

STATEMENT

Including Emotional Intelligence in Pharmacy Curricula to Help Achieve CAPE Outcomes

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The importance of emotional intelligence (EI) for effective teamwork and leadership within the workplace is increasingly apparent. As suggested by the 2013 CAPE Outcomes, we recommend that colleges and schools of pharmacy consider EI-related competencies to build self-awareness and professionalism among students. In this Statement, we provide two examples of the introduction of EI into pharmacy curricula. In addition, we provide a 4-phase process based on recommendations developed by EI experts for structuring and planning EI development. Finally, we make 9 recommendations' to inform the process of including EI in pharmacy curricula.

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INTRODUCTION

The Personal and Professional Domain of the Center for the Advancement of Pharmacy Education (CAPE) Outcomes 2013 includes self-awareness and professionalism.¹ Emotional intelligence helps to elaborate on and fulfill both competencies. Specifically, the self-awareness outcome requires that student pharmacists be able to “examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and *emotions* that could enhance or limit personal and professional growth” (emphasis ours). This competency addresses one’s ability to perceive and understand emotions, a critical aspect of EI as defined by Mayer et al.² In addition, the professionalism outcome requires that student pharmacists “exhibit *behaviors* and values that are consistent with the trust given to the profession by patients, other health care providers, and society” (emphasis ours). In professional interactions, student pharmacists must manage emotions, another critical component of EI.² Given the increased attention to affective development, we propose that EI should be considered when designing curricular outcomes.

Emotional intelligence is an indispensable ingredient for effective leadership.³ More specifically, as health care continues to evolve towards an atmosphere of interdisciplinary teamwork, the impact of EI on workplace behaviors is of particular interest. Development of EI is

viewed as a potential remedy for the deficiencies in communication and interpersonal skills of professional school graduates as perceived by their employers.⁴ In addition, aspects of EI have been linked to job satisfaction and the commitment of an employee to their organization,⁵ leading to the conclusion that emotionally intelligent employees are both happy and committed.⁶ Sy and colleagues concluded that employees with high EI may be better able to understand factors that elicit negative emotions and to take appropriate action (eg, stress management).⁷

Emotional intelligence, as defined by Goleman, is a type of social intelligence consisting of several personal and social competencies, including self-awareness, self-regulation, motivation, empathy, and social skills.⁸ The concepts and frameworks used to describe and measure EI are rooted in earlier work by Mayer et al.⁹ Their work led to the development of an ability-based EI model, which addresses one’s ability to perceive, understand, and manage emotions and to use emotion to facilitate thought.² The foundational work of Mayer et al has been built upon by Goleman and others, leading to the availability of instruments to assess EI, which are either ability-based, self-reported, or a combination of both.

The potential impact of EI on mental health is particularly relevant to health professions education. One area of mental health on which the impact of EI has been studied is stress management. The body’s response to stress may cause damaging effects in several organs and systems of the body, including the brain and the cardiovascular, metabolic, and immune systems.¹⁰ The ability

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to recognize and repair a negative mood is an example of an EI skill. Goldman found that individuals who did not repair a negative mood were more likely to experience illness when under stress.¹¹ Individuals effective at regulating emotions, both their own and others, may be able to protect themselves from adverse effects of stress. Salovey et al showed that perceived EI, as measured by the Trait Meta-Mood Scale (TMMS), correlated with fewer physical symptoms resulting from stressors, greater adaptation to stressors, and attenuation of cortisol release due to stressors.¹² Using an EI assessment tool developed by Schutte and colleagues¹³ and the Perceived Stress Scale (PSS-10), Pau and Croucher found EI to correlate with effective stress management among dental students.¹⁴ On the other hand, individuals effective at perceiving their emotions may be more impacted by stress. For example, Ciarrochi demonstrated that emotionally perceptive individuals expressed greater levels of depression, hopelessness, and suicidal ideation.¹⁵ While much work remains to clearly elucidate the role of EI in stress management, a link between the two appears evident and suggests EI may have a role in mental health.

