

# Teaching Large Numbers of Pharmacy Students about Communication

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## Introduction

In order to provide pharmaceutical care, pharmacists not only need to be drug experts but they also need communication skills on a high level.

Yearly about 200-300 students with different culture backgrounds and different communication competencies, start studying pharmacy at our university. After having followed a three years lasting bachelor program, they follow a three years lasting master program. How to organize an educational program addressing students' communication skills, with such large numbers of students?

In this publication we share our experiences with an educational program on training and assessing pharmacy students' communication skills, needed for delivering pharmaceutical care.

In defining student's competency to provide pharmaceutical care at the end of the curriculum (the outcome of the educational program), we distinguish two target groups students have to communicate with: the patients and the doctors. Pharmacists communicate frequently about prescription drugs with both groups (patients and doctors), whereas with patients they may also communicate about Over-the-Counter medication.

A short overview will be given of the educational program including the assessments, regarding the communication skills students need to interact with patients and prescribers. In addition, the internship assignments related with students' communication skills are presented.

All education addressed to students' communication skills are part of the thematic courses. Almost all courses last five weeks, most of them are provided twice a year to students.

In the bachelor program, students' results of the communication assessments are registered in their portfolio which also includes other study results. In the master program, students receive their course credit points (5 weeks= 7,5 student credit points) in case they have achieved positive results of all course components, including communication matters. More detailed information about the pharmacy curriculum is to be found elsewhere [1,2].

## Communication with Patients

Students' competency to communicate with patients starts with a good understanding of patients' needs, concerns and drug use behavior.

Therefore, students participate in the "Meet the patient project" in year one: they visit in couples two chronically ill patients at home to talk with these patients about the experience of being ill and having to use drugs chronically. Each student has to contribute to the project, by finding a patient (a family member or friend) who is willing to be visited by (other) students. Teachers distribute the included patients among the students, in such a way that all students visit two (to them) unknown patients.

Before students visit these patients, they receive in small groups education about questioning, interview schedules, how to structure an interview and they practice their interviewing skills with an actor. After the home visits, students have to write a report about the patient

interviews, where they have to reflect on their experiences with meeting a chronically ill patient and how they evaluate their interviewing skills. There is no assessment.

Subsequently, during the bachelor program students' communication skills are developed by attending different training sessions and a one hour lasting individual training session with an actor. The training sessions are addressed to the communication skills needed in interpersonal communication (structuring, questioning, listening, summarizing, empathy).

In the master program the Health Belief Model is introduced to students in order to let them understand patients' drug use behavior and the impact of the underlying health beliefs [3]. Subsequently, students receive 3 patient counseling training sessions, where we focus on the structure of the different kinds of drug delivery contacts and on the communication skills needed for understanding and responding to patients' drug use problems.

Table 1 presents an overview of the educational program on patient communication, such as offered to all students in the Bachelor program and the Master program. Presented are the numbers of contact hours students have with a teacher and/or actor Table 1.

In addition to this compulsory education addressed to all pharmacy students and listed in Table 1, students may also attend an optional course which focuses on the communication with complex patients, such as the noncompliant patient and the emotional patient.

## Assessment

Students are assessed on their interpersonal communication skills in year one and year three of the Bachelor program.

Subsequently students are assessed on their patient counseling skills in year one of the Master program. Students, who attend the optional Master course, are also assessed on their patient counseling skills in year three of the master program.

In the Bachelor and the Master, students communication skills are assessed by means of OSCE's (objective structured clinical examination of student's behavior) and with support from selected and trained actors, who simulate being patients based upon the scripts written by the teachers.

Students who fail to pass the assessment are offered additional

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tailored education, based upon the results of their individual assessment. Results from 2009-2012 demonstrate that 42% of all students (n=698) failed to pass the (first attempt) assessment of their communication skills in year one of the bachelor program. Regarding the assessment of the patient counseling skills, similar results were found. In 2005-2011, on average 49% of all students (n=791) did not pass the assessment at first attempt and needed additional training to develop their communication skills.

