

Improving Undergraduate Communication and Clinical Skills: Personal Reflections of a Real World Experience

RITA SHAH*

School of Pharmacy, University of London, 29–39 Brunswick Square, London WC1N 1AX, UK

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To work effectively as a pharmacist, it is vital to communicate well with patients and to learn and practice clinical skills in order to identify and solve pharmaceutical care issues. However, the MPharm programme is more than the preparation for pre-registration and aims to establish lifelong learning habits in all students while at university. A patient focused education programme was developed at a school of pharmacy with two components: improving communication skills via patient interviews conducted at the University and learning and practising clinical skills via hospital placements. The patient interviews and clinical hospital visits provided a real world experience for students to practice their communication and clinical skills. To acquire lifelong learning skills, students were encouraged during the interviews and hospital visits to take responsibility for their own learning, monitor their learning plans and activities and to assess their effectiveness so as to adopt habits of continuing professional development and reflective practice. This paper describes the development of the course, evaluates whether it was able to fulfil its objectives and reflects on where improvements can be made.

Keywords: Pharmacy; Pharmacy education; Pharmacy practice; Pharmacy course evaluation; Communication skills; Clinical skills

INTRODUCTION

A UK government document, "Pharmacy in the future: implementing the NHS plan" (Department of Health, 2000), sets out a challenging agenda for the pharmacy profession. The key emphasis is "the patient" around which the plan is designed. To work effectively as a pharmacist, it is vital to communicate well with patients and to learn and practice clinical skills to identify and solve pharmaceutical care issues. In line with this, the Fourth-Year Course of

our MPharm programme has the title "Preparing for Practice": this is a reflection of the principal goal of the Course, to provide fourth-year students with the opportunity to learn aspects of pharmaceutical science and practice which will underpin a successful pre-registration year. However, the MPharm programme is more than the preparation for pre-registration and our aim is that all students will acquire lifelong learning habits while at university, habits which are essential to become successful and competent practitioners. The Course has been purposefully designed with this in mind: the learning experiences will foster this concept, together with an inquisitive and long lasting relationship with pharmaceutical science.

To achieve the goal of the fourth-year course, and indirectly address government policy, a patient focused education programme was developed. There were two components to this: improving communication skills via patient interviews conducted at the University and learning and practising clinical skills via hospital placements. To acquire lifelong learning skills, students were encouraged to take responsibility for their own learning, monitor their learning plans and activities and to assess their effectiveness so as to instil habits of continuing professional development and reflective practice. Reflection and self assessment are a process of thinking about and exploring an issue of concern, as if from an external observer's perspective (Biggs, 1999). Pharmacists (like other professionals) learn to respond to the need for change by reflecting on what has happened to them and to patients. Reflection is a necessary component for learning from experience. Reflective learning improves skills, contributes to

*E-mail: rita.shah@ulsop.ac.uk

growth in self-awareness and the development of new knowledge (Biggs, 1999).

AIMS AND OBJECTIVES OF THE COURSE

Patient Interviews at the University

The aim of this part of the education programme was to develop the communication skills of fourth-year undergraduate MPharm students by focusing on patients. The objectives of the programme were to:

- develop skills needed to take accurate drug histories through patient interviews;
- enable students to develop skills to communicate effectively with patients; and
- encourage students to assess and reflect upon their experience.

Hospital Clinical Visits

The aim of this part of the programme was for undergraduates to learn and apply skills needed to be an effective clinical pharmacist. The objectives were to:

- develop skills in taking drug histories;
- develop skills in monitoring patients for effectiveness and adverse effects of drugs;
- develop skills in educating patients about their medicines;
- develop skills in identifying pharmaceutical issues pertinent to a patient and be able to address those issues appropriately;
- encourage students to assess and reflect upon their experiences; and
- increase the understanding of, and develop a more empathic attitude towards patients, their illness and treatment.

OUTLINE OF THE PROGRAMME

Patient Interviews at the University

Patients were approached through volunteer patient organisations such as National Asthma Campaign, British Heart Foundation and British Diabetic Association. Recruited patients had to be taking medicines and English speaking. The only reason for choosing volunteers who spoke English was because it would be easier to recruit them, as they would not need carers to accompany them. However, if patients wanted to bring their carers with them then they could do so. Students can then appreciate that there are occasions when they would have to communicate with the patient

indirectly through carers. Twenty-six patients were recruited and consented to being interviewed by fourth-year pharmacy undergraduates. Patients were interviewed at the University and each session involved a group of 8–9 patients.