Emotional intelligence and health professions curricula is an ongoing area of inquiry, with limited literature on including EI education in curricula and the impact of EI on learning. Emotional intelligence is proposed in professional and graduate curricula as a means to develop affective competencies, such as professionalism and leadership development.^{4,16-18} For example, EI is suggested as a means to matriculate nursing students who are more likely to be effective health care team members and empathetic health care professionals.^{19,20} Using the TMMS and Davis' Interpersonal Reactivity Index (IRI) as measures of EI traits, Stratton and colleagues showed a significant relation between EI and empathy and communication skills.²¹ In their study using the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) v2.0 on nurses, Codier and colleagues showed a correlation between clinical staff nursing performance and EI scores.²²

In pharmacy, Romanelli et al discussed EI as a possible predictor of academic and professional success.²³ Their review suggested the potential utility of EI as an educational strategy and for EI measurement tools as markers for affective measures of success. As schools of pharmacy consider the CAPE Outcomes, we recommend consulting best practices for EI development as EI-related competencies are developed. This paper shares experiences with EI from 2 pharmacy programs and from other pharmacy educators, provides best practice information gathered from nonpharmacy experts in the field, and presents additional recommendations for schools. This article focuses on EI, but additional work in areas

related to EI, such as social and emotional competence, is published in pharmacy education literature, and readers are encouraged to explore these areas when considering EI for their curriculum.²⁴

EXPERIENCES WITH EI IN PHARMACY EDUCATION

Since spring 2008, EI has been taught at the University of Minnesota in a 2-hour class session in the elective curriculum. From 2008 to 2013, 258 students have taken the class. The goal of the session is to help students become aware of EI. They receive a brief introduction to EI based on Daniel Goleman's work, complete a written version of the Emotionally Intelligent Leadership for Students (EILS) assessment, and self-score it. The EILS is a self-report inventory comprised of 21 leadership and EI capacities organized into 3 facets (consciousness of context, of self, and of others).^{25,26} To exercise skills, students are presented with a situation in which a nurse makes what appear to be several misguided and territorial comments. Students form individual responses. Small groups assess the situation and possible responses from the perspective of the 3 facets of consciousness. Referring back to the inventory, students participate in small group discussions of their EI strengths and weaknesses. To close, students identify a leader whom they admire and identify positive behaviors they have witnessed that are indicators of strong EI. Interested students are referred to *Leadership & Self Deception* for further learning.²⁷

As the course has evolved, the instructors have also introduced *The Six Thinking Hats* as a means to help students understand and relate to alternate perspectives.²⁸ Various videos are also used to illustrate lack of EI and prepare students for discussion. In the 2013 course evaluations, the majority of students rated the topic of EI as "very useful" (69%) or "moderately useful" (29%), with only one (3%) indicating it was somewhat useful and no students reporting it was not useful. The University of Minnesota's core curriculum now includes EI in the fall of the second professional year in a professional development course sequence.

At Regis University, EI has been taught in an Applied Leadership in Pharmacy Practice elective course since spring 2011.²⁹ Eight students completed the course in 2011, and 15 students completed it in 2012 for a total of 23 students. During the elective course, four 1-hour class sessions are devoted to EI. The goal of these sessions is for students to create a personal EI competency profile and propose a personal EI development plan. Class discussions on EI competencies are conducted based on Daniel Goleman's work and, at their conclusion, an abbreviated version of the Nominal Group Technique is used to allow

the class to collectively rank EI competencies based on those perceived to be most essential to a pharmacist.

