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Australian interns' perceptions of professional identity formation**

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Making the transition from pharmacy student to pharmacist: Australian interns' perceptions of professional identity formation

ABSTRACT

Background: The experience of transitioning from university to practice influences professional identity formation. It is unclear how this transitioning experience influences pharmacy interns' professional identities.

Objectives: To examine pharmacy interns' perceptions of their transition from university to the workplace and the influence this had on their professional pharmacist identities.

Methods: A qualitative approach using in-depth interviews was adopted for this study. Fifteen interns (both community and hospital based) from one School of Pharmacy in Australia were interviewed. Questions were asked about the nature of their current intern role, their university experiences, how they saw themselves as pharmacists and their perceptions of the transition to practice.

Key findings: The interns' interviewed entered the workplace valuing patient focused aspects of practice and making contributions to patient care. However, the nature of the work meant that there were limited opportunities to enact these aspects of their professional identities. In particular, the interns were challenged by interactions with patients and doctors and some found it difficult to reconcile this with their university derived professional identities.

Also, the interns lacked the confidence and strategies to overcome these challenges. Some were exploring alternative ways of being pharmacists.

Conclusions: This paper argues that graduates' experience of the transition to practice was challenging. This was due to nascent professional identities formed in university and a lack of workplace experiences enabling patient-centred practices. The interns' formation of professional identities was highly responsive to the context of work. To facilitate the development of Australian patient-centred pharmacy practice, supporting professional identity formation should be a focus within pharmacy education.

(258 words)

Key words: intern pharmacists; professional identity; pharmacy curriculum

Introduction

Making the transition from being a student into the world of practice as a graduate can be difficult and stressful as graduates often find that they are not prepared for the realities of practice.^{1,2} To address this, pharmacy educators have made significant changes to curricula, through experiential placements, the establishment of teacher-practitioner positions and by supporting professional socialization, to ensure graduates are prepared for work.

There are, however, a number of factors that can make the transition to pharmacy practice particularly challenging. Firstly, for Australian pharmacy graduates, the current state of pharmacy practice offers considerable variation in the way Australian pharmacists can practice. This ranges from clinical and patient-focused roles, such as accredited pharmacists and hospital pharmacists, to roles where there is a focus on technical medication dispensing services and financial transactions with customers.³ This variation in practice is compounded by disparate views, from the various professional bodies, about what it means to be a pharmacist.^{4,5}

Secondly, as a profession, pharmacists seem to be reluctant to take on new roles or expand the scope of their practice; instead there is a strong tendency amongst pharmacists towards the technical paradigm of practice, for example, a focus on compounding and dispensing.⁶⁻⁸ Thirdly, the universities, based on the Australian Pharmacy Council indicative curriculum⁹, seem to be directing students towards clinical and/or patient focus roles. However, a recent study examining the Australian internship year (which is similar to the

UK pre-registration pharmacist role) found that the intern experience does not, meet the interns' needs and expectations.¹⁰ In particular the interns felt that their university preparation, in terms of being prepared for new and alternative career pathways and the knowledge and skills acquired through their university education, was not being utilized in practice.¹⁰

A key enabler for successfully transitioning from university to work is the formation of a strong professional identity.¹¹⁻¹³ A strong professional identity has been found to motivate the beginning practitioner and assist them in establishing confidence in their role.^{14,15} It also enables them to become the kind of professionals they want to be often in spite of the realities of practice.^{11,15,16} In other words, a strong sense of professional identity is a key factor in both becoming and being an effective professional.^{13,17} Thus supporting the professional identity formation of students has become a key concern for educators in a range of professions including medicine^{13,16}, teaching¹⁸, nursing¹⁹ and higher education.²⁰

The formation of one's professional identity, often commencing before entry to professional education, has been found to be both ongoing and iterative as progress is made through the degree.^{14,16,18,20} Research examining Australian graduate pharmacists' experience of work suggests that although graduates are prepared for pharmacy work²¹, the transition, in terms of identity formation, can be difficult as interns are often unable to enact their professional identities and can feel disillusioned, undervalued and underutilized.^{2,3,10} Australian and UK studies have found that this can result

from pressure to perform routine and technical tasks (e.g. dispensing) at the expense of an expected clinical role.^{2,8,22}

Whilst there is a degree of congruence between these findings and those from other professions (e.g. teaching¹⁷; medicine^{23,24}; nursing²⁵) the issues being experienced by pharmacy graduates suggests that there may be factors unique to pharmacy hampering graduates identity formation. In particular, pharmacy is changing, that is, it is claiming to be a patient-centred profession and yet commentators suggest that in practice the profession has not adopted this focus.²⁶⁻²⁸ Recent studies suggest that this may be more of an issue in the Australian context as here a strong focus remains on drug distribution.^{3,29} Thus graduates are entering a world of practice where there may be a lack of congruence between the profession's stated philosophy of practice, which has been embraced by pharmacy educators⁹, and the realities of that practice. For example, graduates entering an internship in a community pharmacy may find that they are required to spend most of their time dispensing (as can be the norm for community pharmacists in Australia and the UK^{8,28,30}) and yet they had anticipated spending more time solving patients' medication-related problems.

