

ASHP Statement on Professionalism

Position

Pharmacy is a profession. Despite the challenges to professionalism presented by changes in health care, pharmacists must embrace the responsibilities that stem from their profession's guiding principles. Among those responsibilities are advancing the well-being and dignity of their patients, acting with integrity and conscience, collaborating respectfully with health care colleagues, and seeking justice in the distribution of health care resources. The American Society of Health-System Pharmacists (ASHP) encourages pharmacy practitioners, administrators, faculty members, preceptors, and students to advance patient care and strengthen the pharmacy profession by promoting professionalism in everyday practice. ASHP urges pharmacists to dedicate themselves to serving the interests of their patients, and to practicing with compassion and respect for patients and their families. Pharmacists should commit to working cooperatively and with respect for other health care providers and to seeking to improve the quality of health care received by the communities in which they work and live. ASHP encourages pharmacists to serve as mentors to students, residents, and colleagues in a manner that fosters the adoption of high professional aspirations for pharmacy practice, high personal standards of integrity and competence, a commitment to serving humanity, habits of analytical thinking and ethical reasoning, and a commitment to lifelong learning.

Background

Between 1995 and 2005, the number of PubMed-indexed articles on professionalism quadrupled, from 50 to approximately 200 per year.¹ Professional associations from the American College of Physicians-American Society of Internal Medicine (ACP-ASIM) to the American College of Dentistry have convened task forces, developed white papers and charters, and initiated programs to increase the professionalism of their members.²⁻⁶

The rising interest in professionalism has been attributed to the perception that changes in health care delivery are eroding the professional standards of health care providers.² Among the changes confronting the pharmacy profession are managed care's continuing emphasis on cost containment⁷; increased demand for systems that ensure the safety of medication use⁸; technology-driven changes in pharmacy's core responsibilities, the most important of which is an expansion of the pharmacist's role in patient care^{9,10}; and a prolonged shortage of pharmacists.¹¹ Faced with such challenges, it is in the best interest of our profession and the public we serve to reaffirm our foundational principles. Hospital and health-system pharmacists must therefore define for themselves the principles that will guide them in their unique practice settings.

Guiding Principles and Responsibilities for Health-System Pharmacy

The use of the term "profession" to describe a group of individuals pursuing an occupation or career is based on the

idea that these individuals profess a common purpose.¹² The common purpose of pharmacists is eloquently stated in the eight principles of the Code of Ethics for Pharmacists.¹³

Professing these principles creates responsibilities for pharmacists. Foremost among these responsibilities is the obligation to place the well-being of patients at the center of pharmacy practice. Many of the other principles flow from the covenantal relationship between the pharmacist and the patient. To provide the best possible care, pharmacists dedicate themselves to maintaining professional competence through lifelong learning and contemplation. Professional education and advancing standards of practice can only be achieved through a profession's collective efforts; pharmacists therefore commit themselves to serve not only their patients but also their profession. Finally, pharmacists commit themselves to improving health care institutions not simply for the well-being of individual patients but for the benefit of society as a whole.

Incorporating Professionalism into Practice

ASHP encourages practitioners, administrators, faculty members, preceptors, and pharmacy students to contemplate and to incorporate into their practices the guiding principles set forth in the Code of Ethics for Pharmacists¹³ and the following ten characteristics of a professional:

1. knowledge and skills of the profession,
2. commitment to self-improvement of skills and knowledge,
3. service orientation,
4. pride in and service to the profession,
5. covenantal relationship with the patient,
6. creativity and innovation,
7. conscience and trustworthiness,
8. accountability for his or her work,
9. ethically sound decision making, and
10. leadership.⁶

Practicing and aspiring hospital and health-system pharmacists should develop a personal plan for professional development, encourage their colleagues to do the same, and share the results. Continuing education should be viewed as an opportunity to enhance one's practice rather than an obligation to be fulfilled in the most expedient manner.

Much could be done to make practice sites more conducive to professional behavior. Institutions can develop personnel recruitment, orientation, and evaluation systems that encourage professional development (e.g., by offering benefit packages that emphasize professional development rather than salary or by incorporating characteristics of professionalism into job descriptions).¹⁴ Administrators and pharmacists can promote professionalism by improving the pharmacy practice area to reduce environmental barriers to professionalism (e.g., cluttered, isolated, outdated, or cramped working quarters).

One of the fundamental services of a professional is recruiting, nurturing, and securing new practitioners to that profession's ideals and mission.¹⁵ For hospital and health-system pharmacists, professional socialization is especially important because the principles of institutional pharmacy practice are not emphasized in typical pharmacy curricula. Above all else, hospital and health-system pharmacists need to prevent "inconsistent socialization,"¹⁶ in which the principles of professionalism instilled in pharmacy students are undermined by a lack of professionalism in the role models they encounter when they enter practice. Pharmacy departments can avoid inconsistent socialization by promoting a culture of professionalism in the workplace through personnel recruitment and evaluation systems that emphasize professional development.¹⁶ Regardless of the level of support they receive, however, hospital and health-system pharmacists must commit themselves fully to their mentorship responsibilities.

ASHP urges practicing pharmacists to serve as mentors to students, residents, and colleagues in a manner that fosters the adoption of high professional aspirations for pharmacy practice, high personal standards of integrity and competence, a commitment to serve humanity, habits of analytical thinking and ethical reasoning, and a commitment to lifelong learning. Practice sites should designate preceptors, implement preceptor training programs, encourage preceptor adherence to the highest professional standards, solicit student feedback on preceptorship programs, and reward those who participate.⁶ Hospitals and health systems should also explore other ways to promote mentorship relationships among staff. Hospital and health-system pharmacists and students can participate in ASHP's Virtual Mentoring Exchange.¹⁷ ASHP encourages pharmacists, particularly new practitioners, to actively seek mentors.

