2016

The Need for Soft Skills in a Medical Assistant Program

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COLLEGE OF EDUCATION

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Abstract

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MS, Cardinal Stritch University, 2007

BS, University of St. Francis, 2005

Doctoral Study Submitted in Partial Fulfillment

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Abstract

There is a perceived soft skills problem within the medical assistant program (MAP) at a 2-year technical college in the Midwestern United States. Soft skills refer to relational skills such as practicing self-management, communicating with various groups, adapting to change, negotiating, and resolving conflict. The purposes of this intrinsic case study were to (a) understand the perspectives of faculty, staff, and leadership regarding students' soft skills ability within the study MAP and (b) identify important soft skills needed in the workplace. An integrative conceptual framework that drew upon vocational and organizational theories was used as a theoretical framework for the study. Fourteen participants, comprised of program faculty, program leadership, and staff members from local healthcare clinics, participated in open-ended interviews. Documents were also collected, including the college mission, class syllabi, and attendance records. The interview transcripts and documents were analyzed through Creswell's 6-step process of data preparation/organization, data sorting, developing description codes, narration/visual representation of findings, reflective interpretation of results, and finding validation strategies. Findings confirmed a perceived need for soft skills instruction in communication skills, professionalism, work ethic, interpersonal skills, and good judgement. Positive social change could occur from the organization improving students' workplace success through a deeper understanding of these needed soft skills. Further, MAP students at the study site would be better positioned to provide an increased quality of patient care.

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Acknowledgments

I would like to thank my wife, Francis, for her support throughout my educational journey. Without her love, support, and encouragement, none of this would have been possible. I also would like to thank my children for their support and understanding, and take a moment to pause and think about those who did not see me make it to this milestone in my life.

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Section 1: The Problem

Introduction

The purpose of the project study was to assess a perceived soft skills problem in the medical assistant program (MAP) at a 2-year technical college in the Midwestern United States. This issue is considered significant because even though students have been prepared with the appropriate clinical skills needed to be productive in the workplace, many of them lack the soft skills necessary to accompany those clinical skills. Soft skills refer to relational skills such as self-management and interpersonal skills such as how one deals with other people (Laker & Powell, 2011). Low, Samkin, and Liu (2013) further defined soft skills to include multiple skill sets such as communicating with various groups, adapting to change, as well as manifesting general personal attributes. In addition to personal attributes, Lau and Wang (2014) noted that soft skills include transferable behaviors such as strong communication, negotiation, and conflict resolution in a wide range of professional settings. de Ridder, Meysman, Oluwagbemi, and Abeel (2014) considered soft skills critical assets, and they defined soft skills as the social behaviors needed to be successful in the workplace. According to Deepa and Seth (2013), "Soft skills are very critical in the workplace today. These skills mirror the ability to communicate and interact with others" (p. 7).

MAP graduates' lack of soft skills had been discussed during meetings with the program's advisory committee, which comprises local health care employers as well as program faculty and program leadership. Advisory committee members have commented on multiple occasions that even though students can perform clinical tasks, they lack the

ability to practice communication skills and proper etiquette when dealing with patients (personal communication, March 31, 2015). Employers want candidates who possess a balance between technical skills and soft skills (Robles, 2012). New employees might be technically competent, but they lack soft skills in such areas as communication, teamwork, and timeliness (Burke, 2013a). To that end, I conducted a project study to investigate the soft skills problem in the MAP at Midwest Technical College (MTC), a pseudonym, as perceived by program faculty, clinical site preceptors, and local employers.

Definition of the Problem

There is a soft skills problem in the MAP at MTC, as evidenced from the observations of instructors, clinical preceptors, and local employers. As an instructor in the MAP, I have witnessed soft skills-related issues in the classroom and discussed them with other instructors and clinical preceptors employed by local employers. Students have problems coming to class on time or even attending classes, working in teams, using their cell phones only at appropriate times, and dressing in the appropriate uniforms. Educators are aware of soft skills-related problems and the need to improve students' soft skills if the students are to be successful in the workplace (Osman, Girardi, & Paull, 2012). Instructors have observed soft skills-related issues not only in the classroom but also in the clinical setting.

Based on feedback during MAP advisory committee meetings, soft skills deficiencies also have been observed by employer preceptors, who have noted that some students arrive late, cannot communicate effectively with staff and patients, and do not

arrive wearing the proper uniforms. Local employers expect students to possess specialized work skills needed for job performance and soft skills needed to be successful. Burke (2013a) cited information about the lieutenant governor for Wisconsin also receiving feedback from local employers recognizing the need for new employees to have soft skills and a strong work ethic. Employers in the private sector, government officials, and educational institutions all have a responsibility to assist with soft skills training.

The specific soft skills needed by students and new employees have varied, depending on the research in the literature. Some of the soft skills that researchers have mentioned include honesty and integrity, communication skills, analytical skills, ability to work as team members, interpersonal skills, and motivation (Zhang & Blakey, 2012). In the clinical setting, students and new employees are responsible for assisting with patient care. For example, some medical assistants are responsible for maintaining patients' medical records, recording patients' health histories, documenting procedures, and administering immunizations and medications. All of these technical skills require integrity, the ability to communicate effectively, and the ability to work in teams.

Rationale

Evidence of the Problem at the Local Level

According to instructor attendance books for Medical Assistant Clinical Procedures I and Medical Assistant Lab Procedures I classes, Summer 2014 semester each had a majority of students routinely late for class. The attendance issue continued in the students' Medical Assistant Clinical Procedures II and Medical Assistant Lab

Procedures II second-semester classes and at some clinical placement sites. Tardiness also was an issue with Medical Office Insurance and Finance and Medical Assistant Administrative Procedures classes.

In addition to the noted attendance discrepancies, students routinely continued to attend clinical classes without wearing the proper uniform, prompting instructors to counsel students on uniform requirements. Instructors throughout the program routinely observed students' lack of soft skills in the classroom and clinical settings. One instructor in the MAP posted signs in hallways and classrooms reminding students of uniform requirements. The signs also noted the need for proper classroom and clinical cell phone etiquette. Recognizing a possible programmatic dilemma, a discussion also took place with the former associate dean of the MAP about the possible direction of this project study and they said, "I agree and like this direction. Include all of the instructors, including adjuncts in the 501 courses, if you are surveying instructors. Also the advisory committee and practicum preceptors" (personal communication, September 5, 2014). The purpose of this project study was to investigate the soft skills problem in the MAP at MTC and provide possible recommendations for improvements.

Evidence of the Problem From the Professional Literature

Literature on the need for soft skills was available from various studies of different industries. In addition to general soft skills literature, research was also available from the perspective secondary education, higher education programs, business leadership, and the federal government. Ray and Overman (2014) demonstrated how a nursing unit at the University of North Carolina changed the model of patient care to

provide an increased focus on communication and the delegation soft skills. Research performed in the higher education setting discussed developing student group activities to foster soft skills in students preparing for the workforce (de Ridder et al., 2014). From a business executive perspective, Robles (2012) sought the essential soft skills that employers expect from employees and provided the data needed for business educators to develop soft skills curriculum. Governmental Workforce Development departments and Office of Disability Employment and Economic Development divisions, all part of the federal government, have also published information on the need for soft skills in the workplace.

Definitions of Terms

I found the following terms in the literature and used them throughout the project study:

Hard skills: Specialized skills and knowledge needed for successful job performance. These include job-related skills in advancing technologies, shifting from an industrialized to a technologically based society (Robles, 2012). Laker and Powell (2011) also provided a definition of hard skills, which included learning the technical skills needed to work with equipment, data, or software. Similarly, Zhang (2012a) related hard skills to technical skills and subject matter knowledge. Culpin and Scott (2012) defined hard skills as possessing technical knowledge of content. Weber, Crawford, Lee, and Dennison (2013) similarly identified hard skills as the technical traits needed to perform a job, requiring the gaining of knowledge.

Medical assistants: Individuals who perform a variety of roles in the outpatient medical office setting. The role has evolved into the primary clinical assistants who work in many areas of medical offices, in some circumstances even replacing registered nurses. Most function under the license of the medical office physician, but they also have two voluntary certifications (Elder et al., 2014). Some of the roles of medical assistants include administrative tasks such as coding and billing, answering telephones, and greeting and assisting patients to rooms. Their clinical tasks include assisting during examinations, performing vital signs, and administering immunizations and medications under the supervision of the office physician.

Soft skills: Relational skills such as self-management and interpersonal skills such as how one deals with other people (Laker & Powell, 2011). Low et al. (2013) further defined soft skills to include multiple skill sets such as communicating with various groups, adapting to change, as well as manifesting general personal attributes. In addition to personal attributes, Lau and Wang (2014) noted that soft skills include transferable behaviors such as strong communication, negotiation, and conflict resolution in a wide range of professional settings. de Ridder et al. (2014) considered soft skills critical assets, and they defined soft skills as the social behaviors needed to be successful in the workplace.

Significance

Soft skills hindrances have led instructors and local health care employers to express their concern that students are technically competent but lack the soft skills necessary to be productive. According to Burke (2013b), “For years, employers have

been saying ‘soft skills,’ or necessary workplace behaviors, are rampantly deficient with a large percentage of people” (p. 1). Ray and Overman (2014) discussed soft skills and the need to extend beyond teaching just clinical skills and include effective communication and collaboration skills. Robles (2012) discussed the need to expand technical curricula to include soft skills training to meet the needs of employers. Wu-Pong et al. (2013) noted the need for programming to take a functional role in meeting the requirements of employers and graduates by including a collaborative approach to soft skills training. Performing well academically is not enough in the current competitive workplace. Joseph, Soon, Chang, and Slaughter (2010) argued that despite being technically and academically prepared, students are still not equipped to function in the workplace without the appropriate soft skills.

Acknowledging the problem at the program level, I participated in a discussion on the direction of a possible research project with the former associate dean of the medical assistant program. The project was distinctive because it had not been researched previously in the MAP at MTC. The study provided the information the program needs to identify perceived soft skills deficits and offered recommendations on soft skills training for students based on literature and interviews. While discussing the significance of soft skills improvement in 21st-century curriculum, Sharma and Sharma (2010) noted that continuing down the same path will lead to similar results. A concern expressed by Gibb (2013) was the ability of graduating students to develop subject matter knowledge but the inability to grasp the skills that employers expect and value. Without soft skills programming, students will continue to struggle in the classroom and workplace settings,

an issue that will affect their employability as well as patient care and patient satisfaction in the clinical setting.

Research Questions

The problem surrounding this study was the lack of soft skills possessed by students in the MAP at MTC. The rationale for this project study was to identify the specific soft skills issues as perceived by instructors, preceptors, and local employers. To that end, this project study sought to answer two research questions (RQs):

1. What are the most needed soft skills in the workplace?
2. What are the perceptions of soft skills and the most needed soft skills in the MAP at MTC, as perceived by instructors, program leaders, clinical preceptors, and supervisors employed by local health care clinics?

Review of the Literature

The conceptual framework and literature review resulted from queries performed on the Walden University Library holdings using the research databases using ERIC, Educational Research Complete, MEDLINE with full text, CINAHL Plus with Full Text and Business Source Complete. The predominant terms used in the search were *soft skills, soft skills in the workplace, soft skills in higher education,* and *perceived soft skills*. Saturation was reached using the parameters of peer-reviewed journal articles written within the past 5 years from each of the listed research databases.

Review of Literature

Conceptual Framework

Recognizing the need for students to possess equally important soft skills and hard skills, I used an integrative conceptual framework for the study. According to Goh, Chan, and Kuziemsky (2011), the "Integrative conceptual framework proposes some potential relations among these critical variables and its influence on employee and patient safety outcomes" (p. 426). Hirschi (2012) also discussed the integrative conceptual framework, noting that "the framework proposed here also attempts to bring different streams of research together, building a critical bridge between the literature of vocational and organizational behavior" (p. 370). In the case of this project study, the goal was to bring together the variables of hard skills and multiple soft skills. Program graduates might not be as successful with hard technical skills alone. Individual soft skills also might not be as effective unless integrated with technical hard skills. According to Mitchell, Skinner and White's (2010), "Respondents perceived all eleven soft skills included in this survey to be very important ($M = \geq 4.95$ on a 1-6 scale) to succeed in the twenty-first century workforce" (p. 51). Based on the literature identifying the need for multiple soft skills as important as the need for hard skills, I decided that an integrative conceptual framework would be the most appropriate framework for the study, integrating the technical skills students obtain in the higher education setting with the soft skills needed to be successful in the workplace.

Current Literature Review

The first part of the literature review is an overview of soft skills as well as the top soft skills defined by the literature. The second part of the literature review is an overview of soft skills from the perspective of higher education. From a historical perspective, skills in the workplace have focused on the repetitive technical skills needed to meet the needs of industry production operations. As technology advanced, those repetitive skills were replaced by technology. In addition to changes in the tasks performed in the workplace, there has been an increased demand on soft skills, including interpersonal qualities, also known as people skills (Robles, 2012). Jain and Anjuman (2013) noted that acquiring soft skills leads to better work performance. The broader problem of the need for soft skills in the workplace parallels the current issues faced in the MAP at MTC. Without developing adequate soft skills in the higher education setting, students are graduating unprepared to be successful in the workplace.

Top Soft Skills Needed in the Workplace

Multiple researchers have discussed the specific soft skills needed for employees to be successful. Flaherty (2014) viewed complete professionals as individuals who can perform technical skills and who also have multiple interpersonal soft qualities necessary in the workplace. The soft skills that Flaherty described included interpersonal skills, etiquette, positive attitude, self-confidence, work ethic, cultural competency and sensitivity, time management, team player, written and spoken communication, critical thinking, problem solving and decision making, negotiation, conflict resolution,

computational skills, ethics, ability to work under pressure, good judgment, management of criticism, ability to be flexible, and leadership.

Interpersonal skills refer to the ability to make eye contact, listen attentively to others, and display proper mannerisms such as good grooming and personal hygiene. Etiquette refers to turning off mobile phones or placing them on vibrate during meetings, and never answering calls when speaking to someone. Etiquette also refers to the use of proper salutations when greeting someone and stating “please” and “thank you” when appropriate. Positive attitude refers to believing that assigned tasks will be and can be completed in the appropriate time. Work ethic, considered an important soft skill, refers to being productive while at work and taking work and assigned tasks seriously. Work ethic refers to the ability to find a balance between work and home responsibilities.

Flaherty (2014) also mentioned cultural competency and sensitivity. These soft skills are considered important in most industries, including health care, and they recognize and respect differences in individuals, including gender, religion, physical ability, politics, and marital status. Time management refers to getting to work on time and ensuring that work deadlines are met as scheduled. Teamwork refers to working with others and finding a balance between and among the various levels of competencies. Teamwork also refers to the ability to lead while supporting the ideas of others and being able to function under the leadership of others. Written and spoken communication, a critical aspect of most employment positions, refers to the ability of employees to write at a competent level, communicate verbally and appropriately, and know when situations warrant not speaking at all.

Critical thinking refers to the ability to set aside bias, assess situations accurately, and use best judgment. Critical thinking also refers to the need to listen to opposing views and assess those views appropriately by thinking at analytic and holistic levels. Problem-solving and decision-making skills refers to the ability of employees to assess problems critically and rationally using deductive and inductive reasoning, and brainstorm new ideas, even if the ideas are not rational. Negotiation, the next soft skill discussed by Flaherty (2014), referred to the ability to cede when appropriate or find common ground to compromise.

Computational skills require basic math and statistical analytical skills needed for the level of work performed. For example, working in a business environment means that employees must have an understanding of business math. Ethics, another important soft skill that Flaherty (2014) mentioned, is mandatory in many industries, including health care, and requires the manifestation of ethical behavior at the business, personal, and medical levels. Employees should be employed only by employers who share the same level of ethics. Working under pressure refers to the ability to meet deadlines, regardless of the stress or pressure associated with those deadlines. This soft skill also requires that employees work with difficult teammates or customers.

Good judgment is a soft skill required regardless of the type of employment. Employees must be able to deal with problems in any type of situation and make the best decisions for the organizations. Taking and giving criticism are necessary for growth at the personal and professional levels. Criticism can range from positive feedback to rebuke. Employees, regardless of their level in an organization, need to be able to give as

well as receive criticism. Flexibility is a soft skill that ensures adaptability when required. The last soft skill that Flaherty (2014) discussed was leadership, the ability to possess all of the other soft skills. Most positions will not have specific leadership responsibilities, but employees are in a position to lead when they can maintain the correct combination of hard and soft skills.

Robles (2012) defined hard skills and soft skills, and researched soft skills based on executives' perceptions in the current workplace. The study was conducted in two parts. The first part of the survey obtained the perceptions of executives of the top soft skills. The initial survey yielded a response rate of 54% and an initial list of 517 soft skills. After coding similar themes, Robles narrowed the study down to 26 soft skills. The top 10 soft skills that Robles identified are communication, courtesy, flexibility, integrity, interpersonal skills, positive attitude, professionalism, responsibility, teamwork, and work ethic. The second part of the survey asked the executives to rate the importance of the 10 selected soft skills using a 5-point Likert scale of responses ranging from 1 (*not at all important*) to 5 (*extremely important*). The 10 soft skills were ranked in order of highest mean and standard deviation.

The hard, or technical, skills discussed in the Robles (2012) study are the skills that come from knowledge and the ability to do something well. Hard skills include performance at a specific trade and are listed on résumés under Work Experience and Acquired Knowledge. In contrast, soft skills are referred to as character traits, behaviors, attitudes, and general people skills.

The most important soft skill recognized in Robles (2012) is communication, the ability to speak appropriately and be adept in written, presentation, and listening skills. The next soft skill, courtesy, refers to general etiquette and good manners. Flexibility refers to the ability to make adjustments, be considered teachable and adaptable, and engage in lifelong learning. Integrity refers to honesty, personal values, ethical behaviors and high moral standards. Interpersonal skills refer to being friendly, empathetic, nurturing, personable, and overall nice. Positive attitude refers to being confident, encouraging, and optimistic.

Professionalism refers to being well dressed with a good overall appearance, having a poised demeanor, and being businesslike. Responsibility refers to accountability, reliance, self-discipline, and common sense. Teamwork refers to the ability to cooperate with others, be supportive of others, and be helpful. The 10th soft skill, work ethic, refers to working hard, being loyal, feeling self-motivated, being on time, and having overall good attendance.

Robles (2012) identified integrity and communication as the top soft skills needed in the workplace. Communication was inaccurately assumed to be an interpersonal skill. Robles asserted that such an inaccurate assumption often led to errors and disasters in various industries. Robles also highlighted the significance of soft skills in the workplace, viewing them as intellectual skills that can make the difference in students being hired in their respective fields. Having technical skills without the requisite soft skills can be detrimental early in the career ladder, keeping new employees in low positions in their fields or leading to termination of employment.

