is binding on the practitioners.
5. A body of knowledge unique to the members.
6. A set of skills that forms the technique of the profession.
7. A guild of those entitled to practice the profession.
8. Authority granted by society in the form of licensure or certification.
9. A recognized setting where the profession is practiced.
10. A theory of societal benefits derived from the ideology.

Professional: A member of a profession who displays the following 10 traits⁷:

1. Knowledge and skills of a profession.
2. Commitment to self-improvement of skills and knowledge.
3. Service orientation.
4. Pride in the profession.
5. Covenantal relationship with the client.
6. Creativity and innovation.
7. Conscience and trustworthiness.
8. Accountability for his/her work.
9. Ethically sound decision making.
10. Leadership.

Professionalism: The active demonstration of the traits of a professional.

Professional socialization (professionalization): The process of inculcating a profession's attitudes, values, and behaviors in a professional. The goal of professional socialization is to develop professionalism, as defined by the 10 characteristics listed above.

Challenges in Pharmacy Student Professional Development

Pharmacy students face a number of challenges during their professional development. While the process of identifying and overcoming these challenges is often a character- and professionalism-building experience, some challenges may be barriers to positive professional socialization. This section discusses challenges that must be resolved in order to enhance pharmacy student professionalism.

Professional socialization occurs within both education and practice. A balance of positive influences in both environments is required to produce a professional practitioner. Too often, however, such balance is not present. In 1981, Manasse et al.⁸ coined the term "inconsistent socialization" to characterize the clash that often exists between the forces of socialization, resulting in differences between students' and the recent graduate expectations about their role in health care and other individuals' expectations of their role. Students receive "mixed messages" from some practitioners and faculty members about the professional aspects of pharmacy practice. As a result, students develop "disillusionment" or "realistic disenchantment" as they progress through a pharmacy curriculum.^{9,10} The level of idealism and optimism that students either begin with or develop in the early years of training diminishes as expectations are unmet when they progress through the curriculum, gain experience in the real world, and enter practice.¹¹

Forces of professional socialization are strong in the practice environment, where pharmacy students observe and learn the professional norms of practice. Unfortunately, in certain practice settings, professional behavior is less than ideal. In its 1991 report, the Argus Commission¹² concluded that, "Despite the popular use of the terms pharmacy practice and pharmacy practitioner, it is doubtful that the activities many pharmacists are engaged in warrant being called a professional practice." The report went on to say that, "Pharmacy's professional values have been undermined by segments of the pharmaceutical manufacturing industry, retail (independent and chain) pharmacy, hospitals, and other groups which define pharmacy as a profit center rather than a professional service."¹²

Students' levels of disillusionment or disenchantment are directly related to their initial exposure to some aspects of pharmacy practice.¹¹ These attitudes develop when students attempt to apply skills or knowledge acquired in the classroom to a real-life practice situation, only to have a pharmacist discourage such behavior as unnecessary or impractical in the "real world." Furthermore, some students have reported occasions where practitioners performed illegal or unethical tasks and expected students to do the same. While these cases are hopefully the exception rather than the rule, these practices hinder student professional development and the profession's evolution toward pharmaceutical care.

In addition, increasing financial pressures on pharmacies have made the less professional topics of third party reimbursement

and margins on prescription sales more important than ever before. The evolution toward pharmaceutical care in some settings has been limited by unresolved business issues, such as payment for services, rather than appropriateness of service in terms of patient care. Action must be taken to help pharmacy students reconcile the two personalities of health professional and business person.¹¹

Pharmacy educators bear equal responsibility for the disillusionment or disenchantment of students who enter the work force unprepared for the prevailing culture. The American Council on Pharmaceutical Education (ACPE) charged educators with preparing students for the professional challenges that seem to disillusion newly licensed pharmacists. The Task Force affirms this responsibility, which ACPE put forward in 1997 as part of its *Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree*.