During the session, students worked in pairs and interviewed 2 patients. During the first interview one student would interview a patient whilst the second student acted as an observer. The roles of the students were reversed during the second interview. Each interview lasted no more than 20 min and it was the responsibility of the observing student to ensure that this time limit was adhered to.

After the interview, the patient was asked to complete a feedback form which included a “tick box” evaluation. Patients also had space to write any additional comments they wished to make. The type of issues which patients were asked to think about included whether the student had handled the interview confidently; whether the patient had been given enough time to say what they wanted to; whether students listened to the patient; and whether students were polite and considerate in their dealings with the patient.

Students reflected upon what they had learned from the interview experience. Reflective questions which students were asked to consider included:

- Why was the activity relevant to my learning?
- What were the key points I learned from the activities?
- How can these points be incorporated into my learning?
- Has the activity fully met my learning needs in that area?
- Have I identified any further learning needs as a result of the experience?

They completed a self-assessment form recording their reflections and observing students completed a peer review form during the course of the interview. Students had to reflect upon how they took a drug history from the patient and how they generally communicated with the patient. In particular, they had to think about what went well and what needed improvement. This helped them to identify learning outcomes for future implementation. Students were also asked to complete an evaluation form to record their views of this education programme and whether their communication skills had improved as a result of this learning activity.

Hospital Clinical Visits

All fourth-year undergraduates visited one of several hospitals in London, where they worked in

pairs and attended the hospital twice a week over a 2-week period. Students were ward based and were asked to undertake the following tasks:

- to take at least two drug histories in every session (a total of 8 patient interviews);
- to identify monitoring criteria for patient's drug therapy;
- to educate 1 patient concerning their therapy and medicines; and
- to identify 2 patients for use in preparing patient profiles.

All patients consented to the taking of drug histories by students. Students reflected upon what they had learned from the whole experience as had been the case with the patient interviews described earlier. Students assessed each other on the various skills by completing self-assessment forms, recording their reflections and by completing peer assessment forms after observing their peers. Each pair of students was allocated a hospital pharmacist as a clinical tutor. The aim for the clinical tutor was to facilitate the student's independent learning. The clinical tutor needed to provide input to enable students to meet the aims and objectives of the placement. It was important that the tutor acted as a facilitator and guided students in the right direction. Their involvement also included the formative assessment of the students.

Evaluation of the Programme

Once the programme had been implemented, it was important to evaluate it so as to understand the effects of the programme on student learning (Ramsden, 1992). This involved gathering information, interpreting this and making judgements about which actions should be taken to improve the programme. The following issues were evaluated:

1. Are the programme objectives being met?
2. Have the students learned what they are supposed to learn?
3. Why some students do not perform well and changes which need to be made to improve this.

To evaluate the above issues, different evaluation tools were used as there is no one evaluation tool which is adequate by itself in evaluating an education programme (Light and Cox, 2001). The evaluation tools included self and peer assessments and evaluation forms from students and clinical tutors and verbal feedback from patients.

RESULTS

Patient Interviews at the University

All 112 fourth-year undergraduates participated in the education programme. Ninety-five students (85%) completed the evaluation form; all stated that they found this experience invaluable. Eighty-seven students (92%) stated that the programme enabled them to improve their communication skills. Students' reflections also confirmed their perceptions that they had improved their communication skills as a result of this programme. Five students (5%) were not sure whether their communication skills had improved whilst 3 students (3%) felt that the programme did not improve their communication skills. However, reflections from these students illustrate a positive feeling. For instance:

I learned to use a logical sequence of questions in order to obtain all the relevant information...

Overall I have realised my weaknesses which should be corrected by being more prepared...

Students reported that self-assessment and feedback from both the observer and the patient assisted them in improving their communication skills. Many students felt that observing their peer conducting the interview was helpful in improving their own communication with the patients. In their reflections, students commented:

I thought that feedback from the patient and observer was valuable as was critically analysing as an observer...

It has enabled me to watch someone else pick upon what they did well and to try and adopt these when conducting interview myself. It also allowed me to assess what needs to be done better and to apply these to my interview...

The programme allowed students to identify improvements they could implement in future interviews. These improvements were identified from a combination of self-reflection, peer observation and feedback from patients. Some students concluded that it was important for them to prepare for the interview and produce their own interview strategy. As one student stated:

Although I felt that my colleague asked more questions than he needed to, he would not have gained as much information had he not used his own interview strategy. For example, the patient specified that she only suffered one side effect from a particular drug overall. However, under further examination my colleague managed to highlight further side effects from other drugs that the patient had not at first admitted. I realise, from watching my colleague that a more methodological and logical approach in interview is definitely of benefit and hope to develop my own interview based on this...