Completing the Emotional and Social Competency Inventory after class discussions on EI helps students identify their individual strengths, as well as areas for growth.³⁰ Students compare their individual results from this inventory with the class's ranking of EI competencies essential for pharmacists. Each student selects 3 of their high-scoring competencies and 3 of their low-scoring competencies and creates an EI competency development plan, including specific activities related to each competency. Out of the 15 leader-development topics in this course, EI ranks as the sixth most valued topic by students. Out of the 10 leader-development assignments in this course, the Emotional Competency Inventory and Development Plan ranks as the seventh most valued topic by students. The PharmD curriculum at Regis University now includes EI content in a required course, Pharmacy Leadership and Management, during the third professional year.

Additional Classroom Experiences with EI

Latif described a management skills course designed to foster the EI of pharmacy students.³¹ Emotional intelligence course components included self-assessments, self-reflection and journal entries, readings, class lectures and discussions, role-playing exercises, and films. Based on these learning experiences, students wrote a paper describing their strengths and weaknesses, as well as a personalized development plan for professional and personal success. Students also met with someone who knew them well to provide feedback on their EI strengths and weaknesses, so they could compare their self-assessment of their EI with others' perceptions of them. This course used a preclass and postclass EI assessment,³² which demonstrated that students' EI increased by the end of the course.

Lust and Moore described the incorporation of EI instruction in a pharmacy communications course.³³ The first half of the course focused on EI, and the second half focused on patient counseling with opportunities to practice applying EI competencies. Using Daniel Goleman's *Working with Emotional Intelligence*, Lust and Moore reported students had a positive experience learning EI concepts and found value in EI, based on their responses to reflective questions in the end-of-semester course evaluations. Essay examinations were used to evaluate students' ability to apply EI competencies to pharmacy practice scenarios. Standardized patients were used for video-recorded patient counseling scenarios. The recordings were reviewed by the instructors with the students, and students received verbal and written feedback on their performance and were given opportunities for

reflection. Instructors also role-modeled alternative counseling scenarios.

Cherry and colleagues' 2012 Best Evidence in Medical Education review examined the impact of classroom-based EI education on medical students.³⁴ They identified 14 studies involving EI education in medical students and scored each for quality and educational impact. Their assessment of these studies led to several conclusions about EI education: it is best delivered over a short period of time (a month or less); it is more effective later in the curriculum rather than earlier; and it is more effective for females than males. The authors also acknowledged the challenges posed to EI education by the diversity of methods and outcome measurements in the EI education literature.

BEST PRACTICES IN EI DEVELOPMENT

The Consortium for Research on Emotional Intelligence in Organizations (CREIO) is dedicated to the study of EI in the workplace and the generation and exchange of EI-related knowledge. The consortium developed evidence-based guidelines for best practice in promoting EI development. The guidelines include 22 practices categorized into 4 phases of EI development.³⁵ The 4 phases are: (1) preparation, (2) training, (3) transfer and maintenance, and (4) evaluation. The consortium advocates that each phase of the development process is important and that including at least one practice from each phase increases the chance of success.

Preparatory practices applicable to schools of pharmacy begin with identifying EI competencies most critical to the success of a pharmacist, which provides the foundation for motivating students to change by linking EI development to becoming an outstanding pharmacist. Assessing a student's EI and creating a positive and safe environment for delivering assessments and feedback are also important components of the preparation phase.

Utilizing faculty members who can foster a positive relationship with students to promote EI development is an example of a training phase practice. Other such practices include providing students with clear, self-directed goals that help tailor their EI development, dividing the learning process into achievable, progressive goals, creating opportunities to practice new behaviors in didactic and experiential curricula, and providing ongoing performance feedback. Modeling EI competencies through pharmacy scenarios (live or recorded) is another training phase practice worth considering.

The transfer and maintenance phase may involve incorporating EI development into a school's experiential program. Pharmacy practice preceptors are well-positioned to reinforce and reward students as they practice

new skills in a pharmacy setting. Preceptor development may be needed to heighten awareness of EI and the school's EI development initiatives, which may also increase the likelihood of preceptors modeling EI competencies.