Guideline 1.4 ...The College or School should assure an understanding of pharmaceutical care by its students early in the professional program in pharmacy. The philosophy of practice as well as the necessary professional attitudes, ethics, and behaviors should evolve during the course of study. Moreover, the College or School should insure the professionalization of students, including the provision of a positive outlook for all aspects of pharmacy practice.¹³

Academia has difficulty in understanding how to deal with this conflict and often does not appreciate what professional socialization entails—a spectrum of activities that benefit the student's professional perspective. Pharmacy school curricula must reflect the fact that professionalization is a continuous process and cannot occur as a result of infrequent, "catch-as-catch-can" approaches to professional development.¹¹ Curricula must also expose students very early in their academic careers to positive professional practitioners. The creation of an early, realistic professional identity will assist students in recognizing and confronting attitudes and behaviors of those who are less professional. Academia must provide forums for students to discuss the inconsistencies and the similarities they encounter in the practice environment.

Extracurricular activities are a crucial part of professionalization. However, some the activities sponsored by campus-based professional organizations are professionally destructive. Examples include social events where alcohol is used irresponsibly, fundraisers featuring items with unprofessional phrases or sayings, or academic integrity issues such as obtaining "test files" and other academic materials against the will of faculty. It is important for professional organizations to exercise their significant role in pharmacy student professionalization by sponsoring activities that promote professional ideals.

Hence, the inconsistency of professional socialization is widely apparent: Faculty and administration need to develop the curricular and extracurricular programs necessary to inculcate a solid professional identity in the face of a practice environment that often contradicts many educational ideals. Furthermore, practitioners need to increase their awareness of the critical role they

play in professionalization. In the process of attempting to teach students about "real life," pharmacists must reinforce positive professional socialization achieved in the educational environment. Thus, the burden of resolving this inconsistent socialization is placed squarely on the shoulders of educators, practitioners, and students themselves. Without a united, consistent commitment to increasing professionalism throughout pharmacy practice and education, inconsistent socialization will persist.

Recommendations

To help resolve the problem of inconsistent socialization and enhance pharmacy student professionalism, the Task Force has developed the following recommendations for pharmacy students, educators, and practitioners.

Recommendations for Students

Professionalization is not a passive process, and assuming responsibility for it is an early step that students must take when they encounter inconsistent socialization. Pharmacy students have a significant role in advancing the process of professional socialization. At the center of the process, students have an obligation to provide feedback to educators and practitioners regarding their professionalization. The Task Force recommends that students be informed and reminded of the importance of professionalism and that they develop their own plan of action for professional development. Plans should consist of measurable outcomes, and may include scholarly achievement, participation in professional associations and activities, and participation in community service activities.

The ideal time to introduce these concepts is the first day of the professional program, and students should be made aware of their own professional development on a continuous basis thereafter. A convenient time for re-emphasis may be the point in the curriculum where students learn about the paradigm of pharmaceutical care and the assumption of responsibility for patient outcomes. This is analogous to the responsibility students must accept for the outcomes of their plan for professional development. Thus, students will learn two parallel concepts: that they should assume more responsibility for patient care, and that they should assume more responsibility for their own professional development. To carry the analogy one step further, *documentation* of performance is as important to appropriate professionalization as it is to patient care. Students should develop and maintain a professionalism portfolio throughout their pharmacy career, to serve as a constant reminder of the commitment they have made to society as a professional and the progress they have made along the lifelong process of becoming one. This portfolio should include a signed copy of the school's academic integrity policy, evidence of attendance at professional development events, and evidence of participation in community service and other activities that enhance professionalism.

Recommendations for Educators

Schools and colleges of pharmacy have a primary role in the professional socialization of pharmacists. It is strongly recommended that schools plan and execute a structured program of professionalization that facilitates the development of professional attitudes, behaviors, and identity. Four phases of this process—recruitment, admissions, educational programs, and practice—deserve attention.

