

Interviews and personal stories: A humanities approach in pharmaceutical education

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Abstract

Background: Patients usually voice their problems and concerns by telling stories, as research in medical humanities has shown. Narrative skills are therefore an important competency for pharmacists who work closely with patients.

Objective: This article describes and evaluates an interdisciplinary teaching project that encouraged pharmaceutical students to become aware of the narrative quality of the pharmacist-patient interaction, and to provide students with tools and concepts from the humanities to understand.

Method: Following ethical approval, students conducted interviews with patients about their experiences with medication. Students were introduced to methods from literature studies and cultural anthropology to help them interpret the stories they had gathered and to evaluate the interpersonal communications in which they had participated. The students wrote a reflective report and participated in two workshops (an analysis workshop and a poster presentation). For the project's assessment, the authors evaluated the students' reflective reports and their anonymous written feedback after the workshops.

Results: From the students' point of view, the teaching project improved their questioning techniques and gave them a deeper insight into, and sensibility for patients' beliefs about medication and their role as pharmacists.

Conclusion: The teaching project suggests that interdisciplinary methods and approaches in pharmacy education can offer a space for students to reflect on their professional roles as pharmacists, the centrality of storytelling for patients and the importance of language.

Keywords: *Counselling, Medical Humanities, Interviewing, Patients' Experiences, Self-Reflection*

Introduction

Narrative skills are important competencies to learn because patients usually voice their anxieties and frustrations by telling stories about their experiences (Frank, 1995; Charon, 2006). Similarly, healthcare professionals use narrative and storytelling – either informally in conversations among colleagues or in more formalised genres, such as medical reports or charts – when they try to understand and alleviate the suffering of their patients (Hunter, 1991). While students learn about communication models and techniques and the difference between open and closed questions in communication courses, their training often aims at extracting a particular type of information that seems directly relevant for counselling. Research suggests that approaches from the health humanities can positively affect pharmacy students' sensitivity towards, and understanding of patients and their diseases (Bumgarner *et al.*, 2007; Zimmermann, 2013). Therefore, literary studies and

cultural anthropology have become increasingly engaged as productive partners in research on pharmacy practice and teaching (Bissell *et al.*, 2006; Ryan *et al.*, 2007). 'Narrative pharmacy', as an extension of Rita Charon's programme of narrative medicine, might be an important intervention to improve the quality and safety of pharmaceutical healthcare (Nass *et al.*, 2016). To evaluate the importance of narrative in pharmacy education, the authors developed an interdisciplinary teaching project which asked students to conduct interviews with patients and to become attentive to the stories that would emerge in the process.

In the project, pharmacy students worked alongside researchers from literary studies, cultural anthropology and pharmacy, and conducted interviews with the aim of increasing students' understanding of patients' attitudes and experiences with medication. In contrast to similar teaching projects (Shah, 2012) in pharmacy education, the intervention explicitly involved the perspective and

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methods of literary studies, such as ‘close reading’ and narrative theory. Close reading is a text-immanent, hermeneutical approach that focuses on interpretation and pays close attention to language, images, setting, character constellation and temporal structures, which are central categories in narrative theory.

Aim of the study

The project was based on two assumptions: 1) by being introduced to methods and tools of narrative theory and literary criticism, students would learn different ways of thinking about pharmacist-patient conversations; and 2) students would learn how to use different tools of analysis by conducting and analysing interviews. The project thus aimed at increasing students’ skills with regard to methodology, self-reflection and attention to narrative and language, while foregrounding the role that pharmaceuticals play in patients’ stories.

Method

The study was approved by the research ethics committee Rhineland-Palatinate, Germany. All procedures performed in studies involving human participants were in accordance with the ethical standards of the national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

The project was led by a group of interdisciplinary researchers from pharmacy, literature studies, and cultural anthropology. The course was part of a mandatory elective in the seventh semester of the pharmacy degree in Germany. The project took place with two separate student cohorts in two semesters and involved a total number of 28 students. It asked pharmacy students to conduct interviews with patients in pharmacies or in another place of their choice. Each cohort met three times during the elective: for an introductory workshop, where the students were acquainted with the premises and methods of the project; an evaluation workshop, in which students shared their experiences and analysed the interview material; and a concluding poster session.

