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Experiences in teaching and learning

Emotional intelligence scores among three cohorts of pharmacy students before and after completing the University of Oklahoma College of Pharmacy's Leadership Degree Option Program

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ABSTRACT

Background and purpose: Report change in Emotional Intelligence Appraisal scores among three cohorts of student pharmacists before and after completing the Leadership Degree Option (LDO) Program within the University of Oklahoma College of Pharmacy.

Educational activity and setting: The first three cohorts of student pharmacists who elected to enroll in the College's LDO completed the self-administered Emotional Intelligence Appraisal, Me Edition, at the start of the LDO program and again three years later at the end of the program. Paired samples *t*-test compared differences between mean pre- and post-scores stratified by gender.

Findings: A total of 36 students from Cohorts 1, 2, and 3 completed and voluntarily reported their scores of the Emotional Intelligence Appraisal. There was a statistically significant increase in mean overall Emotional Intelligence Appraisal score between the start and end of the LDO (pre = 76.39, post = 81.03, $p < 0.0001$). Statistical significance remained when stratified by gender. There also were statistically significant differences on various sub-domain scores.

Discussions and conclusions: We observed a before and after increase in Emotional Intelligence Appraisal scores among three cohorts of pharmacy students who completed a three-year LDO Program in parallel with completing the Doctor of Pharmacy Degree Program. Emotional recognition and management in oneself and others has potential to build leadership capacity that can be applied in the health-care delivery setting.

Background and purpose

The 2007–08 Argus Commission Report noted that influencing or navigating change in pharmacy requires leadership.¹ To adequately prepare graduates for entry into the changing health care system, Colleges/Schools of Pharmacy are responsible for creating and sustaining a learning environment that facilitates professionalism development among students. The critical role leadership plays

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as a part of professional behavior also is receiving increased attention. Pharmacy graduates must not only have the ability to practice patient-centered care but also the ability to lead change as positional and non-positional leaders in their respective practice environments. The importance of leadership in the profession is recognized by the Center for the Advancement of Pharmacy Education (CAPE) which advises leadership development as an outcome of pharmacy degree programs, and the Accreditation Council for Pharmacy Education Standards 2016 require pharmacy degree programs to offer professional and leadership development opportunities for student pharmacists.^{2,3}

There is no standard definition of leadership, which makes it challenging to assess leadership learning and development. Participation in traditional offerings of student leadership opportunities including co-curricular activities, holding a leadership role in a student organization, and volunteer or community service activities have shown positive outcomes on student development.⁴ A common factor of such activities involves relationship-building. Building effective relationships requires awareness of oneself and one's behavioral and emotional response in interacting with others. As such, a leadership-related topic that has gained increased attention is emotional intelligence. Various authors have defined emotional intelligence. Salovey and Mayer⁵ define emotional intelligence as, 'The subset of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions'. This definition includes desirable characteristics and skills needed to build relationships and effectively lead change in organizations.

The application of emotional intelligence in health systems organizations and provider care recently has garnered interest. A convenience sample of 42 nurses considered 'successful' in their practice completed the Emotional Quotient Inventory (EQ-i) and results showed respondents had a mean total EQ-i score considered to be in the average range, with an inverse relationship between respondent age and the subscale score for empathy.⁶ Another study administered the EQ-i to 14 faculty physicians and 16 physician residents. EQ-i scores were compared between physicians who were rated with 100% satisfaction by patients to those who were rated with less than 100% patient satisfaction. The authors found the subscale 'happiness' was significantly higher among the physician group with 100% patient satisfaction rating.⁷ These studies identify a potential need for professional development programming that targets emotional intelligence.

Evidence shows emotional intelligence can be developed in an individual.^{8,9} It also has been argued for emotional intelligence development over traditional skills training to achieve behavior change sustainability.¹⁰ Therefore, designing curricular or programmatic content that has potential to impact emotional intelligence development is important to consider. A recent study of pharmacists affiliated with the Pharmacy Leadership Academy of the American Society of Health-System Pharmacists Foundation reported significantly higher emotional intelligence scores among graduates of the program compared to those beginning matriculation in the program prior to leadership training.¹¹ No studies were identified reporting emotional intelligence scores among student pharmacists.

Given the potential for personal and professional impact, emotional intelligence content has been suggested for inclusion within the pharmacy degree program. Survey responses from leadership instructors for Doctor of Pharmacy students identified 12 Guiding Principles for student pharmacist leadership development, one of which addresses self-development and includes emotional intelligence.¹² Others advocate that emotional intelligence be considered as a pharmacy curricular outcome.¹³ Still others discussed the potential of emotional intelligence as a predictor of pharmacy academic or professional success.¹⁴

Pharmacy educational literature that informs about programming specifically on student leadership-related development and capacity is sparse. As interest in leadership development among student pharmacists continues to grow, examples of leadership-related educational offerings are needed. The accreditation call for including leadership content in pharmacy programming was our motive to report our observations of implementing emotional intelligence content within a pharmacy Leadership Degree Option Program. Our rationale for focusing specifically on emotional intelligence was in response to align our leadership curricular content with the Guiding Principles¹² discussed above. In this paper, we present basic empirical findings of change in emotional intelligence scores among pharmacy students along with discussion of its potential impact on student learning. The study protocol underwent review and approval by the University's Institutional Review Board.

Educational activity and setting

Degree option description

The University of Oklahoma College of Pharmacy offers a Leadership Degree Option (LDO) Program that students elect to complete over three sequential years during their second (P2), third (P3), and fourth (P4) years of the professional pharmacy degree program. Over the three years, students complete 10 didactic hours of leadership coursework that covers individual assessment and development, team dynamics, addressing barriers to individual behavior change, and leading change in organizations. Students also complete two, month-long advanced pharmacy practice experience (APPE) rotations in leadership during the P4 year as a requirement of the LDO. One of the individual assessments that students complete at the beginning and end of the LDO is the Emotional Intelligence Appraisal, Me Edition.^{15,16} We collected Emotional Intelligence Appraisal data on the first three cohorts of pharmacy students who completed the LDO and compared change in scores among the three cohorts before and after completing the LDO.

Student sample

The initial three cohorts of pharmacy students matriculating through the LDO comprised the subjects of interest. Subjects included pharmacy students who enrolled in the first course of the sequence of leadership elective courses in Fall 2010 (Cohort 1,

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