Robles (2012) asserted that employers seek applicants with strong interpersonal skills; however, new graduates routinely fall short in that regard. Soft skills were commonly ranked extremely important for new employees to have in multiple job industries. The employers in Robles's study also contended that educators have a responsibility to prepare students adequately to work in teams and to provide excellent customer service. Organizations that employ new hires with soft skills have a competitive edge over other employers who hire graduates without soft skills. Any financial increases to educate students in soft skills can be offset by increasing the quality of the MAP and the employability of students in various industries. Preparing students with soft skills can be a deciding factor in their finding and keeping jobs.

Mitchell et al. (2010) studied the essential soft skills needed for success as perceived by business educators. The researchers selected a sample of 530 from a list of 1,061 business educators. Twenty-eight percent of those sampled returned the surveys used in the study. The results pointed toward a paradigm shift in the 21st century requiring personnel to be prepared thoroughly in soft skills, citing those soft skills as becoming critically important in a technical workplace. A statement from the National Business Education Association cited by Mitchell et al. contended that the lack of soft skills facing the current workforce is greater than their lack of academic and technical abilities. The importance of proper preparation to perspective employees lies not only in technical competence but also in the ability to function in human relations.

Mitchell et al. (2010) ranked 11 soft skills based on importance. They stated, "The ranking scale, (6) Extremely Important, (5) Very Important, (4) Somewhat Important (3)

Important, (2) Not Very Important and (1) Not at all Important" (p. 46). The most important soft skills, general communication and general ethics, each placed with a midscore of 5.71. The third soft skill, time management/organization, placed with a midscore of 5.53. The next soft skill, written communication, placed with a midscore of 5.51. The fifth soft skill, teamwork, placed with a midscore of 5.43. Business etiquette ranked sixth with a midscore of 5.38. Diversity and customer services shared a midscore of 5.36. Problem solving/critical thinking, another soft skill considered important, had a midscore of 5.34. The soft skill of oral communication received a midscore of 5.30. The last soft skill, leadership, received a midscore of 4.95. Based on the associated scale, all 11 soft skills, with the exception of leadership, ranked in the range of 5 (*very important*).

Zhang (2012b) defined hard skills as the specialized skills needed to complete specific tasks and soft skills as interpersonal skills such as conflict management, teamwork, and communication. Zhang ranked the skills commonly needed for success in the workplace. Zhang outlined the results of a survey given to 348 information technology (IT) managers to rate the importance of multiple skills, hard and soft. Nine of the 17 work-related skills listed were soft skills, and all soft skills topped the list. The ranking scale applied to the survey was 1 (*least important*) to 5 (*most important*). The highest rated skill was honesty/integrity, with a score of 4.62. Communication skills, ranked second with a score of 4.54. Other soft skills listed in the study that ranked higher than technical skills were analytical skills at 4.54, ability to work in teams at 4.49, interpersonal skills at 4.37, motivation at 4.37, flexibility/adaptability at 4.33, creative

thinking at 4.18, and organizational skills at 4.13 (Zhang, 2012b). The results showed that soft skills ranked higher than technical or hard skills in importance.

Brungardt (2011) studied students who had received leadership training and reviewed multiple studies to identify the top soft skills needed for leadership training graduates to be successful in the workplace. The nine reviewed studies concluded that communication is the main soft skill needed in the workplace. Interpersonal skills, leadership, teamwork, and problem-solving soft skills also were highlighted in the majority of the secondary studies reviewed by Brungardt.

Another soft skill pointed out in Brungardt (2011) was teamwork. This soft skill was not only noted as important but also discussed in the context of having other important soft skills aligned with teamwork. The first soft skill needed for successful teamwork was adaptability, explained as the ability to recognize and respond to problems in the workplace. Coordination was defined as the ability to organization team-related activities. Decision-making skills were discussed as the ability to use information to make appropriate decisions. Interpersonal skills were defined as the ability to interact with other members of a team (Brungardt, 2011).

Leadership, another soft skill needed for successful teamwork, was discussed as the adeptness to provide direction for the team. The last soft skill discussed in Brungardt (2011) as important for successful teamwork was communication. This soft skill allows workers to exchange accurate information. One important key highlighted in Brungardt was that regardless of terminology, whether soft skills or teamwork skills, the skills are considered vitally important.

Soft skills also have been recognized at the national level. The U.S. Department of Labor's (n.d.) Office of Disability Employment Policy created a soft skills program targeting youth ages 14 to 21 years. The departmental research that the program was based on recognized multiple soft skills as necessary for the targeted age range to gain employment. Communication, ranked first as a required soft skill, based on a 2010 survey from the National Association of Colleges and Employers, included verbal, aural, nonverbal, written, and visual communication. The second soft skills, enthusiasm and attitude, were identified as making the difference in obtaining a position. Having a positive attitude also was seen as helping current employees to advance in the workplace.

The third soft skill considered important by the U.S. Department of Labor (n.d.) was teamwork, which included building relationships and working well with others at multiple levels in the organization, including working cooperatively, contributing in groups, communicating to the team, taking responsibility for work within the team, respecting the opinions of others, and participating in team decision making. The fourth soft skill outlined in the program was networking, a soft skill based on the ability to talk and work with others in reference to common interests and goals. The last soft skill, also considered important was problem solving and critical thinking. This soft skill takes potential employees' skills beyond the basic skills of reading, writing, and math. Employers look for employees who can work through problems and find solutions that benefit the team and the organization.

Weber, Crawford, and Dennison (2012) provided a perspective on soft skills from the viewpoint of human resources professionals. Weber et al. investigated the possibility

that leaders in the hospitality industry were not concerned with technical skills, mainly because some organizations could provide work-specific skills on the job, but were more concerned with applicants possessing the appropriate soft skills to provide good customer service. Workplace competencies, with an emphasis on customer service, were evaluated. The majority of the identified competencies were soft skills related to communications and the ability to manage and motivate others.

In addition to communications skills and the ability to manage and motivate others, integrity, commitment, listening skills, and the ability to express expectations also ranked high in the overall list of soft skills (Weber et al., 2012). The overall results indicated that even though technical skills could sometimes be acquired through on-the-job training, soft skills were considered universal and necessary for employees and leaders to be successful in the service-related industry. Identifying the soft skills needed was important for businesses to subsequently develop the appropriate competencies to measure employees' possession of the appropriate level of soft skills.

Soft skills also have been considered important in the workplace from the perspectives of underrepresented groups. The results of Borghans, Weel, and Weinberg's (2014) study provided a representation of the role of soft skills in the labor market, specifically in providing at least a slight advantage for minority race and gender employee categories in the workplace. Communications, motivation, and interactive soft skills were considered important and necessary to increase the value of prospective employees. One weakness identified in the study was the lack of research on the

economic impact of the possession of soft skills. Labor market outcomes had increased favorability, but the data did not identify the financial benefits of increased soft skills.

Soft Skills in Higher Education

In addition to soft skills being considered important in the workplace, they also have been deemed important in the classroom setting. Because the review did not produce literature specific to instructors' point of view, I searched for studies that had assumed a higher education perspective. Osman et al. (2012) discussed the changing demands of the workplace and hiring patterns that have led to reconsideration of the attributes and skills needed to be successful. Graduates need to be work ready and prepared with a significant level of soft skills. The need for soft skills has led to changes at some higher education institutions to include soft skills assessments and training in the curricula of some programs.

Osman et al. (2012) suggested a curriculum with three approaches to developing students' soft skills: (a) an embedded or stand-alone model that incorporates activities into classroom teaching and learning, (b) parallel support programs that have an academic or a nonacademic focus, and (c) skills development through campus life activities that also include residential life activities. Overall, instructors and learners have a responsibility in soft skills training. Most educators have recognized that students are lacking in basic soft skills, including the ability to communicate appropriately. Students with a low level of motivation need to be formally taught, whereas students who are motivated might be able to enhance soft skills themselves.

The results of Osman et al.'s (2012) study included educators' understanding of the significance of soft skills and their responsibility in providing soft skills education. In addition to training programs for students, training programs should be developed for educators that focus not only student development but also on the creation of a learning environment that enhances supportive learning in all three approaches to soft skills development. The design of the curriculum also should emphasize continuous development. The curricula and programs need to include formal and informal teaching and learning. A key finding of Osman et al.'s study places educators at the center of soft skills development.

Gonzalez, Kasim, and Naimie (2013) recognized that students in professional undergraduate programs need to be competent in clinical skills and soft skills so that they can serve society appropriately. Soft skills components should include communications, teamwork, critical thinking, professionalism, leadership, lifelong learning, and entrepreneurship. Various teaching methods, including, case studies, lectures, seminars, and problem-based learning, have been recommended to teach soft skills. The overarching concept is to have specific soft skills explained prior to practical utilization. One concern is attempting to fit soft skills training into an already full curriculum.

The framework for soft skills programming in Gonzalez et al.'s (2013) study took an approach similar to that of Osman et al. (2012), that is, the provision of formal teaching and learning programming, including lectures, along with an assessment of soft skills before and during programming. The framework also included university support programs such as those involving community service-based activities. Third, student

interactions on campus, including participation in organized campus activities, also were considered important to the development of soft skills. Gonzalez et al. recognized a lack of soft skills research specific to the dental program that was the focus of their study. In general, there are multiple areas of soft skills to be addressed and applied to undergraduate programming as a whole.

Developing a learner-centered approach to introducing soft skills has been another approach to soft skills programming in higher education. Lau and Wang (2014) noted the need for nursing students to have academic and clinical skills as well as soft skills. The soft skills that Lau and Wang identified specific to nursing students were communication, interpersonal skills, clinical interactions with patients, and social problem solving. These skills are vital to the success of nursing students as they prepare for clinical practice.

Traditional curriculum development in higher education nursing programs has included preparation of lectures, projects, and assignments based on core curricula, but the curricula often have lacked the soft skills preparation of students. Lau and Wang (2014) suggested that innovation in curriculum development and delivery is needed to add interest to learning. They discussed a soft skills summer camp for students in a nursing program that integrated shared sessions with clinical care experts and experience-based learning games. Those shared lessons and learning games provided opportunities for the nursing students to enhance their soft skills effectively. The nursing students who attended the learner-centered camps had positive experiences. The camp activities should be considered for inclusion in the nursing curriculum to enhance the program.

Soft skills in higher education also have become a trending issue in the context of advancing technologies. The use of emerging technologies continues to drive higher education and workforce preparation, with students pressing to enhance their knowledge in those advancing technologies to maintain a competitive edge in an intense job market. To advance their level of preparation and gain a competitive edge, students also must increase their value by adding soft skills to their abilities and advance their potential.

Wats and Wats (2009) used a descriptive research design to survey 150 students and 50 teachers and professionals involved in improving students' soft skills. The researchers also collected data from colleges conducting a variety of courses across the higher education landscape. The researchers outlined several findings in relation to the need for students to possess soft skills. The majority of surveyed participants found that soft skills were interspersed with hard skills and that students needed both to be successful. Wats and Wats also provided a list of the most important soft skills needed in higher education. Ninety-six percent of the respondents identified communication skills as the most important soft skill needed by students; 87% identified the next soft skill as problem solving. Leadership skills were ranked third at 80%. Fourth at 78% was teamwork, followed by information technology skills at 75% and learning to learn at 68%. The ideal place for soft skills development identified by Wats and Wats was split, with some believing that soft skills should be developed in the workplace and others believing that they are best developed in the classroom setting. The classroom setting was considered ideal because it is an environment where students can practice alternative

ways of learning and dealing with individuals, as well as interactively transfer knowledge.

In addition to listing the most important soft skills, Wats and Wats (2009) also pointed to the perceived benefits of students in higher education having soft skills, including improved confidence, better interview performance, better response to change, better application of knowledge and skills, and better work performance and overall holistic growth. Wats and Wats also discussed the three main approaches to developing students' soft skills. The first, embedding, does not separate the soft skills training, but instead, aligns it with the technical skills taught in the classroom. The second, integration, develops soft skills in a parallel format to developing hard skills. The third, bolting on, develops soft skills independent of technical skills.

Wats and Wats (2009) concluded that with the increased importance of hard and soft skills in technologically advanced workplace, students need to be prepared from a soft skills perspective to create complete human resource profiles. Based on the literature review that they conducted and the data that they collected, Wats and Wats also recommended that plans to develop soft skills should be mandated at all institutions. Industries should be involved in developing programs to ensure that the soft skills are relevant and appropriate. They also suggested that soft skills development should be mandatory for all students.

Continuing the discussion of the need for soft skills in technologically advanced workplace environments, Wahl et al. (2012) identified a clear need for multiple soft skills, including the ability to speak English as the primary language, self-motivation,

self-management, teamwork, and verbal and written communication skills. Wahl et al. recommended the introduction of a project manager workplace format with a specialized focus on working in teams. Wahl et al. also recommended that employees practice their soft skills by providing briefings, speeches and presentations to peers to become oriented with communication skills.

Another aspect of soft skills training in higher education was discussed by Richardson, Cerotti, and Pastoriza (2010). Pearson, the publisher of their book, conducted a national academic survey to evaluate the textbook in preparation for revisions. The survey responses identified soft skills as a requirement for workplace-prepared graduates. The survey respondents saw a need for learning experiences that would help the graduates to develop such soft skills as the ability to problem solve in a creative manner, develop solutions in ethical manners, and demonstrate competent computer skills for business applications.

A portion of the lesson delivery in the text by Richardson et al. (2010) was based on a case study approach to learning. Single- and multiple-case studies were used, with the single-case study giving students the opportunity to understand a unique subject; the multiple-case study added interest by presenting the students with multiple problems. The text evaluation process included an evaluation of students' perceptions of the teaching, learning, and assessment processes from the case study perspective. Richardson et al.'s evaluation process identified the need for students to possess skills similar to those in the global work environment.

Global business program graduates can no longer survive in the workplace with technical skills alone; they need to be prepared with soft skills. The development of soft skills in Wahl et al. (2012) identified by the text evaluation and literature review found support for soft skills training using the case study approach outlined in their textbook. The case study approach provides soft skills enhancement by building communication competence through written and oral communication and by developing higher order reasoning. The review of case studies approach required students to analyze and provide judgment that would promote class discussion in search of proper solutions to problems discussed in the case studies.

Havta (2013) studied faculty in the Biomedical Technology Department of Brown Mackie College in Tucson, Arizona, and recognized an issue with students' soft skills after interviewing students, workplace recruiters, and hiring agencies. Hatva recognized that even though students were technically prepared through their college programming, more students also had limited abilities in communication skills and other soft skills. To solve the soft skills deficits in program students, the instructors provided soft skills training through six endeavors.

The first, establishing trust and confidence, was established for students who were withdrawn or without focus. Instructors identified those students during classroom interactions and provided encouragement and positive feedback to them. This positive feedback was considered important because some students might have been withdrawn because of the lack of positive encouragement. These students also had access to student mentors during college programming (Hatva, 2013).

The second endeavor, instilling manners, dress skills, and a sense of professionalism, focused on developing the students' overall professional demeanor, including e-mail etiquette and verbal voicemail etiquette, handshaking when appropriate, and resolving conflict. Instructors dressed professionally to act as a positive example in the classroom. This endeavor also stressed the prestige of the students' future positions and their representing the respective hiring organizations in the community (Hatva, 2013). The third endeavor noted by Hatva (2013), fostering writing and communication skills, focused on all aspects of communication, including written communication, nonverbal communication, online communication, and grammar. The significance of this endeavor was to make the students understand that all documents in health care are legal documents and need to be written at a high caliber.

The fourth endeavor, promoting well-rounded individuals, focused on giving students the ability to interact with others and learn how to approach professors and others. This endeavor also was meant to enhance students' critical-thinking skills. The fifth endeavor, career guidance, was meant to link students with mentors currently working in the biomedical technician field. The mentors would provide soft skills examples as well as demonstrate how coursework would relate to employment in the field. The college also associated with all local hospitals to place students in externship settings. This association provided an example of how soft skills work in the field. The externship experience also had a soft skills component in the final grade.

The last endeavor, special issues, gave additional attention to students who needed it. Students who needed support from student services or special needs were

referred to the appropriate source for assistance. The result was that students had great admiration for the program. Students felt that their employability improved as an outcome of the program; in addition, the mentoring relationships continued after the program. College instructors were recognized for their distinction by professionals in the biomedical technician field. The soft skills program provided a human side to technically trained students and better prepared them for the workforce.

Another approach to developing soft skills was use of the Delphi Learning Package (DLP) in the higher education setting. Redoli, Mompó, de la Mata, and Doctor (2013) noted that new European degrees emphasized advancing students' technical and soft skills. Soft skills development was added to college programming to meet the continued needs of a complex work environment. Students had to be able to problem solve, process large quantities of information, and learn and adjust based on all provided information. The DLP followed a consensus methodology approach in medical educational programs as well as graduate IT programs. The package has also been adopted by IT systems doctoral programs.

Redoli et al. (2013) noted that establishing the DLP in the learning environment required six steps. Step 1, studying the previous state of the subject matter by students, requires students to obtain information on the themes being studied. Students are given some information, including documents and presentations. Step 2, open questionnaire, gives lecturers the opportunity to create a questionnaire requesting students to contribute ideas to resolve problems. The open questionnaire requires only limited ideas. Step 3, a closed questionnaire, allows lecturers to select specific contributed ideas rank ideas by

degree of importance. Step 4, public discussion, allows students to debate the merits of previously ranked ideas and rescore them by importance. Step 5, final feedback, gives students the opportunity to again argue the merits of ideas and make final recommendations. Step 6, evaluation, automatically generates an evaluation score for students. The score is based partly upon changes to students' answers in the previous steps. In a group of 50 students, between 100 and 400 ideas are generated using this methodology. From all ideas, professors then select between 10 and 40 ideas for students to generate feedback. Based on the number of responses, the DLP simplifies the process.

The soft skills developed from using the DLP include critical thinking, synthesis ability, and argument capacity. Redoli et al. (2013) noted that the effectiveness of the package can be evaluated through two experiments that facilitate the need for any modifications after the first experiment to enhance use of the DLP. The results of the experiments demonstrated that adapting the DLP to engineering learning can be successful. Redoli et al., however, also noted that the DLP only focuses on some of the soft skills that students need to be successful. This limited focus also requires soft skills to be covered through study plans in the engineering program for first-year students.

Laud and Johnson (2012) evaluated the need for soft skills in MBA programming to improve curriculum relevance. The study asked 187 successful executives to recognize and rank eight career strategies considered important to their success. The results provided significant evidence that the participants ranked soft skills the highest and the most important to their success. Most current MBA programming does not include any soft skills training. Laud and Johnson identified an opportunity for MBA programs to

increase their relevance and competitive edge by including soft skills programming in the curriculum. Murti (2014) also identified the prospect of MBA programs answering the demand of employers by providing students with soft skills. Organizations have changed to meet increased customer service demands, and programming in higher education also needs to change to meet these demands.