Students could choose between two types of interview: a standardised questionnaire or an interview with guiding questions. The questionnaire asked patients about their experiences with medications and herbal medicines, the symptoms they tried to alleviate and the patients’ evaluation of the drug’s effects and side effects. The answers were recorded by writing down keywords or ticking boxes. The students, who conducted the non-standardised interviews (total of ten students), received a set of guiding questions (Table I). They were encouraged to deviate from the guiding questions if they considered other questions to be more helpful or relevant.

Table I: Selection of guiding questions for the interviews

Tell me about your health. Do you take any medications?
How do you incorporate medications into your daily routine?
What are your thoughts about medication in general and herbal medications?
How do you explain to yourself why and how a drug works or doesn’t work?
Did you experience side effects?
How does your social environment think about medications?

While the students with the standardised questionnaire had to submit their information into a database, the students with the non-standardised interviews were asked to transcribe their interviews. As the basis for the evaluation workshop, the authors used excerpts from these transcripts, which were then analysed together. All students thus worked with the same material during the workshop, and their experiences from the interview process, whatever form of interview they had chosen, allowed them to reflect on the personal, social and interactive functions of the patients’ narratives (Table III). The authors did not analyse the data collected through the standardised questionnaire because this information was part of another project and the focus was on narratives. However, the authors made it clear that all students’ recollections of their findings and their experiences with the interview process were valuable during discussions. Thus, all students were encouraged to share their insights and point to differences in their material.

Table II: Joint analysis of interview material by students and instructors

<p>Sample topics discussed during the analysis workshop:</p> <ul style="list-style-type: none"> • the tone or mood in an interviewee’s story optimistic, pessimistic • images or linguistic register used by the interviewees; striking metaphors • The role of medicinal drugs in the interviewee’s life • the importance of gender and age • the differences between quantitative and qualitative research designs
<p>Sample topics discussed during the analysis workshop:</p> <ul style="list-style-type: none"> • metaphors for health and disease • interviewees’ illness narratives • patients’ attitudes toward medication • impact of gender, age and social context

Table III: Selection of students' anonymous feedback (translated by the authors)

