

ASHP Statement on Professionalism

POSITION

Professionalism, achieved by consistent demonstration of core values and guiding principles to obtain desired health and wellness outcomes, must be embodied by the pharmacy workforce. The pharmacy workforce engaged in ASHP includes pharmacists, pharmacy residents, pharmacy interns, pharmacy technicians, and may include other nonpharmacist support staff (eg, data scientists, inventory specialists, department business managers) in acute and ambulatory care settings. The pharmacy workforce must fulfill the responsibilities that stem from their profession's guiding principles and professional oath. Among those responsibilities are advancing the well-being and dignity of patients, acting with high personal standards of integrity and competence, using shared decision-making among healthcare providers to improve patient engagement and empowerment, and seeking justice in the stewardship of healthcare resources. ASHP urges the pharmacy workforce to dedicate themselves to practice with compassion and respect for patients, caregivers, and colleagues. The pharmacy workforce should commit to serving humanity, creating an equitable and inclusive healthcare system and society, resolving conflicts in a professional manner, pursuing continuous professional development and leadership development, and engaging in professional associations and advocacy, as well as further developing analytical thinking and ethical reasoning, effective interpersonal skills, and personal well-being and resilience. All forms of discrimination (e.g., on the basis of race, color, sex, national origin, religion, sexual orientation/identity, age, disability), harassment (including sexual harassment), and malicious behaviors such as bullying, intimidation, or exploitation go against the core beliefs of the profession. ASHP encourages the pharmacy workforce to advance patient care and strengthen the pharmacy profession by promoting and modeling professionalism in everyday practice across diverse settings, roles (eg, administrators, preceptors), and institutions. Pharmacists must provide person-centered care through medication optimization, considering effectiveness, safety, costs, and each patient's specific factors and individual needs. The pharmacy workforce should partner with interprofessional healthcare teams across the continuum of care

This is a prepress version of the statement that will appear in final form in *AJHP* at a future date.

That statement will replace this preliminary version when it is final.

to improve access to high-quality healthcare and comprehensive medication management services for the communities in which they work and reside. ASHP encourages the pharmacy workforce to serve as role models (eg, mentors, advisors) to student pharmacists, residents, technicians, and colleagues in a manner that promotes the adoption of high professional aspirations for pharmacy practice and personal standards of integrity and competence. Organizations should nurture professionalism, communicate with transparency, deliver high-quality patient care by ensuring staff competency and expertise, and ensure patient safety in collaboration with the broader healthcare community.

BACKGROUND

Instilling professionalism and fostering professional identity formation are continued areas of focus for the pharmacy workforce, as roles and practice models have evolved.^{1,2} According to the Interprofessional Professionalism Collaborative (IPC), interprofessional professionalism is defined as "consistent demonstration of core values evidenced by professionals working together, aspiring to, and wisely applying principles of altruism and caring, excellence, ethics, respect, communication, and accountability to achieve optimal health and wellness in individuals and communities."³

Pharmacy is not the only profession fostering professionalism among its members. Professional associations from the American College of Physicians–American Society of Internal Medicine 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.⁴⁻¹⁰ The IPC that defined interprofessional professionalism represents twelve health professions' programs and one medical education assessment organization.³

Professionalism warrants continued emphasis because changes in healthcare delivery and society have the potential to erode the professional standards of healthcare providers.⁴ Among the changes confronting the pharmacy profession are momentum to eliminate racial and ethnic disparities in healthcare and foster diversity, equity, and inclusion in healthcare and society;¹¹ expansion of the pharmacist's role in patient care;¹ and technology-driven changes in pharmacy's core responsibilities and communications.¹ With increased social media use blurring public and private personas, there is a need for professionalism in all forms of communication, which includes e-professionalism or "the attitudes and behaviors reflecting traditional professionalism paradigms that are manifested through digital media."^{12,13} Direct communication should be used to resolve perceived conflicts that may challenge the pharmacy workforce's ability to serve patients, teams, and the profession. As changes mount, it is in the best interest of our profession and the public we serve to reaffirm our foundational principles. The pharmacy workforce must therefore define for ourselves the principles that will guide us in our unique practice settings.