Shuayto (2012) was another researcher who identified the need for soft skills in higher education programming. Shuayto evaluated soft skills in MBA programming based on the need for change in light of criticism from the workforce. Employers were looking not only for technically prepared graduates but also those with concomitant soft skills. The goal of the study was to identify the soft skills that employers found the most important in the workplace. The results included a list of soft skills listed by Shuayto according to level of importance, namely, "responsibility and accountability, interpersonal skills, oral communication, teamwork, ethical values, decision-making and analytical skills, and creativity and critical thinking" (p. 63).

Industry leaders in Shuayto's (2012) study described what they perceived to be the most important soft skills, and they strongly recommended that colleges add a programming focus on soft skills. Colleges need to continue to reevaluate goals and the focus of programs to ensure that they both meet the needs of local industry employers. Shuayto also recommended future studies in various industries to evaluate similarities and differences in soft skills terminology and soft skills needs to determine whether soft skills needs vary in different industries.

Soft skills also have been considered vital in the context of a struggling economy and an unclear financial future. Chell and Athayde (2011) studied students in two age categories, 14 to 16 years and 17 to 19 years. Students ages 17 to 19 years included those enrolled in higher education. The results identified soft skills as an important factor in preparing for uncertain financial times. The majority of the participants in their study were considered to possess significant hard skills, but that alone would not ensure success.

Though soft skills are considered human behaviors, Chell and Athayde (2011) decided that it was difficult for all of the students in their study to possess the necessary soft skills. Chell and Athayde considered the specific soft skills of leadership, motivation, creativity, engagement, and self-efficacy as important and necessary for youth to be successful in uncertain financial times. An important result coming out of their study was the need to find ways to embed soft skills development in students. Chell and Athayde asserted that syllabi from across educational disciplines would need to be reviewed to identify opportunities to insert soft skills training. The process also should be included at a larger governmental level to ensure student success.

Al-Mamun (2012) also considered soft skills important in the current struggling global economy. The researcher discussed the need for new graduates to have academic learning as well as soft skills, defined as those skills developed outside of technical skills, to increase their chances of employment. Employers' demands continue to drive the need for vocational programs, so enhancing training programs to include soft skills was considered appropriate.

Some of the soft skills mentioned by Al-Mamun (2012) included thinking critically, communicating effectively, building healthy relationships, and helping others make carefully considered decisions. The researcher further described a method to develop soft skills in the educational setting, suggesting that instructors can provide soft skills training by requiring the behaviors in the classroom or laboratory setting and by demonstrating the behaviors themselves. The curriculum in the vocational education setting also should be evaluated and modified to include soft skills. Those changes should be included in the delivery of instruction.

Another direction of soft skills programming in the higher education setting involved a concentrated 2-week training program. Robinson and Stubberud (2014) recorded the results of surveys conducted before and after a 2-week soft skills training program. The results showed a favorable response to improving soft skills in creativity, networking, and teamwork through the program. The program provided an encouraging environment for the students, giving them the opportunity to take risks to learn the appropriate soft skills.

Although most literature reviewed linked the importance of students possessing soft skills to the ability to be successful in the workplace, Chamorro-Premuzic, Arteche, Bremner, Greven, and Furnham (2010) linked students' possession of soft skills to academic performance and workplace success. Chamorro-Premuzic et al. consolidated three soft skills studies, noting a diverse list of required soft skills among the various sources of literature with the common soft skills of cooperation, communication, and problem-solving skills as central and important. Improving these soft skills in the

classroom increased students' likelihood of academic success and prepared them for employers seeking more than technically prepared graduates.

Public Data

In addition to the literature review, I also conducted a review of relevant public data. The mission statement of MTC and information derived from the MAP (MAP)served as the primary source of public data. The program has a total of nine core classes. I reviewed the syllabi for each core class to identify any current soft skills training provided in the program. Similarly, I also reviewed the mission of the college to identify any current focus on soft skills at an organizational level.

Critical Analysis

The body of literature included in this literature review included top soft skills in the workplace as well as soft skills in higher education. The target of this project study was to answer the RQs: (RQ1: What are the most needed soft skills in the workplace? and RQ2: What are the perceptions of soft skills and the most needed soft skills in the MAP at MTC and at local health care employers as perceived by instructors, program leaders, clinical preceptors, and supervisors employed by local health care clinics?). There was adequate literature available to answer the first RQ and also gain general knowledge of the perceptions of soft skills from leaders in the workplace. There was inadequate literature available on the perceptions of instructors, which led to the Utilization of the Soft Skills in Higher Education section of the literature review.

The literature identified a number of soft skills important in both the workplace and higher education settings. One negative aspect of the literature review was the lack of

information that contradicted the need for soft skills in the workplace. All literature reviewed identified the importance of technical, or hard, skills as well as soft skills to be successful. Chamorro-Premuzic et al.'s (2010) study was the only source linking the importance of soft skills to successful academic performance. All other literature on higher education soft skills noted the importance of soft skills in preparing graduates for the workplace.

Implications

The primary implication for this project study is the need for graduating students to possess technical skills and soft skills to be successful in the workplace. I gathered data for the study by interviewing MAP instructors, clinical preceptors, and managers or supervisors at local health care clinics that employ program graduates. The findings point toward the perception that MAP students lack soft skills. Possible project directions included identifying the soft skills required by local health care clinics and recommending possible soft skills training programs to include the soft skills considered important by local health care clinics.

Summary

In addition to technical skills, soft skills are considered important in the contemporary workplace. According to Mitchell et al., (2013), "The best way to prepare potential employees for tomorrow's workforce is to develop not only technical skills but also human relations abilities" (p. 43). Based on feedback from instructors as well as personal communication from MAP leadership, there is a lack of soft skills in program students. The literature review provided information on top soft skills as well as soft

skills programming in higher education. Some of the soft skills outlined in the Top Soft Skills section of the literature review include communication skills, time management, cultural competence, work ethic, general etiquette, critical thinking, interpersonal skills, ethics, teamwork, good judgment, professionalism, customer service, and diversity.

The Soft Skills in Higher Education subsection of the literature review also outlined important soft skills as well as programming that included soft skills in higher education curriculum. According to Robles (2012), "Employers want new employees to have strong soft skills, as well as hard skills" (p. 453). Because soft skills are considered important to students preparing for the workplace, a case study was appropriate to evaluate soft skills in the MAP at MTC. With a clear understanding of soft skills related literature, section 2 will discuss the methodology of my research study.

Section 2: The Methodology

Introduction

In response to the RQs, the best research methodology for this project was the qualitative approach. Lodico, Spaulding, and Voegtle (2010) noted, "Qualitative research approaches collect data through observations, interviews, and document analysis and summarize the findings primarily through narrative or verbal means" (p. 15). I selected a qualitative approach based on the five characteristics of qualitative research outlined in Bogdan and Biklen (2007). They commented, "The first characteristic, Naturalistic has a concrete setting for an absolute source of data with the researcher being the key instrument" (p. 4). I obtained the data from MTC as well as local health care clinics that accept students for externship and postgraduation employment.

Bogdan and Biklen (2007) identified the second characteristic as "Descriptive Data provided the descriptive foundation of qualitative research with data collected from words or pictures, in contrast to numbers" (p. 5). The feedback from instructors, health care clinic preceptors, and supervisors was the foundation of the project study. "The third characteristic, Concern with Process was based on the qualitative researcher's trepidation with a process, in contrast to trepidation with outcomes or products" (Bogdan & Biklen, 2007, p. 6). The process at the center of this study was the education of MAP students at MTC. "The fourth characteristic, Inductive outlined the researcher's need to analyze data in an inductive manner" (Bogdan & Biklen, 2007, p. 6). The inductive manner included building intellections as information was gathered and classified. The fifth characteristic, meaning, provided concern for the participants' perspectives. The participants were

subject matter experts in medical assistant education and medical assisting, so their perspectives were considered the key to answering the RQs.

I considered other methods of research, but I did not deem them appropriate based on the study's RQs. Quantitative research did not fit the needs of the study based on the fact that quantitative research methods provide results numerically (Lodico et al., 2010). Because quantitative research did not fit the needs of the study, I also considered a mixed methods approach but considered it inappropriate. Creswell (2012) noted that the primary reason for mixed methods research is that grouping quantitative and qualitative data provides a better grasp of the problem that neither qualitative nor quantitative data can answer alone.

Justification of the Research Design

After reviewing various forms of qualitative approaches, I selected the case study research (CSR) design for this project study. According to Woodside (2010), "CSR is an inquiry that focuses on describing, understanding, predicting, and/or controlling the individual (i.e., process, animal, person, household, organization, group, industry, culture, or nationality)" (p. 1). Stake (1995) defined the case study as "the study of the particularity and complexity of a single case, coming to understand its activity within important circumstances" (p. xi). These definitions were especially helpful in selecting the case study research design by providing clarification on CSR. Yin (2014) also provided a definition supporting the justification for case study research noting, "In other words, you would want to do case study research because you want to understand a real-world case and assume that such an understanding is likely to involve important contextual conditions pertinent to your case" (p. 16). This study was an inquiry focusing

on understanding the real-world perceptions of those closest to the education of students in the MAP at MTC, namely, faculty, clinical site preceptors, and managers of local health care clinics where students are placed for internship and eventually hired as new medical assistants.

The particular type of case study design that I used was an intrinsic case study. According to Merriam (2009):

> The purpose is not to come to understand some abstract construct or generic phenomenon; nor is the purpose theory building. Rather the study is undertaken because of an intrinsic interest in, for example this particular child, clinic, conference or curriculum. (p. 43)

Stake (1995) also discussed the intrinsic case study, noting that researchers have an interest in specific cases not because they can learn about other cases, but because they need to be informed about specific cases. I had an intrinsic interest specific to the case in question based on the perceived soft skills at MTC and how the lack of those soft skills could affect students during their clinical externships and ultimate employment.

The overall purpose for selecting a case study research design was outlined in Yin (2012), who noted that studying a specific phenomenon in a real-world environment supports collecting the data in their true setting. The specific phenomenon outlined in the study was the perceptions of the soft skills of students in the MAP at MTC. The real-world environment was the actual program setting at the college, gaining valuable insight from program instructors, clinical setting preceptors, and local clinic managers or supervisors who hire recent graduates of the program.

Other types of qualitative research were not considered appropriate based on their description. First, phenomenology, "Often these studies are of intense human experiences such as love, anger, betrayal, and so on" (Merriam, 2009, p. 25). Second, ethnography, "The factor that unites all forms of ethnography is its focus on human society and culture" (Merriam, 2009, p. 27). Third, grounded theory, "The end result of this type of qualitative study is a theory that emerges from or is 'grounded' in the data—hence, grounded theory" (Merriam, 2009, p. 29). Fourth, narrative analysis, "The key to this type of qualitative research is the use of stories as data, and more specifically, first-person accounts of experience told in story form have a beginning, middle and end" (Merriam, 2009, p. 32). Lastly, critical research, "In critical inquiry the goal is to critique and challenge, to transform and empower" (Merriam, 2009, p. 34).

Participants

The setting for the study was the MAP at MTC. The participants included current instructors; the divisional dean; clinical site preceptors; and managers and/or supervisors at the three largest local health care employers, utilizing pseudonyms Alpha Medical Clinic, Beta Medical Group, Charlie Medical Clinic, and Echo Medical Clinic for ethical protection. All current full-time faculty as well as adjunct faculty were included, for a total of five faculty members. One program dean also was in the sample. At least one clinical site preceptor from each clinic as well as one supervisor or manager from each clinic were included, for a total of eight participants from local clinics. The total sample comprised 14 participants.

Justification for the Number of Participants

One of the goals in answering the RQs was to gain the perceptions of instructors, clinical preceptors, and local health care employers. To meet that goal, I selected purposeful sampling for this project study. According to Creswell (2012), "In purposeful sampling, researchers intentionally select individuals and sites to learn or understand the central phenomenon. The standard used in choosing participants and sites was whether they are 'information rich' (Patton, 1990, p. 169)" (p. 206). Because of the smaller number of participants, the selected participants delivered the best information available to answer the RQs and met the needs of the project study. Though there were only five instructors in the sample, I had a working relationship with them, and all of them had voiced concerns with the lack of students' soft skills and were willing to take part in this project study. I had no authoritative relationship with the participants.

Access to Participants

Prior to gaining access to the participant access, I consulted Walden University's Institutional Review Board (IRB) for proposal and research approval. Upon receiving approval from the IRB (approval #10-08-15-0375760), I requested access to potential participants at each organization using a letter of cooperation from a research partner. Access to MTC required submission of a copy of the IRB application to the college's vice president research, planning, and development. Access to Alpha and Beta Medical Clinics required submission of a request to perform research to its local IRB. Access to Charlie and Echo Medical Clinics only required local managerial approval because the research did not include clinic patients.

After receiving access permission, I sent an e-mail invitation to each potential participant. The invitation included a request for the individual to take part in the study. The invitation also included an explanation of the interview process and the need for signed consent prior to taking part in the study. I gave each invitee the opportunity to decline joining the study. As part of the invitation, I requested that potential participants contact me within 1 week at my Walden e-mail address, which I included in the invitation. Because of purposeful sampling, I selected very specific participants, so the field of participants could not be expanded.

Researcher-Participant Relationship

Because I was an instructor at MTC at the time of the study, I had a positive working relationship with other faculty members. I also worked indirectly with some clinic preceptors and supervisors/managers. Functioning as a researcher and a student at Walden University, I started the research relationship with a clear explanation of my current role as a researcher and a student, not as a faculty member at the college. I met individually with all participants to review my role as researcher and their role as participant. I also obtained their signed consent signifying their agreement to be in the study. I stressed the voluntary status of their involvement in the study and their right to withdraw at any time during the research process.

I also used the meeting to review the interview process and answer any questions that the participants had. All meetings and interviews were held individually with the participants in a private office, a classroom, or an exam room to ensure that their privacy was protected. Because the input of the participants was considered invaluable, the initial

meeting also included a conversation explaining the importance of their input. I did not hold a supervisory role over any of the participants.

Ethical Protection

The ethical protection of all participants was paramount to me. To ensure ethical issues were dealt with before the start of research, I submitted the appropriate research application to Walden University's IRB. After I received approval to conduct the study, I took safeguards to ensure that all participants were comfortable being in the study. I met with them privately to review the informed consent form and discuss possible the risks and benefits of being in the study. There were no possible physical risks from taking part in the interviews and participating in the study was voluntary. The possible benefits to me included gaining valuable insight into the perceptions of faculty, clinical preceptors, and clinic supervisors/managers of medical assistant students' soft skills.

The initial meeting to review the goals of the study and gain consent, as well as the subsequent interviews took place in a one-on-one format in an office, a classroom, or an exam room, based on availability at each site. To avoid being disturbed during the interviews, I ensured that the rooms had not been scheduled for other uses, and I posted privacy signs outside the rooms during the interviews. To protect the privacy of each participant, I stored all interview notes and audiotapes in a secured office and all transcriptions on a password-secured laptop. All documentation relevant to the study will be destroyed in 5 years, as per IRB requirements.

I used pseudonyms to identify the organizations and participants in the project study. Alpha Medical Clinic was A, Beta Medical Group was B, Charlie Medical Clinic was C, and Echo Medical Clinic was E. The college was represented by D. Each

interview was anonymized using numbered transcriptions, so as an example, C-1 was a clinic supervisor from Charlie Medical Clinic. Though none occurred, if ethical issues had arisen while collecting the data, I would have consulted Walden University's IRB for the necessary guidance prior to proceeding with the study.

Data Collection

Data collection was about asking, watching, and reviewing (Merriam, 2009). Data collection took on two approaches, namely, open-ended interview questions and a review of public data, including the mission statement of MTC and the syllabi from the MAP core classes. Using these two approaches provided the data needed to answer the research questions.

Open-Ended Interviews

The primary approach to data collection was to conduct interviews with the participants. Creswell (2012) stated, "A qualitative interview occurs when researchers ask one or more participants general, open-ended questions and record their answers. The researcher then transcribes and types the data into computer files for analysis" (p. 217). Merriam (1998) noted that the purpose of person-to-person interviews is to seek special information. Based on the availability of facilities, I conducted each interview in either a private office, a classroom, or an exam room, and I posted privacy signs to ensure no interruptions during the interview process. Each interview followed the open-ended question format listed in Section 4 and a planned 1-hour time frame to complete the interview. I formulated the interview questions based on the RQs. Prior to the actual interviews, the interview questions were piloted with random instructors and clinic supervisors, all of whom provided positive feedback. Piloting the interview questions in

the presence of a small number of participants gave me the opportunity to determine whether the wording of the interview questions was appropriate (Seidman, 2013).

In addition to answering the formulated questions, each participant was allowed to openly share ideas and opinions on the interview questions to maximize input and gain insight. I also took notes during the interviews. To ensure the accuracy of my note-taking efforts, I also audio recorded each interview. All recordings were labeled with the same numbers noted on the interview notes to confirm that the notes and recordings matched. Upon completion of the interviews, I transcribed all notes and audio recordings into Word documents.

Documents

I also reviewed documents as part of the data collection process. Creswell (2012) stated, "A valuable source of information in qualitative research can be documents" (p. 223). The documents included the mission statement of MTC and the syllabi for the nine primary courses in the MAP. I reviewed the documents to identify any soft skills type of focus or training at the program level and at the college level. Yin (2012) noted that documents also can include student records, newspaper articles, and observations of the participants. In addition to the mission statement and program syllabi, classroom attendance records were helpful in identifying student attendance issues.

Role of the Researcher

Despite being an instructor at MTC at the time of the study, my role as researcher took an objective approach that included clearly outlining that I had no authoritative relationship over the participants and that participation in the project study was voluntary. I followed the direction of the research without any bias or input into the research

process. Students were not a direct part of the study. Though it did not occur, if any participants had not been comfortable with their relationship with me, they could have asked to be removed from the project study, or they could have withdrawn voluntarily.

Data Analysis

Once all of the open-ended interviews were completed, I analyzed and interpreted the data using a six-step process outlined in Creswell (2012): (a) organizing the data in preparation for analysis, (b) exploring the data while providing the initial coding, (c) using identified codes to develop descriptions and themes, (d) representing the findings through visuals and narrations, (e) interpreting the results by personal reflection, and (f) providing strategies to validate the findings.

Open-Ended Interviews

I obtained most of the data for this project from the interviews. Once I completed all of the open-ended interviews, I transcribed my notes into Word documents using the audio recordings to confirm document notes and making sure that all information provided was transcribed into document form. Once I transcribed all of the interview responses, I completed multiple reviews of the transcriptions. Seidman (2013) discussed making theme-based connections by reading transcriptions and labeling similar passages and searching for connections. As I reviewed the transcriptions, I wrote notes, looked for areas of commonality, and created themes from common areas. Once the first review of transcribed data was complete, I reviewed themes and notes and performed subsequent reviews of the transcribed data to solidify themes identified during the reviews. I then summarized the identified themes and prepared the narrative describing the findings.