Some students identified listening skills as crucial when talking to patients. One of the reasons for this was that students often wrote down practically everything the patient said at the expense of maintaining eye contact, listening to the patient

and asking appropriate follow up questions in a logical manner.

The importance of good listening skills, that is, when patient talks about drugs and mentions side effects not to then ask if he has experienced any side effects. . .

I thought it was a little difficult to concentrate on what patient is saying and to make notes at the same time so need to practice more of this skill. . .

The perceived confidence of students when talking to patients was important; the experience of the interviews enabled them to gain the confidence needed to talk meaningfully to patients. Some students felt inhibited when asking personal questions to patients as they believed such questions were intrusive. For instance, some students were reluctant to ask patients their age. However, following the interviews and self-reflection, students became aware that this should not be the case.

Besides I also discovered that interviewing a patient is not as daunting as I thought. This experience has definitely helped me to build up my confidence to a certain extent. . .

I learned that confidence is a vital part of good patient interviews as the patient picked up the fact that my colleague wasn't very confident and wasn't very receptive to her questions. . .

The programme enabled students to reach a greater understanding of the impact of illness and treatment on patients and realise that developing a rapport with patients was necessary if they were to obtain appropriate information from them. Equally, patients often commented on whether the student had put them at ease and related to their situation and the importance of this in ensuring that the interview went well. As students stated:

I felt that coming in contact with a patient with a drug history and illness was very worthwhile and enabled me to learn more not only about drugs but about how drugs affect peoples' lives.

It was useful to see the rapport between the patient and the student pharmacist develop and the importance of this in order to put the patient at ease.

It was interesting that students felt that the programme enabled them to put into practice what they had learned in their lectures and also how this experience could help them in the future.

This exercise was indeed a most useful step towards building up professional skill. . .

I really enjoyed the exercise and it was excellent experience. I look forward to next term's hospital visits. . .

Author's Personal Reflections of the Patient Interviews

I found that some students were good at reflecting and assessing on their performance, however, others were struggling with the process. Rather than reflecting, some students would merely summarise the activities they had carried out. They did not explore questions such as how did the student feel

about the activity they carried out, what was good about it, what needed improving and so on. I noted that whilst the peer review process succeeded in eliciting positive comments there was little in the way of constructive criticism which would have benefited students and highlighted areas for them to improve. Additionally students need to know how to assess their peer's performance. To do this effectively, I need to provide criteria for them to use as part of the peer assessment process (Habeshaw *et al.*, 1998).

Another issue that I need to resolve is that patients directed students on what they should ask. This was because patients had previously been interviewed by other students and had become familiar with the process. Some students felt that this was unfair and unhelpful. Patients also assessed the students by completing a form. Patients were not critical in their assessments of students' performance. This may have been because the forms were completed at the end of the interview whilst the student was still present. It is interesting to note that those patients who attended on a number of visits became more critical in their assessments. This could be attributed to the fact that they had developed a greater awareness of the criteria to be assessed and were in a position to compare the performance of different students. This suggests that patients may benefit from greater guidance on the criteria they should be assessing during the interview process.

Hospital Clinical Visits

Reflections from students' and clinical tutors' assessments confirmed that students improved various skills between the first and the last visit and acted professionally in their dealings with patients. As one clinical tutor stated:

Students were very keen to learn and polite. They understood restrictions on the ward and were sensitive to patients around them. . .

Ninety-three students (83%) completed the evaluation form. The results are shown in Table I. A majority of the students found the placements useful and enjoyable and thought that these sessions should continue in future years. In fact some students also said that they would have liked more sessions in the earlier years of the degree course as well as in the fourth (final) year. However, there were some students who did not think these sessions should be repeated in future years. Reasons for this difference were not explored further.

Eighty-five percent of students felt that they had met the objectives of this programme. However, on closer examination, it was found that even though most students were able to improve their communication skills, many students were not able

TABLE I Students' evaluation of the hospital clinical visits

	Agree and strongly agree	Disagree and strongly disagree	Neither agree or disagree
I found the clinical placement enjoyable	82 (88%)	3 (3%)	7 (8%)
I did <i>NOT</i> find the session useful	2 (2%)	83 (89%)	8 (9%)
I had a clear idea of what was expected of me in the clinical placement	56 (65%)	15 (16%)	20 (22%)
The clinical tutor helped facilitate my learning	58 (62%)	13 (14%)	22 (24%)
The clinical tutor did <i>NOT</i> give enough support	19 (20%)	54 (58%)	20 (22%)
I feel I have been able to improve my communication skills	84 (91%)	1 (1%)	7 (8%)
I met my objectives	79 (85%)	3 (3%)	11 (12%)
I feel I have <i>NOT</i> been able to learn to monitor patients	21 (23%)	48 (55%)	19 (20%)
I feel I have been able to improve my skills in educating patients	70 (75%)	8 (9%)	15 (16%)
I would <i>NOT</i> recommend repeating these sessions for students next year	3 (3%)	79 (85%)	10 (11%)