A challenge for graduates' professional identity formation is that the culture of the workplace appears to have remained product-focused rather than patient-focused.^{7,31} Their potential role models may not be motivated in their role as pharmacists and may be experiencing high levels of dissatisfaction with their professional environment.⁸ They may also be lacking the ability to deal with

situations of ambiguity, be fearful of new responsibilities, be overly concerned about the perceptions of others and be risk averse.³² Elvey *et al*³³ found that pharmacists often have multiple identities, with that of ‘the scientist’ being the strongest, and this may create uncertainty for graduates around what it means to be a pharmacist.

Professional identity formation: Theoretical perspectives

This study drew on a sociocultural perspective of identity, developed by Wenger³⁴, whereby professional identities are understood to be constructed through an “evolutionary and iterative process” resulting in an individual developing a “sense of a professional self”.^{14,34} From this perspective professional identities are dynamic and change over time in response to the interplay between internal factors, for example, emotion, motivation, and claims an individual makes about themselves; as well as external factors, that is, how situations and society recognises a profession. In work contexts, professional identity formation commonly occurs through interactions with peers and practice-related experiences.^{14,35,36} The interplay between these factors can build and sustain our professional identities or can result in the retention of naïve professional identities.^{37,38}

Wenger³⁴ has identified five key factors influencing identity formation and these have particular relevance to workplace transitioning. Firstly, identity is a *negotiated experience*. In other words, it is through the interplay of participation (the action of a community) and reification (the structures and policies within a community) that meaning is negotiated and our identities are defined. Secondly, identity involves *membership within a community*. That

is, being a member of a community (e.g. a community pharmacy) promotes a familiarity with what is expected within the practice but also an understanding of what is not familiar. Thirdly, identity is a *learning trajectory*, that is, identity is ongoing and defined by where one has been and where one is going. Fourthly, identity results from a *nexus of multimembership*, in other words, identity formation is dependent on the way that individuals reconcile identities across different practices (e.g. the transition from university to the workplace). Finally, identity is a *sense of belonging globally but is experienced locally* whereby what we are doing in a local practice (e.g. hospital pharmacy department) relates to the profession's overall philosophy of practice.

In addition to the contextual nature of professional identity formation, insights from complementary professional education studies have made explicit factors which can support graduates' professional identity formation as they transition into the workplace. These include opportunities for observation, experimentation and evaluation.^{11,34,38,39} In order to construct one's professional identity, it is necessary to observe role models upon which to base potential identities.^{11,39} Role models can also validate a professional's identity.³⁸ For example, in the pharmacy context Pottie *et al*⁴⁰ found that as pharmacists integrated into a new context of practice, that is, general medical practice, their professional identities were aided by positive role models they observed and who also validated their identities. This means that it is important for becoming pharmacists to be in a context where they are able to identify and work with positive role models.

Professional identity formation also requires opportunities for engagement in practice that is, experimentation and engagement in meaningful activities, which are congruent with what it means to be that professional.^{11,39} Through this engagement interns further establish themselves as a professional. For the formation of professional identities to be successful, the workplace context needs to enable interns to engage in activities, form relationships and interact with others. For example, they need to be able to engage with patients and other health care professionals, in ways which support their perceptions of their future role.³⁴

Finally, due to the iterative and evolutionary nature of professional identity formation, opportunities are needed that allow interns to evaluate their experiences.^{11,39} The process of evaluation is both internal, that is, claiming or disclaiming a professional identity based on internal standards and external, for example, feedback to interns from other practitioners on their performance as pharmacists.³⁸

There is a lack of pharmacy-based research examining graduates' professional identity formation. Using in-depth interviews, this study examined pharmacy interns' perceptions of their transition from study to practice and the nature of their intern experience. The aim was to understand how they made sense of these experiences and constructed their professional identities as pharmacists.

Context of the Study

In Australia, before becoming registered pharmacists, students commonly complete a four-year Bachelor of Pharmacy degree and then participate in an approved one-year internship comprising supervised practice and an Intern Training Program (ITP).⁹ The Pharmacy Board of Australia regulates the internship process. The intern role is similar to pre-registration pharmacists in the UK. For example, Australian interns, like UK pre-registration pharmacists, are paid employees and they tend to work in either community or hospital settings.

The curriculum experienced by the participants in this study is typical of a number of pharmacy degrees across Australia.⁴¹ The curriculum content and structure are influenced by a range of factors. These include the necessity of complying with the Accreditation Standards as defined by the Australian Pharmacy Council^{9 42} and working within the funding constraints of the university funding policy for pharmacy programs.⁴³

The four-year Bachelor of Pharmacy commences with a combination of basic sciences (e.g. Chemistry) and pharmacy specific subjects (e.g. Social and Professional Aspects of Pharmacy). As the students progress through the program the subjects become increasingly pharmacy specific. This learning is supported with experiential placements. These placements vary from two hours per week (first year) to four-week full time placements (fourth year), primarily in community pharmacies.