Documents

The documents analyzed during this project study included the mission statement of MTC as well as the syllabi for the nine primary courses in the MAP. The goal of the analysis was to review the documents to identify any soft skills type of focus or training at the program and college levels. Yin (2012) noted that documents also can include student records, newspaper articles, and participant observations from the study setting. In addition to the mission statement and the program syllabi, classroom attendance records were helpful in identifying students' attendance issues. Because the specific term soft skills could not be used, the document analysis also included soft skills-related terms identified during the literature review, examples including communication, teamwork, ethics, and time management.

Validity

Ensuring validity during the data collection and analysis processes was an important part of the research process. According to Creswell (2012), "Validating findings means that the researcher determines the accuracy or credibility of the findings through strategies such as member checking or triangulation" (p. 259). To validate my findings, I used triangulation and member checks throughout the research process.

Creswell (2012) also noted:

> Triangulation is the process of corroborating evidence from different individuals (e.g., a principal and a student), types of data (e.g., observational field-notes and interviews), or methods of data collection (e.g., documents and interviews) in descriptions and themes in qualitative research. (p. 259)

The triangulation process included corroborating the information provided by the participants. Faculty members in the sample taught on different campuses, so I compared the data to corroborate the findings. I also reviewed attendance records to corroborate any attendance-based issues. The mission statement of MTC and syllabi from the MAP classes also were reviewed to identify any current focus on soft skills at the program and college levels.

According to Creswell (2012), "Member checking is a process in which the researcher asks one or more participants in the study to check for accuracy of the account" (p. 259). After I transcribed interview data, I scheduled follow-up meetings as needed with the participants to verify the accuracy of their transcriptions. Any issues identified during member checking were documented, and corrections were made to accurately reflect the participants' points of view.

Data Analysis and Validation

The rationale for analyzing the data was to begin to recognize portions of the data that responded to the RQs (Merriam, 2009). I documented the interviews using handwritten notes and audio recordings made with a digital recording device. Recognizing the importance of arranging the data early in the interview process, I transcribed the interview notes in the order in which the interviews were conducted (Seidman, 2013). Once I transcribed the interview notes, I modified the document formatting to include a two-inch margin to the right of each interview document to make notes during the coding process. As part of my validation process, I conducted member checking once I transcribed the interview responses. Member checking gave the

participants the opportunity to confirm the accuracy of the transcribed interview responses (Creswell, 2012).

Following member checking, I reviewed the transcriptions of the interview responses multiple times during the initial coding. The initial coding process separated the qualitative information into distinct parts or categories that I could examine to look for similarities as well as differences (Saldana, 2013). Some significant themes were identified and organized. I completed further review across all interview data and used a highlighter to outline themes and categories. I also identified themes and categories using unique participant identifiers to document the summaries used to narrate the findings and answer the RQs. After the interview coding and analysis processes were completed, I reviewed the mission statement of MTC, class syllabi, and attendance records for document-based data.

Triangulation

Although qualitative researchers cannot have complete objectivity, they can use strategies to elevate the level of credibility of the results (Merriam, 2009). One strategy that I used was to triangulate the data. Triangulation of data includes using multiple data sources, along with cross checking and comparing data to facilitate the convergence of the data (Merriam, 2009). The multiple data sources included interviewing preceptors and supervisors from three clinics and faculty from multiple campuses. In addition to conducting the interviews, I reviewed documents, namely, the mission statement of MTC, syllabi from MAP core courses, and attendance records from multiple classes. I served as the only data collector, thus providing a consistent mechanism for data collection and the subsequent identification of emerging themes. Upon completion of

data collection, I identified converging information from interview coding and reviews of the mission statement, course syllabi, and attendance records.

In addition to using triangulation to support the validity of data collection, I used member checking to ensure the accuracy of the transcribed interview responses. Any questions from the review of class syllabi were directed to the instructor participants responsible for those classes.

Discrepant Cases

There were no discrepant cases in the project study. Minor typographical errors identified during member checking were immediately corrected. If discrepant cases had been identified, corrections would have been made.

Limitations

As an instructor in the MAP at MTC at the time of the study, I had a working relationship with program faculty members. This working relationship could have resulted in researcher bias, including making assumptions based on preconceived positions. A reliable researcher will endeavor to function under rigid ethical standards while conducting research (Yin, 2014). To avoid possible bias, I used multiple sources of data and conducted member checking to ensure that the voices of the participants were maintained throughout the interview process. Any personal notes made during interviews or coding were maintained separately from the participants' data. Finally, I used triangulation to add to the validity of the research project.

Data Analysis Results

The MAP at MTC is located on multiple campuses of this 2-year public technical college. There was a perception based on discussions during MAP advisory committee

meetings that students lacked soft skills. The advisory committee comprises health care employers from the local community who hire program graduates. The overall goal of this intrinsic case study project was to gain insight into the level of soft skills possessed by students enrolled in the MAP.

Two RQs guided the project study:

1. What are the most needed soft skills in the workplace?
2. What are the perceptions of soft skills and the most needed soft skills in the MAP at MTC, as perceived by instructors, program leaders, clinical preceptors, and supervisors employed by local health care clinics?

Data were collected during interviews with MAP instructors (n = 5), program leadership (n = 1), clinical preceptors (n = 4), and supervisors employed by local health care clinics (n = 4), giving a final sample of 14 participants. In addition to interviews, the five instructor participants were asked to share syllabi from their classes; the mission statement of MTC and attendance records also were reviewed. The interviews gave me the opportunity to gain insight from those who had direct contact with the students during their time in the program. The documents were reviewed for evidence of current soft skills programming and any evidence of soft skills embedded in the mission of the college.

Interviews

I conducted the interviews with the program instructors and leadership in quiet classrooms without students present. I interviewed the clinical preceptors and clinic supervisors in private medical office exam rooms at each of the four clinic sites. Conducting the interviews in quiet settings allowed the participants to focus on the eight

interview questions that centered on their perceptions of the level of soft skills of students enrolled in the MAP at MTC.

Interview Question 1 was directed toward program instructors. Interview Questions 2 and 3 were directed toward clinical preceptors and clinic supervisors, In addition to answering the interview questions, the participants had the opportunity to openly share information. Following are the eight interview questions:

1. What are your thoughts on students' soft skills in the classroom setting? (Instructors)
2. What are your thoughts of students' soft skills displayed in the clinical internship setting?
3. As a supervisor or manager in a local medical clinic, what are your thoughts on the soft skills of MAP graduates?
4. This research study revolves around a perceived soft skills problem in the MAP at MTC. The following are some of the soft skills identified during a literature review. Please rank the following soft skills in order of importance.
    a. communication skills
    b. time management
    c. cultural competence
    d. work ethic
    e. general etiquette
    f. critical thinking
    g. interpersonal skills
    h. ethics, teamwork

i. good judgment

j. professionalism

k. customer service

l. diversity

5. Do you have any additional soft skills you feel are important in students completing the MAP?
6. What soft skills do you discuss or teach during medical assistant programming?
7. What is your attitude towards students receiving soft skills training as part of the MAP?
8. How do you think possessing specific soft skills will affect a new graduate's employability?

Documents: MTC Mission, Syllabi, and Attendance Records

To reflect on the importance of soft skills at the organizational level, the college mission statement was included in the document review. To provide insight into the current state of soft skills training at the program level, I reviewed the syllabi of the nine core MAP classes: Medical Assistant Administrative Procedures; Medical Assistant Laboratory Procedures I; Medical Assistant Clinical Procedures I; Human Body in Health and Disease; Medical Assistant Laboratory Procedures II; Medical Assistant Clinical Procedures II; Medical Office Insurance and Finance; Pharmacology for Allied Health; and Medical Law, Ethics, and Professionalism. Based on the literature review, time management also was considered an important soft skill to possess. Based on this

information, I reviewed attendance records to gain awareness of students' lack of time management, an important soft skill to possess.

Findings

I was able to identify multiple themes based on the analysis of the interview responses and documents. The themes provided the information needed to answer both research questions. The findings are a summation of the identified themes.

Finding 1: Individual soft skills perceptions. Based on feedback from the individual interviews, perceptions of students' soft skills were discussed by program instructors, program leadership, clinical preceptors, and clinic supervisors. All participants felt that the MAP students lacked the appropriate level of soft skills. Each participant also reflected on the importance of soft skills in the workplace and in gaining employment.

Finding 2: Program-level soft skills. Varied levels of soft skills training are embedded within the MAP and the mission statement of MTC. Instructor approaches to soft skills training varied with each class, along with different levels of soft skills documentation in the class syllabi. No consistent soft skills training was identified at the program level.

Finding 3: Organizational-level soft skills. Different levels of soft skills training were identified through the review of the college mission statement and the interview with program leadership. This individual provided information about current soft skills training at the leadership, instructor, and program levels. Review of the mission statement provided a reflection of soft skills at the organizational level.

Finding 4: Most important soft skills identified. Using the soft skills identified during the literature review, I asked the participants to rank them and identify additional soft skills that they felt were important for program students to have. The ranking information was listed in table one.

Finding 5: Soft skills development. All 14 participants felt that it was important to develop the soft skills of MAP students. Some participants felt the development of soft skills was important to student success.

Narrative Discussion of Findings

The narrative conveys the human experience by way of telling a story (Saldana, 2013). Narration was considered the best approach to expanding on the finding of my research study. The following narrative descriptions expand on the findings.

Finding 1: Individual Soft Skills Perceptions

Interviewing each participant provided a wealth of information from instructors, clinic supervisors, and clinical preceptors regarding their perceptions of students' soft skills. During the interview process, I asked prepared questions and allowed the participants to openly discuss their perceptions of students' soft skills. Based on feedback from the interview process, all of these participants felt that the students in the MAP lacked the soft skills needed to be successful in the workplace and to gain employment initially. They also noted that the students had different degrees of soft skills deficits.

All program leadership and instructors in the sample felt that there was an overall lack of soft skills in the MAP students. The program dean felt that most students lacked essential soft skills and identified it as a generational issue. Millennials, for example, have issues with soft skills. They have become comfortable with texting and short

electronic communication, leaving little room for face-to-face communication. D-1 also felt that most students had issues resolving conflicts because of their inability to communicate directly with others.

D-1 commented:

> Soft skills in health care are important. People don't know how to judge the quality of care, but they can judge if someone is nice and polite with good social skills. More of the quality evaluations are based on soft skills.

Determining whether someone is a good nurse or a good medical assistant might not come from an evaluation of skills, but how that nurse or medical assistant interacts with patients, instead.

Instructors D-3 and D-6 felt that the students lacked important soft skills at the onset of the program. Students' backgrounds personified this lack of soft skills, with some students not being taught basic soft skills early in life. D-3 observed that some students' soft skills developed with time throughout the MAP, but others' skills never develop. D-3 said, "It's kind of frightening, the lack of soft skills." D-6 termed it "a lack of a filter," meaning that students could not determine when it was important to be professional and did not understand when not to openly express their thoughts. Similarly, Instructor D-2 felt that students lacked overall soft skills and that instructors had a responsibility to enhance students' soft skills. Students need to be socially acceptable and responsible to be good students and good medical assistants.

Instructor D-4, who also noted "a lack of a filter," was the most critical of students' lack of soft skills. The instructor asserted that current students did not have much by way of soft skills. They said what they wanted to and did not know at times that

it was wrong. Most students preferred to text rather than get involved with others. According to D-4, "Students do not know how to win friends and influence people. Regardless of how talented you are, you have to be able to relate to and deal with others." Instructor D-5 similarly felt that the students did not work well with others. D-5 also noted students' lack of professionalism and customer service, arguing that many had not been taught soft skills early in life. The problem can also be exacerbated in the classroom if instructors do not model the proper soft skills that students need to be successful.

The perceptions of students' lack of soft skills also were evident in the clinical setting. Both clinic supervisors and clinical preceptors felt that the MAP students lacked soft skills. Clinic Supervisor E-1 felt that the students lacked overall soft skills and also noted the importance of soft skills in the clinic setting. According to E-1, "Health care is big business these days, and sometimes, soft skills are the only thing making a clinic better than the clinic down the street." Clinic Supervisors C-1 and B-1 felt that the students lacked the ability to communicate effectively with others. They contended that most students did not know how to make eye contact with patients and others, and did not know when to filter what they talked about. Clinic Supervisor A-1 noted that some students were excellent but others lacked professionalism. Students need to treat an externship like a 1-month job interview. All actions or inactions during externship are observed and can make a difference in gaining employment.

Preceptors A-2 and E-2 discussed the lack of communication skills displayed by some students. They also mentioned the students' lack professionalism, such as not knowing how to address a physician properly. They pointed out that some students called physicians by their first names, a sign of disrespect in the professional clinical setting.

Both preceptors did acknowledge that even though some students were great and possessed the appropriate skills walking in the door on the first day, others needed continual reminders, such as to make eye contact and communicate directly with patients. A-2 also noted problems with time management and inappropriate cell phone use while working in the clinic.

Clinical Preceptor C-2 noted that some students had attendance issues and did not communicate when they were going to be absent or late. C-2 also discussed students being too comfortable in the clinical setting and similar issues, with some students not knowing how to address physicians and other advanced care providers properly and openly discussing their personal business. Some students also had issues with appearance, specifically with displaying tattoos in the clinical setting. Most patients did not and do not want to see tattoos. Clinical Preceptor B-2 felt that the students had problems with communication. B-2 noted that some students were nervous and timid and did not engage patients in communication properly. B-2 identified inappropriate cell phone use in the clinic as another issue.

Finding 2: Program-Level Soft Skills

To understand current soft skills programming within the MAP, I reviewed each course syllabus. Information on program-level soft skills training was also provided by the participants during the individual interviews. No classes directly listed the term *soft skills*, but they did list soft skills-related terms. Each class listed the college's core abilities within the class syllabus:

> MTC believes students need both technical knowledge and skills and core abilities in order to succeed in a career and in life. The following nine core

abilities are the general attitudes and skills promoted and assessed in all [name of college redacted] programs; those followed by an asterisk are promoted and assessed in this course.

1. Act responsibly.
2. Communicate clearly and effectively.
3. Demonstrate essential computer skills.
4. Demonstrate essential mathematical skills.
5. Develop job-seeking skills.
6. Respect self and others as members of a diverse society.
7. Think critically and creatively.
8. Work cooperatively.
9. Value learning.

This statement was found in each class syllabus with an asterisk aligned with the core abilities to be covered in that class.

One class in particular had multiple soft skills embedded in the class syllabus. Medical Law, Ethics and Professionalism did not reference the term soft skills, but soft skills ethics and professionalism were both identified during the initial literature review to be important soft skills. The cognitive objectives for the class included assertive and effective professional communication; discussion of moral issues facing health care; comparison of professional, personal, and organizational ethics; as well as discussion of ethnic diversity and ethical performance in the medical assisting role. Psychomotor objectives included development of a plan for separating professional and personal ethics,

and the affective objectives included the demonstration of diversity awareness in health care.

The interviews with the program instructors, clinical preceptors, and clinic supervisors also provided insight into the soft skills currently being taught within the MAP classroom and clinical setting. Instructors and preceptors had different degrees of soft skills programming in the classroom that was primarily based on the soft skills that the instructors and preceptors themselves felt were the most important. Instructor D-5 ensured that students understood the importance of problem solving and critical thinking because medical assistants must ensure that they do what is best for their patients. D-5 also noted the importance of students and medical assistants focusing on how they or their family member should be treated in any given situation, ensuring equal levels of respect for all patients.

Similarly, Instructor D-4 focused on basic respect in the classroom setting. All students are entitled to their individual opinions, but in order for them to function in the clinical setting, they must start with basic respect in the classroom setting. Instructor D-6 focused on empathy and tact in the classroom setting. The instructor felt that empathy cannot be taught, but can be discussed in the classroom. Individuals should have a basic level of empathy, and hopefully, the discussion in the classroom can enhance those basic levels. Instructor D-3 did not have a specific soft skills focus in the classroom, but did discuss soft skills-related expectations during a meeting that students attended prior to externship. Instructor D-2 discussed the need for instructors to emulate multiple soft skills in the classroom setting, providing examples of the ways in which students should

conduct themselves in the classroom and clinical setting. Many of the soft skills that the instructors should model in the classroom were included in Interview Question 4.

Clinical preceptors and clinic supervisors also had different degrees of soft skills programming in the clinical setting during student externships. The supervisor and the clinical preceptor from Clinic C referenced an enhanced communication program that all new employees and students had to participate in. The program was known as AIDET (Acknowledge, Introduce, Duration, Explanation, and Thank You). The acknowledgment starts when the patient arrives in the waiting room. The introduction takes part as each health care provider has contact with the patient. Duration provides an explanation of the time that the patient will spend in the clinic during the visit. Explanations are included throughout the visit process, including any procedures and discharge instructions. Thank you is provided at the end of the visit and is rendered by each person taking part in the patient care process. The overall goal of the program was to increase patient satisfaction.

Clinic Supervisor A-1 stressed the importance of good judgment and good customer service during initial meetings at the start of externship. A-1 also stressed the importance of appropriate communication throughout the entire externship experience. Clinical Preceptor A-2 focused on enthusiasm for the job of medical assisting as well as the importance of good communication skills. These communication skills include verbal and body language. Medical assistants and MAP students must communicate openly with patients and maintain eye contact; in addition, they must demonstrate teamwork by always being willing to help wherever needed throughout the day.

Clinic Supervisor E-1 and Clinical Preceptor E-2 guided program students through externship by focusing on time management and office etiquette. Students

working during externship were expected to work with high volumes in outpatient clinic settings. They also were directed to work in teams and communicate appropriately with patients. Medical assistants and MAP students had to treat all patients equally, regardless of their situation and without casting judgment. Clinical Preceptor E-2 also trained students on professionalism and ensuring that regardless of the situation, the patient was always considered correct. The patient always comes first in the medical office setting.

The clinic supervisor and clinical preceptor at Clinic B emphasized the importance of body language and eye contact as part of overall effective communication with patients. Acknowledging patients while using laptops to enter patient information also was considered important to Supervisor B-1 and Clinical Preceptor B-2. During the first week of externship, students assigned to Clinic B were required to take part in mock scenarios to prepare for independent contact with patients. Supervisor B-1 believed that the mock scenarios with role-playing gave students the opportunity to practice with less stress while preparing to make contact with patients. In addition to communication skills, time management was emphasized. Students were required to take part in time drills, practicing preparing patients for their medical office visits with efficiency.

Attendance records also provided additional insight into program-level soft skills. Instructors and clinical preceptors identified attendance issues throughout the MAP. Attendance records showed that the majority of students were late for class each week, with some students having multiple absences throughout the semester. Medical Assistant Clinical Procedures I and Medical Assistant Laboratory I both had eight students for the Fall 2015 semester. Only two students in each class had 100% attendance, which constituted 10% of the class grade. Medical Office Insurance and Finance as well as

Medical Assistant Administrative procedures had similar issues, with the majority of students being either routinely late or absent from class. Instructor D-4 noted, "Student arrive when they want and have little regard for being on time. This problem will translate from the classroom to the clinical setting. Students may get hired, but they will not keep a job being late or absent."