Preassessments and postassessments and/or reflection within the curriculum are important aspects of the evaluation phase to determine if a lasting transition occurs. One-year follow-ups that monitor progress on development of EI competencies and assessment of their impact on pharmacist-related performance measures would be ideal.

RECOMMENDATIONS FOR EI IN CURRICULA

Emotional intelligence training among pharmacy students is in its infancy. Considering the EI literature, best practices in EI, and our own experiences teaching EI, we put forward the following recommendations for pharmacy educators that build on the practices of CREIO. Recommendations and the alignment of each recommendation with EI best practices are shown in Table 1.

Garner Support and Cultivate Engagement for EI

The need to meet the updated CAPE Outcomes and ACPE Standards 2016 should help stimulate interest in revising curricula to meet competencies related to EI, such as self-awareness. The value of EI in the curriculum may not be readily apparent to some faculty members. As a result, it may be helpful to identify supporters of EI among other individuals, such as employers, residency directors, preceptors, and alumni. The applicability of EI to career performance may be clearer to such individuals and their support for EI may be helpful in convincing reluctant faculty members of the value in EI instruction.

Table 1. Emotional Intelligence (EI) Best Practices and Corresponding Recommendations for Doctor of Pharmacy Curricula

EI Best Practice Areas³⁵	Recommendations
Preparation	Incorporate EI in Curriculum Design Start with a Pilot
Training	Cultivate Engagement for EI in the Curriculum Support EI Instructors
Transfer and Maintenance	Foster Application and Personal Development Commit to EI Training and Support for Faculty and Preceptors Establish Collaborations
Evaluation	Investigate EI Assessments Initiate Research

The school's advisory board may be a good starting point to build such support.

In order to create and sustain a culture that actively supports student self-awareness and EI development, engaging the school into the development process is crucial. This process begins by establishing the importance of EI in the curriculum with key individuals, including those interested in EI, those interested in leadership development, and those who have influence over the curriculum. In particular, by connecting with the college's leadership team, it sets the stage for the importance of incorporating EI into the curriculum. Consider the usefulness of collecting and presenting compelling information (eg, student data from the pilot course, employer input) that articulates the need for an enhanced focus on EI-related skills.

As the team of interested and supportive individuals expands, it will be important to educate them on the EI theory and framework, as well as set clear expectations of achievement for the implementation with students. These expectations can vary depending on the particular goals of the college. Some examples include: an assessment in a required class, an elective course that includes EI as a topic, or an introduction of EI to student organizations. Whatever pathway is taken, make sure to share the content and process with others, as well as the outcomes. In particular, evaluation of EI initiatives will be needed to help celebrate small successes and determine ways to improve. As work to incorporate EI into the culture begins, keep in mind that it will take time, continued conversation, and likely various changes along the way.

Incorporate EI into Curriculum Design and Assessment

As schools refine their curricular competencies to ensure alignment with CAPE Outcomes, EI-related competencies should be included. Support for EI may be established by alerting the curriculum and assessment committees to the possibility of EI helping to meet these competencies early in the curriculum revision process. Once a commitment to EI work is made, the best location(s) for the content in the curriculum must be identified. These competencies may be addressed by refining existing courses. Depending on the curriculum structure, EI may pair well with the human resources section of a management course, courses involving teamwork or group projects, a leadership course, a communications course, a professional development course, etc. Simply adding content may not be feasible; in fact, some content may need to be consolidated or removed to make room. These are institution-specific decisions based on curricular goals. As with any curricular change, course directors and/or the curriculum committee should debate priorities and balance in the courses and in the curriculum as

a whole. Consideration should be given to weaving the concept into various parts of the curriculum as experience is gained, eventually including experiential education as well as didactic education. However, it is recommended to begin on a smaller scale by offering a pilot EI education experience as part of a single course. As an atmosphere of general acceptance of EI among faculty members is realized, the transition of EI from a single experience to a curricular thread will be a natural progression.