GUIDING PRINCIPLES AND RESPONSIBILITIES FOR THE PHARMACY WORKFORCE

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.¹⁴ The common purpose for pharmacists and pharmacy technicians surrounding the provision of patient care is eloquently stated in the Oath of a Pharmacist,¹⁵ Code of Ethics for Pharmacists,¹⁶ and the Pharmacy Technician Code of Ethics.¹⁷

Professing these principles creates responsibilities for the pharmacy workforce. Foremost among these responsibilities is the obligation to place the well-being of patients at the center of pharmacy practice. Among the responsibilities listed in the codes of ethics, there is a clear foundation of principles that establish trust, including acting with honesty and integrity at all times and respecting the values and abilities of all colleagues and healthcare providers. There must be zero tolerance in the pharmacy profession for discrimination (e.g., on the basis of race, color, sex, national origin, religion, sexual orientation/identity, age, disability), harassment (including sexual harassment), and malicious behaviors such as bullying, intimidation, or exploitation.^{18,19}

Many of the other guiding principles flow from the pharmacy workforce's covenantal relationship with a patient. To provide the best possible patient care, the pharmacy workforce must dedicate themselves to maintaining professional competence through lifelong learning and self-assessment. Professional education and advancing standards of practice can only be achieved through a profession's collective efforts; the pharmacy workforce therefore commits themselves to serve not only their patients, but also their profession. Finally, the pharmacy workforce commits themselves to improving healthcare 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 the pharmacy workforce and institutions to incorporate into their practices the guiding principles set forth in the Oath of a Pharmacist and codes of ethics,¹⁵⁻¹⁷ as well as other professional characteristics (Figure 1, Table 1).⁸⁻¹⁰

Practicing and aspiring members of the pharmacy workforce should develop a personal plan for continuing professional development, encourage their colleagues to do the same, and share the results. Professional development should be viewed as an opportunity to enhance one's practice and contribute to the advancement of the pharmacy profession, rather than an obligation to be fulfilled in the most expedient manner.

One fundamental tenet of a professional is recruiting, nurturing, and shaping new practitioners to that profession's ideals and mission.²⁰ In fact, professional identity formation or internalizing a profession's core values and beliefs can be a means to professionalization.^{2,21} Pharmacy workforce curricula should



address professional identity formation and professional behaviors. Additionally, the pharmacy workforce needs to prevent "inconsistent socialization," in which the principles of professionalism instilled in students and trainees are undermined by a lack of professionalism in the role models they encounter when they enter practice.²² 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.²² Regardless of the level of support they receive, however, the pharmacy workforce must commit themselves fully to their mentorship responsibilities.

ASHP urges the pharmacy workforce to serve as mentors to students, trainees, 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 and resident feedback on preceptorship, and reward high-performing preceptors. Institutions should also explore ways to promote mentorship relationships among staff as well as continuous open feedback and self-reflection. ASHP encourages the pharmacy workforce, particularly new practitioners, to actively seek mentors.

To make practice sites more conducive to professional behavior, institutions can develop personnel recruitment, orientation, and evaluation systems that encourage continuing professional development and promote well-being.²³ Additionally, the pharmacy workforce can advance the cause of professionalism in healthcare 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.²⁴

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." The time has come for the pharmacy workforce to join forces with other healthcare providers and patients to engage what has been called "the new authorities of healthcare" to attain the kind of healthcare system our patients deserve and our society demands.²⁴

CONCLUSION

The pharmacy profession's guiding principles are described in the Oath of a Pharmacist,¹⁵ Code of Ethics for Pharmacists,¹⁶ and the Pharmacy Technician Code of Ethics.¹⁷ As healthcare and society evolve, the pharmacy workforce must reaffirm the responsibilities that stem from their profession's guiding principles.