Finding 3: Organizational-Level Soft Skills

The first area of the document review was the mission statement of MTC: "We collaborate to ensure economic growth and viability by providing education, training, leadership, and technological resources to meet the changing needs of students, employers, and communities." The mission statement did not have any specific reference to soft skills or the importance of soft skills in the education and training programs offered by the college. In addition to the mission statement, I also examined the vision and values of the college. The vision of the college included personal development, which can include soft skills development; the values included diversity of perspectives and individuals, ethical behavior, and honesty.

MAP leadership also provided information during the private interview that gave insight into the perception of soft skills across the organization. D-1 identified a general lack of possession of soft skills among students across multiple health programs, including the MAP. Some of the problem was related to millennial students lacking the ability to communicate directly with others secondary to the use of electronic devices. He advised that there was no specific soft skills training for students outside of those taking part in college clubs, though some soft skills training might have been provided through the program curriculum. According to D-1, "Good communication and positive patient

relations transcends all curriculum.” The college currently has specific soft skills training for faculty and staff through a new employee orientation program. Soft skills programming also is provided to college leadership through Development Dimensions International, a company specializing in organizational training and development.

Finding 4: Most Important Soft Skills Identified

During the initial literature review, I identified multiple important soft skills. During the interviews, I asked the participants to rank the following soft skills in order of importance: communication skills, time management, cultural competence, work ethic, general etiquette, critical thinking, interpersonal skills, ethics and teamwork, good judgment, professionalism, customer service, and diversity. I also asked the participants to identify any other soft skills that they felt were important for students to have. Some participants felt that the list was inclusive of the most important soft skills; others felt that additional soft skills were important. Table 1 summarizes the rankings.

Table 1

Frequency of Responses Identifying the Most Important Soft Skills

Identified soft skill	Frequency
All equally important	3
Communication skills	4
Time management	
Cultural competence	
Work ethic	2
General etiquette	
Critical thinking	
Interpersonal skills	1
Ethics, teamwork	
Good judgment	1
Professionalism	3
Customer service	
Diversity	

In addition to ranking the identified soft skills, some instructors, clinic supervisors, and clinical preceptors considered other soft skills not on the list as also being important. Instructor D-6 noted the importance of tactfulness and empathy for students to be successful in the classroom and clinical setting. Instructor D-3 focused on the importance of honesty and integrity. D-3 was not sure where it would fit with soft skills, but noted that students needed to understand when it would be appropriate to use a cell phone in the classroom and clinical setting. Instructor D-4 stressed the importance of basic respect for others, with an emphasis on the ability to win friends and influence others.

Some clinical preceptors and clinic supervisors identified yet even more soft skills not on the list as being important. Clinical Preceptor C-2 felt that appearance was an important soft skill, highlighting the importance of students covering tattoos while in the clinical setting. Establishing rapport with others, especially patients, was considered important to Clinical Preceptor B-2. Supervisor B-1 felt that the body language aspect of communications skills should be emphasized during training. Supervisors B-1 and C-1 identified dependability as important. In addition to being punctual, they wanted students to be dependable in all aspects of work.

Finding 5: Soft Skills Development

All participants recognized the importance of soft skills in the classroom and clinical setting, and they deemed the development of soft skills important to the future success of students and the MAP. Some participants felt that offering a class on soft skills was important to future programming; others felt that soft skills development could be enhanced in current classes, with instructors and clinical preceptors modeling the

appropriate soft skills in the classroom and clinical setting. Instructor D-3 commented that embedding soft skills in current programming was important because the MAP was a diploma program with the maximum number of credits allowed under a diploma-level program. Instructor D-2 and Clinic Supervisor B-1 specifically noted the need for instructors and clinical preceptors to display the proper soft skills to students, with Clinic Supervisor B-1 also noting success with the use of mock scenarios with role-playing to enhance soft skills.

Summary

All of the participants recognized the importance of soft skills in the classroom and clinical setting. A soft skills deficit was identified in the MAP at MTC based on responses to the interview questions and the document reviews. Some students possessed the appropriate level of soft skills, but the majority were considered lacking in soft skills. The instructors, clinic, supervisors and clinical preceptors acknowledged the need for enhanced programming and expressed enthusiasm in taking part in the continued development of students' soft skills. During the interview process, it was noted that additional classes could not be added to the MAP because of its diploma-level status.

Based on the enthusiasm of the instructors, clinical preceptors, and clinic supervisors, along with the inability to add classes to the MAP, my research committee and I determined that professional development (PD) activities would be the best approach to enhance students' soft skills (see Appendix). The overall goal of providing instructors and clinical preceptors with soft skills training is to use the soft skills in the classroom and clinical setting through modeling, mock scenarios, and role-playing. In Section 3, I provided specific information on plans for the PD activities.

Section 3: The Project

Introduction

The purpose of this intrinsic case study project was to explore the perceived soft skills deficit in the MAP at MTC. The information gathered during the project provided detailed perceptions of the students' soft skills as well as evidence of soft skills training at the program and organizational levels. I collected qualitative information by conducting interviews with program leadership and faculty, clinic supervisors, and clinical preceptors. In addition to conducting interviews, I reviewed the college's mission statement, attendance records, and the syllabi from the nine core courses in the MAP. I reviewed documents to detect the presence of current soft skills training embedded in the mission statement or the program classes. After reviewing the findings of the project study with my committee chair, a PD activity was considered an important first step in increasing the soft skills of students in the MAP. Because program faculty and clinical preceptors work closely to prepare students for program completion, I will take a collaborative approach to the PD activities.

Bringing faculty and clinical preceptors together in a collaborative approach will enhance not only the relationship between faculty and clinical preceptors but also the soft skills provided in the classroom and clinical environment. The overall goal of the PD activity is to provide training in the top soft skills identified during the project study. Once PD training is complete, instructors and clinical preceptors will take the learned soft skills back to the classroom and clinical setting, where they can use the soft skills learning to model soft skills in their respective learning environments. This section includes a rationale for the PD activities and a review of PD-related literature focusing on

general PD activities and PD activities specific to health care faculty and collaboration. Section 3 also includes information relevant to the project description, project evaluation plan, and project implications.

Description and Goals

The goal of faculty development is to create a product. In the case of faculty development, the products are faculty members with increased knowledge and productivity, as well as evidence of an organization committed to providing better services to students (Stabile & Ritchie, 2013). With the overall goal of increasing faculty and clinical preceptor knowledge of soft skills and providing a more uniformed approach, the foundation for the PD activities I developed was centered on the valuable information acquired from the findings of the project study.

Using that valuable information, I created topics for each day of PD activities. Instructors and clinical preceptors will meet for a total of 3 days of PD activities. Each day will be separated into two sections, with the morning focused on learning the topic of the day through lecture and interactive discussion, and the afternoon focused on how to work together on ways to emulate the learned soft skills in the classroom and clinical setting. The morning session will take place in a classroom; the afternoon session will take place in the program exam rooms at the college, focusing on interaction and role-playing learned skills.

Day 1 will focus on a review of the soft skills identified by the project study literature review as well as additional soft skills deemed important by the participants during the interviews. Instructors and clinical preceptors also will have the opportunity to share ideas on ways to enhance the identified soft skills and emulate the soft skills in the

classroom and clinical setting. Prior to the soft skills review, the first portion of the day will start with introductions of the PD participants, including current positions, reviews of their backgrounds, and reviews of their specific roles in the development of program students.

Day 2 will center on communication, the most important soft skill identified by the participants. Feedback during the interviews not only identified the importance of good communication in the clinical setting, but also verbal and nonverbal communication issues with MAP students. Instructors and clinical preceptors will bring a wealth of experience working in the higher education and clinical settings, respectively. The goal of Day 2 is to provide information on verbal and nonverbal communications skills in the morning and then focus on the knowledge of instructors and clinical preceptors in the afternoon using all shared information in the clinical classroom and classroom exam rooms.

Day 3 will focus on professionalism. This soft skill was considered important by the interviewed participants, who noted that the students had issues demonstrating professionalism in the classroom and clinical setting. The focus of this soft skill will include the importance of wearing appropriate uniforms and clothing in the classroom and clinical setting. The clothing discussion also will include discussions about tattoos and piercings in the health care environment. In addition to the clothing aspect of professionalism, thoughts will be shared on the proper and appropriate use of cell phones. Once again, the afternoon portion of the session will focus on activities using soft skills in the clinical classroom setting that were identified during the morning session.

Rationale

I used a qualitative, intrinsic, case study approach to gain the participants' perceptions of MAP students' soft skills. The study included interviews with program instructors, clinical preceptors, and clinic supervisors. In addition to conducting the interviews, I also reviewed the mission statement of the college, syllabi from the nine core courses, and attendance records. Currently, students enrolled in the MAP receive training with a focus on the technical skills needed to be successful as medical assistants. Program instructors and clinical preceptors provide different degrees of soft skills training in the classroom and the clinical environment, there has not been a uniform approach to this training, thus explaining the rationale for this project study.

After collecting, transcribing, and coding the interview data, I identified several themes. The participants noted the importance of soft skills in the classroom and clinical setting, and they found that students had an overall lack of soft skills. Different degrees of soft skills instruction and ideas about which soft skills were the most important were identified through the collection and analysis of the data. The participants also recognized the need for students to receive soft skills training, but Instructor D-3 commented that additional classes could not be added to the program because of its current diploma-level status. Based on information obtained from the interviews and from feedback from my research committee, I considered faculty PD the best approach to enhance the soft skills of students in the MAP at MTC.

Review of Literature

The purpose of this qualitative research project was to investigate the perceptions of program instructors, clinical preceptors, and clinic supervisors about the soft skills of students enrolled in the MAP at MTC. The findings of the project study support the advancement of soft skills training within the MAP. Faculty PD will be the start of that soft skills training, with the ultimate goal of program instructors and clinic preceptors teaching soft skills embedded in classroom and clinical settings. The goal of teaching is to provide students with the proficiency in certain skills and abilities needed to be successful in the workplace. Integrating soft skills in teaching and learning will be significant in efforts to prepare students properly for the workplace (Quieng, Lim, & Lucas, 2015).

Haines and Persky (2014) explained the goal of teaching as the development of people. Faculty at colleges that teach health professions spend much of their time teaching the skills needed in a structured format that is based on their professional experience working in diverse health care fields. At the center of people development and the teaching of skills is the need for faculty PD, a planned program to train organizations and faculty for their perspective roles in teaching, career management, and research administration (Sorinola & Thistlethwaite, 2013). According to Brener, McManus, Wechsler, and Kann (2013), "PD can also increase educators' confidence in teaching and provides opportunities for them to learn innovative teaching techniques and exchange ideas with colleagues" (p. 734). Providing faculty PD on soft skills for program instructors will be the first step in integrating soft skills in teaching and learning.

To facilitate the literature review, I performed queries on Walden University Library's research databases, including ERIC, Educational Research Complete, and Academic Research Complete. The predominant categories used for the searches included PD as well as PD in higher education. Saturation was reached through the use of 25 research articles using the parameters of peer-reviewed journal articles written within the past 5 years from each listed database.

Theoretical Framework

I created this project study thinking of students in the MAP at MTC. In addition to concern for students, I considered the thoughts and ideas of program leadership, program instructors, clinical preceptors, and clinic supervisors an important aspect of the project study. All of the participants, including leadership, had a desire to increase the soft skills of MAP students and better prepare them to be successful in the workplace. Reflecting on the desire of the program and organization to have successful students, the organizational theoretical framework was applied to the project.

Organizational theory covers multiple areas throughout higher education institutions, including motivation, leadership commitment, and support (Daily, Bishop, & Maynard-Patrick, 2013). It goes further to include a learning organization concept where individuals throughout the organization expand their possibilities through learning to obtain their desired goals or results. New ideas are cultivated and advanced to improve outcomes. Individuals find respect for each individual's background, role, expertise, and experience (Barr, 2013). Program leadership, faculty, clinical preceptors, and clinic supervisors have different backgrounds and levels of expertise, but all have the common

goal of not only better preparing students but also improving the MAP and the end product of well-prepared medical assistants.

Professional Development

Cepic, Vorkapic, Loncaric, Andic, and Mihic (2015) defined PD as "a process during which teachers establish and maintain the highest level of expertise that is possible to achieve" (p. 8). The purpose of Cepic et al.'s study was to provide guidelines for the improvement of teachers' competencies based on the preface that teachers provide support for the learning outcomes of students and therefore, must be in a constant learning process. Their research focused on three concepts important for teachers' PD: teachers' reputations, competence to perform student development, and their personalities. Cepic et al. conducted a review of multiple literature sources that dealt with questions surrounding teachers' PD. Their literature reviewed looked at teachers' PD from two perspectives, namely, the competency approach and the holistic reflective approach.

Cepic et al. also noted the competency approach can be found in many areas of teachers' PD and has been used to mark various points in teachers' levels of experience. In the competency approach, teachers are expected to achieve specific competencies, and those competencies are used to reflect on teachers' knowledge and their competence to perform at certain levels. The literature review noted that all PD has been developed based on those specific competencies. The competencies do not specifically reflect levels of formal education but provide a clear level of structure in the advancement of teachers. The negative aspect of the competency approach is that it considers teachers to be on a

technician level, with technical advancement based on levels of competencies achieved. The holistic reflective approach provides a much different approach.

The holistic reflective discussed in Cepic et al. (2015) provides more of an opportunity for teachers to develop and progress based on personal reflection. The reflection process included thoughts and actions based on teachers' awareness of social issues and social justice in the profession of teaching. Based on the literature that they reviewed, the holistic reflective approach is widely used in today's PD of teachers, and the PD in Cepic et al. is guided based on the social issues facing teachers and students. This approach has been beneficial in the realm of inclusive education, which considers the educational as well as the social needs of students.

Cepic et al. (2015) also discussed personality within PD. This direction in PD focuses on teachers' personalities, including personal beliefs in PD. Teachers take personal responsibility for the learning of their students as well as for their own PD. This approach to PD is considered contemporary, and college-based PD has had a positive influence on teachers' attitudes.

Because teachers' PD is considered a critical aspect of improvement in the higher education landscape and that traditional PD activities do not create meaningful knowledge, Cho and Rathbun (2013) created a series of teacher-centered online PD programs. The supposition was that the alternative online delivery method might address issues surrounding the retention of meaningful knowledge. They created opportunities for teachers to take part in the PD process and then apply the knowledge directly to their teaching environments.

The online PD developed by Cho and Rathbun (2013) employed a problem-based learning approach, using problems as the impetus for learning activities. This problem-based learning approach was considered pioneering and was used as the main catalyst in teaching and learning practices. The common features of problem-based learning include providing tasks or problems and directing the participants to take part in learning activities to solve problems and subsequently take responsibility for their learning. The research to evaluate the activities followed a case study approach (Cho & Rathbun, 2013).

The program at the center of Cho and Rathbun's (2013) investigation took place at a college in the Midwestern region of the Unites States. Each year, the program offered 40 sessions on pedagogical and instructional technology topics. Multiple programs related to those topics were developed in an online format using Blackboard, an online course management system. At the conclusion of the learning activities, participants were required to create materials to be used in their perspective classroom settings. To gain information about the impact of the PD activities, Cho and Rathbun performed a case study.

Cho and Rathbun (2013) interviewed the program participants as part of the case study. In addition to conducting interviews, they also set up discussion groups to provide further information on the PD activities. The findings of Cho and Rathbun outlined the main goal of creating online PD for teachers. Using task-based project activities and problem-based activities proved beneficial. The online teacher development programs provided the opportunity for college educators to take part in PD activities and create useful tools to be used in the classroom. One important factor identified as a result of the

research was that in order for the online teacher development programs to be successful, effective communication on goals and expectations were vital. It also was deemed important that the facilitator of the online development activity needed to take an active role throughout the program.

Saroyan and Trigwell (2015) reviewed and discussed PD as a discipline within the field of teaching. The results of their study provided insight into the state of current research on the topic and recommendations on how to move forward with further PD research. Saroyan and Trigwell commented, "The necessity for improving quality teaching has never been as compelling or as challenging as it is today, in an ever-changing higher education climate" (p. 92). Trends in the PD for teachers of higher education continue to evolve as the need for improvement pushes change.

Saroyan and Trigwell (2015) outlined four primary observations resulting from their review of a wealth of literature. First, throughout the research reviewed, copious terms were used to explain formative processes aimed at nurturing improvements in teaching. Some of the terms used included educational development, faculty development, instructional development, and professional competence. Though most of these terms have been used similarly, they also have been used with different meanings, making it difficult to cumulate research findings. Second, as with variations in the terms, the evaluation also found variations in the goals of PD activities. Most goals centered on learning about and using new skills, developing a professional identity, networking, and facilitating a mechanism of engagement in teaching and learning.

Another observation that Saroyan and Trigwell (2015) made included reports using deductive and inductive continuums of learning. Various theoretical frameworks

within the literature were used in multiple forms without clear theoretical or conceptual frameworks linked to the PD research. The final observation was a variation in methodologies used in the research of PD. A mechanism that was found across the review was the use of PD to aid in the development of teaching and classroom performance. As students' learning changes, the PD of teachers also must change.

An important result of Saroyan and Trigwell's (2015) research centered on the motivation behind the teachers' PD. The teachers found that personal satisfaction could drive the motivation to prioritized PD and include it within the academic duties of teaching. On the negative side, many factors, including cultural, political, pedagogical, and conceptual differences, were found to inhibit PD. Some educators did not invest in the PD process if they had any of those inhibiting factors. Saroyan and Trigwell stressed the importance of PD in relation to student performance, and they strongly recommended future research on the using standard methodologies and including student learning as an end measure of the research.

Research focusing on dental education has found a relationship between the PD of professional dental educators and student success. Lyon (2015) researched the PD of teacher expertise through a Dreyfus skills acquisition model. The Dreyfus system uses a pathway to teacher competence through the development of a range of skills that start with novice and end with expert. That expert level is based on the demonstration of acquired skills. The purpose of engaging in this form of PD was the desire of educators to make a positive impact on students and their performance through more efficient and effective teaching (Lyon, 2015).

Lyon (2015) conducted a qualitative study and used individual interviews of experienced educators to obtain knowledge of their PD and growth. Areas of interest included identifying skills progression using the Dreyfus model and experiences that might have influenced the development of professional dental educators. The purposeful sample comprised three deans from five dental programs and seven full-time experienced dental educators in California. The threshold minimum of 10 years of experience was used as a criterion for inclusion. A small number of participants were considered important to yielding the best information. All deans included in the study had extensive backgrounds in teaching prior to becoming deans.

