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Short Report: Evaluation of patient counselling activities of students in Cebu City, Philippines

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Introduction

The American Society of Health-System Pharmacists (ASHP) advocates the provision of patient education and counselling to patients. The Society believes that these services be all-out and must go beyond what laws require; they must be done in all practice settings: acute inpatient care, ambulatory care, home care, among others (ASHP, 1997). Patients may not have enough knowledge about their medications and may be unaware of interactions, or may not be able to differentiate between a side effect and adverse drug reaction. These are factors that may contribute to patients' non-adherence to regimen (Spivey, 2012). Through effective counselling, pharmacists can have a significant and positive impact on patient care and therapeutic outcomes. Part of the counselling service includes drug information provision, how to use the medication, and important reminders related to the medication. For the reasons cited, patient counselling must be a primary duty of modern pharmacists. It is important to provide training to student pharmacists to hone key counselling skills which include listening, questioning, empathy, respect, and negotiation (FIP & IPSF, 2012).

In planning any course tool, factors such as reproducibility, cost, and timeframe of delivery must be considered. Most techniques employed in pharmacy schools in developed countries involve trained patients who are actors (Austin, Gregory & Tabak, 2006). They also use technology such as recordings to allow playback for assessment purpose. Such are limitations in developing countries such as the Philippines. The Department of Pharmacy at the University of San Carlos do not have the resources to train actors and to record sessions. The proponent had to think of other strategies for their students to practice patient counselling that could simulate actual practice settings.

A study used role-play to develop active learning skills of student pharmacists (Luiz Adrian, Zeszotarski & Ma, 2015). A study by Hasan *et al*. (2017) on improving the communication skills included the use of Arabic language and simulated assessment. The patient then assessed the performance of the student pharmacist with the use of a rubric (Hasan *et al*., 2017).

The Department of Pharmacy of the University of San Carlos recognises this important role of the pharmacists and therefore supports the innovation of means to teach patient counselling to the students. While the topic is provided in one of the professional subjects taken during the terminal year of the programme, there is no prescribed format to teach it. The aim of this report is to describe a tool for educators to use when teaching patient counselling.

Description of course material

The participants of this study were the students in the subject, PharCare 5 of the second semester of the academic year 2014-2015. The counselling activities were divided into three activities. Activity 1 involved the students working as a pair to make them comfortable and familiar with the activity; Activity 2, individually, to make the activity challenging; and lastly, in pairs again, as there were limitations such as time constraints and availability of patients. Assessment in the first two activities was individual while in Activity 3 it was in pairs. There were three scores to average for the grade. Language use was the local dialect, Bisaya, except when the 'patient' requests to be counselled in English.

Activity 1 had the following materials: two cards indicating the role of the student (pharmacist or patient), different types of patients (hearing impaired, arrogant, visually challenged, and others) written on cards, and medication cards with information to be covered in counselling. The assessor was the subject teacher since this activity was done during the class period. The patient's role was not assessed here. One of the first pair picked a card to determine their role. The partner automatically took on the other role that was not picked. The 'patient' picked from the cards to determine the type of patient they would portray but did not reveal this to anyone. The 'pharmacist' picked from the medication cards to determine which medication they would counsel the 'patient' on. The patient read the medication card as well to at least have an idea what questions to ask and how to incorporate some peculiarities of the medication

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to their role. Assessment was focused on communication skills of the 'pharmacist; such as choice of words, attention to non-verbal cues, empathy, and professionalism when advising a difficult 'patient'. The pair switched roles in the next round.

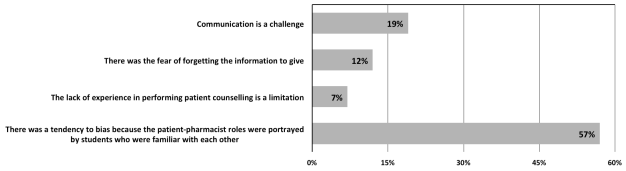
For Activity 2, the proponent sought assistance and participation from licensed pharmacists to act as patients while the students assumed the role of a pharmacist to do the counselling. The lecturers from the Department of Pharmacy, the students from the graduate programme, and some alumni participated so the counselling sessions took place simultaneously. The students were assessed individually. The 'patient' was informed of the medication they would be counselled on. This was pre-assigned to the student two days prior to the session to allow time for preparation. Medications assigned were usually devices or novel dosage forms such as modified release tablets. Students met their patients on the day they were to perform counselling. The 'patients' acted out a role appropriate to their medication; they made it challenging to the 'pharmacist' without being overbearing. A standard evaluation tool was used to rate the 'pharmacist'. Here, the focus was on the amount of information relayed to the 'patient', the attitude of the 'pharmacist', and their communication skills. Activity 3 was conducted in pairs again. The students were asked to find a suitable patient among the employees of the five campuses of the university. The suitable patient was on at least three medications within the period that they were to be counselled on. They got the medication list and requested for a second visit a week after the first one. The time in between visits was used for the students to prepare the educational materials for the patient. When they went back for the second visit, a standard evaluation tool was given to the patient to fill out and was returned at the end of the counselling session, signed and sealed in an envelope. Since the counselling was conducted in pairs with both students dividing the task, there was only one evaluation sheet for both of them. The educational materials used during the counselling session was given to the patient to take home.

