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An investigation of final year pharmacy students' moral reasoning ability, and their views on professionalism and fitness to practice panel determinations: A questionnaire study



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ABSTRACT

Background and purpose: The aim was to establish pharmacy students' moral reasoning ability and obtain their views on professionalism and fitness to practice (FtP) determinations involving pharmacists.

Educational activity and setting: Following ethical approval and piloting, final year pharmacy students at Queen's University Belfast (QUB) (n=119) were invited to participate in a questionnaire study. Section A was a validated moral reasoning assessment tool [Defining Issues Test (DIT2); five moral dilemmas], Section B was FtP cases and professionalism. Distribution occurred at a compulsory class. DIT2 data were scored by the University of Alabama. Descriptive statistics and non-parametric tests were used with significance level set at 0.05 *a priori*.

Findings: The response rate was 94.1% (112/119) and the 'DIT2 P score mean' (postconventional schema) was 25.21 ± 14.10 . Almost all [(98.2% (110/112))] fully understood the term "professionalism" and 83.9% (94/112) considered it reasonable for a professional code to apply always (within university and out socializing). Differences in opinions existed depending on what the FtP case related to. Students were significantly more likely to consider a 12-month suspension 'very lenient' or 'lenient' for a pharmacist's personal use of illicit drugs compared with theft of money/cosmetics (42.0% versus 64.3%; $p=0.031$). There were no significant differences between male and female responses/scores and no strong correlations between DIT2 scores and FtP/professionalism responses.

Discussion and summary: Pharmacy students appeared to understand professionalism and accepted being bound by a code. A level of discrimination between the FtP cases was evident. Moral reasoning ability was lower than expected for future healthcare professionals (see manuscript) requiring attention.

Background and purpose

Having to abide by a professional code (and being subject to fitness to practice [FtP] proceedings for breaches of this) is pertinent to pharmacists in the United Kingdom (UK)^{1,2} and other countries across the globe including New Zealand, Australia, and Canada.^{3–5} Indeed, in the most recent Pharmaceutical Society of Northern Ireland FtP Report⁶ there were 37 pharmacist FtP case files considered with issues including various convictions (alcohol, pornography, and theft related), a dispensing error and drug misuse.⁶ The Great

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Britain (GB) pharmacy regulator documents 65 pharmacist FtP cases for the year ending July 2016.⁷

Similarly, a code of conduct and FtP became relevant concepts to UK undergraduate pharmacy students six years ago with the principles of the code⁸ applying throughout their master of pharmacy (MPharm) degree program. This code⁸ is mapped to the pharmacists' professional code.^{1,2} Each accredited UK school of pharmacy must have FtP procedures to deal with students who fail to abide by the code. It is difficult to obtain UK-wide data to quantify the extent of these FtP cases; Queen's University Belfast (QUB) School of Pharmacy has logged around sixteen for issues such as fabricating feedback relating to work experience and alcohol-related issues that have occurred when out socializing.

While there may be a cohesive appreciation about the overall concept of professionalism, there is a lack of consensus on which skills or activities best describe what is meant by being a professional and differences in opinion exist as to how and when professionalism should be taught and assessed.^{9–11} In QUB School of Pharmacy, professionalism is not taught directly per se; rather, emphasis is placed on symbols (such as stipulating that professional dress be worn for various practice-based activities), exposure to role-models, and providing examples of unacceptable behavior. Moreover, when preparing undergraduate pharmacy students for their future roles as healthcare professionals, teaching about moral reasoning is important, given that moral decision making and professionalism are key attributes for maintaining patient welfare and providing high quality care.¹² Moreover, research involving community pharmacists in the United States of America found that moral reasoning skills appear to be linked to clinical performance and social desirability.¹³ Higher moral reasoning ability has also been correlated with academic success and cognitive growth.^{14,15} Indeed, “moral responsibility,” “the ability to critically evaluate viable options,” and “professionalism” are core components of the Accreditation Council for Pharmacy Education (ACPE) Standards 2016.¹⁶

While moral reasoning is also not explicitly taught in QUB School of Pharmacy, course content encompasses ethical decision-making and dilemmas (including debates¹⁷). In level 1, the students learn about the code⁸ and how it maps to pharmacy professional codes,^{1,2} which is largely acquisition of knowledge about professional codes, their purpose, and consequences of breaching them).