Finally, hospital and health-system pharmacists can advance the cause of professionalism in health care by reinvigorating the mission development processes of their institutions, encouraging those institutions to revise their mission statements to describe how they will address such ethical issues as the treatment of patients, employees, and staff; institutions' responsibilities to their communities, to other institutions, and to their own futures; the need to honor founding traditions and sustaining principles; and the complex interactions of legal and ethical responsibilities and their obligations to meet legislatively and socially defined needs.¹⁸ In 1976, Anderson called on hospital pharmacists to "create a code that reflects our relationships with all of the different people and conditions under which we practice."¹⁵ The time has come for hospital and health-system pharmacists to join forces with other health care providers and patients to engage what has been called "the new authorities of health care"¹⁸ to attain the kind of health care system our patients deserve and our society demands.

Conclusion

The pharmacy profession's guiding principles are eloquently stated in the Code of Ethics for Pharmacists.¹³ Despite the challenges to professionalism presented by changes in health care, pharmacists must embrace the responsibilities that stem from their profession's guiding principles.

References

1. National Center for Biotechnology Information (NCBI). PubMed online database. Available at: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>. Accessed Jun 16, 2006.
2. ABIM Foundation, ACP-ASIM Foundation, and European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. *Ann Intern Med.* 2002; 136 (3): 243–6.
3. Yeager AL. Dental ethics for the 21st century: learning from the Charter on Medical Professionalism. *J Am Coll Dent.* 2002; 69(3):53–60.
4. Popp RL, Smith SC Jr. Cardiovascular professionalism and ethics in the modern era. *J Am Coll Cardiol.* 2004; 44(8):1722–3.
5. American Society of Health-System Pharmacists [ASHP]. 2001 ASHP Leadership Conference on Pharmacy Practice Management Executive Summary. From management to leadership: the building blocks of professionalism. *Am J Health-Syst Pharm.* 2002; 59: 661–5.
6. Adapted from: 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(1):96–102.
7. Zacker C, Mucha L. Institutional and contingency approaches to the deprofessionalization of pharmacy. *Am J Health-Syst Pharm.* 1998; 55:1302–05.
8. Pedersen CA, Schneider PJ, Scheckelhoff DJ. ASHP national survey of pharmacy practice in hospital settings: Prescribing and transcribing—2004. *Am J Health-Syst Pharm.* 2005; 62:378–90.
9. Reeder CE, Dickson M, Kozma CM et al. ASHP national survey of pharmacy practice in acute care settings—1996. *Am J Health-Syst Pharm.* 1997; 54:653–69.
10. Knapp KK, Okamoto MP, Black BL. ASHP survey of ambulatory care pharmacy practice in health systems—2004. *Am J Health-Syst Pharm.* 2005; 62:274–84.
11. Knapp KK, Quist RM, Walton SM et al. Update on the pharmacist shortage: National and state data through 2003. *Am J Health-Syst Pharm.* 2005; 62:492–9.
12. Knowlton CH, Penna RP. *Pharmaceutical care*, 2nd ed. Bethesda, MD: American Society of Health-System Pharmacists; 2003. p. 4.
13. Code of ethics for pharmacists. In: Hawkins BH, ed. *Best practices for hospital & health-system pharmacy*. Bethesda, MD: American Society of Health-System Pharmacists; 2005. p. 103.
14. Hammer DP, Berger BA, Beardsley RS et al. Student professionalism. *Am J Pharm Educ.* 2003; 63:1–29.
15. Anderson RD. 1976 Harvey A.K. Whitney lecture: the peril of deprofessionalization. *Am J Hosp Pharm.* 1977; 34:133–9 [reprinted in *Am J Health-Syst Pharm.* 2004; 61:2373–9.]
16. Manasse HR Jr, Stewart JE, Hall RH. Inconsistent socialization in pharmacy—a pattern in need of change. *J Am Pharm Assoc.* 1975; 15:616–21, 658.

17. ASHP Virtual Mentoring Exchange. Available at: www.ashp.org/virtual-mentoring/index.cfm. Accessed June 16, 2005.
18. Reiser SJ, Banner RS. The Charter on Medical Professionalism and the limits of medical power. *Ann Intern Med.* 2003; 138:844–6.

Developed through the ASHP Council on Pharmacy Practice and approved by the ASHP Board of Directors on January 12, 2007, and by the ASHP House of Delegates on June 24, 2007.

ASHP gratefully acknowledges the following individuals for reviewing drafts of this statement: R. David Anderson, B.S.; Jennifer

P. Askew, B.S., Pharm.D., CPP; Tammy Cohen, Pharm.D., M.S.; Karen P. Dunavant, M.B.A.; Teresa J. Hudson, Pharm.D., BCPP, FASHP; Terry Seaton, Pharm.D., FCCP, BCPS; and Jody Jacobson Wedret, B.S., FASHP, FCSHP.

Note: This statement had not been published in the *American Journal of Health-System Pharmacy (AJHP)* when *Best Practices for Hospital & Health-System Pharmacy 2007–2008* went to press. Some minor editorial differences may exist between this document and the official one that will eventually appear in *AJHP* and subsequent editions of this publication.