Recruitment

The following recommendations are made to assist schools and colleges of pharmacy as they seek to recruit applicants with exceptional professional potential. In general, the Task Force recommends that recruitment efforts emphasize the professional characteristics of pharmacy and pharmacists. More specifically, schools and colleges of pharmacy are encouraged to:

1. Sponsor informational programs, such as career shadowing days and open house events for prospective students, that emphasize the professional roles and responsibilities of pharmacists.
2. Incorporate into recruitment literature the concepts and issues addressed in Oath of a Pharmacist (Appendix 1) and Commentary (Appendix 2), Pledge of Professionalism (Appendix 3), and Pharmacist's Code of Ethics (Appendix 4).
3. Inform high school and college career counselors and advisors of the character and academic traits that demonstrate strong professional potential.
4. Encourage pre-pharmacy students to join professional organizations, such as APhA-ASP.

Admissions

The admissions process is a crucial step in the development of professionalism, because it is the filter that must separate those who will eventually become practitioners from those who will not. Thus, schools and colleges of pharmacy are challenged with identifying candidates with outstanding professional potential. To be more effective, the Task Force recommends that schools and colleges of pharmacy:

1. Adopt admissions criteria that are based on professional outcomes desired upon graduation (ability to adapt to change, hold up under pressure, resolve conflict, etc.).
2. Assess admissions screening processes for their ability to select students with a high level of professionalism or professional potential.
3. Evaluate candidates' humanistic qualities that will be predictors of success in student-centered, problem-based learning and patient care activities at the same time they are evaluating traditional objective criteria such as pharmacy college admission test scores and grade point average as predictors of performance in didactic, teacher-centered learning.¹⁴
4. Utilize instruments such as interviews and essays that assess professional qualities.
5. Involve current professional students and practitioners in the admissions process.

Educational Programs

The term "educational program" is used in reference to the elements of the professional degree program other than the experiential learning phase. Schools and colleges of pharmacy are encouraged to take the following steps to develop a structured professional socialization process that results in optimal educational outcomes:

1. Establish faculty consensus on the definition of desired professional educational outcomes and on methods that lead to those outcomes.¹²
2. Recognize the mentor role of classroom instructors, emphasizing the need to develop positive interactions with students.¹¹
3. Introduce students to desired professional outcomes in the initial days of the educational process.¹¹
4. Solicit support for reinforcement of the professional attitudes and behaviors from spouses, parents, family, and friends of students.
5. Incorporate the early use and frequent enforcement of the Pharmacist's Code of Ethics, Oath of a Pharmacist and Commentary, and Pharmacist's Pledge of Professionalism (see appendices).
6. Incorporate interdisciplinary teamwork, communication, leadership, critical thinking, and listening skills into the curriculum.¹⁴
7. Identify and discuss timely professional issues in shadowing programs, small group discussions, role-playing, case studies, and other exercises.
8. Encourage student involvement in state, local, and national professional organizations.
9. Encourage appropriate community service and professional activities.
10. Recognize professionalism with scholarships and/or awards.
11. Encourage academic integrity via the use of honor codes.

In addition, many institutions have found it easier to incorporate professionalism issues into curricula that emphasize problem-based, student-centered learning rather than teacher-focused lecture-based instruction. Such programs avoid dependent learner deficiency and curriculum information overload syndrome.¹⁵ Academia should also evaluate and continuously refine the professionalism program, including faculty involvement as mentors and role models.¹¹

Practice

The interface between education and practice occurs where the school or college of pharmacy begins to immerse the student in the practice environment. This experiential learning occurs in a semi-controlled fashion, preferably in practice sites where practitioner mentors can continue the professional development of the student. Experience has shown that the shock of inconsistent socialization can be managed better when experiential rotations begin early in the curriculum. Students and faculty have the opportunity to "debrief" after each experience by discussing the positive and negative aspects of the practice site visited. Conversely, carrying the reality of the practice environment back into the classroom can also provide a basis for continuous improvement of curriculum content and teaching methods. The opportunity to return to the academic

environment and share positive and negative experiences allows faculty to help students manage the various forces they feel in their professional socialization. Students also benefit from a diverse scope of experiences in their experiential programs. A broad understanding of pharmacy practice in a variety of settings serves to prepare students for a greater number of practice sites upon graduation, making the transition into any practice environment less stressful.

