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Exploring Standardized Persons' Expectations for Practice-Readiness Among Student Pharmacists

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Abstract

Objective: This manuscript explores the qualities and behaviors standardized persons (SPs) associate with student pharmacist performance within an objective structured clinical examination (OSCE) to rate their interest in having the student as their pharmacy provider.

Methods: Using open-ended questions via a Qualtrics survey, SPs were asked to provide qualities and behaviors they associated with each rating level. Using a constant comparative approach, the researchers coded the collected data over multiple stages to allow for authentic reflection and interpretation of the data. Coders used both inductive and deductive processes prior to establishing a unified understanding and corresponding codebook.

Results: A total of 55 SPs (61.1% response rate) participated in the survey, with the majority of participants working for the organization no more than 2 years (58.2%). Through the coding process, several major themes emerged across each of the three ratings including professionalism, patient-centered skills,

communication, and preparation. Findings indicated the differences in ratings were influenced by the degree that students demonstrated each theme.

Conclusion: Overall, these findings provide a better understanding of the qualities and behaviors SPs associate with student pharmacists completing OSCEs acting as practicing pharmacists. However, additional research is needed to determine if the same qualities and behaviors would be viewed as essential with SPs at other academic institutions.

Keywords: practice-ready pharmacist, OSCE, professionalism, patient-centered communication, qualities and behaviors

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Introduction

The role of standardized persons (SPs) within healthcare education continues to evolve as colleges and universities integrate SPs into the curriculum, utilizing their knowledge and skills to enhance the learning environment. While historically SPs may have only been utilized to play a patient role, some institutions have begun to utilize them as graders and evaluators for overall student performance.[1] To the author's knowledge, there have been no studies conducted to explore what qualities and behaviors SPs identify for the practice-ready pharmacist. However, several studies have explored patient expectations and preferences for healthcare selection.

Over time, pharmacists' competence has evolved as a more influential factor in a patient's selection of a pharmacist or pharmacy. A 1983 study indicated that patients consider pharmacist friendliness and professionalism, price, and pharmacist services when choosing a pharmacy.[2] In contrast, a survey conducted in 2008 revealed that patients preferred pharmacies with competent, knowledgeable, and friendly pharmacists and staff.[3] When selecting non-pharmacist healthcare providers, patients place a greater emphasis on good bedside manner and communication over competence;[4-6] however a recent study by Patterson et al found that patients strongly preferred pharmacies with high scores on patient safety ratings, suggesting that patients put a larger emphasis on competence of pharmacists to identify and prevent medication errors, and placed a lesser value on relationship-oriented attributes.[7] In fact, the authors propose that patients' perceptions of pharmacist roles are typically viewed by the public as promoting medication safety, rather than effectiveness. The increasing emphasis on pharmacist competence as a quality sought by patients underscores the importance of adequate pharmacist training.

Interestingly, factors influencing patient choice of pharmacist differed among geographic areas, with patients in rural settings expressing stronger preferences for pharmacist friendliness/courtesy and effort toward relationship building compared to patients in suburban and urban settings.[7] A 2018 study found that pharmacists who utilized more patient-centered communication were perceived by patients as having greater expertise; thus, patients perceived that these pharmacists would provide a higher quality of care, resulting in greater patient satisfaction compared to pharmacists who adopted a paternalistic or informative communication style.[8]

As healthcare providers respond to evolving patient expectations it is essential that educators continue to robustly evaluate trainees for their clinical and communication skills in addition to their overall professionalism and professional identity development. The inclusion of Objective Structured Clinical Examinations (OSCEs) in a Doctor of Pharmacy program allows student pharmacists to be routinely assessed for all four of these components, which in turn informs faculty educators on students' progression. OSCEs allow student pharmacists to practice their roles within pharmacy through realistic scenarios or clinical experiences which is key for professional identity development.[9-11] This development is further solidified through the feedback on clinical skills and patient-centered communication that students receive through OSCEs, which has also been found to be essential.[9,12]

Auburn University Harrison School of Pharmacy (AU HSOP) implemented clinical skills assessments in 1997. Over time, these assessments evolved into OSCEs and SP involvement expanded to include a more interactive role within the curriculum. Currently, AU HSOP SPs provide written and oral feedback to learners in a variety of settings; however, they are primarily used within OSCEs to assess students on their clinical and communication skills.