In terms of content, introducing the concept of EI to students in a meaningful, focused way can help them connect with the content and develop further as leaders. Consider scenarios and cases that will assist students in seeing the applicability to their everyday activities and in their role as future pharmacists. In addition, consider incorporating self-assessments and peer assessments that can help identify specific areas for further development. Once students understand the concept of EI, as well as their own EI, a personal development plan can help them reach the goals and outcomes that they would like to achieve as future practitioners.

A host of commercially available EI instruments are available for assessment purposes. They vary in design, cost, and training requirements. Schools are encouraged to continue to examine the strengths and limitations of EI assessments and to share their findings via publication. It may also be helpful to examine overlap with other assessments (eg, professionalism). Inquiry into the cost of the EI assessment tools needed to support EI education should occur early in the process to avoid budgetary surprises late in the process.

Support and Train EI Instructors

Administrators responsible for workload distribution should be engaged early in the process of incorporating EI into the curriculum to select one or more faculty members to become EI instructors. Depending on their familiarity with EI, instructors may need a substantial amount of time for background research and training in EI, and an agreement with their department heads/supervisors for workload credit and relief from other duties may be necessary. Pharmacy programs that already have a mechanism for faculty development should consider adding EI to the schedule of development activities. To help build support, those responsible for curricular implementation of EI should consider recruiting faculty members with a general interest in leadership principles and professionalism to help deliver EI faculty development activities. General faculty awareness of EI may need to be raised. An EI-related book club and/or journal club may be helpful in this regard, as well as participation in more comprehensive training programs. In addition, EI instructors should be supported to master teaching methods that lend

themselves to EI instruction. Emotional intelligence is a subject best learned by active practice, and an ideal teaching method will likely be an active and collaborative teaching model. This may require faculty members to seek out training for specific teaching models. If a teaching and learning center (or the equivalent) is available at the institution, then support for this training may be readily available at no cost. Communities of practice can be powerful support for new initiatives. Connecting with other colleagues interested in EI across schools can foster faculty development and sharing of resources and best practices. It may also provide critical mass and motivation required to contribute to EI-related scholarship.

Establish Collaborations and Initiate Research

Emotional intelligence is a topic applicable to many, if not all academic disciplines, and faculty members responsible for EI education would be well-served to investigate if and how EI is taught elsewhere at their institution. This may save a substantial amount of time and possibly lead to rewarding campus-wide collaboration opportunities. In addition, incorporation of EI into the curriculum presents a distinctive opportunity for scholarship of teaching and learning, and consideration should be given to possible scholarly collaboration within one's institution. As pharmacy curricula seek to meet the affective components of the CAPE 2013 Outcomes, it is likely that additional collaboration opportunities between schools of pharmacy will arise.

Given the limited amount of literature describing and evaluating EI development in pharmacy education, there are numerous opportunities for future research. Faculty members should consider formulating a research question as they design EI training initiatives and incorporate EI into pharmacy curricula. Research questions may be focused on any of the CREIO's 4 phases of EI development. Proactively creating methods for evaluating EI training initiatives allows for data collection in the early years following initiation. Scholarship may help answer questions such as: what EI competencies are most critical for pharmacists, whether the most critical EI competencies for pharmacists depend on the pharmacy practice setting, what method best assesses EI in student pharmacists, where the most effective opportunities are to practice using EI in pharmacy curricula, and what the long-term effects are of EI development initiatives (eg, using evaluation data from alumni surveys or employer surveys).

CONCLUSION

The CAPE Outcomes are challenging colleges and schools of pharmacy to more intentionally develop the affective domain. Given its connections to leadership,

teamwork, self-awareness, professionalism, and stress response, competencies related to EI should be considered when designing curricular outcomes. Introduction of EI should be mindful of the 4 phases of EI development: (1) preparation, (2) training, (3) transfer and maintenance, and (4) evaluation. While some evidence of introducing EI into pharmacy curricula is available, collaborations and scholarship are necessary to advance EI in this capacity.

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