The results of Lyon's (2015) study included positive experiences through the Dreyfus model, noting that the skills progression of faculty provided the competence necessary to be effective in the development of students in the classroom. The PD using the Dreyfus model also included the development of basic knowledge, personal and behavioral qualities, and the advancement of functional skills. The model also aided in personal reflection, something considered important to the educators in the program. Some educators took their reflections back to the classroom and used those reflections to aid students in learning by example. The limitation of the study was the small sample size, but the data from the study supported a relationship between educator PD and student success.

Lattuca, Bergom, and Knight (2014) discussed a report published by the American Society of Engineering Education identifying career faculty development in relation to faculty engagement in educational improvements, but the lack of research on the relationship between faculty development and teaching practices. Lattuca et al.

examined that relationship between engineering faculty PD and faculty teaching practices. According to Lattuca et al., "Ample research supports the effectiveness of student-centered instructional and assessment practices, such as collaborative learning and frequent feedback to students. Student-centered approaches to teaching are associated with greater student engagement and achievement than are traditional lecture-based instructor-centered approaches" (p. 550). The goal of the research was to identify faculty members' willingness to use PD to make collaborative changes in the classroom setting.

Lattuca et al. (2014) functioned under the foundation of dual hypotheses. The first hypothesis, training in teaching, related positively to student-centered teaching methods and negatively to instructor-centered practices. The second hypothesis, PD in teaching, related positively to using student-centered teaching and negatively to instructor-led practices. Using a multiple regression analysis, the researchers evaluated a national survey of 906 faculty from 31 4-year colleges to determine whether graduate training, institutional factors, and PD were related to faculty members using student-centered practices.

Lattuca et al. (2014) found a positive relationship between PD and student-centered teaching applications. Graduate training in teaching also aided in student-centered practices, albeit to a lesser degree than PD. Colleges with an interest in advancing student-centered teaching might benefit from increasing their investment in faculty PD. Faculty taking part in PD activities are more likely to bring their learning to the classroom by changing instructional methods with a continued focus on their students.

Avalos (2011) reported on literature published over a 10-year period. The PD of teachers at the core of most research has been the advancement of teacher learning as well as the practice of teacher learning to benefit the growth of students. Some of the themes identified as part of Avalos's literature review included the process of teacher learning, the process of reflection, and the development of teaching instruments as the result of teachers' PD. In addition to these themes, Avalos also identified collaboration, university partnerships, teachers' colearning, and workplace learning as themes within the PD literature.

Avalos (2011) also reviewed multiple articles on the effectiveness of teachers working in a learning community environment with a focus on the advancement of teaching practices and student achievement. There was noted improvement in teacher satisfaction related to PD when the activities were considered important and relevant to teachers' areas of interest. An important area also recognized by Avalos was the departure of PD from the traditional in-service model of PD. The creation of activities in the context of today's PD took into account sociocultural factors as well as the goals of improvement for teachers and students. One issue identified in the review was the negative affect that some policies could have on PD when they create difficult working conditions and limit the use of PD.

Student learning in relation to faculty PD has continued to be a topic of research in the educational landscape. Rutz, Condon, Iverson, Manduca, and Willett (2012) sought to answer that relationship-based question. The proposition that faculty improve their teaching through PD programs and as a result, students increase their learning was at the center of Rutz et al.'s study. Rutz et al. recognized that even experienced teachers need to

take part in PD to continue to develop their instructional skills. Institutions of higher education continue to invest in PD workshops, speakers, and other PD activities, so Rutz et al. sought to find the relationship between the PD and improved student learning by developing their Tracer Project to answer the question.

The Tracer Project (Rutz et al., 2012) studied faculty at two college campuses participating in cross-curricular activities, including critical thinking, writing across the curriculum, and quantitative reasoning. The program at the center of the project assigned students problems to solve as well as significant reading assignments and writing tasks. The hope was to create a PD model that would be functional across universities of various sizes. Various methods were used to track data documenting connections among teaching practices, faculty development, and student learning (Rutz et al., 2012). Methods included classroom observations, interviews, end-of-workshop surveys, focus groups, textual analysis, and an evaluation of course documents and student writings compared to established rubrics.

A result of the project included some assuring trends (Rutz et al., 2012). The first trend was an observed impact of PD on teaching and learning. As faculty participated in PD activities, students' assignments evolved. Assignments improved based on a review of old and new assignments, as evaluated by established assignment rubrics. Another result of the project was the improvement of teaching practices, even in the absence of funding, with the PD of faculty continuing at the department and program levels.

Establishing a culture in the realm of teacher PD was another important finding of the project. According to Rutz et al. (2012), "The development of a culture that values ongoing learning about teaching, coupled with the development of skills that support

reflective teaching based on observations of student learning, is as important as the individual lessons learned in the participation workshop" (p. 47). Once the culture was created, it provided the motivation for continued engagement in PD activities based on the knowledge that the activities could improve student learning. The summation of the project was a recommendation that institutional researchers find ways to evaluate faculty PD programs. The evaluation should look beyond the standard post-PD program evaluation process. Students and faculty have much to gain in moving from standard PD toward lifelong teaching and student learning.

Reflecting on the need to advance from the thinking cognitive (i.e., thinking) domain of learning to the affective (i.e., emotional) domain, Doherty (2014) discussed changes made to a PD program. The program and its associated learning activities provided support to faculty and the student achievement of specified learning outcomes. Prior to adjusting the program to reflect the affective domain, the program had received negative feedback from participating faculty, who had noted adequate cognitive domain representation but inadequate affective domain representation. Faculty members providing feedback on a post-PD program survey identified the need for a more holistic approach to faculty PD.

To provide faculty with the best PD experience, PD program staff made changes to the program mentioned by Doherty (2014). The affective domain approach was added to better address the holistic needs identified in the surveys. The affective domain was recognized to provide more value to the faculty PD program by providing development exercises based on the current practices of participating faculty. Though the changes were considered positive and necessary for sustained success, there was a documented need to

continue evaluating the faculty PD program using the changes outlined in Doherty as a baseline and the foundation for the development of future PD activities.

Noting the importance of faculty PD in higher education, McKee and Tew (2013) made the case for PD by referencing multiple significant shifts in the higher education landscape. They discussed the importance of faculty PD and considered it a necessity if faculty are to be fully engaged and students are to be successful. The first significant shift making faculty PD critical has been the evolution of the electronic age of teaching.

Society as a whole has shifted to a technologically advanced era, and students in higher education are seeking more electronic-based options for programming. According to McKee and Tew, "One thing you know for sure: these kids are different. They study, work, write and interact with each other in ways that are very different from the ways that you did growing up" (p. 5). Teachers need to be on the same technologically advanced level, achieving similar competencies through PD activities.

The second shift driving the need for PD is the easy availability of educational choices facing students. Over the last decade, there has been increased unhappiness with online as well as brick-and-mortar institutions of higher education. Students have invested large amounts of money, only to question their ability to find jobs in a tight job market. Students want to know that they are being taught relevant material and that it is being taught by faculty who have been trained in the latest job-related skills. If faculty are preparing students for technically based jobs, they also need to be abreast of the current skills required in the workplace.

The third shift in higher education driving the need for PD that McKee and Tew (2013) identified was the limited availability of funding at higher education institutions.

Despite their cost-cutting activities to maintain competitiveness, colleges and universities still need to remain current with faculty PD to ensure that faculty can provide the quality education that students are seeking. The continued goal of faculty PD described by McKee and Tew was the need for institutions of higher learning to equip faculty with the skills needed to provide the best education possible for students within their institutions.

Faculty PD also has been considered important from a midlevel advisor perspective. Midlevel advisors are members of faculty who have the responsibility of meeting with students on a regular basis to provide advice in addition to upholding their regularly teaching responsibilities. McKee and Tew (2013) noted that the midlevel advisors who took part in a review of midlevel advising activities expressed the concern that they were inadequately prepared to provide advice and that this inadequate preparation led to possible issues with student success. To address this concern, Niska (2013) conducted a qualitative study of a program created to help faculty to become equipped for their additional advising responsibilities.

Niska (2013) reviewed literature for the study and found positive results of advisory programs but that the programs were difficult to implement. The literature review also underscored the need for faculty PD to make faculty student advising successful. Upon completion of the literature review, three interventions were evaluated as part of the study, namely, no intervention, a PD course, and a PD course plus faculty counseling. The results identified positive results with the PD course and even better results with the PD course and faculty counseling. Another important finding was the inclusion of students' voice in faculty PD (Niska, 2013).

Professional Development: Health Care Education

Though faculty PD specific to health care education programs has been limited, some literature retrieved during searches of relevant material has provided information specific to health care educational programs. Zueger, Katz, and Popovich (2014) discussed the importance of faculty PD on faculty academic advising of students in a doctor of pharmacy program. Discussing the development of skills and abilities resulting from engagement in PD activities, they determined that PD was considered crucial to helping students to mature into effectual health care professionals. The activity took place on a weekly basis over five semesters and centered on the collaboration of the PD participants. The faculty development activity also provided the opportunity for attendees to mentor and learn from each other as they collaborated on the activities within the program.

Similarly, Zorek, Katz, and Popovich (2011) discussed the importance of faculty development from a faculty advising perspective. The faculty PD activities also took place in a doctor of pharmacy program. According to Zorek et al., "Subsequent research demonstrated significant improvement in the development of self-efficacy among seminar participants, as well as the value of microteaching exercises to help students develop their communication, critical-thinking, and problem skills" (p. 1). This program also provided faculty PD activities over a five-semester period using guest speakers who were subject matter experts. Zorek et al. noted that projects were thought to be a significant tool in faculty PD. Considering the projects as broad activities with specific outcomes, projects were also considered an effective method in teaching faculty new knowledge and associated skills.

Because projects were considered an important part of faculty PD, Burdick, Friedman, and Diserens (2012) conducted a study to determine the significance of faculty PD projects on overall organizational and student success. They evaluated a total of 435 projects across multiple international health education programs. The consideration for a possible study outcome included innovation-based projects in faculty PD that could be catalysts for institutional change. Burdick et al. also felt that projects could increase teacher quality, educational research, and alignment of the curriculum within the health community.

Their results identified new or improved educational methods and curriculum change-based projects as the most common areas of project focus. The projects that included educational methods and curriculum-based changes also led to changes in institutional policy. According to Burdick et al. (2012), "One-third to two-thirds of respondents noted improvement in teaching quality, collaboration, education research interest, assessment, student performance, and curriculum alignment with community health needs" (p. 38). The primary results included the belief that project-based faculty PD can be a catalyst for institutional change, especially in environments with limited resources.

In the electronically advanced higher education landscape, online faculty PD has become a consideration in health care programs offered by these institutions. To facilitate a discussion about the advantages and disadvantages of online faculty PD, Cook and Steinert (2013) conducted a literature review. They suggested that even though previous reviews had addressed online faculty development effectiveness in comparative studies, they had missed case studies and studies that were descriptive in nature. By using the

MEDLINE database as a search tool, they found 20 articles specific to online faculty development for health care professionals. The type of articles included quantitative comparative studies, qualitative methods studies, and descriptive studies providing a discussion on lessons learned.

According to Cook and Steinert (2013), the primary purpose for the development of online faculty PD learning activities was to deal with issues of time and with faculty having to travel from outlying campuses. Specific time issues included the lack of availability of multiple faculty members because of scheduling conflicts and the lack time to commit to faculty PD activities. Though the topics of online faculty PD were diverse, some included educational assessment, clinical teaching, financial planning, business administration, research skills, and literary critical appraisal. The studies also varied in design, including online discussion boards on various topics, tutorials, computer simulations, video clips, and assessments of training subjects.

Overall, Cook and Steinert (2013) considered the evidence limited because multiple studies did not include discussions of specific lessons learned, even though the detailed literature review provided multiple lessons. The first lesson was that online faculty PD programs were considered similar in nature to traditional PD programs. Some literature identified increased skills and knowledge because of the challenging level of work within the online learning environment. The second lesson was that online faculty PD activities were considered effective at facilitating the education and training of faculty when compared to no intervention. One study considered adding online activities to current face-to-face faculty PD as promising because of increases in student test scores.

The third lesson centered on the level of faculty involvement in online PD activities. Faculty involvement in some of the online PD activities was low and improved only when faculty felt a perceived need for the activities. Most of the online activities research included in the literature and literature from face-to-face activities reviewed by Cook and Steinert (2013) found faculty PD activities more successful when a perceived need was met at a professional or an institutional level. A key finding also identified by the researchers was the need for social interaction and communication in faculty PD activities. Active online communities can provide enhancements to online activities in comparison to no communication with other participants. Cook and Steinert found that there was less opposition and less disinterest when participants could engage with other participants.

Hunt, Curtis, and Gore (2015) evaluated another direction of faculty PD in the health care setting using simulations to support the PD of clinical instructors. They commented, "Clinical instructors (CIs) facilitate transition as students bridge from theoretical learning to practical learning. To provide quality clinical instruction, it is imperative that CIs receive appropriate orientation and support in their role" (p. 468). Understanding the important role of clinical instructors in student transition and success, Hunt et al. had 26 clinical instructors take part in a simulation-based faculty PD activity and provide feedback via survey.

Using simulations similar to those used by students in the clinical learning setting, the clinical instructors took part in simulations with students participating as role players. Each simulation included various objectives and problems related to patient safety. Clinical instructors were required to provide medical interventions and make appropriate

responses throughout the simulation activities. Each simulation activity was recorded and reviewed by clinical instructors and students; debriefing followed to discuss mistakes. The activities took place over two semesters. Of the 26 clinical instructors taking part in the study, half were new, and half were returning clinical instructors (Hunt et al., 2015).

The overall results of the study (Hunt et al., 2015) found the simulations to be helpful in improving teaching in the clinical environment. Eighty-one percent of the clinical instructors agreed or strongly agreed that the simulations improved their confidence in having the ability to guide students properly through possible unsafe patient conditions. One of the respondents found the activities helpful in providing a better understanding of ways to communicate with students. The activities also provided an environment that allowed students and instructors to openly discuss issues that could arise during teaching and learning. The most favorable of the findings was that strategies were being offered to new clinical instructors on how to be effective in the clinical learning setting. The small sample size was considered a limitation of the study. Future studies should include more clinical instructors and increase the number of simulations.

Nursing educational leaders within a gerontological nursing program created a peer mentoring program with the intent to develop new faculty and provide ongoing PD for seasoned faculty. Bryant et al. (2015) reported on the strategies used to create and carry out the program and an evaluation of the overall program success. The program was created in 2011 with seven matches of peer mentors and peer mentees. After 1 year of program operation, feedback on the program was solicited with the goal of making adjustments to benefit future program participants. After 2 years of program operation, 12

groups, or 24 other participants, went through the peer mentoring faculty PD program. Several important lessons were learned from the 38 participants.

The first lesson learned, as noted by Bryant et al. (2015), reflected on the time commitment required for the mentoring program. Participants in the program were from various college gerontological programs. Both mentors and mentees mentioned a considerable time commitment while participating in the program that was not always supported by their respective colleges. The second lesson learned was the affect that life circumstances could have on a positive program experience. Even with careful screening of mentors and mentees, personal issues took a toll on those involved in the faculty development program. Successful organizational skills were felt to be necessary to overcome life circumstances.

The third lesson noted by Bryant et al. (2015) was the need for a balance of power. The mentor-mentee relationship is one with a natural level of authority given to the mentor, but mentors also need to respect the level and status of program mentees. Unfulfilled expectations was the fourth lesson learned. During goals development at the onset of the mentoring program, mentor and mentee needed to agree on the goals of the mentoring process. Once the goals were established, both needed to adhere to them. Confidentiality also was an important lesson learned. Mentoring relationships should be considered confidential, so the success of the program was based on the ability of the mentors to maintain the confidentiality of mentee information. Overall, the peer mentoring process was considered important in faculty PD and was a vital tool when used in conjunction with traditional faculty development models.

Professional Development: A Collaborative Approach

Taking a collaborative approach to PD can be considered an important direction in PD. In the correct context, it can aid in student success and faculty PD. According to Devlin-Scherer and Sardone (2013), "A successful collaboration works best as PD when it aligns with elements of scholarship of teaching and learning. Both involve asking questions about student learning and designing teaching activities to promote student learning and improve on teaching practice" (p. 30). Adams and Mix (2014) outlined the importance of PD in relation to student success. The primary method of PD was collaboration using critical friendship groups. These groups were six to 10 educators who met regularly to collaborate on professional teaching practice.

The PD critical friendship groups discussed in Adams and Mix (2014) functioned under a shared leadership format that included shared decision making. Some general practices of the critical friendship group included voluntary membership; confidentiality; deep trust; group-negotiated meeting agendas; establishment of working norms, and acceptance of the social, personal, and emotional nature of sharing work in PD. Adams and Mix also summarized the strength of faculty PD being created by partnerships as aiding in the credibility and creativity of the critical friendship PD groups. As colleges face pressure to make student learning improvements, PD created and led by faculty can provide an avenue of success.

Gunersel and Etienne (2014) evaluated the impact of an intensive faculty PD program on instructors' teaching conceptions and the teaching approaches used to adopt teaching materials and methods. Gunersel and Etienne noted, "Teaching conceptions have been defined as the way in which educators conceive of, or understand, teaching and

learning, while teaching approaches have been defined as educators' actual teaching strategies and intentions" (p. 405). The purpose of the research outlined in the article was the influence of teachers' conceptions on their teaching approaches. In addition to the influence that conceptions can have on teaching approaches, the preface included the relationship between instructors' teaching approaches and students' approaches to learning.

The faculty training program at the center of Gunersel and Etienne's (2014) study was part of a higher education institution in the northeastern United States. The program was based on 12 three-hour gatherings over 5 to 6 weeks over the summer. The sessions were facilitated by staff from the university's faculty PD center. The PD program employed a learning partnership model that reflected on structured faculty learning experiences. This partnership model aided in personal growth and development, resulting in the belief that knowledge is multifaceted and socially constructed. The model also facilitated the creation of an environment where participant expertise and program authority could be shared.

Each session connected participating faculty in learning activities, ending with a discussion on how faculty would employ the material when teaching students in their respective classrooms and programs. Program participants not only learned from the activities and discussions but also received guidelines from training personnel on ways to integrate their learning into the classroom setting. Participants also had to design training modules based on their learning and have them approved by faculty PD staff prior to using them in the classroom.

The primary method of collecting data was by interviewing 12 of the 16 faculty members who attended the faculty PD program. The RQs focused on the program's influence on teaching conceptions as well as the program's influence on teaching approaches and intention to adopt strategies learned from the PD program. Gunersel and Etienne (2014) found the faculty PD program promising, especially because the faculty PD program occurred over a short time. Faculty participating in the PD program noted gains in overall knowledge as well as the development of student-centered teaching tools that they could implemented in the classroom setting. The negative aspect of the study noted by Gunersel and Etienne was only short-term effects were available. To ensure that the faculty PD program has a positive effect on student learning, giving consideration to long-term studies might be useful.