Historically, AU HSOP OSCEs have included 3 grading components, the analytical checklist assessing clinical skills, a communication rubric to assess a student's ability to communicate with the SP, and an overall assessment of practice-readiness for the student. Two graders are paired for each station, with one grader assigned to the analytical checklist and the other evaluating communication and practice-readiness for each encounter. This team rotates grading roles throughout the assessment, serving in each grading capacity multiple times. SPs are instructed to solely focus on the aspect they are evaluating at the time (i.e. communication skills are graded independently from clinical accuracy and completeness). A detailed account of AU HSOP OSCE development and implementation is published elsewhere.[13]

In 2017, the AU HSOP developed and finalized a communication rubric to assess student pharmacists' patient communication skills.[14] Rubric development was described in detail in a prior publication.[14] The final version of the communication rubric contained seven criteria (introduction, appropriate terminology, confidence, patient-centered approach, information delivery, conclusion, and professionalism) with three standards or performance levels (needs development, satisfactory progress, and achieved). For each interactive OSCE station conducted throughout the pre-experiential curriculum, the SP interacting with the

student pharmacist rates their communication skills without considering their clinical knowledge performance. As part of the three years of the didactic curriculum, student pharmacists complete OSCE experiences at least four times a year, navigating between 2 and 6 stations for each experience.

Prior to and following the integration of the new communication rubric, OSCE-affiliated faculty asked SPs to evaluate student pharmacists at their current training level regarding their ability to serve as a practicing pharmacist using a 3-level rating scale: “I would seek out and refer others to this pharmacist”, “I would accept this person as my pharmacist”, or “I would not want this person to be my pharmacist”. This practice-readiness rating has no points affiliated with it and does not impact student progression; however, it provides the student pharmacist with an overall assessment of how that SP evaluated the patient care the student provided within that scenario and how they related this level of care to a practicing pharmacist.

This qualitative research analysis will identify the qualities and behaviors SPs at AU HSOP associate with student pharmacists’ performance within an OSCE to assess their ability to practice as a pharmacist at three distinct levels: “I would seek out and refer others to this pharmacist”, “I would accept this person as my pharmacist”, or “I would not want this person to be my pharmacist”. The researchers will utilize these findings to explore what factors influence an SP to assign each rating following a student pharmacists’ OSCE encounter.

Methods

Individuals who were actively employed as SPs in Fall 2018 and had worked at least one prior examination were invited to participate in the study. Between two campus locations, AU HSOP hosts 87 (52 in Auburn, 35 in Mobile) active SPs from varied backgrounds and years of service. In recent years, the increased number of OSCEs due to a newly revised curriculum has resulted in increased recruitment for both campuses, with the majority of SPs working for AU HSOP no more than 2 years.

To gain a better understanding of how SPs evaluate students for practice-readiness, the research team designed a short survey to identify the qualities and behaviors SPs associate with each of the three practice-readiness rating categories. The short anonymous survey included two demographic questions (site location and years of service) and three individual open-ended responses asking for qualities/behaviors they associate with each unique category. Data were collected using a Qualtrics survey

that utilized open-ended responses to allow for authentic responses without investigator influence. SPs were invited to participate through an announcement posted on the learning management system used by SPs for all OSCE-related activities and had 60 days to complete the survey.

The proposed study was designed to allow the research team to better understand how SPs evaluate current student pharmacists for entry into practice. Researchers chose the constant comparative method for data analysis as it allowed for authentic analysis and for findings to emerge naturally. This method allowed the team to "develop concepts from the data by coding and analyzing at the same time"[15] and consists of four stages: 1) identifying comparable incidents that apply to each category, 2) merging categories with corresponding properties, 3) theory defining, and 4) theory narration.[15] A strength of this method is that it allows researchers to evaluate the data constantly, analyzing and coding to reinforce theory development.

Data analysis occurred over multiple stages. To allow for authentic reflection and interpretation of the data, each question was analyzed individually. To begin the process, the four-person research team met to discuss the research approach. Each coder then individually reviewed participant responses for the first open-ended response. Using open coding, each coder identified categories and sub-categories. The team then met to complete the axial step of the coding process. Using inductive and deductive processes, the team reviewed individual findings and collaborated to establish a unified understanding of the categories and sub-categories. As a final step, the team completed the selective coding process in order to identify the key core categories and affiliated sub-categories which are outlined in the corresponding codebook.[15-16] This process was then repeated for each of the two remaining open-ended responses. Following the completion of the third iteration, the team finalized the three unique codebooks (see Table 1), identified similarities and differences, and discussed theories that had been discovered. The Auburn University Institutional Review Board approved this study.

Results

A total of 55 SPs (61.1%) responded to the survey request, however only 50 participants completed the survey in whole. Of those that responded, 36 participants were based on the Auburn campus and 19 participants from the Mobile campus, which is representative of the total SP distribution between the two

locations. The participants were asked to indicate their duration of service categorically by selecting either 0-2 years (n=32; 58.18%), 3-5 years (n=16; 29.09%), or 6+ years of service (n=7; 12.73%).