In level 2, students participate in group debates about ethical issues related to both pharmaceutical industry and pharmacy practice. Example debate titles include: “This house believes that the pharmaceutical industry unethically medicalizes ordinary aspects of life by disease mongering”; “This house believes that it is unethical to conduct research about medicines on animals”; and “This house believes that it is unethical for pharmacies to sell over-the-counter medicines and supplements that lack robust evidence of effectiveness.”

In level 3, students learn about ethical decision making at an individual patient level. This is done in tandem with the teaching of pharmacy law, which includes scenarios about prescriptions for controlled drugs not meeting legal requirements coupled with having professional responsibilities for the welfare of the patient.

In level 4, students complete interprofessional ethics workshops with medical and nursing students. In these workshops, students consider ethical issues that affect multidisciplinary teams and are exposed to different healthcare professionals' perspectives and decision-making processes. This includes the allocation of funding by the government to various healthcare services and the decision not to prescribe certain medicines due to cost.

A robust tool for measuring moral reasoning is the Defining Issues Test (DIT).^{18,19} The validity has been assessed using seven criteria cited in over four hundred published articles¹⁹ and, in terms of reliability, the Cronbach's alpha score of 0.70–0.80.¹⁹ There are two versions, with DIT2 being shorter than DIT1. DIT2 consists of five dilemmas to consider: (1) a father contemplating stealing food for his starving family, (2) a journalist considering whether to report a damaging story about a political candidate, (3) a school board chair wondering whether to hold a contentious open meeting, (4) a doctor faced with giving an overdose of analgesia to a suffering patient at her request, and (5) college students demonstrating against a foreign policy.¹⁹ The tool largely involves rating and ranking various statements that correspond to each dilemma.¹⁹ Various groups have used DIT1 and DIT2, including pharmacy, medical, dental, and nursing students.^{14,20–27}

The primary aim of this study was to ascertain the moral reasoning ability of QUB final year MPharm students and to investigate their views on professionalism, the code⁸ and FtP panel determinations. Secondary aims were to ascertain whether there were associations between moral reasoning ability and views on professionalism and FtP panel determinations, and establish if significant differences existed for two variables (gender and where most education was received prior to QUB).

Comparisons were done for male versus female responses as previous work in QUB School of Pharmacy on professionalism (mainly in the context of lifestyle activities such as tobacco smoking, alcohol and social media views and use) revealed differences in opinions.^{28,29} Similarly, place of education prior to university was investigated based on findings from other research.^{30,31} Associations between moral reasoning scores and professionalism/FtP determination responses were investigated because of the association between academic dishonesty and ethical reasoning among pharmacy and medical students in New Zealand.³²

While the DIT has been used to measure the moral reasoning ability of some pharmacy students in England, sparse work has been conducted across the UK and none in Northern Ireland. Research has been conducted in the UK about the teaching of ethics in pharmacy.^{33–35} Indeed, the APPLET (Advancing the Provision of Pharmacy Law and Ethics Teaching) project aimed to develop the undergraduate teaching of pharmacy law and ethics and standardize a core curriculum across the UK, ensuring pharmacy educators had awareness of current health care law, regulation, ethics and an understanding about professional attributes. APPLET also provided resources about how to teach and assess such topics, ensuring competency development of students and networking opportunities for educators.³⁶ Unfortunately, despite the importance of the subject area, the APPLET project ended around ten years ago due to funding issues. Moreover, in addition to DIT, a specific pharmacy ethics test has been developed [Professional Ethics in Pharmacy (PEP) test] and shown to be reliable and valid.³⁷

To our knowledge, there is no published work investigating moral reasoning while also ascertaining opinions on FtP panel determinations and professionalism (and associations between these). Additionally, the results of this study should assist QUB School

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