METHOD

It was important to capture the various participants' interpretations of their experiences and how they saw themselves as pharmacists and thus face-to-face, in-depth interviews were used because identities are revealed through narratives.⁴⁴ The focus of this study was on the interns' perceptions of their experiences of this important transitional phase of their professional development.⁴⁵

Participants

All interns (n=175) from the same cohort who had been enrolled in one university in Queensland, Australia were invited to participate in the study via a presentation at an Intern Training Day. Interns who expressed an interest (n=27) in participating were purposively sampled to reflect the existing gender distribution of interns and settings of internship. The interviews were conducted until thematic saturation was achieved (all who were invited agreed to participate).

Data Collection

The interviews were conducted during September and October 2009 by the first author. This time frame was chosen as the interns were at least nine months, that is, three quarters of their way, through their internship. It was believed that they would have become thoroughly immersed in their work environment by that time, but would still be sufficiently recent undergraduate university students. The interns were reimbursed \$30 (AUD) for their time. The interviews, which were digitally audiotaped, took place at a location convenient for the interns (usually coffee shops or public places e.g. parks).

The interviews were guided by a topic guide which included the following: a description of their experiences as an intern, how they understood their role as a pharmacist; role expectations; any difficulties they had encountered during their internship; the nature of their curricular experience and how they had come to understand what it means to be a pharmacist (from their curricular experience). The recorded interviews were transcribed verbatim and the transcripts were loaded into the qualitative data analysis software package, HyperResearch® (Version 3.0.2).

Data Analysis

The focus of the analysis was on how the participants described their intern roles, their experiences of transitioning from university to practice, what they do in their jobs, who they interact with and how they described themselves as pharmacists now and in the future. The inductive analysis followed the phases of thematic analysis described by Braun and Clark ⁴⁶ that is: 1) becoming familiarised with the data by reading the transcripts, 2) generating the initial codes, 3) these codes were grouped to develop themes, 4) the themes were identified when repetition occurred in the data through participants 'indigenous categories' ⁴⁷ and 5) defining and naming the themes. Also, the data analysis entailed a process of constant comparison ⁴⁷. For example, it examined the difference between the individual responses related to interns' university experiences and their current roles; the differences between hospital and community interns and contrasted individual responses with the whole data set,. To ensure the quality of the data presented, team members independently read a sub-sample of the transcripts. They met regularly to discuss the data and the emerging codes, ultimately identifying

and agreeing upon the main themes. Any coding discrepancies were discussed and resolved.

The following abbreviations and notations are using in all transcriptions (Gender, x - y) where x=Interviewee code assigned to the participant and y = setting of internship. Where words do not add to the overall sense of the comment (e.g. like, um), they have been removed and "...” has been inserted into the text. Editorial comments or clarification of discussion points are included in [brackets].

Ethical Considerations

Ethical clearance was gained from the University of Queensland, School of Pharmacy Ethics Committee before commencing the study. The approval number was 2009/7.

RESULTS

Fifteen interns (male=5, female=10) were interviewed. Interviews lasted between 40 and 75 minutes. Six of the Interns were hospital based and nine were community based. Analysis of the interview data yielded three themes relating to the interns' transition to practice and its influence on their professional identity formation. These were (1) curricular influence on identity; (2) encountering the realities of practice; (3) understanding what it means to be a pharmacist.

Curricular influence on identity

There were two ways in which the curricular experience influenced the interns' formation of their professional identities. Firstly, identity formation was

influenced by the formal curricular experience, that is through participation in lectures, tutorials and laboratory practicals. Secondly, the interplay between university organised experiential placements and the formal curricular experience further influenced professional identity formation.

The interns all described their formal university experience as one dominated by lectures where they received theoretical information. Whilst they felt this equipped them with the knowledge needed to be a pharmacist, they all perceived that the most beneficial aspect of the curriculum, in terms of becoming a pharmacist, were the tutorials. It was here that they learnt practical skills about dispensing and counseling strategies. However, whilst this curricular experience enabled them to imagine what it might be like to be a pharmacist, these experiences had promoted a theoretical way of seeing the world. This was due, in part, to limited opportunities to observe or experiment with their professional identities. For example, although they had lectures about how a patient might be supported by a pharmacist, some of the interns had never had the opportunity to role-play counseling in the tutorial setting:

I think.... the tutors should encourage everyone to participate. Because in the past ...only those who...[were]...more outgoing volunteers, they are the one who always participate in the class but others always keep quiet. (Female Q3.2 - Community)

The assessment process provided few opportunities for students to experiment with their professional identities. For example, respondents felt that the assessments focused on recall of knowledge or seemed unrealistic.

As a result they felt that there was a disconnection between their university experience and the realities of practice:

It's an assessment... it's not like they actually really connect with the fact that this is something that is going to be their job; I'm just going to pass my assessment, frame of mind. There's such a huge difference from what you're taught to what you see [in practice] that you don't really believe that is your job. (Female Q3-8 - Hospital)

Based upon their formal curricular experiences the participants saw themselves as someone who provides patients with information and that if they identified any medication-related problems then the doctors would accept their advice:

At university they... ..they made it look like the doctor would follow what you said...but what I've found is that even though it's the right thing to do they might not follow it anyway. (Male Q3.5 - Community)

The interns believed that the experiential placements provided them with some opportunities to observe and experiment with their professional identities. These placements were mostly based in community pharmacies and gave them insights into the realities of what it means to be a community pharmacist and prepared them for community pharmacy work. These experiences had made them aware, as students, of the type of pharmacist they needed to be in the future. However, they had often been exposed to aspects of practice that did not conform to their university-based perceptions of becoming a pharmacist. For example, they found that pharmacists were often not taking the time to counsel patients or pharmacy assistants were providing counseling instead of pharmacists.