The tailored education (in the bachelor and master program) consists of viewing the videotaped assessment with a teacher (thereby receiving feedback) and/or attending a workshop addressed to those skills which need additional attention. Students have to write a reflection report about their communicative behavior in the assessment, before they are admitted to the workshops.

### Communication with Doctors

Regarding student's competency to interact with doctors, we distinguish the daily telephone calls about individual prescriptions and the (monthly or bimonthly) drug therapy meetings. Community pharmacists in the Netherlands usually have these regular meetings with general practitioners. Attention is given to this subject in the master program, where we build on student's general communication skills and teamwork skills such as developed in the bachelor program.

Calling a doctor by telephone, requires students' competency in structuring the telephone call (introduction of themselves and the reason for calling, clear objective of the call, shared problem analysis and shared problem solving). Besides, good listening skills are required to understand and influence the prescribing doctor. In the master program, students have exercises in communicating about prescriptions (which require pharmacists' interventions), with a course tutor who act being a doctor. Afterwards the students receive feedback

Bachelor	Meet patients at home (students in couples)	4 hours
	Training 1. General communication skills	3 hours
	Training 2. Empathic skills	3 hours
	Training 3. Individual training with actor	1 hour
Master	Understanding noncompliance (Health Belief Model)	
	Lecture and discussion	3 hours
	Training Counseling 1. Newly prescribed medication	4 hours
	Training Counseling 2. Repeat prescriptions/OTCs	4 hours
	Trainign Counseling 3. Handling specific situations (patient in a hurry, patient who talks too much)	3 hours
Total		25 hours

**Table 1:** Pharmacist-patient communication: educational program.

Bachelor	Training teamwork	6 hours
Master	Calling the doctor about a prescription	3 hours
	Lecture drug therapy meeting	2 hours
	Training Drug therapy meeting	6 hours
Total		17 hours

**Table 2:** Pharmacist-doctor communication: educational program.

1	Visiting a chronically ill patient at home
2	Instructing a patient about inhalation medication
3	Patient counselling prescription drugs, OTCs
4	Medication review analysis and intervention proposal
5	Calling a doctor about an individual prescription
6	Participating in drug therapy meetings

**Table 3:** Internship assignments.

about their intervention and communicative behavior (listening behavior, structure of the conversation). Students are not assessed on this competency at university.

Regarding drug therapy meetings, students attend a lecture about drug therapy meetings and are trained in small groups (8-12 students) on how to chair a drug therapy meeting and how to communicate with doctors about drug therapy questions and drug therapy guidelines.

Table 2 presents an overview of the education regarding student's competency to interact with doctors. Here again limited education is provided and only those students who fail to pass the assessment, receive additional tailored education.

### Assessment

Students are assessed on their general communication skills (structuring, listening, questioning), their chairmanship and their ability to apply scientific knowledge in the discussion with doctors about drug therapy. During these assessments two teachers simulate being a doctor. In 2012 and 2013 respectively 14% and 13% of all assessed students (about 150/year) failed at first attempt and received additional individual education, such as viewing the videotaped assessment with a teacher or attending one or more workshops.

### Pharmacy Internships

Finally, students have to apply the developed skills in their pharmacy internships. To achieve the pharmacist degree, students have different internships, totaling at least 26 weeks. At the end of the internships students are assessed on their professional behavior by the supervising community pharmacist, based on the criteria described in the tutorial of the university.

Table 3 presents the assignments which are related with pharmaceutical care and might be seen as a follow up of the education at university. All assignments are carried out in a community pharmacy internship. It is our experience, that students are able to perform according these criteria in their internships in community pharmacies.

### Conclusion

Reconsidering the educational program, we conclude the results are rather satisfactory considering the limited education and the assessments results. In total 25 hours education about patient interaction seems to be sufficient for half of our students, as they pass the assessments at first attempt. The results regarding communication with doctors are even better, as the majority of all students pass the assessments after having received in total 17 hours of education about this subject.

Students differ in their educational needs. Some of them need only limited education to develop the communicative skills and behavior, needed for delivering pharmaceutical care. Others need extended education adjusted to their individual needs. This strategy of early assessment and tailored education, limits the workforce of educating large numbers of students about communication.

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