to learn how to monitor patients or educate patients. Many students felt that attending the hospital for two days a week for two weeks was inadequate when it came to monitoring patients as in most cases patients had been discharged by the time students came back to the hospital for the next visit. They recommended that future visits be over consecutive days for at least a week. Another problem with monitoring patients is that not all clinical tutors knew what was expected from the students. Getting students to educate a patient on their medicines was something that tutors found difficult to organise. The most important reason for this was that tutors did not always have time to find patients who needed educating about their medicines and they also did not have enough time to supervise students whilst this activity was taking place. Reflections from students and clinical tutors' assessments confirmed that the sessions enabled students to improve their drug history taking skills.

All students felt that they would have liked more commitment and support from the clinical tutors but also appreciated that the tutors were busy. Some students also wanted to accompany their clinical tutor as they perceived that they would benefit from observing how clinical pharmacists undertook their tasks.

The programme was designed to ensure that students acquire lifelong learning habits. The aim was that this would be achieved by students' independence, student choice, autonomy in learning and self reflection. Clinical tutors generally found this to be the case:

The students were generally very enthusiastic and it was rewarding to see them developing in terms of clinical knowledge and confidence...

The students I had were well motivated and showed initiative in selecting patients without help...

Clinical tutors felt that they spent a substantial amount of time with students (range: 15 min–2 h). Most of the time was spent with students on their first visit. A lot of time was spent in finding patients for students to interview. However, not all clinical tutors observed and assessed students in carrying

out the various tasks. The reasons given for this were either that the clinical tutors were short staffed or too busy.

Some clinical tutors felt that students had a lot to achieve in a short period of time and this was unrealistic, especially as it was difficult finding new patients for students to take drug histories. Some also felt that they had not received enough guidance on what was expected from them.

Author's Personal Reflections of the Hospital Clinical Visits

Overall these hospital clinical placements worked well in exposing students to different patients and learning different clinical skills to enable them to care for patients in the future. The hospital placements gave them an opportunity to observe how pharmacists cared for patients. It also gave them an opportunity to practice clinical and communication skills on "real" patients, improve their knowledge about different illnesses and how these illnesses are treated.

Organisation of these placements is a significant task for a large student cohort, but is worth undertaking as it enables students to learn and practice skills. However, there were some students who did not respond positively. The reasons for this were not evaluated but reasons could include the following issues.

A sizeable minority of students are from overseas. As this programme concentrated on communicating with patients, some students whose command of English is poor might have struggled with this programme. It is important that this problem is identified early on during the undergraduate degree programme so that it can be dealt with by giving teaching support.

Some students questioned the need to attend hospitals as they felt that they never wanted to pursue a career as hospital pharmacists. This may indicate that these students do not know the purpose of the hospital placements and what they have to achieve from these placements. It is important to

explain to students the wider purpose of these visits. It will also be advisable in future to include discussions with the students about how the skills which they have learned in a hospital environment can be applied to patients in the community.

One area I would like to investigate further in the future is the students' expectations of these placements and how it compares with my own expectations. This will give me guidance on how I should prepare students for this experience in the future.

CONCLUSION

The programme described here enabled students to learn and practice various clinical skills which are needed to be an effective pharmacist. They also enabled students to identify learning outcomes through a combination of different assessment methods. Of equal importance, students have started the process of self-reflection which will be essential in their professional lives.

Students' previous experiences of interviewing patients have been within a group rather than a one-to-one basis. Patient interviews held at the University were therefore novel and enabled students not only to improve their communications skills, but also to understand the importance of having effective communications skills. Students developed the skills needed to take drug histories, which are essential in order to identify pharmaceutical care issues for patients. The skills learned during this programme were further enhanced by hospital clinical visits during which

students were given access to patients to take drug histories, educate patients and complete patient profiles after identification of pharmaceutical care issues. Clinical hospital placements are an ideal opportunity for students to learn and apply these clinical skills. It provides students with exposure to hospital patients and their illnesses and an opportunity to monitor the progress of patients on medication. This programme enabled students to improve their clinical skills over a longer period.

The skills learned and practised in this programme will always be necessary to care for patients effectively. Patient focussed learning emphasizes the importance of professional and ethical conduct and respect for patient confidentiality which will be of daily relevance in a student's future professional life as a pharmacist.

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