This interplay between the formal curricular experience and experiential placements left most of the participants concluding that their university experience had promoted an idealist way of being a pharmacist. That is, they had been taught 'best practice' with little insight into how to address the realities and complexities which occur in practice:

I think sometimes, yes, because we are trained so well at Uni [university] to counsel so thoroughly and because it comes back to what happens in the exams because in the exams...the assessors are very receptive to sitting there and listening. And that may not be... [in practice] you have to learn to prioritise stuff and... maybe...you don't have eight minutes of this person's time to counsel them...you've only got twenty, thirty seconds before they [patients] just zone out and switch off and start worrying about going out. So, I think, in reality you have to learn how to prioritise and if you can gauge whether there's someone who is not interested in hearing a lot of things, then quickly get the facts out and that's it. (Female Q3-4 - Hospital)

This idealised version of what it means to be a pharmacist presented at university lacked congruence with their practice experiences. The interns had limited opportunities to reconcile this dissonance and thus there was a 'university way' of being a pharmacist and a 'practice way':

...I have always had the impression that ...Uni [university] is Uni but then in the workplace everything is...a different style...that's...how I...came into the profession and I never...felt like I was ready. (Male Q3.5 - Community)

In summary, the interns left university with an idealised, yet patient-centred, understanding of their pharmacist identities. There were limited curricular opportunities to experiment with their professional identities. Some

experiences had created dissonance between who they saw themselves as and the realities of practice. These often remained unresolved when they entered practice.

Encountering the realities of practice

Upon entry to practice, the construction of the participants' professional identities was strongly influenced by the context of their workplace, that is, by the opportunities they were given to experiment with and evaluate their professional identities. There were two key factors which influenced the formation of their professional identities. These were 1) the nature of their role and 2) their interactions with others.

Nature of the intern role

There was some variation between the roles experienced by hospital and community interns. Firstly for the community interns, there was a predominance of product-focused activities. They spent significant amounts of time dispensing, preparing dosage administration aids and occasionally counseling patients. While, this was something that they had expected, the reality of spending most of their time dispensing was underwhelming.

All of the community interns indicated that they were often involved in administrative and business related activities (e.g. managing accounts; organising the Pharmaceutical Benefits Scheme (PBS) claims; stock procurement). They felt that they had not been prepared for some of these activities, and interestingly they did not consider that this was contributing to their professional identity:

I pretty much have two roles combined which is a pharmacist or as an intern pharmacist and a bit of an...administrative person...I'm unpacking all of the orders, I am placing all the orders, I'm doing all of that... junk as well which is not, there is nothing in our degree about any of that stuff. (Female Q3-12 - Community)

By way of contrast the hospital interns, felt their role had a greater focus on patient-centred activities, which motivated them, and was congruent with their expectations of being a pharmacist. There were also aspects of their role, such as medication history taking and medication reconciliation, which they felt they had not been adequately prepared for. This group of interns had been assisted in their transition from university to the workplace with a workplace-orientation that recognized their status as newcomers to hospital pharmacy practice:

In terms of curriculum to then starting work it was pretty much, you'd never seen it [pharmacy work in a hospital] and then it's all completely new but...the people who train you in hospital are aware of that so they take that into account. (Female Q3.8 - Hospital)

Interaction with others

The interns also described contextual aspects from their internship which they felt influenced their enactment of their professional identities. In particular, their interactions with patients, doctors and other members of the pharmacy profession had a significant influence on their professional identity formation. Not surprisingly, there was considerable variation between the types of interactions experienced by community and hospital interns.

Interacting with patients: Most of the community interns described experiences with customers or patients, which had not gone as they would have expected. For example, many found that customers and patients were not responding favorably to their attempts to enact their pharmacist selves. They either did not want to listen to what the interns had to say or actually become angry with the interns. This left the interns struggling to establish their identities as their university-taught notions of patient-centeredness were an integral part of being a pharmacist. As one intern observed:

...the thing that I found most difficult to deal with is if the customer isn't happy for whatever reason and they get angry or if you do something wrong and..., they are unhappy with you, probably I'm just thinking some customers here just aren't happy and if whatever you've said isn't the right thing and you try and fix it and you can't...we had a customer who used to leave all of his prescriptions [with us]...I think he was a nurse, we never knew quite what was wrong with him, but it became pretty clear that he had an opioid dependence and we [the pharmacist and intern] said to his wife I think, he needs to go to a chronic pain clinic.... and the wife just snapped and took all of their prescriptions and told us it was a breach of confidentiality. (Female Q3-11 - Community)

Most of the interns acknowledged that they lacked strategies for dealing with these situations. They tended to base their actions on the notion that the key way to be a pharmacist was to provide succinct information to the patient:

Yeah, I think...all you got to do is...[when patients don't want to listen] be short and sharp and to the point and just make sure they understand the main points. (Male Q3.5 - Community)

This contrasted with the hospital pharmacy interns who mostly found that their interactions with patients tended to be positive and reinforced their sense of professional identity:

I had an elderly lady who'd been in a nursing home...I was able to tell her a little bit about what'd changed with her medication and...she's had a fall and they wanted to decrease her antihypertensives...so I talked to her a little bit about it in very layman, kind of, terms and...I want to talk to her daughter again in the afternoon when she is here. (Male Q3.6 – Hospital)

Interacting with doctors: The interns all found it difficult to establish how they, as pharmacists, related to other members of the health care team. In particular, the formulation of their identities in relation to doctors was difficult and this was attributed to the curriculum's idealised presentation of the relationship. Several of the participants (both hospital and community) indicated that when they interacted with doctors, they felt confronted by the notion that their advice would not always be accepted and again needing to reform their identities to conform to the realities of practice:

...I think at Uni [university], in all our exams, it's a controlled situation where it's a "call the doctor"...if you say what you want to do, the doctor always says that's fine, great, let's do it.....so I guess it's hard when you are coming to an environment where the doctors don't really care, they'll just do what they want to do regardless. (Female Q3.4 -Hospital)

I guess it is difficult, ...when you make recommendations to the doctors and they don't choose to take it, that's when I find it really difficult...I find it difficult, I...felt like...my hands are tied, because he is like the main principal care provider so you can't really undermine what he says but then again you sort of have this in the back of your mind that it is the wrong thing. (Male Q3.5 – Community)

Interaction with other members of the pharmacy team: There was considerable variation in the way the interns described their experiences of working with their pharmacist and/or preceptor role models. Most of the hospital interns provided examples of working closely with other pharmacists and tended to feel well supported by other pharmacists. This enabled the interns to enact their pharmacist identities in a supportive environment. Some of the community interns also felt that their preceptors were positive role models:

So my boss is pretty good like that, he spends a lot of time like sorting them [angry patients with drug addictions] out and trying to explain to them why they can't do it [receive over the counter medicines known to contribute to addiction]. (Male Q3.9 - Community)

A minority of the community interns reported less positive experiences with their preceptors or pharmacist role models, whereby they were left feeling unsupported:

My preceptor, apparently, I probably see her passing twice a week. She is just not involved in my work at all, not interested, um, far too busy, she is actually the manager of the entire store, as well, and it is quite a big store...So, yeah I would have probably five minutes worth of dialog with her per week if I'm lucky and it's been like that since the first month that I was there, I would say that I don't really have a preceptor...(Female Q3.2 - Community)

Also, for some of the community interns, interactions with members of the pharmacy team, for example, pharmacy assistants, seemed to hamper their professional identity formation. That is they were trying to establish their

uniqueness as pharmacists often in situations where that uniqueness, that is their skills as pharmacists, was not always obvious or well differentiated. For example, one intern felt that a number of 'pharmacist tasks', , were being performed by assistants and technicians and was questioning where the uniqueness is for the pharmacists' role:

...when I am just taking a script in and handing a script out...all of the assistants do that, too...that's not really a pharmacist, sort of a thing, neither is dispensing anymore because we have techs[technicians] as well so, you know, there's really no skill involved in that either. (Female Q3.12 - Community)

Also, a number of the community interns felt that the expectations of their managers and preceptors as well as the workplace environment, challenged their professional identities. In particular, a number of interns found it difficult when they were asked to perform activities where they had concerns (e.g. legal and/or ethical):

I find it hard to sell complementary medicines to the patient because we do our study in Uni [university], they always say there's not enough evidence for [some] supplements and when the patient asks me if [the supplement] is effective, I find it hard to say no or yes because I don't want to lie to them but I don't want to get angry [sic] by my pharmacist preceptor, as well. (Female Q3.2 - Community)

Each of these contextual factors seemed to be challenging the identities they had formed as students. This was more so for the community interns.

Understanding what it means to be a pharmacist

There were often significant pauses as the interns took time to answer the question about what it means to be a pharmacist and to make their understanding explicit. For example:

It shouldn't be this hard to think of one, [long pause], um, I can't think of anything life changing this year. (Male Q3-13 - Community)

Oh, this is hard. Um, [long pause] I suppose it depends, there are so many situations like whether, whether you are providing advice to a doctor or whether you're counseling a patient, oh, like I think it is impossible to pin point or for me to pinpoint. (Female Q3.10 - Hospital)

Overall the responses seemed to be patient-focused in terms of how they understood what it means to be a pharmacist. For example, all of the scenarios included a patient and ways they had helped with medication-related problems. For example, addressing a dosage issue for a patient and their doctor:

...we had a patient, he's been on multiple pain medications, he's on, Oxycontin, [with a] total daily dose 90 milligram...he was on a really weird dose like 30 milligrams three times a day. Anyway the doctor was switching him to the fentanyl patch and...didn't know which dose to give...he wrote the script for two different strengths...gave it to the patient and said go to that pharmacy...the doctor called us up and asked us which strength to use...then we explained to the patient why we chose that strength and how to use it. So I think that, that's really the role of pharmacists...provide drug information to both the doctor and the patient (Female Q3.2 - Community)