REFERENCES

- 1. ASHP Practice Advancement Initiative 2030: New recommendations for advancing pharmacy practice in health systems. *American Journal of Health-System Pharmacy: AJHP: Official Journal of the American Society of Health-system Pharmacists.* 2020 Jan;77(2):113-121. DOI: 10.1093/ajhp/zxz271.
- 2. ASHP policy 2129, Professional Identity Formation. In: Hawkins B, ed. Best practices: positions and guidance documents of ASHP. 2020-2021 ed. Bethesda, MD: American Society of Health-System Pharmacists; 2021. www.ashp.org/Pharmacy-Practice/Policy-Positions-and-Guidelines/Browse-by-Document-Type/Policy-Positions (accessed August 19, 2021).
- Frost JS, Hammer DP, Nunez LM et al. The intersection of professionalism and interprofessional
 care: development and initial testing of the interprofessional professionalism assessment (IPA). J
 Interprof Care. 2019; 33(1):102-15.
- **4.** ABIM Foundation, ACP-ASIM Foundation, and European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. *Ann Intern Med.* 2002; 136:243–6.
- 5. Yeager AL. Dental ethics for the 21st century: learning from the Charter on Medical Professionalism. *J Am Coll Dent.* 2002; 69:53–60.
- **6.** Popp RL, Smith SC Jr. Cardiovascular professionalism and ethics in the modern era. *J Am Coll Cardiol.* 2004; 44:1722–3.
- American Society of Health-System Pharmacists. 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.
- 8. 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.
- **9.** Popovich NG, Hammer DP, Hansen DJ et al. Report of the AACP Professionalism Task Force, May 2011. *Am J Pharm Educ.* 2011; 75(10):S4.
- **10.** Tenets of professionalism. American College of Clinical Pharmacy. *Pharmacotherapy.* 2009; 29(6):757-9.
- Report of the ASHP Task Force on Racial Diversity, Equity, and Inclusion. January 2021. https:// www.ashp.org/-/media/assets/about-ashp/docs/DEI-Task-Force-Recommendations.ashx (accessed August 19, 2021).
- **12.** Cain J, Romanelli F. E-professionalism: a new paradigm for a digital age. *Curr Pharm Teach Learn*. 2009; 66-70.
- **13.** Chisholm-Burns MA, Spivey CA, Jaeger MC et al. Development of an instrument to measure pharmacy student attitudes toward social media professionalism. *Am J Pharm Educ.* 2017; 81(4): Article 65.



- **14.** Knowlton CH, Penna RP. Pharmaceutical care, 2nd ed. Bethesda, MD: American Society of Health-System Pharmacists; 2003:4.
- 15. Oath of a Pharmacist. Developed by the American Pharmaceutical Association Academy of Students of Pharmacy/American Association of Colleges of Pharmacy Council of Deans (APhA-ASP/AACP-COD) Task Force on Professionalism, June 26, 1994. Revised November 2021. https://www.pharmacist.com/About/Oath-of-a-Pharmacist (accessed February 9, 2022).
- 16. Code of ethics for pharmacists. In: Hawkins B, ed. Best practices: positions and guidance documents of ASHP. 2020-2021 ed. Bethesda, MD: American Society of Health-System Pharmacists; 2021. www.ashp.org/Pharmacy-Practice/Policy-Positions-and-Guidelines/Browse-by-Document-Type/Policy-Positions (accessed August 19, 2021).
- 17. Pharmacy technician code of ethics. American Association of Pharmacy Technicians. January 1996. https://www.pharmacytechnician.com/pharmacy-technician-code-of-ethics/(accessed August 19, 2021).
- **18.** ASHP policy 2131, Zero Tolerance of Harassment, Discrimination, and Malicious Behaviors. In: Hawkins B, ed. Best practices: positions and guidance documents of ASHP. 2020-2021 ed. Bethesda, MD: American Society of Health-System Pharmacists; 2021. www.ashp.org/Pharmacy-Practice/Policy-Positions (accessed August 19, 2021).
- 19. Bissell BD, Johnston JP, Smith RR et al. Gender inequity and sexual harassment in the pharmacy profession: Evidence and call to action. *Am J Health-Syst Pharm.* 2021 Jul 7 [online ahead of print]. DOI: 10.1093/ajhp/zxab275.
- **20.** 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].
- **21.** Mylrea MF, Gupta TS, Glass BD. Professionalization in pharmacy education as a matter of identity. *Am J Pharm Educ*. 2015. 79(9): 142.
- **22.** 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.
- **23.** Hammer DP, Berger BA, Beardsley RS et al. Student professionalism. *Am J Pharm Educ.* 2003; 63:1–29.
- **24.** Reiser SJ, Banner RS. The Charter on Medical Professionalism and the limits of medical power. *Ann Intern Med.* 2003; 138:844–6.