Another direction of collaboration in faculty PD might be peer observation. According to Pattison, Sherwood, Lumsden, Gale, and Markides (2012), "Peer observation of teaching has been recognized as being an important aspect of faculty development both in medical and wider educational circle" (p. e136). A peer review faculty PD program consisting of three meetings, preobservation, observation, and the debrief postobservation, was created. The preobservation included a review of teaching plans prior to the observation. The observation used a standard evaluation tool for each observation. The debrief postobservation included a review of the teaching observation, evaluating the effectiveness of the teaching activity and any suggestions for improvement.

The program discussed in Pattison et al. (2012) included a focus on the value of feedback, experiential learning, the importance of peers in faculty development, basic

teaching principles, and ways to learn how to use multiple methods of instruction. Each session lasted for approximately 2 hours, and the program was refined over a period of 2 years. To evaluate the effectiveness of the peer review activity, questionnaires were circulated to the 21 participants, including seven who took part in the pilot sessions at the onset of the peer review activity. In addition to feedback from the 21 participants, students also were polled to document any perception of intrusiveness by the peer reviewer in the room and evaluate any increases in the quality of teaching.

The peer-reviewed faculty PD program was considered successful. Feedback from peers led to the development of relationships between peers and also resulted in changes to technical and pedagogical teaching methods. In addition to changes made based on the peer feedback, all program participants provided positive reflections on the need to continue the program. Students questioned as part of the evaluation process also noted improvements in the quality of teaching. Pattison et al. (2012) identified multiple limitations in the study, including the lack of a control group; the small number of participants; and the voluntary, not mandatory, status of the participants. The intent was to continue the program and continue to evaluate its effectiveness over time.

Taking a collaborative approach to faculty development outside of institutions of higher education, Knowlton, Fogleman, Reichsman, and de Oliveira (2015) reported on a faculty PD program based on collaboration between higher education faculty and K-12 teachers. The rationale for the collaborative activity was the increasing concern about ways to provide the best support for students transitioning to college in science, engineering, and math programs. Knowlton et al. provided positive feedback on partnerships between communities and faculty. The collaboration project outlined in their

study was part of a 5-year National Science Foundation Math and Science project. The project developed resource teams to create material to help middle and high school students to improve their science-based skills and knowledge. The PD teams comprised K-12 teachers and higher education faculty. The role of faculty on the PD teams was to provide input into material while considering the purpose of the PD.

The results of the project were favorable for the PD of participating higher education faculty. The project included the creation and distribution of material by participating faculty and provided learning opportunities throughout the project (Knowlton et al., 2015). Some examples of the opportunities for faculty learning included gaining new learning and pedagogical strategies for students, examining the science standards of middle school and high school students, and gaining overall knowledge of actualities involved with middle school and high school teachers. Feedback from faculty who completed the survey showed that they valued professional experience and also increased their knowledge and awareness of education at the secondary level.

Knowlton et al. (2015) identified the positive impact of faculty teaching as the result of participation in collaborative faculty PD activity. Half of the faculty participating in the project advised of a positive change in using technology in their classrooms. Ninety percent of the participants also reported that approaches developed during the project could be acclimated to the higher education setting. In addition to new approaches, 1 year after taking part in the project teams, 80% of participants reported the development of new materials for use in their respective college classrooms. Knowlton et al. noted that in order for collaborative partnerships to be successful, there needed to be substantial investment of time from all participants.

Project Description

My project will use a collaborative approach to PD by bringing together program faculty and clinical preceptors. Program leadership and clinic supervisors also will have the opportunity to take part in the PD activities, but the overall focus will be on program faculty and clinical preceptors because they have the direct responsibility of preparing students in the classroom and clinical setting. The PD will take place over 3 days. I will serve as the primary facilitator for the project. Prior to the training sessions being scheduled, I will meet with program leadership and clinic supervisors to formulate and review the overall goals as well as gain permission to have program faculty and clinical preceptors take part in the PD. My duties will include organizing each day's activities and preparing the needed materials, PowerPoint slides, and the appropriate evaluation tool to all development participants.

Scheduling, Administration, and Incentive

Creating a schedule that works for program faculty and clinical preceptors can be difficult. The college has a PD week prior to the start of each semester. Planning the PD activities during this time frame will make it easier for program faculty to attend. Clinic supervisors also will be engaged to find the most appropriate time for clinical preceptors to attend. The meetings will be scheduled over 3 days of the college's PD week at a time when faculty and clinical preceptors can take part together. The activities will focus on the most important soft skills identified in the project study as well as other soft skills that the participants considered important. The end goal is for program instructors and clinical preceptors to not only actively take part in the PD activities but to also bring information

back to the classroom and clinical setting to emulate and teach enhanced soft skills in those settings.

The best location for the PD activities is the MAP clinical classroom. This room has standard audiovisual equipment and ample space for all participants. The classroom also has attached exam rooms and a reception room similar to an outpatient medical office. The morning lecture portion of the PD activities can take place in the classroom; the afternoon interactive role-playing sessions can take place between the exam rooms and the reception room. Because the college's PD activities take place prior to the start of each semester, the classroom will not have scheduling conflicts with other classes.

Project Evaluation

I developed this PD to provide steps to increase the soft skills of students in the MAP at MTC. It will be vital to obtain feedback from participants to ensure that the activities are of adequate quality and to obtain ideas to make changes in future PD sessions. The responses in the project evaluation will provide insight into the perceptions of the participants and their thoughts on future soft skills PD activities. The project's key stakeholders include program leadership, faculty, clinical preceptors, and clinic supervisors. Receiving feedback from these key stakeholders will provide the opportunity to solidify future PD activities.

I will use a summative evaluation method to evaluate the success of the PD activities. MTC uses response-based survey questions as well as open-ended survey questions, so because the PD activities will be taking place at the college, I will use its evaluation format. The post-PD survey will comprise eight questions. Five (i.e., Soft skills learned in the course will help emulated soft skills in the classroom, The length of

the course fit with the content covered, The provided materials were easy to understand, The course provided the correct balance between lecture and interactive activities, and The facilitator was effective at covering the course materials) will require responses based on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), and three will be open-ended questions (i.e., What are your thoughts on continuing this course in the future? Suggestions for course improvements? and Suggestions on future soft skills programming?). The evaluation forms will be provided at the beginning of each day of the PD, with the expectation of the surveys being returned at the end of each day. I will share the survey findings with program instructors, program leadership, clinic supervisors, and clinical preceptors.

Project Implications

Providing the project study data to the key stakeholders, including program leadership, faculty, clinical preceptors, and clinic supervisors, can provide a better understanding of the current state of soft skills in the MAP at MTC. In addition, sharing information about the project will provide an opportunity to take the initial steps to improve students' soft skills, increase their overall skill levels, and better prepare them for the clinic environment. Graduating students with enhanced soft skills will find success in their ability to communicate appropriately with patients and staff, and to act in a professional manner. These areas of soft skills enhancement can aid in increasing the level of customer service in the local clinics that hire program graduates.

Program faculty and clinical preceptors will mature in the process by enhancing their own soft skills and learning strategies to take back to the classroom and clinical setting. Taking part in the soft skills PD activities will allow the participants to learn from

others through a collaborative approach to PD. The initial activities also will give the participants the opportunity to make recommendations to improve the PD activities to sustain the program for future program faculty and clinical preceptors.

Section 4: Reflections and Conclusions

Introduction

The purpose of this project study was to gain insight into the perceptions of instructors, clinical preceptors, and local health care employers regarding the soft skills of students enrolled in the MAP at MTC. The qualitative data generated through face-to-face interviews and public documents provided valuable information about the participants' perceptions and the need to increase those soft skills to ensure student success. The intention of the project was to provide a mechanism for improving students' soft skills.

Project Strengths

Two strengths of the project are its collaborative approach and cost effectiveness. This project will be the first time that all program faculty and clinical preceptors are meeting together. Bringing faculty and clinical preceptors together will give all participants the opportunity to share their personal thoughts about students' soft skills and ideas about the best ways to emulate soft skills in the classroom and clinical setting. The collaborative approach also will give them the opportunity to discuss other ways to collaborate in the future, solidifying a team approach to students' development and achievement.

Cost effectiveness is another strength of the project. Conducting the project during planned faculty PD clears possible costs associated with training that takes place during scheduled classes. Because I will be the primary facilitator, there are no additional costs for internal or external paid facilitators. There also are no additional costs

associated with the location of the project because training will take place in a program classroom.

Project Limitations

Possible project limitations include participants who do not have a clear understanding of the need for enhancing students' soft skills or who are inexperienced working in a collaborative setting. Program instructors and clinical preceptors might not understand the benefit of students having enhanced soft skills. Without a clear understanding of the possible benefits that the project will provide, the participants might be reluctant to take part in the PD. In addition, lack of experience working in a collaborative environment can present a similar problem because program faculty and clinical preceptors often work in secluded environments where they do not have many opportunities to work with others. Having a lack of experience working collaboratively with others might preclude the participants from sharing thoughts and ideas with others.

Recommendations for Alternative Approaches

One thought shared by most of the participants was to create a specific soft skills class as part of the MAP. Instead of the PD activity, a class could be developed and become a required part of the MAP. The class would also need an instructor for each semester that it is offered, along with a class syllabus and an appropriate textbook. Though this approach was not considered feasible based on the MAP already having the maximum number of credits for a diploma program, it could still be considered an alternative if the credit status of the program were to change. The approach could also be different if data from my study were interpreted differently. The project is based on the soft skills considered the most important by the study participants; however, other soft

skills could be considered more important, subsequently changing the direction of the project.

Scholarship, Project Development, and Leadership and Change

When considering the creation of this project study, I contemplated the issue of current MAP students lacking the soft skills needed to be successful in the classroom and clinical setting. By reviewing the feedback from the study participants, it became clear that current students lack soft skills and that there is a need to provide increased programming to ensure student and program success. Program faculty and clinical preceptors shared their thoughts on current soft skills training provided in the classroom and clinical setting. Despite not being able to share my thoughts during the data collection process, I envisioned the possibility of bringing program faculty and clinical preceptors together to share their experience and ideas and then use that information to create a soft skills training experience.

During the development of this project, it became evident that the collaborative approach also would aid in my development as a faculty member and as a doctoral student. The information gleaned from the initial literature review and the collection of interview data provided a clear view that soft skills are becoming an important part in the higher education setting and the workplace. The development of soft skills programming will be an important aspect of the ongoing change in higher education. Collecting the data and then using them to develop the project gave me the opportunity to transition from student to scholar. This transition helped me to recognize myself not only as a student but also a practitioner in the field of higher education leadership.

While developing the initial proposal for the research project, I functioned as a student, learning the requirements of research, including reviewing the literature, collecting the data, and gaining IRB approval. Once my doctoral committee and the IRB formally approved the proposal, I was able to conduct the study and document my findings. Developing the project was another moment of transition from student to scholar. Throughout the process, I learned to maintain clear objectivity and understand established methods of data collection and analysis. The research process and the leadership required for the project development gave me the foundational tools to ensure my future success as a doctor of higher education.

Reflection on the Importance of the Work

Throughout the project study, I realized the magnitude of the work and the magnitude of my development as a doctoral student. As I worked with my committee members on improving my work, I was able to reflect on the need for quality throughout the research process. Collecting the data required diligence and patience. While collecting the data, I also realized the need to not interject my predisposed ideas and opinions, and to give the project study a voice of its own.

While interviewing the participants, I recognized their diverse ideas and opinions as well as how well program instructors and clinical preceptors worked together for the good of the MAP students. Program leadership also reflected on the importance of student success as well as the need to make continuous improvements to student programs and services. The significance of this project study is that it allowed me to gain knowledge through data collection and analysis and to use that knowledge to improve soft skills programming in the classroom and clinical setting.

Implications, Applications, and Direction for Future Research

The purpose of this project study was to gain insight into the perceptions of program leadership, program instructors, clinical preceptors, and clinic supervisors regarding the need for students in the MAP to have soft skills. In the process of collecting the interview data, I realized the level of enthusiasm expressed by program instructors and clinical preceptors. All of the participants willingly shared ideas, opinions, and attendance data. Participants wanted not only to have a voice on what was needed for student success but also to advance programming to enhance the development of students' soft skills. The PD activity in the Project section is considered a starting point in the enhancement of MAP students' soft skills.

Future implications include the development of further PD activities as well as the possible development of soft skills programming within the classroom setting. Depending on the success of the PD, programming might be the next logical step. The organizational theoretical framework was suited well for the project based on the willingness of program leadership, program instructors, clinical preceptors, and clinic supervisors to make changes in the interest of student success.

The implication for social change centers on the customer service provided in the clinical setting. Throughout the interview process, the impact of soft skills on customer service was identified. The participants noted the importance of soft skills on patients' choices of health care providers, and they recognized that if caregivers do not have the proper soft skills, patients will seek care elsewhere. The impact of proper soft skills can include the empathy needed to make a difference in the care and lives of patients in the clinical setting.

Future researchers might consider expanding this type of research to other health programs. As expressed by all research participants, by reflecting on the need to improve soft skills training, future studies and increased soft skills programming can benefit other health care programs. The participants identified a clear correlation between adequate soft skills and patient satisfaction, some also noting that soft skills can be equally important to technical skills.

Conclusion

The findings of this project study recognized the importance of soft skills in the classroom and clinical setting as well as current MAP students' lack of the soft skills needed to be successful. Program leadership, program instructors, clinical preceptors, and clinic supervisors noted the need for students to possess adequate soft skills and recognized issues with student success without proper soft skills. I developed a PD activity as an initial step to enhance the soft skills of MAP students. The PD activity was considered selected based on the inability to add a soft skills class to the program because of diploma-level credit limits. Reflecting on the importance of soft skills in the health care setting, future implications include the expansion of soft skills research and training to other health programs. Students possessing adequate soft skills as well as technical skills will lead to student success in the classroom and employment setting. The success in the employment setting can change the setting of the overall healthcare environment, leading to positive social change.

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Appendix A: The Project

Medical Assistant Program Soft Skills PD Activity

Prepared by Micheal L. Randolph

Professional Development

PD is a process in which teachers institute and sustain increased levels of proficiency (Cepic et al., 2015). The collaborative approach to PD advances PD further by bringing together individuals from different backgrounds with the same goal of instituting and sustaining increased levels of proficiency. Participants in the training of MAP students at MTC include program instructors, program leadership, clinical preceptors, and clinic supervisors. Based on literature review results and information obtained during research project interviews, a collaborative PD activity was considered the best approach for the research project.

Background

The MAP is a 1-year diploma program at MTC, a 2-year technical college. Program instructors, program leadership, clinical preceptors, and clinic supervisors routinely discussed program students' lack of soft skills in the classroom and the clinical setting. Discussions about the lack of soft skills also occurred among members of the advisory committee, comprising local health care employers who hire MAP graduates. Based on those discussions, I completed a qualitative intrinsic research project. The results of the research project included finding that current students lacked soft skills, identifying the soft skills considered the most important by the participants, and recommending an increase in the level of soft skills training in the program. Employers pursue applicants who hold technical and soft skills (Robles, 2012). The goal of this project was to ensure that program graduates are adequately prepared for employment.

Project Goals and Description

The overall purpose and goal of PD is to increase the productivity and knowledge of faculty members. PD also should ensure that faculty have a commitment to providing better services to students (Stabile & Ritchie, 2013). The goal of this PD is to increase the soft skills knowledge of program instructors and clinical preceptors so that they can model and teach the learned soft skills in the classroom and the clinical setting. Program instructors and clinical preceptors will meet for a total of 3 days to take part in PD activities. The mornings will focus on the topic of the day in the classroom, and the afternoons will focus on interactions and the role-play of learned soft skills.

Day 1 will include a review of the soft skills identified in my project study literature reviews and information on top soft skills obtained during interview data collection. Instructors and clinical preceptors will have the opportunity to share thoughts and ideas during the morning and afternoon sessions. At the start of Day 1 of the PD, participants will introduce themselves to each other and share their various backgrounds and experience. The introduction period also will include the sharing of each participant's role in the MAP and a review of the rules for the PD activities.

Day 2 will focus on communication, the most important soft skill identified in the research project. Based on feedback from the participants, this session will include information on verbal and nonverbal communication. Instructors and clinical preceptors have an abundance of information on proper verbal and nonverbal communication, so sharing that information will be an important part of this session. Information shared in the morning classroom setting will be emphasized in the afternoon session through real-time examples and role-play.

Day 3 will focus on professionalism, another soft skill considered important by the participants. During the collection of the interview responses, participants noted students' lack of professionalism in the classroom and the clinic setting. The areas of professionalism to be focused on include wearing the proper uniform and clothing in the clinic and classroom and knowing the protocol for the proper use of cell phones. Local employers have specific policies on the use of cell phones. Clinical preceptors will be asked to share these policies. Again, the information shared in the morning session will be shared in the afternoon, with a focus on real-time examples and role-play.

Objectives and Commitment

Faculty PD programs should provide information that teachers can take back to and use immediately in their learning environments (Gunersel & Etienne, 2014). Similarly, the primary objective of this PD activity will be to share information on soft skills with program instructors and clinical preceptors, who can then take that information back to the classroom and the clinical setting. Recognizing the need for continuous development, another objective of PD programs is to focus on how to sustain current PD activities in the future.

PD is an important aspect of teaching and learning in the higher education landscape. Taking part in PD means participating in formatted activities that can be used in teaching environments. PD activities can be considered critical in the quest of educational improvement (Cho & Rathbun, 2013). Based on the critical nature of PD and the need to use the information in their teaching environments, all participants should consider their participation integral to their students' success.

Respecting the value of time, each day's PD activities will start on time and maintain a set time schedule. Upon completion of the Day 1 activities, adjustments can be made to future scheduled days based on feedback from the participants. All scheduled activities will end on time each day. Other important aspects ensuring the success of PD are commitment and respect. All participants need to be committed to participating and respect the opinions and ideas of other participants. At the beginning of the PD, basic rules of respect will be agreed upon. This agreement can be considered important in an environment that encourages the sharing of ideas and opinions freely and without fear of negative feedback from other participants.

Collaboration

This PD was created with a collaborative approach in mind. Educators taking part in collaborative PD learn about the teaching techniques and knowledge of others while working closely in a partnering environment (Scherer & Sardone, 2013). Students in the MAP at MTC spend time learning from classroom instructors and clinical preceptors. Taking part in this collaborative PD will give instructors and preceptors the opportunity to learn from each other and take the best practices learned back to their learning environments. All participants in the PD activities will be responsible for collaborating openly with each other. As the facilitator, it will be my responsibility to ensure that all participants share collaboratively.