The other day ...a patient came in with dig [digoxin]-toxicity and there were no other indicators and the doctors...were wondering....[what] was causing it...she was on clarithromycin [there] is an interaction...increases the dig [digoxin] levels...I discussed that with the doctors and then they're like oh, okay, so they withdrew the clarithromycin and then it all started coming back down again, and ...in that sense...because we will look at everything from a medication perspective and the doctors look at it from...a diagnosis perspective, it...feels good because...I was the one who...worked out why she was so toxic...that was a good feeling. (Female Q3.10 – Hospital)

In the main, the interns felt that what was central to being a pharmacist was identifying and solving a drug-related problem. This could involve a patient who has started a new medication, or a patient who is experiencing an adverse effect. It could also involve being asked to solve a problem, e.g. a doctor asking for information. The solution might be providing the patient with information or making recommendations for medication changes. An example of identifying and solving a drug-related problem is presented below:

...one which stands out is a hospital script I had which was for a 82 year old lady, who had just been into hospital, got out, the script was illegal because it didn't have the prescriber number, it didn't have the date...the dose for trimethoprim was 1 BD until all finished; And I knew straightaway that it's only supposed to be one daily so I checked all the resources that I had which was MIMs [Monthly Index of Medical Specialities] and AMH [Australian Medicines Handbook] and APF [Australian Pharmaceutical Formulary] backed that up, had it ready to go and then I rang the hospital and I got the dose changed. That to me, you know, when you're actually seeing a problem, fixing it out and making sure the patient not being...affected by the medication, that to me, that's what it is to be a pharmacist. Not just dispensing [laughs]. (Female Q3-14 - Community)

However the interns also felt challenged and their confidence was hampered when a potential solution to a problem or the provision of information was met with resistance from the patients or doctors:

my [difficult] situation was with this patient who had been prescribed, they'd [the medical staff] changed one of their medicines...for one of the conditions and they [the patient and parent] were very strongly against that choice...it's happened a couple of times and in one situation it was a complimentary medicine changing it into a conventional medicine. And...and telling them to cease it because it could interact with their other medications. (Male Q3-1 – Hospital)

The strategies they used to address these challenges mirrored their naïve understanding of being a pharmacist. In a number of instances the interns reassured themselves that if they had provided the information then they had also met their professional responsibilities:

...well I guess...it is not necessarily the fact that they don't want to hear they just probably don't think that it...seems important to them...they might not see it as something that will affect them...tremendously so they just [say] whatever the doctor told me to take the tablet I'm just going to take the tablet. So they're coming from a different mindset so I guess it's just up to the person really, all you can really do is like try your best to deliver information across and if they take it on board they do, if they don't and then they don't but at least you've done your job. (Male Q3-5 - Community)

Through these difficult experiences the interns concluded that they were not well equipped for the realities of practice. They acknowledged that they needed to reconcile their own expectations and their university-based understanding of the profession with the realities of practice. As a consequence of this, a few of the interns (especially those located in the

community) were underwhelmed by their experiences and who they saw themselves becoming. In particular, they felt that they were not making the impact on patients' healthcare that they had anticipated and often dismissed the salience of their contribution. For example, when reflecting on the contributions made to patient/consumer care one intern responded in the following way:

...I guess, you could say that that made me think, wow, I've been a pharmacist, but, [laughs] I don't think I've ever had any astounding moments where I thought wow, thank God I'm here...I don't know if I'm ever going to be an amazing pharmacist.

(Male Q3-13 - Community)

Most of the interns concluded that they would need to renegotiate their professional identities to be congruent with the realities of practice. That is, they needed to make a shift to a different trajectory (and thus a different identity) in order to 'survive' in practice as a pharmacist. These interns were aligning their identities to the context. For example, a number of interns through their internship had become aware of other opportunities, which differed from their expectations, such as the business aspects in community and wanted to pursue this:

...I would say am happy where I am because I found a different side, actually a lot more business side and doing accounts and the tax and I feel I could set up...a small business after this year which is good, instead of being stuck during hundreds of scripts per day. (Male Q3-13 - Community)

Whilst other interns felt that they would need to change context so that they would be able to enact their desired pharmacist selves:

....yeah, before but now after I started working and dealing with different kind of a, lot customers I started to like this job and quite dedicated to it as well but sometimes in retail pharmacy it's...I don't know how to say it....I think it depends if you work in a hospital pharmacy I think you will be more dedicated to your job but in retail it's more into business stuff, yeah....I will try my best to get into hospital. (Female Q3.2 - Community)

Based on their experiences, a few of the interns had become concerned about what the profession offered them in terms of future career opportunities and were struggling to establish a suitable career trajectory for themselves.