The following are specific activities recommended by the Task Force for schools and colleges of pharmacy to assist in the professionalization of students during the experiential phase of their education:

1. Involve preceptors in the formation of professional development outcomes and methods to achieve these outcomes.
2. Implement preceptor training programs that reflect on professional issues.
3. Require preceptor adherence to professional standards.
4. Encourage preceptors to maintain a professional portfolio.
5. Solicit student feedback on the professionalism of preceptors.
6. Give preceptor awards and site development grants to recognize professionalism in practice.

Recommendations for Practitioners

Practicing pharmacists should be aware of their critical role in professional socialization. Special care must be taken to avoid creating situations of inconsistent socialization. Accordingly, the Task Force views all practicing pharmacists as professional mentors and role models for recent pharmacy graduates and pharmacy students.

Along with this role comes the responsibility of setting positive examples for students and new practitioners. Pharmacists are encouraged to review the 10 characteristics of a professional, and seek to achieve them in their daily practice. While the expectation is not perfection on the part of pharmacists, the Task Force does believe that pharmacists should recognize the importance of a professional socialization process and should do their best to contribute in a meaningful manner. Pharmacists should also reflect on how they can develop their own plan of professional development.

To assist pharmacists in recognizing and fulfilling these roles, professional practice associations should provide education and mentorship training programs for their practitioners. Such education should include both positive and negative examples of professional socialization, and seek to recognize those pharmacists who demonstrate exemplary mentorship. As part of this mentoring relationship, pharmacists should discuss with students or new practitioners the subject of professionalism and provide examples of professionalism in patient care and business affairs. Finally, professional associations should assist pharmacists in this process by conducting focus groups on the issue of balancing the economics of providing patient care with the service obligations of a profession. The results of such focus groups should be disseminated to emphasize the primary care-giving responsibility of pharmacy professionals.

Conclusion

The APhA–ASP/AACP–COD Task Force on Professionalism believes that recent changes in the health care environment and the adoption of the practice paradigm of pharmaceutical care require that the profession recommit itself to enhancing the professional development of pharmacy students. However, significant challenges threaten this development. A combination of factors in both pharmaceutical education and pharmacy practice serves to create inconsistent professional socialization throughout the pharmacy education process. This inconsistent socialization threatens the status of pharmacy as a profession and justifies immediate action on the part of pharmacy students, educators, and practicing pharmacists. The Task Force hopes that the above recommendations form the basis for meaningful steps toward improving the process by which professional attitudes and behaviors are inculcated in the pharmacists of the future.

Paper prepared by Joshua Benner, PharmD, and Robert Beardsley, PhD, on behalf of the Task Force.