Project Strengths

This project will be time and cost efficient. There are no additional costs outside of normal operating cost because the PD activities will take place during a scheduled PD week to ensure that faculty will be available to take part. The scheduled times will be

based on feedback from clinic supervisors on the availability of clinical preceptors. Both program leadership and clinic supervisors will be engaged at the onset of planning to work out timing and facility availability. All activities will take place in the MAP clinical classroom, which provides space for instruction as well as simulated exam rooms. The exam room setting will be an important aspect of the afternoon interactive sessions. Functioning as the facilitator for the PD, I will save the cost of using outside facilitators.

Conclusion

Soft skills are considered an important aspect of the proper preparation of students in the workplace, including the health care setting. Recognizing that the MAP students were lacking soft skills, I developed this PD as the first collaborative approach to increasing students' soft skills. Taking the collaborative approach will give the program instructors and clinical preceptors the opportunity to share ideas and opinions on soft skills best practices in the classroom and in clinic settings. The goals of this project are to increase students' soft skills through learning and emulation as well as provide the foundation for future soft skills programming.

MAP Soft Skills

Instructor and Clinical Preceptor

Professional Development Syllabus

Length of Programming: 3 days to coincide with scheduled PD

Location: MAP clinical instruction classroom and attached exam rooms

1. **PD Description:** This PD activity will provide information on the top identified soft skills as well as opportunities to collaborate on methods to model soft skills through classroom interaction.
2. **Course Prerequisites:** Participants should be MAP faculty and clinical preceptors, with optional attendance for program leadership and clinic supervisors. All attendees are free to bring materials that they feel will help with activities.
3. **PD Methodology:** The PD will take a collaborative approach. All participants will be required to share ideas and opinions on soft skills as well as best practices to improve the soft skills of the MAP students.
4. **Materials:** No textbook or external materials are required. Participants are welcome to bring writing materials, laptops, tablets, and other materials that they consider appropriate.
5. **Course Educational Resources:**

Adrian, J., Zeszotarski, P., & Ma, C. (2015). Developing pharmacy student communication skills through role-playing and active learning. *American Journal of Pharmaceutical Education, 79*(3), 1–8. doi:10.5688/ajpe79344

Cepic, R., Vorkapic, S., Loncaric, D., Andic, D., & Mihic, S. (2015). Considering transversal competences, personality and reputation in the context of the teachers' professional development. *International Education Studies, 8*(2), 8–20. doi:10.5539/ies.v8n2p8

Connolly, M., Thomas, J., Orford, J., Schofield, N., Whiteside, S., Morris, J., & Heaven, C. (2014). The impact of the SAGE & THYME foundation level workshop on factors influencing communications skills in health care professionals. *Journal of Continuing Education in the Health Professions, 34*(1), 37–46. doi:10.1002/chp.21214

Gael-Grant, O., & Gatter, M. (2013). Developing ideas in professionalism. *Clinical Teacher, 10*(3), 165-169. doi:10.1111/j.1743-498X.2012.00643.x

Grace, S., & Trede, F. (2013). Developing professionalism in physiotherapy and dietetics students in professional entry courses. *Studies in Higher Education, 38*(6), 793–806. doi:10.1080/03075079.2011.603410

6. **Course Dates and Times:** TBD by MTC's PD calendar. Once scheduled, the PD will be covered over 3 days.
7. **Course Requirements:** All PD participants will be required to agree to take part in all activities. Participants also will need to agree to rules established on Day 1.
8. **Evaluation:** All PD participants will complete an evaluation form at the end of each day's session.

Session Day 1

Topic: Review of Soft Skills Identified Through Research

Time: 2.5-3 hr Morning Session and 2.5-3 hr Afternoon Session

Discussion: What soft skills have been identified in current literature and recent research

Topic discussion	Program materials	Program activities	Time allotment	Goal/outcomes
Introductions			10 min	Gain familiarity with all activity participants
Discussion of rules	Copy of rules	Interactive discussion of rules	10 min	Gain familiarity with activity rules
Break			10 min	
Overview and discussion of today's topic	Copy of PowerPoint	Interactive review and discussion of top soft skills	2 hr	Understand top soft skills identified in current literature and recent research
Lunch			1 hr	
Review of today's topic in exam room setting		Discuss interactive ways to emulate and incorporate proper soft skills in classroom and clinical settings through role playing	2.5 hr	Understand ways to incorporate soft skills emulation in the classroom and clinical setting. Take learned materials and activities back to classroom and clinical settings
Wrap up and evaluation	Daily evaluation		30 min	

Professional Development - Day 1

- Topics to Be Covered
  - Introductions
  - Overview of Professional Development.
  - Review of Medical Assistant Program Soft Skills Professional Development 3 Day Activities
  - Review of Professional Development Rules
  - Review of Participant Roles
  - Presentation and Interactive Discussion of Today's Topic
  - Afternoon Interactive Review of Morning Session

Introductions

- Facilitator: Micheal L. Randolph, RMA, MS
  - U.S. Navy 8 Years Hospital Corpsman/Cardiovascular Technologist
  - BS Health Arts; MS Management; Ed.D Candidate
  - 28 years of healthcare Experience
- Participants Introductions
  - Name, Position, Experience

Overview of Professional Development

What is Professional Development?

Professional development is a process in which educators create and maintain high levels of professional knowledge. The goal of professional development is to increase student's learning while achieving that professional knowledge (Cepic et al., 2015)

Activities Review

- Day 1 – Introductions, Rules, Review of Activities, Lecture/Discussion on Identified Soft Skills
- Day 2 – Review/Discuss Top Identified Soft Skill – Communications
- Day 3 – Review Discuss Second Top Identified Soft Skill – Professionalism
- Each Day will start with lecture/discussion in the classroom followed by interaction/role playing in the afternoon
- Each day will end with an evaluation of the days' activities

Activity Rules

- All professional development participants are considered equals and should provide respect to all ideas and opinions
- Respect established time limits
- All participants are required to take part in interactive lecture and activities, including afternoon interaction and role playing
- All participants must complete an evaluation at the end of each day's activities

Review of Participant Roles

- Role of the instructor
- Role of the clinical preceptor
- Expectations of participant roles during activities

Soft Skills

- A literature review was conducted, reviewing articles published within the last 5 years on soft skills in the workplace
- A research project was just completed, interviewing program leadership, instructors, clinical preceptors and clinic supervisors
- The following are soft skills identified in current literature and in research project data
- Review each of the listed soft skills and interactively discuss the role they play in the classroom and clinic setting. No more than 7 minutes per soft skill

Soft Skills – Literature Review

- The following soft skills were identified during the literature review – Discuss Each

Communication Skills	Interpersonal Skills
Time Management	Ethics, Teamwork
Cultural Competence	Good Judgement
Work Ethic	Professionalism
General Etiquette	Customer Service
Critical Thinking	Diversity

Soft Skills – Project Study

- Total of 14 Research Participants including program leadership, instructors, clinic supervisors and clinic preceptors
- 3 participants considered all listed soft skills equally important
- 4 participants considered communications skills most important

Soft Skills – Project Study – Cont.

- 3 participants considered professionalism most important
- 2 participants considered work ethic most important
- 1 Participant considered interpersonal skills most important
- 1 Participant considered good judgement most important

Additional Soft Skills Identified

Tactfulness
Empathy
Honesty
Integrity
Basic Respect
Appropriate Uniform – Tattoos
Establishing Rapport with Others
Body Language Aspect of Communication
Punctual/Dependable

Morning Wrap-Up/Afternoon

- Summarize soft skills discussion
- Discuss ideas for afternoon interactive activities and role playing
- Afternoon sessions meet in classroom exam rooms
- At the end of afternoon sessions, review learnings and review tomorrow's topic
- Complete professional development evaluations at the end of the afternoon session

MAP
PD Activity
Evaluation Form – Soft Skills Overview
Day 1

Using a rating scale of 1 to 5, with 5 being strongly agree, 4 being agree, 3 being undecided, 2 being disagree, and 1 being strongly disagree, please rate the following questions based on today's PD experience

Question	Rating
1. The soft skills learned today will help emulate soft skills in the classroom.	
2. The length of the today's course fit with the content covered.	
3. The provided materials were easy to understand.	
4. The course provided the correct balance between lecture and interactive activities.	
5. The facilitator was effective at covering course materials.	

6. What are your thoughts on continuing this course in the future?

7. What suggestions do you have for future course improvements?

8. What suggestions do you have for future soft skills programming?

Session Day 2

Topic: Review of Soft Skills Identified Through Research

Time: 2.5-3 hr Morning Session and 2.5-3 hr Afternoon Session

Discussion: Top Identified Soft Skill – Communications

Topic discussion	Program materials	Program activities	Time allotment	Goal/outcomes
Introductions			10 min	Gain familiarity with all activity participants
Discussion of rules	Copy of rules	Interactive discussion of rules	10 min	Gain familiarity with activity rules
Break			10 min	
Overview and discussion of today's topic	Copy of Day 2 PowerPoint	Interactive review and discussion of Communications Soft Skill	2 hr	Understand top soft skill – Communications. Interactive lecture and discussion
Lunch			1 hr	
Review of today's topic in exam room setting		Discuss interactive ways to emulate and incorporate proper communications in classroom and clinical settings through role playing	2.5 hr	Understand ways to incorporate proper communications and emulate in the classroom and clinical setting. Take learned materials and activities back to classroom and clinical settings
Wrap up and evaluation	Daily evaluation form		30 min	

Professional Development Day 2

- Greetings
- Review/Summarize Day 1 Learnings and Activities
- Review Participant Roles
- Review Activity Rules
- Presentation and Interactive Discussion on Today's Topic – Communications Soft Skill
- Afternoon Interactive Review of Morning Session

Communications Soft Skills

- Communication skills was considered the most important soft skill based on project study participant feedback
- Communication skills was also considered important based on information in project study literature review
- How do communications skills fit into the classroom and clinical setting?
- Interactive Classroom Discussion Period

Communication Soft Skill Cont.

- Effective communication between healthcare providers and patients have displayed improvements in patient compliance to treatment, patient recovery, increased quality of life and increased levels of patient satisfaction (Connolly, et al., 2014).
- Healthcare providers who lack good communications skills do not understand their patient and miss opportunities to resolve health concerns (Connolly, et al., 2014).
- Patients may be unwilling to share sensitive information if they sense issues with communication (Connolly, et al., 2014).
- Interactive Classroom Discussion Period

Communication Skills Cont.

- Everyone within the healthcare environment communicates throughout the day
- Who are some of the individuals we communicate with
  - Patients
  - Physicians
  - Other Staff Members
  - Supervisors
  - Outside Clinic Staff
  - Imaging and Lab Personnel
  - Other individuals we communicate with?
- Interactive Classroom Discussion Period

Communication Skills Cont.

- Professional versus Unprofessional Communication
  - Professional Communication
    - Speaking appropriately to others
    - Identifying the receiver of communication and provide appropriate levels of respect
    - Making Eye Contact
    - Name some other ways to communicate professionally
- Interactive Classroom Discussion Period

Communication Skills Cont.

- Unprofessional Communication
  - Poor Eye Contact
  - Inappropriate conversation – Slang/Text Talking
  - Not providing appropriate level of respect
  - Name some other ways to communicate unprofessionally
- Interactive Classroom Discussion Period

Communication Skills Cont.

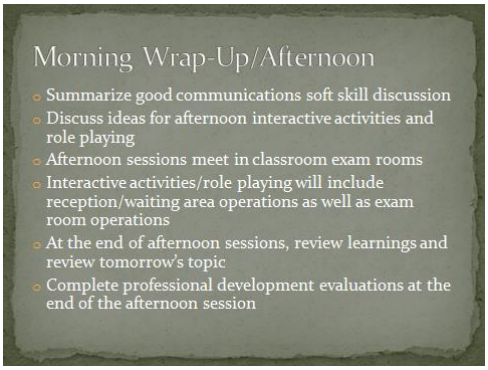
- Other Aspects of Effective/Good Communication Skills
  - Tone of voice
  - Appropriate Greeting
  - Body Language
  - Speaking in complete sentences (no text talking)
  - Using appropriate medical terminology, but not overwhelming patients with medical jargon
  - Respecting cultural/language barriers – Interpreter Services
- Interactive Classroom Discussion Period

Communication Skills Cont.

- Why are good communications skills so important?

Success in healthcare in part based on good communication and listening skills. The role of the healthcare provider includes the ability to communication with patients (Adrian, Zeszotarski and Ma, 2015).

- Share some of your good communication skills best practices
- Interactive Classroom Discussion Period


Morning Wrap-Up/Afternoon
Summarize good communications soft skill discussion
Discuss ideas for afternoon interactive activities and role playing
Afternoon sessions meet in classroom exam rooms
Interactive activities/role playing will include reception/waiting area operations as well as exam room operations
At the end of afternoon sessions, review learnings and review tomorrow's topic
Complete professional development evaluations at the end of the afternoon session

MAP
PD Activity
Evaluation Form
Day 2 – Communications Soft Skill

Using a rating scale of 1 to 5, with 5 being strongly agree, 4 being agree, 3 being undecided, 2 being disagree, and 1 being strongly disagree, please rate the following questions based on today's PD experience

Question	Rating
1. The soft skills learned today will help emulate soft skills in the classroom.	
2. The length of the today's course fit with the content covered.	
3. The provided materials were easy to understand.	
4. The course provided the correct balance between lecture and interactive activities.	
5. The facilitator was effective at covering course materials.	

6. What are your thoughts on continuing this course in the future?

7. What suggestions do you have for future course improvements?

8. What suggestions do you have for future soft skills programming?

Session Day 3

Topic: Review of Soft Skills Identified Through Research

Time: 2.5-3 hr Morning Session and 2.5-3 hr Afternoon Session

Discussion: Second Top Identified Soft Skill – Professionalism

Topic discussion	Program materials	Program activities	Time allotment	Goal/outcomes
Introductions			10 min	Gain familiarity with all activity participants
Discussion of rules	Copy of rules	Interactive discussion of rules	10 min	Gain familiarity with activity rules
Break			10 min	
Overview and discussion of today's topic	Copy of Day 2 PowerPoint	Interactive review and discussion Professionalism Soft Skill	2 hr	Understand Professionalism Soft Skill. Interactive lecture and discussion
Lunch			1 hr	
Review of today's topic in exam room setting		Discuss interactive ways to emulate and incorporate professionalism in the classroom and clinical settings through role playing	2.5 hr	Understand ways to incorporate professionalism emulation in the classroom and clinical setting. Take learned materials and activities back to classroom and clinical settings
Wrap Up and Evaluation	Daily evaluation form		30 minutes	

Professional Development Day 3

- Greetings
- Review/Summarize Day 2 Learnings and Activities
- Review Participant Roles
- Review Activity Rules
- Presentation and Interactive Discussion on Today's Second Top Soft Skill – Professionalism
- Afternoon Interactive Review of Morning Session

Professionalism Soft Skill

- Professionalism was considered another important soft skill based on project study participant feedback
- Professionalism skills was also considered important based on information in project study literature review
- How does professionalism fit into the classroom and clinical setting?
- Interactive Classroom Discussion Period

Professionalism Soft Skill Cont.

- Historically professionalism was defined as having professional competence in a specialty.
- Currently professionalism encompasses many different factors, including:
  - Autonomy
  - Communication
  - Professional Relationships
  - Professional Development
  - Honesty and Integrity
  - Responsibility
  - Accountability
  - Knowing One's Limits

  (Grace and Trede, 2013)
- Interactive Classroom Discussion Period

Professionalism Soft Skill Cont.

- Some find it difficult to identify specific ideas within professionalism
- What do you consider professionalism in the classroom?
- What do you consider professionalism in the clinical setting?
- Give some examples of professionalism
  - Proper uniform
  - Covering Tattoos
  - Cell Phone Usage
- Interactive Classroom Discussion Period

Professionalism Soft Skill Cont.

- Professionalism is considered a cornerstone of the medical practice (Gale-Grant and Gatter, 2013)
- Gale-Grant and Gatter (2013) noted examples of competencies related to professionalism.
  - Apologizing for mistakes
  - Avoiding prejudice against others including patients
  - Protect patients from harm
  - Treating patients as partners in their healthcare
  - Openness, trust and open communication
  - Keeping the patient's best interest at the forefront
  - Respecting autonomy and privacy

Professionalism Soft Skill Cont.

- Gale-Grant and Gatter (2013) expanded professionalism to include:
  - Keeping skills up to date
  - Working well in teams
  - Being prompt with scheduling commitments
  - Dress in an appropriate manner
  - Maintain personal hygiene
  - Adequately prepare for jobs requiring advanced studying
- What are some areas of professionalism you feel are important in the classroom and clinical setting
- Interactive Classroom Discussion Period

Morning Wrap-Up/Afternoon

- Summarize professionalism soft skill discussion
- Discuss ideas for afternoon interactive activities and role playing
- Afternoon sessions meet in classroom exam rooms
- Interactive activities/role playing will include reception/waiting area operations as well as exam room operations
- At the end of afternoon sessions, review learnings and summary for the end of the professional development
- Complete professional development evaluations at the end of the afternoon session
- Share thoughts and ideas on this and future activities

References

Adnan, J., Zeszotarski, P., Ma, C. (2015). Developing pharmacy student communication skills through role-playing and active learning. *American Journal of Pharmaceutical Education*, 79(3), 1-8. DOI: 10.5688/ajpe79344

Cepic, R., Vodopic, S., Leovaric, D., Ardic, D., Mihic, S. (2015). Considering transversal competences, personality and reputation in the context of the teachers' professional development. *International Education Studies*, 8(2), 8-20. DOI: 10.5539/ies.v8n2p8

Connolly, M., Thomas, J., Orford, J., Schofield, N., Whiteside, S., Morris, J., & Heaven, C. (2014). The impact of the SAGE & THYME foundation level workshop on factors influencing communications skills in healthcare professionals. *Journal of Continuing Education in the Health Professions*, 34(1), 37-46. DOI: 10.1002/chp.21214

Gael-Grant, O., Gatter, M. (2013). Developing ideas in professionalism. *The Clinical Teacher*, 10(3), 165-169. DOI: 10.1111/j.1743-498X.2012.00643.x

Grace, S., Trede, F. (2013). Developing professionalism in physiotherapy and dietetics students in professional entry courses. *Studies in Higher Education*, 38(6), 793-806. DOI: 10.1080/03075079.2011.603410

MAP
PD Activity
Evaluation Form
Day 3 – PD Soft Skill

Using a rating scale of 1 to 5, with 5 being strongly agree, 4 being agree, 3 being undecided, 2 being disagree, and 1 being strongly disagree, please rate the following questions based on today's PD experience

Question	Rating
9. The soft skills learned today will help emulate soft skills in the classroom.	
10. The length of the today's course fit with the content covered.	
11. The provided materials were easy to understand.	
12. The course provided the correct balance between lecture and interactive activities.	
13. The facilitator was effective at covering course materials.	

14. What are your thoughts on continuing this course in the future?

15. What suggestions do you have for future course improvements?

16. What suggestions do you have for future soft skills programming?