They were concerned that they were not able to progress:

I think pharmacy as profession, you can't specialize...there is no formal qualification for specialization so...my whole debate is now, I'll get registered where do I go from there?...there is no way to move forward...if I stay in [the statewide hospital network] I can do...a post graduate certificate, I can get a ten dollar pay increase but then what do I do after that....for personal satisfaction. I can go get a masters or a PhD but within my work place that's not going to move me up...so I think that's a bit of a let down. And I think that is something I never really realised at university. (Female Q3.10 - Hospital)

In summary, the interns struggled to make explicit what it meant to be a pharmacist and this may have been due to the lack of congruence between their expectations and the realities of practice. Whilst they aspired to be, and enjoyed being, patient-centered practitioners, they felt challenged when their attempts were not recognized and began to dismiss the contributions they were making. As a result of this a number of the interns were renegotiating their identities in response to the workplace context or considering other options.

DISCUSSION

The main finding from this study was that the participants had developed idealistic professional identities through their university experience and the transition to the realities of practice challenged this idealism in a number of ways. Firstly, and particularly for community interns, the nature of their work often did not meet their expectations. Whilst they valued the patient-related aspects of being a pharmacist, the interplay between their naïve identities and the context of work made it difficult for them to enact these identities.

Secondly, the participants held onto the notion of being 'medicines advisors', however, the response from patients and doctors often meant they were not being recognized for this particular skill/or in this particular role as they had anticipated based on their university experience. The interns seemed to struggle to reconcile these tensions.

This study was based on a small sample of participants from one Australian pharmacy school and this may limit the transferability of the findings.

However, there are limited studies examining pharmacy interns' professional identity formation and this study will contribute to understanding interns' professional identity formation as they transition from university to practice.

The study's transferability has been enhanced by rich descriptions.^{48,49}

There were more females than males and more community interns than hospital interns but this is typical of the Australian intern pharmacist population.¹⁰ This was addressed in the data analysis by ensuring that the themes were equally examined from all groups.

There are limitations with Wenger's³⁴ theory of social learning. For example, it does not acknowledge the interplay between one's overarching personal identity and professional identity formation.⁵⁰ However the key objective of this study was to examine the influence of the transitioning experience, from university to the workplace, on interns' identity formation rather than an all-encompassing examination of interns' professional identity formation. Despite these limitations we believe that Wenger's³⁴ theoretical framework does address some important aspects and concepts related to identity formation in the context used here. In addition it provides useful insight into the influence of education and the workplace on professional identity formation and allows pharmacy educators and practitioners to make changes to the curriculum, which support professional identity formation.

The first author, a pharmacist and working as a part time academic in the postgraduate clinical pharmacy program at the time of the study, conducted the interviews. These factors may have caused the students to withhold or describe their experiences in a positive way. The candid comments and frank descriptions suggest that this was not the case and perhaps this was advantageous, in that, the participants may have felt the interviewer was likely to understand their experiences.

Finally, while this study's data collection took place in 2009, the findings of this study remain relevant. Similar Australian pharmacy practice studies^{8,10}

with more recent data collection suggest that the dissonance between the idealist role portrayed in University, and the realities of practice remain.

Entering the profession

The interns in this study seemed to experience a shift from being idealistic about being a pharmacist to adjusting to the realities of practice. Overall though, most held onto an idealistic understanding of being a pharmacist throughout the transitioning. This contributes to our understanding of pharmacist identity formation in the Australian context. Also, this finding supports previous pharmacy studies from the UK ² and Canada. ^{51,52} The problem with this was that whilst the interns had developed theoretical patient-centred approaches to practice, this type of practice did not exist in reality. Instead, similar to other Australian studies, there was often dissonance between their expectations and reality. ¹⁰ Their university experiences had not enabled the interns to practise being patient-centred nor were the realities of practice being acknowledged or addressed. ^{10,53}

These findings begin to explain the dissatisfaction experienced by newly qualified pharmacists. ² However, this is not unique to pharmacy and has been identified in other professions e.g. teaching. ¹¹ There is a need for pharmacy educators to ensure that opportunities are available in the curriculum for meaningful experimentation with professional identities. The pharmacy curriculum needs to provide opportunities for students to have explicit conversations about these experiences of dissonance and consider how these might be addressed. ⁵³ This could occur through the provision of

authentic learning experiences where students are able to negotiate the chasm between the ideal and the realities of practice.¹¹

This is especially important for a changing profession, such as pharmacy, because when graduates have a clear sense of themselves and an understanding of what they might encounter in practice, they will be more likely to cope with the experiences and at the same time maintain a sense of professional self.¹¹

Being recognized as a pharmacist

The findings from this study suggest that the participants emphasized the importance of applying their medicines knowledge when advising patients and doctors. In other words, they saw themselves as medicines advisors and this is congruent with several UK studies.^{33,54} However, this study illustrates how the interns were being received, when enacting this 'medicines advisor' identity, by both patients and doctors and the influence this had on the interns' professional identity.

Being recognised and received as an emerging pharmacist by others (e.g. the profession and its clients) is an important influence on professional identity formation.^{34,39,55} When there is alignment between the graduates understanding of who they are and interactions with other, this validates their professional identities.^{13,15} Our findings suggest that the interns often felt that they were not being acknowledged as pharmacists in the way that they had expected. This made it difficult for the interns, especially the community interns, to reconcile who they thought they would be, patient-centred

practitioners, with the way that they were participating in practice, engaging in administrative and business related activities, and in some instances interns were reformulating their identities to maintain congruence with their work context.