References

1. Hill WT. Taking charge of the profession. *Am J Hosp Pharm.* 1989;46:1557–61.
2. Zacker C, Mucha L. Institutional and contingency approaches to the reprofessionalization of pharmacy. *Am J Health Syst Pharm.* 1998;55:1302–5.
3. Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. *Am J Hosp Pharm.* 1990;47:533–43.
4. Pierpaoli PG. What is a professional? *Hosp Pharm Times.* 1992; May:9–10.
5. Friedson E. *Profession of Medicine: A Study in the Sociology of Applied Knowledge.* New York, NY: Harper and Row; 1970.
6. Argyris C, Schon DA. *Theory in Practice: Increasing Professional Effectiveness.* San Francisco, Calif: Jossey-Bass; 1974.
7. *Ten Marks of a Professional Working Smart.* New York, NY: National Institute of Business Management, March 11, 1991;17(5).
8. Manasse HR, Stewart JR, Hall RH. Inconsistent socialization in pharmacy—a pattern in need of change In: Wertheimer AI, Smith MC, eds. *Pharmacy Practice: Social and Behavioral Aspects*, 2nd ed. Baltimore, Md: University Park Press; 1981:37–54.
9. Schwirian, PM, Facchinetti NJ. Professional socialization and disillusionment: case of pharmacy. *Am J Pharm Educ.* 1975;39:18–23.
10. Buerki RA. Pharmacist Smyth and Druggist Smith—a study in professional aspirations. *Am J Pharm Educ.* 1977;41:28.
11. Chalmers RK, Adler DS, Haddad AM, et al. The essential linkage of professional socialization and pharmaceutical care. *Am J Pharm Educ.* 1995;59:85–90.
12. Miller WA, Campbell WH, Cole JR, et al. The choice is influence: the 1991 Argus Commission Report. *Am J Pharm Educ.* 1991;55(winter supp.):8S–11S.
13. *Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree.* American Council on Pharmaceutical Education. Chicago; 1997.
14. Popovich NG, Trinca CE. The educational care of pharmacy. *Pharm Times.* 1991;Dec:37–42
15. Murawski MM, Miederhoff PA. Pharmaceutical caring. *Am J Pharm Educ.* 1994;58:310–5.

Appendix 1. Oath of a Pharmacist

At this time, I vow to devote my professional life to the service of all humankind through the profession of pharmacy.

- I will consider the welfare of humanity and relief of human suffering my primary concerns.
- I will apply my knowledge, experience, and skills to the best of my ability to assure optimal drug therapy outcomes for the patients I serve.
- I will keep abreast of developments and maintain professional competency in my profession of pharmacy.
- I will maintain the highest principles of moral, ethical, and legal conduct.
- I will embrace and advocate change in the profession of pharmacy that improves patient care.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public.

Developed by the American Pharmaceutical Association Academy of Students of Pharmacy and the American Association of Colleges of Pharmacy Council of Deans Task Force on Professionalism, June 26, 1994.

Appendix 2. Commentary on *Oath of a Pharmacist*

The *Oath of a Pharmacist* is based on the "Oath and Prayer of Maimonides" with input from the American Pharmaceutical Association (APhA) and the American Association of Colleges of Pharmacy (AACP). The Board of Directors of AACP approved the *Oath of a Pharmacist* in 1983 and has made it available to every college and school of pharmacy.

The characteristics of a professional pharmacy practitioner are described in the *Oath* such that we obtain an understanding of the meaning of the word "professional." Professionals devote their lives to a significant social value. Pharmacy is a learned profession requiring individuals to dedicate themselves voluntarily to acquiring and maintaining exceptional knowledge and skills in order to provide pharmaceutical care in an ethical context.

The first two statements of the *Oath* describe a commitment to the service of humankind, the welfare of humanity, and the relief of human suffering as the pharmacist's primary concerns. Further, these statements emphasize that this commitment is lifelong in nature and should be practiced without discrimination. Specifically, the concept of pharmaceutical care embraces a covenantal relationship with the patient and other health care providers to ensure that optimal therapeutic outcomes are attained.

The next two statements accentuate the character of a pharmacist in exceeding the knowledge and skills of all others in providing pharmaceutical care and services to the public and other health professionals. A lifetime of learning in pharmacy is necessary to maintain one's professional stature and to provide services inherent with membership in the profession. The acquisition of knowledge and skills by pharmacists must serve to advance the profession. Professional competency involves participation in organizations that support and speak for the profession. Pharmacists promote unity within the profession and enthusiastically accept the responsibilities and accountability for membership in the profession.