Occasion of Feedback	Question	Selected Students' Responses
Evaluation workshop, 1st cohort, April 2016	What did you learn/realise today?	<p>"I found it interesting to compare the different interviews. In the course of this, very interesting aspects came together, especially with regard to the pharmacy as a workplace."</p> <p>"Evaluation of interviews; socio-cultural dimensions of the relationship between patient/doctor/pharmacy; the action spectrum of phytopharmaceuticals (from cold to cancer)."</p> <p>"For me it was new and also positive to discuss and exchange experiences because this is unfortunately not usually done in our program. I have the feeling that I spent my time in a positive way."</p> <p>"I learned something about the evaluation of the generated material, about the experiences of the other group, about different opinions and attitudes towards pharmacies."</p> <p>"Surprisingly, there were many matches between the experiences of the students from the standardised questionnaire and the open interview group."</p> <p>"We addressed aspects / points of view which I would not have noticed on my own because I had not wondered about these issues before."</p>
Evaluation workshop, 2nd cohort, October 2016	What did you learn or realise today?	<p>"More appreciation of conversations with patients."</p> <p>"Experiences with herbal products, different attitudes of the patients towards phytopharmaceuticals."</p> <p>"The consultation is very important for patients and the feedback is very important as well."</p> <p>"Many nice conversations, in which one could learn a lot about the attitudes of the patients towards medication."</p> <p>"Have more empathy for the patients."</p> <p>"That I should have asked more open questions."</p> <p>"That even in stressful phases in the pharmacy, when there is a lot of customer traffic, one should always take time for the individual patient and always have a friendly ear."</p> <p>"I take from the workshop that it was fun to conduct interviews and that it was a good training for pharmacist-patient consultations."</p>
Poster Presentation, 1st cohort, June 2016	No evaluation was conducted	
Poster Presentation, 2nd cohort, December 2016	How do you evaluate the relevance of the interview project for your studies and professional life?	<p>"Relatively little relevance, however it was interesting, and it offered a small insight into the knowledge/attitudes that patients have. It was also a good exercise to approach unknown people."</p> <p>"It gave me an insight into how conversations with patients can unfold. I also learned more about phytopharmaceuticals through the patients' stories."</p> <p>"A possibility to make new contacts; increased ease when approaching clients; practicing of consultations; access to the general opinion of clients towards phytopharmaceuticals; a better understanding and assessment of clients' fears and distrust."</p> <p>"Improved and more relaxed handling of patient conversations; greater openness towards specific problems with regard to compliance and understanding of medication (phytopharmaceuticals)."</p> <p>"The posters showed the diversity of patients and how important it is to see them as individuals and not as a broad mass that is served on an assembly line, even though this implies much more effort."</p> <p>"To conduct standardised questionnaires was a good exercise for me as a pharmacy student to train patient communication beyond a short sales talk and consultation. The exchange with colleagues from humanities made me realise the importance of language in dealing with patients and how I can use it to create a good cooperation between pharmacist and patient."</p> <p>"It was very interesting, also because I learned how to improve my questioning technique. Maybe one can better detect weaknesses or strengths through specific questions, which one can use in the therapy."</p> <p>"The numerous interviews revealed patients' attitudes towards different drugs. Therefore, I can better take the patient's perspective and can probably better counsel them and maybe lessen their fears towards different drugs."</p> <p>"I was already aware of some of the topics due to my work in a pharmacy (opinions about doctors or about phytopharmaceutical remedies). I think that narratives, which reflect experiences with medication, are important. These are things that one can incorporate into the counselling in order to better help the patient. Other than that, no greater relevance. But it was very interesting."</p> <p>"It was an interesting experience to learn about the opinions about products and the ways in which patients came to use these products. I'm sure that the interviewees were more open in their answers towards me as a student and not as a pharmacist (who wants to sell products)."</p>

During the evaluation workshop, the students were introduced to approaches and terminology from literature studies and cultural anthropology. However, instead of giving a lecture on narrative theory, for example, the authors identified and explained concepts as they emerged in the discussions (Table II).

To evaluate the students' responses to the project, the authors analysed their project reports and anonymous feedback. For the project reports (three-five pages), the students were asked to reflect on their experiences during the interview process and to provide interpretations of the material they had gathered (e.g., by describing what

they found particularly striking in their interviewees' responses and how they understood their interviewees' experiences with medications). The anonymous feedback surveys after the evaluation workshop asked students to describe what they found striking and which ideas or insights they take with them. The feedback survey after the poster presentation (only assessed for the second cohort) asked students to assess the significance of the interview project for their future work (Table III).

Results

Both groups (whether students had used the standardised questionnaire or had conducted interviews with guiding questions) reported similar experiences and insights into patients' experiences. The students' reports illustrated that the majority of students found the project valuable. Four topics were frequently commented upon in the reports: (1) the students' experiences in their roles as interviewers; (2) the students' insights about patients' attitudes; (3) the students' reflections about their roles as future pharmacists; (4) the students' general remarks about the project and its relevance. These topics reappear in the students' anonymous feedback (Table III).

(1) Most of the students reported that they encountered initial difficulties in finding patients. Some attributed their problems to the patients' lack of time or a general reluctance towards revealing information on their illnesses and having it recorded. The students interpreted this reluctance either as a sign of the private nature of illness experiences, which some people hesitate to share, or as an indicator of the patients' distrust towards the pharmaceutical industry, which might misuse the information. Other students mentioned their initial shyness and reserve in approaching strangers. All of the students solved these problems, either by becoming more and more comfortable in their roles over the course of the practicum or by receiving assistance from the staff in the pharmacy, who helped them with the acquisition of interview partners. Several students considered the workload too heavy, and particularly in the first cohort, the guided-interview group complained about the time-consuming process of transcribing the interviews (for this reason, the total length of the interviews was reduced from five hours to three-four hours for the second cohort).