The major themes identified for evaluating student pharmacists as “I would seek out and refer others to this pharmacist” include professionalism, patient-centered skills, communication, attitude, and preparation. Minor themes and descriptions can be found in Table 1. Some quotes that highlight scenarios in which SPs rate the student in this category include “I feel convinced they are truly a practicing pharmacist”, “… the student and patient connect and establish a brief but meaningful relationship”, and “This would be an exceptional student, very thorough and confident in delivery and knowledge, with a great understanding of the issue being discussed.” In addition to these major themes, an overarching theme that carried throughout the survey was the presence of the “it factor” or “something special”. Several SPs described students earning this rating as possessing an essence of excellence. One specific quote includes “… as the patient I can’t come up with anything they could have done better, sometimes a student will just have an extra something that sets them apart it can be appropriate humor, excellent verbal skills, outstanding command of the situation, calls the patient by name at the end of the encounter, etc…”. Student pharmacists achieving this designation performed exceptionally in all or most aspects of the performance-based assessment.

The next category SPs responded to was “I would accept this person as my pharmacist”. The major themes identified were professionalism, patient-centered skills, communication, attitude, and preparation. The responses from SPs for this category ranged from positive to negative aspects with an overarching tone that the student pharmacist performed well in some domains but may not have performed as well in others. An example that demonstrates this was a quote stating, “Their focus can sometimes be on making sure they cover all of their bases instead of a focus on taking care of the patient with complete confidence and genuine care.” Additionally, one SP stated that, “This one is the most often checked because most of the students are trying very hard. I realize they don’t know everything yet but will become a good pharmacist one day.” This statement demonstrates the realization that the student pharmacist is acceptable for their current status and with continued improvement throughout their coursework, they will be a good pharmacist.

The major themes identified for the rating of “I would not want this person to be my pharmacist” include lacking professionalism, patient-centered skills, communication, preparation, and ‘SP factors’. Recurrent

comments from the survey include, “unkempt clothing, dirty fingernails, or major irritating mannerisms”, “many who receive this rating seem less concerned with making the patient feel as if they are actually interested in helping the patient”, and “major lack of confidence and knowledge of the issues at hand. Repeatedly changing recommendation”. Of note, several SPs indicated that they rarely rate a student in this category with the understanding that there is room for improvement prior to graduation. Responses for this rating demonstrated an overall deficit in student performance within the assessment. Thematic findings showed commonalities with other practice readiness ratings, but sub-themes and descriptors were negative in nature.

Across all three ratings, the major themes that emerged included professionalism, patient-centered skills, communication, and preparation. However, perceptions varied across SPs as to what qualities and behaviors were acceptable for the seek out and refer and accept this pharmacist ratings. Additionally, several minor themes were identified across all ratings. Examples of these include professional appearance and demeanor/attitude, verbal and non-verbal communication, empathy, and confidence. Overall, based on the SP responses, the students’ ability to interact and connect with the patient is equally important as the students’ clinical knowledge in terms of determining their practice-readiness rating.

Discussion

To our knowledge, this is the first report of SP generated qualities and behaviors associated with patient preferences and acceptance of a practice-ready pharmacist during OSCEs conducted with student pharmacists. Although SPs were utilized for the purposes of this study, it is important to note, that these individuals also access pharmacy services within the community. A 1995 study examined the impact serving as a SP had on their personal view of healthcare services.[17-18] The researchers found that serving in this capacity altered SPs expectations of the healthcare professionals both at the trainee and practicing level. The SPs reported that they felt providers should “demonstrate good clinical skills, be empathic, not talk down to patients, and listen to patients’ concerns”.[17(p419)] As such, one should expect that SPs within our institution would integrate their personal expectations regarding those services into their overall expectations for students portraying a practicing pharmacist in these clinical scenarios.

Historically, studies have focused on patient choice of pharmacy and not on specific qualities of a pharmacist.[2-3,7] Franic et al[3] reported that patients preferred pharmacies with professional, friendly, and caring pharmacists and staff; however, other studies determined that availability of advisory services[2] or quality metrics[7] were more important than personnel-related attributes in choosing a pharmacy. A systematic review by Patel et al[19] reported pharmacy-related, staff-related, and service-related attributes that patients desire in a community pharmacy. While the study examined all three areas, for the purposes of this manuscript, the findings for the staff-related attributes (friendly, helpful, competent, and knowledgeable) indicate that patients do place an emphasis on a pharmacists' characteristics when accessing services. This variability in patient responses mirrors our findings in which SPs have varied thoughts on distinguishing between an acceptable and excellent pharmacist, but generally feel that professionalism, patient-centered skills, and communication are important qualities. Recent studies have focused more on specific attributes of a pharmacist preferred by patients, which aligns better with this analysis. Two such studies concluded that patients most often preferred a patient-centered approach to communication instead of a provider-centric paternalistic approach which is consistent with our findings.[8,20] Another study focused on attire as a sign of professionalism in male pharmacists.[21] Patients preferred their pharmacist to wear a shirt and tie, white coat, name tag, and dress shoes which is consistent with the dress code as described on the OSCE communication rubric. Many of the SPs completing our survey also commented that professional dress was very important, especially when determining between acceptable and excellent pharmacists.