The next two statements characterize the pharmacist's commitment to live a life characterized by faithfulness to high moral principles and ethical conduct. This is manifested not only in abiding by and enforcing the laws governing the practice of pharmacy but also in assuring that the laws support the primary mission of the profession, the delivery of pharmaceutical care. Pharmacists must exhibit moral and ethical conduct in their daily interactions with patients and other health care providers. Pharmacists dedicate themselves to excellence in their knowledge, skill, and caring because they adhere to high moral and ethical principles. This enables them to maintain a covenantal relationship with society.

The next statement describes pharmacy as a profession where change must be embraced rather than resisted. Pharmacists must actively participate as agents of change, focusing on improving health care. The last statement of the *Oath* describes the pharmacist as voluntarily making these vows with a full understanding of the responsibility they impose.

Professionalism requires constant attention. The seeds of professionalism are sown when students begin their preparation for pharmacy school, are cultivated and nurtured in pharmacy school, and are brought to fruition and maintained during their careers as pharmacists. Becoming a professional means more than learning the science of pharmacy. It means mastering the art of pharmaceutical care in service to one's fellow human beings. This service must be carried out with dignity, integrity, and honor as reflected in this *Oath*.

Developed by the American Pharmaceutical Association Academy of Students of Pharmacy and the American Association of Colleges of Pharmacy Council of Deans Task Force on Professionalism, June 26, 1994.

Appendix 3. Pledge of Professionalism

As a student of pharmacy, I believe there is a need to build and reinforce a professional identity founded on integrity, ethical behavior, and honor. This development, a vital process in my education, will help to ensure that I am true to the professional relationship I establish between myself and society as I become a member of the pharmacy community. Integrity will be an essential part of my everyday life, and I will pursue all academic and professional endeavors with honesty and commitment to service.

To accomplish this goal of professional development, as a student of pharmacy I will:

- A. DEVELOP a sense of loyalty and duty to the profession by contributing to the well-being of others and by enthusiastically accepting responsibility and accountability for membership in the profession.
- B. FOSTER professional competency through lifelong learning. I will strive for high ideals, teamwork, and unity within the profession in order to provide optimal patient care.
- C. SUPPORT my colleagues by actively encouraging personal commitment to the *Oath of a Pharmacist* and the *Code of Ethics for Pharmacists* as set forth by the profession.
- D. DEDICATE my life and practice to excellence. This will require an ongoing reassessment of personal and professional values.
- E. MAINTAIN the highest ideals and professional attributes to ensure and facilitate the covenantal relationship required of the pharmaceutical caregiver.

The profession of pharmacy is one that demands adherence to a set of ethical principles. These high ideals are necessary to ensure the quality of care extended to the patients I serve. As a student of pharmacy, I believe this does not start with graduation; rather, it begins with my membership in this professional college community. Therefore, I will strive to uphold this pledge as I advance toward full membership in the profession.

I voluntarily make this pledge of professionalism.

Adapted from the University of Illinois College of Pharmacy's Pledge of Professionalism, 1993. Developed and adopted by the American Pharmaceutical Association Academy of Students of Pharmacy and the American Association of Colleges of Pharmacy Council of Deans Task Force on Professionalism on June 26, 1994. This Pledge is offered as a model for adaptation by each school and college of pharmacy's faculty and students for use and reference in the professionalization of developing members of the pharmacy profession.

Appendix 4. Code of Ethics for Pharmacists

- A pharmacist* respects the covenantal relationship between the patient and pharmacist.
- A pharmacist* promotes the good of every patient in a caring, compassionate, and confidential manner.
- A pharmacist* respects the autonomy and dignity of each patient.
- A pharmacist* acts with honesty and integrity in professional relationships.
- A pharmacist* maintains professional competence.
- A pharmacist* respects the values and abilities of colleagues and other health professionals.
- A pharmacist* serves individual, community, and societal needs.
- A pharmacist* seeks justice in the distribution of health resources.

Adopted by the membership of the American Pharmaceutical Association October 27, 1994.