The students reported that they were initially insecure in their questioning technique. Some students realised, for example, that the way in which they asked questions made it difficult to keep a conversation going. In this respect, the transcription process was helpful for the students' self-analysis. Many students reported that they experimented with their questioning techniques, adapting the questions to the interviewees or learning to ask only one question at a time. Several students noticed that they tended to ask closed questions and reported that, over the course of the interviews, they learned to ask open questions. Students remarked that some patients tended

to digress into elaborate stories about their personal lives. Other students felt a reluctance in their patients to talk about illness or medication experiences. Overall, most students reported their surprise about the communicativeness and openness of their interview partners. Seven students mentioned explicitly that many of their interviewees were "surprisingly unrestrained" and that some interviews escalated in terms of duration and scope because the interviewees started to tell stories about their lives and experiences.

(2) The students' insight about the patients' attitudes was revealing in several areas. Students repeatedly remarked gender and age differences in their interviewees – either with regard to their willingness to participate in the study or their use of medication. Twenty-one out of 28 students commented on their patients' lack of knowledge about herbal medicines and their incapacity to distinguish between herbal medication and homeopathic remedies. They also found it informative (and problematic) how patients described different types of medication (herbal drugs as gentle and healthy; chemical medication hard and unhealthy). Some students were concerned about the faulty information and insouciance of their interviewees regarding potentially harmful side effects of herbal drugs. In general, the students were surprised by the very positive opinions of their interviewees towards herbal medication. Some students found that patients who preferred herbal remedies seemed to have a heightened body and health awareness, which they ascribed to a holistic worldview. They also noticed that some patients tended to self-medicate instead of consulting their physicians. Students generally remarked that the interview project had given them a deeper insight into patients' beliefs and attitudes.

(3) The students related their experiences during the practicum to their future work as pharmacists. The majority of students believed that their self-confidence had increased. They reported that they felt more comfortable and competent in addressing patients and that their knowledge about herbal remedies had increased. One student, who commented on her interviewees' lack of knowledge about herbal medication, formulated a specific goal for her future work as a pharmacist, namely to be more aware of her patients' status of information and to make it part of her future work to adequately counsel patients about potential side effects of herbal drugs. Students were divided in their assessments of the impact that wearing a white coat had on patients. While some considered it helpful because it signals a relationship of trust, others thought it might be more of a hindrance. Some students commented upon the public image of pharmacists, noticing for example that pharmacists enjoy patients' trust because of longstanding customer loyalty or because pharmacists have (or take) more time than physicians in speaking to patients. One student remarked that her interviewees quickly trusted her, giving her the impression that she had created a space for her interviewees to tell stories for which there might not be a space or time elsewhere. According to the student, her

role as a pharmacist/interviewer changed from someone who asks questions to a listener and confidant. Another student emphasised the importance of having a sympathetic ear for patients' fears, concerns and private sorrows. Several students defined the pharmacy as a place for counselling and advice in opposition to a point-of-sale and anonymous product purchase. These comments suggest that students have come to appreciate the importance of a relationship-oriented approach to counselling and communication.

(4) The students' general evaluations of the interview project were positive. The majority of the students described their experiences as "fascinating," "educational" and "gratifying". After their initial insecurity, students enjoyed the contact with patients, which allowed them to become aware of and revise their preconceptions by receiving first-hand information about patients' opinions and attitudes through the interviewees' illness and medication experiences. Students also mentioned that they had increased their knowledge about the variety of existing remedies, which they considered valuable for their future work. Moreover, students mentioned the importance of socio-cultural factors. For example, they noticed how interviewees repeatedly compared herbal medication with nature and something gentle. In the evaluation workshop, the authors identified these comparisons as metaphors and discussed how metaphors function in communication and how they can carry cultural values and norm. Students also commented on differences between male and female interviewees as well as their roles as interviewers. In the workshop, the authors discussed the importance of gender, cultural expectations and symbols (such as the white coat) and their impact on interpersonal constellations between narrator and listener/reader, issues of trust and reliability. In the discussions, students also commented upon the different formats of the interviews – for example when they observed that the questions and tick boxes from the standardised questionnaire did not always match a patient's experiences or the complexity of a case. Such observations were used by the authors as a springboard to discuss the differences, objectives and limits of qualitative and quantitative approaches.