While the evaluation of qualities and behaviors associated with the practice-ready assessment ratings provides valuable information regarding factors associated with excellent pharmacists, there are some factors that must be considered when interpreting the results. First, in addition to the practice-ready assessment, SPs complete a communication rubric designed to evaluate students in seven unique domains.[14] Completing this rubric and having familiarity with the knowledge and skills checklist for the case may influence SPs rating of students so that they would differ from a patient in a healthcare setting. In fact, several of the phrases and components from the communication rubric appeared in our evaluation of the SPs' survey responses. As a result, a few themes identified during coding were directly related to the communication rubric domains, such as patient-centered skills, professionalism, and delivery of content.

Even though they are instructed to disregard the knowledge and skills checklist while playing the patient role, sometimes SPs have difficulty evaluating a student's ability to communicate when they recognize that the student is not performing well on the analytical checklist, thereby influencing their assessment of the student's communication performance. This was evident in a few of the survey responses. One SP noted that a "Student should fulfill the listed grading criteria, be pleasant, appear knowledgeable & unrushed, and provide satisfactory closure, even if obviously nervous..." [I would accept this person as my pharmacist] which implies that the individual was focusing on a component of the experience (fulfilling the listed grading criteria) that should not be evaluated within the communication rubric.

Another way in which the SP evaluation may differ from patients in healthcare settings is due to their training. Especially for SPs who have worked several years, they have become familiar with how student pharmacists are taught and have been trained on what our expectations are. Over time, their expectations of a practicing pharmacist may evolve to something different from a patient who was less informed on a pharmacist's abilities. Other SPs claimed a lack of experience due to either having minimal work experience or never having given this rating to a student, and were unable to provide clear descriptors, particularly for the "I would not want this person as my pharmacist" rating. In addition, some SPs felt uncomfortable giving a 'failing' rating despite students receiving no penalty in their station grade. "I can't think of a time I would penalize a student so severely as to indicate non-acceptance. This is a learning situation, albeit, graded. If the perception of non-acceptance is so severe as to affect the behavior of the student, perhaps more preparation for testing is warranted." Other SPs preferred to leave the rating blank allowing faculty to determine based upon their written feedback. "If the student were really having a bad day and struggling to complete the interview/encounter, I'd prefer to leave the assessment unmarked and write a note explaining the unusual circumstance." Continued efforts in training SPs are ongoing to address these responses since faculty desire their true thoughts on the student's performance as a pharmacist.

Potential sources of bias also exist due to researcher involvement with OSCE and SP development. Three of the four researchers are closely involved with the development, implementation, and refinement of all OSCEs and serve as professional development instructors for SPs. Three of the four researchers were also intricately involved with the development of the new communication rubric that AU HSOP utilizes for all OSCEs with two of these three researchers serving as instructors preparing SPs to utilize the new

assessment document. As the researchers used a convenience sampling technique for recruitment, the responses provided may be a result of SP conditioning, as all participants were trained by the researchers to serve in this capacity. To assess these potential limitations, a larger, multi-campus study is needed to determine if SPs identify similar qualities and behaviors for practicing pharmacists within those defined ratings.

Next Steps

From the identified themes, a list of qualities and associated behaviors has been developed (see Table 2) to foster student reflection. To improve the feedback process, this finalized list will be provided to all SPs to promote more focused and specific feedback when evaluating student encounters. The list will also be reviewed during annual SP trainings to foster consistency amongst graders.

As a next step, the researchers also intend to incorporate these qualities and behaviors into a self-assessment rubric that students can use longitudinally throughout the curriculum to assist them in tracking their progression in these areas. This devised rubric will undergo a series of validation steps to verify that the outlined qualities and behaviors meet the expectations of faculty and preceptors within the School of Pharmacy. As practitioners working with the community, inclusion of this validation step will strengthen the self-assessment instrument and will allow students to actively reflect on how their progression within these qualities and behaviors match the expectations of current practitioners. This will allow students to make a concerted effort to address areas that require further improvement and will foster continued professional identity formation through continued self-assessment. Lastly, the finalized self-assessment instrument could then be considered for integration into other schools of pharmacy to assist students with assessing practice readiness.

Conclusion

Major themes that emerged from SP responses for each rating category included professionalism, patient-centered communication skills, and preparation; what differentiated students was their performance in each of these areas, with excellent ratings representing high performance in all areas and unacceptable ratings representing poor performance in these areas. The results of this study demonstrated continuity

within our pool of SPs regarding the qualities and behaviors they affiliated with each of the practice-readiness ratings. However, more research is needed to assess whether the same qualities and behaviors would be identified at other institutions.

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