ADDITIONAL INFORMATION

Developed through the ASHP Council on Education and Workforce Development and approved by the ASHP Board of Directors on January 20, 2022, and by the ASHP House of Delegates on March 25, 2022. This statement supersede a previous version dated June 26, 2007.



DISCLOSURES

The authors have declared no potential conflicts of interest.

AUTHORS

Angela L. Bingham, Pharm.D., BCPS, BCNSP, BCCCP, FASPEN, FCCP, FASHP

Philadelphia College of Pharmacy Philadelphia, PA

Seena L. Haines, Pharm.D., BCACP, CHWC, FAPhA, FCCP, FASHP, FNAP, RYT 500

University of Mississippi Medical Center University of Mississippi School of Pharmacy Jackson, MS

Jenna Summerlin, Pharm.D.

Johns Hopkins All Children's Hospital St. Petersburg, FL

Carol Heunisch, Pharm.D., BCPS, BCCP

NorthShore University HealthSystem Skokie, IL



FIGURE 1. INDIVIDUAL, SHARED, AND INSTITUTIONAL PROFESSIONALISM RESPONSIBILITIES.



- Altruism
- Continuing professional development
- Covenantal relationships
- Professional competence
- Work ethic

SHARED

- Accountability
- Advocacy
- Clinical judgment and evidence-based medicine
- Ethics
- Inclusivity
- Innovation
- Integrity
- Leadership
- Mentorship
- Professional stewardship
- Service orientation
- Trust
- Well-being



INSTITUTIONAL RESPONSIBILITIES

- Commitment to professionalism
- High-quality patient care
- Patient safety
- Transparency



TABLE 1. DESCRIPTION OF INDIVIDUAL, SHARED, AND INSTITUTIONAL PROFESSIONALISM RESPONSIBILITIES



- Altruism: Embrace selfless concern for the well-being of others
- Continuing professional development: Commit to continuing professional development to enhance one's professional practice
- Covenantal relationships: Value the patient-provider relationship
- Professional competence:
 Maintain knowledge, skills, and abilities
- Work ethic: Approach tasks with discipline, diligence, and hard work



SHARED RESPONSIBILITIES

- Accountability: Accept responsibility in accordance with the professional values
- Advocacy: Champion advocacy and professional advancement for safe and effective patient care
- Clinical judgment and evidence-based medicine: Incorporate clinical judgement and evidence-based medicine into therapeutic decisionmaking
- **Ethics:** Act in a manner guided by conscience
- Inclusivity: Promote a just health care system that values diversity, equity, and inclusion
- Innovation: Advance the profession through transformational practices
- Integrity: Exhibit high personal standards
- **Leadership:** Influence others with unquestionable integrity
- Mentorship: Serve as a professional role model
- Professional stewardship: Nurture the profession and pharmacy workforce
- **Service orientation:** Meet the needs of others
- Trust: Cultivate with honesty, consistency, and competency
- Well-being: Promote a culture of wellness



- Commitment to professionalism: Commit to professionalism as a core organizational value
- High-quality patient care:
 Commit to safe and effective, equitable patient care
- Patient safety: Ensure fail-safe medication use
- **Transparency:** Communicate with a culture of clarity and trust