The anonymous feedback (Table III) echoes the four topics from the reports. Moreover, the feedback reveals that most of the students found the project valuable for their future work as pharmacists. Students mentioned that the project had offered them a deeper understanding of patients' experiences. Most of the students considered the project a useful addition to the standard teaching methods. Two students maintained in their feedback that they saw no greater relevance of the interview project for their future professional lives; however, both students listed specific benefits they took from interviewing patients, which are directly related to professional skills (such as rehearsing communication skills, insight about patients' attitudes, importance of narratives). Many students found it also useful that they were able to talk about their experiences with patients in a group of colleagues and instructors.

Discussion

The results of the teaching project speak to other pedagogical interventions and programmes in pharmacy education, medical humanities and narrative medicine. As has been widely recognised, communication skills are important factors in pharmaceutical counseling (Berger, 2002; Shah & Chewning, 2006). For this reason, university programmes have implemented the training of communication skills in pharmaceutical education (Zeiter & Krämer, 2014). Other studies have shown that training skills in (motivational) interviewing as part of pharmacy students' education positively impact a range of competencies, such as empathy, awareness of patients' illnesses and communication skills (Bailey *et al.*, 2017). Moreover, studies have suggested semi-structured or narrative interviews as a promising tool to help pharmacists better understand their patients' experiences and behaviours, suggesting that conducting interviews may increase students' understanding of how patients relate to medicines, thus fostering students' abilities to help patients in their decisions about healthcare (Ryan *et al.*, 2007; Anderson & Kirkpatrick, 2016).

This project did not only invite students to conduct interviews, it also encouraged a meta-discussion on interviews, communication skills, checklists and guidelines of how to conduct a conversation with a patient. The students were asked to elicit, analyse and reflect on the stories that patients and clients in pharmacies tell about their illnesses and medication experiences. With this approach, the project addresses a problem in current pharmaceutical education. While fostering patient-oriented communication skills has been shown to increase students' practice-oriented knowledge (*e.g.*, how to efficiently obtain relevant and reliable information from their patients), the importance of 'narrative competence' (Charon, 2006) in pharmacy education, *i.e.*, the ability to acknowledge, closely listen to and analyse the stories that patients tell about their experiences with illness and medication, is underrepresented (Bissell *et al.*, 2006). One reason for this lack might be that storytelling usually takes time and a safe space, which is not always at hand. In fact, students may have the impression that a patient's digressions into personal storytelling are marginal or irrelevant. To counter such assessments, this project aimed at training skills that would help students to analyse the information they receive as well as the patient-specific meanings that can transpire through seemingly unrelated narrative excursions, such as personal anecdotes or stories about a relative or the patients' professional lives.

This project suggests that interdisciplinary approaches that include cultural anthropology and literature studies may productively add to the existing pedagogical interventions that train communication skills in pharmacy education. The value of humanities-based approaches can be manifold as the students' responses discussed here suggest."

A teaching project for pharmacy students by Zimmermann (2013) focused on novels as a source for studying and understanding illness stories. For example, Zimmerman used Lisa Genova's Alzheimer disease novel 'Still Alice' to provide students with a different perspective on patients' individual experiences and feelings. Bumgarner *et al.* (2007) used classic short stories and essays dealing with professionalism to train pharmacy students' understanding of professional attributes. Such projects impart a holistic understanding of the patient-pharmacist relationship and stress the importance of seeing patients not only as customers, but as complex and sometimes conflicted human beings in boundary situations.