Internationally pharmacy describes itself as a patient-focused profession⁵⁶, the patient-intern interaction experienced by the participants highlights an important, yet under-examined aspect of pharmacy education professional identity formation. That is, the interns while they saw themselves as medicines advisors they lacked an ability to respond to individual patients' medication-related problems and issues. Thus educators need to provide experience whereby are equipped to deal with the realities of individual patient needs. It would seem from the findings that the interns' reconciliation of the 'nexus of multimembership'³⁴, that is, between university and practice, resulted in them understanding their relationship with patients in a rather constrained way. In other words, they would dismiss an experience, such as assisting a patient with adherence issues, as irrelevant, unless they were doing what they understood it meant to be a pharmacist, providing medication-related information. Thus, the interns seemed to lack an awareness of the different types of legitimate relationships pharmacists can have with their 'patients'.⁵⁷ This suggests that professional identities may be supported by curricular experiences whereby early and meaningful patient contact is at the core of the experience for this has been found to promote smooth transition for doctors.^{58,59} However, there is limited evidence of patients being included pharmacy education.^{60,61}

Pharmacists' ability to interact and work with doctors is one of the key aspects of ensuring patients' medication safety.⁶² The interns often described that they struggled in their interactions with doctors. It seemed that they had a limited appreciation of the doctors' perspective. This highlights an important issue for professional identity formation, in that, these sorts of negative experiences can disaffirm emerging professional identities.²³ This transition could be aided by interacting with doctors and medical students early on in their education. Early interactions with doctors could assist pharmacy students', and then graduates', understanding of their own professional identity, that is, their unique professional identity, as well as how their identity relates to other professions, that is, interprofessional identity.⁶³ Pharmacy educators, as a priority, need to be enabling meaningful inter-professional education activities where multi-professional learning activities (e.g. professionals work together on case-scenarios together^{64,65}) feature as a regular part of the curricular experience.

Understanding What it Means to be a Pharmacist

Overall the experiences of transitioning to practice and the nature of their work (especially for the community interns), left the interns struggling to make explicit how they saw themselves as pharmacists. In some instances, their identities seemed conflicted between how they had imagined themselves as pharmacists, albeit in an idealistic manner, and the realities of practice. This finding is interesting when compared to other professions such as medicine⁶⁶ and dentistry⁶⁷ where these students and graduates had a clear sense of who they were and who they were becoming. Perhaps one reason for this was

how the interns were received at a local level, that is often not being well received by patients, was not connecting with their global understanding of the profession, that is wanting to be patient-focused pharmacists.³⁴ As a result the interns were struggling to see how they could reconcile who they wanted to be and who they had been led to believe they would be, with the realities of practice. This perhaps explains the multiple ways pharmacists understand their identities.³³

Being recognised as a pharmacist is likely to be a greater challenge in the Australian context as there is no accepted global statement on what it means to be a pharmacist and beliefs about what it means to be a pharmacist varies considerably.³¹ Thus Australian patients and consumers can be presented with a wide range of pharmacy practices; from a dispensing-only service to a comprehensive medication review.

Finally, being exposed to positive role models is important for the formation of strong professional identities.^{11,38 39,44} While most of the hospital interns seemed to be working with positive role models, it is concerning that a number of the community interns were exposed to role models and practices which lacked congruence with their understanding of what it means to be a pharmacist. The profession needs to consider the implication this has for interns' professional identity formation and take responsibility for socialising its graduates into practices which nurture patient-centred practitioners. One strategy, which might assist, is to structure the intern-training program along the lines of the medical internship. Using this model pharmacy interns would

rotate through a range of settings including both hospital and community practices and work with accredited/consultant pharmacists.¹⁰

Overall the findings from this study suggest that while attempts are being made to prepare students as patient-centred practitioners, the curricular experience was not offering meaningful learning with expert patient-centred practitioners or with key members of pharmacy's community of practice, such as patients and other health care professionals. The consequence of this is that interns were entering practice with naïve professional identities, which were then highly responsive to context. The interns struggled to cope with the uncertainty associated with the realities of practice.

It would be naïve to think that simply by constructing learning experiences, which are intended to promote identity formation, students will become patient-centred practitioners. Pharmacy in Australia is an emerging profession and thus the students' encounters with the contemporary landscape of pharmacy practice will, and did, present contradictions. Whilst there might be value in encouraging practitioners to change their approaches to practice, that is, support strategies to advance the culture of pharmacy³², an equally valuable approach would be to support students as agents of change, thereby enabling them to navigate their way through these experiences and contradictions.

CONCLUSION

Examining the transitioning experiences of interns and its impact on their professional identity formation has provided new insight to the interplay between the curricular experience and workplace context on identity formation. The study identifies opportunities for pharmacy educators to begin to explicitly address professional identity formation. In particular, the findings of this study challenge pharmacy educators and equally importantly, practitioners, to acknowledge the realities of practice whilst equipping students, and then interns, to move beyond these realities so that they strengthen their professional identities as patient-centered pharmacists.

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