In training programmes for medical doctors, the inclusion of the humanities, particularly in the US-American and British contexts is, by now, a standard element of medical education (Karkabi *et al.*, 2014; Wald *et al.*, 2018). Likewise, Chinese training programmes for medical doctors include humanities' approaches (Qian *et al.*, 2018). This study supports existing research in medical humanities and narrative medicine, which found that humanities-based programmes in medical education have a positive effect on competencies that are relevant both in medical education and in the postgraduate professional practice, such as self-care, reflective practices and professional identity formation (Barber & Moreno-Leguizamon, 2017; Liu *et al.*, 2018). Exposure to the humanities has been found to correlate with positive personal qualities (such as empathy, self-efficacy and tolerance for ambiguity) while inversely correlating with burnout (Mangione *et al.*, 2018). What humanities-based projects like this can add to pharmacy (and medical) education is that methods from literature studies (and thus a focus on narrative structure, figurative language, imagery and tone) can offer students a different set of terminology and tools to analyse and understand patients' stories. Moreover, such projects provide an opportunity to make sense of conflicting statements, for example by analysing word choice and figurative language, and to understand patients' stories not as digressions but as bearers of a different kind of information.

Limitations

With only 28 participants, the teaching project is small in its scope, and the results cannot be generalised. The project design cannot determine to what extent students were already aware of the narrative dimensions of their work before the practicum. Given that some students had work experience in pharmacies, they may have brought this insight, consciously or unconsciously, into the group. Moreover, the results reflect the students' subjective self-evaluations; they do not suggest an objective assessment of, for example, the students' increase or decrease of specific competencies. As for the long-term effect on students' skill, further studies

are needed to verify how far the use of interviews and methods from literature studies, as didactic tools, are conducive to deep learning. The design of the project did not include an evaluation of the data collected through the standardised questionnaire. The authors also did not distinguish between the different experiences of the two groups. Therefore, it cannot be said at this point whether or not the open interviews with guiding questions are preferable or more conducive to training narrative skills. The two different modes of interviewing did, however, inspire a discussion about and awareness of different disciplinary methods, research foci, and results. The different interview formats and approaches thus provided a departure point for a discussion about how qualitative, hermeneutic approaches can supplement quantitative results and standardised research designs. Other questions raised and discussed in class were: Which added value does each approach yield?; And what are the limits and problems of the different approaches?

In future implementations, ethical issues could be given more space. When students reported, for example on the patients' reluctance to tell intimate stories or patients' skepticism with regard to data protection, it would have been important to approach this topic not only from a researchers' perspective – for example by ensuring thorough patient information – but also with regard to questions of power dynamics, agency and ethical responsibilities.

Conclusion

The interdisciplinary design of the teaching project yielded a cross-disciplinary exchange on pharmaceutical specifics, cultural discourses, the meaning of storytelling, and the uses of narrative structures and figurative language. The humanities can offer pharmacy education a platform and the tools to analyse and understand the complexities of interpersonal and cultural meaning-making. Such meaning-making may relate to the way that patients interpret their illnesses and medication; it may also encompass how pharmacists understand their roles and which meanings they ascribe to pharmaceutical medication and interpersonal communication, which are both at the centre of their work. Approaches and tools from the humanities can complement best-practice models of communication and reliable, quantified data on the effects and side-effects of pharmaceutical components. That way, the humanities can open up a productive space to study subjective experiences, the value of individual stories, and the importance of language.

Conflicts of interest

The authors declare that there is no conflict of interest.

Funding

This project was funded by the Gutenberg Teaching Council (Gutenberg Lehrkolleg) at Johannes Gutenberg University Mainz (project number 514; 2015-2017).

Acknowledgements

The authors Janine Naß and Anita Wohlmann contributed equally.

Mirko Uhlig, junior professor in cultural anthropology, supported the authors in the planning phase of the teaching project and during the realisation of the individual workshops. The authors are very grateful for his invaluable insight and support. The Gutenberg Teaching Council at Johannes Gutenberg University Mainz generously funded the project as part of the University's strategy to support innovative, interdisciplinary teaching. Janine Naß obtained a Ph.D. stipend of the Deutsche Forschungsgemeinschaft (DFG GRK 2015/1). Anita Wohlmann was employed at the Obama Institute of Transnational American Studies of Johannes Gutenberg University Mainz during the course of the teaching project.

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