The counselling activities ran for about five weeks and the grade was averaged from the three activities. Any student with a score below 75% from any activity had to repeat that activity as 75% is the accepted pass mark based on the University's standard. An over-all score of less than 75% meant the student had to repeat all activities.

Evaluation

After completion of the activities and grade issued, an evaluation sheet consisting of questions was given to the students to obtain feedback. There were 42 students in total: 37 female and 5 male. All were in their terminal semester and were between ages 19-21years.

Figure 1: Challenges encountered in Activity 1



One of the items evaluated was challenges encountered by the students during the three activities. Figure 1 shows challenges encountered during the Activity 1. Most students (57%) said familiarity with one another proved to be a disadvantage. They did not perceive lack of experience in conducting patient counselling as a limitation (7%). Figure 2 shows challenges encountered when counselling a licensed pharmacist acting as patient in Activity 2. Only two challenges were identified: 74% said overcoming fear was a factor as they were counselling a professional and a pharmacist, while 7% said common barriers to communication proved to be challenging. Figure 3 presents challenges encountered by students during the Activity 3. Thirty-six percent (36%) of the students said the availability and willingness of office personnel to be counselled posed a problem. Three challenges were identified: use of layman's terms for some medical terminologies proved to be difficult; they were not taken seriously because they were still students; and venue for counselling had distractions. Seven percent (7%) of the students cited the three challenges.

Figure 2: Challenges encountered in Activity 2

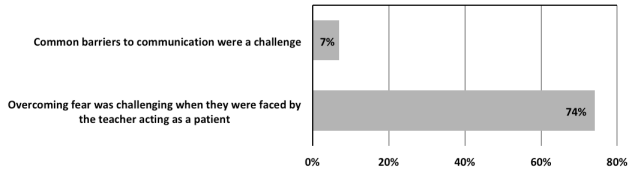
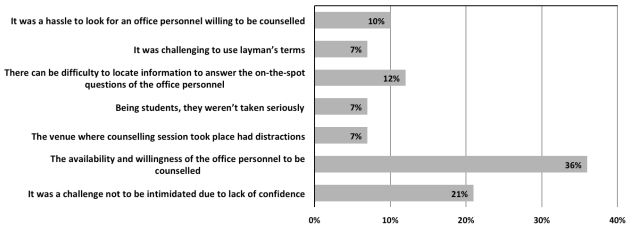


Figure 3: Challenges encountered in Activity 3



Having faced these challenges, the students gave some recommendations. Figure 4 has recommendations for Activity 1. Among the many recommendations, 33% of the students suggested that instead of counselling a

classmate, they should counsel students from other programmes to eliminate bias brought about by familiarity. For Activity 2 as presented in Figure 5, the recommendations included the use of a pre-activity to boost the confidence of the students (12%). Figure 6 has recommendations for the Activity 3 where 14% of the students said the offices must be informed by the subject teacher of the counselling activity of the students.

Another item that was measured was the students' perception of the activities. They had interesting answers as seen on Figure 7. Ninety-eight (98%) agreed that patient counselling is imperative in actual practice so students must be trained to do it.

Figure 4: Respondents' recommendations for Activity 1

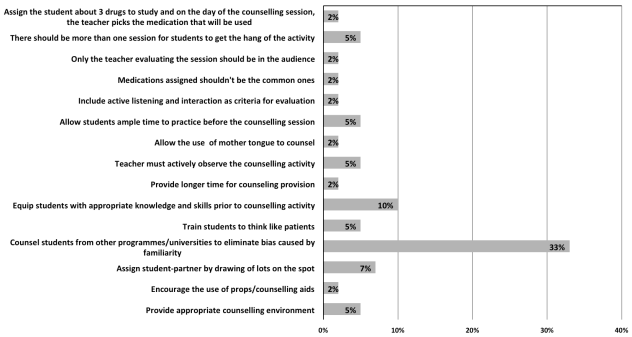


Figure 5: Respondents' recommendations for Activity 2

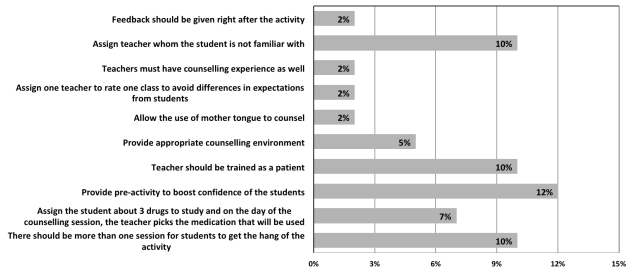


Figure 6: Respondents' recommendations for Activity 3

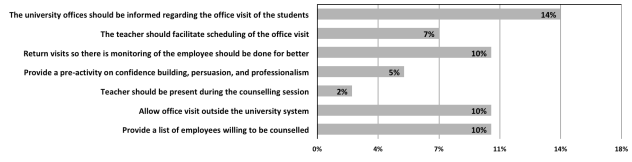


Figure 7: Student perception

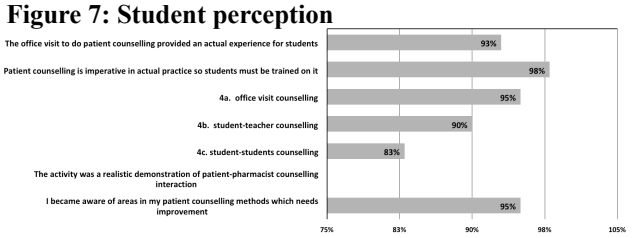
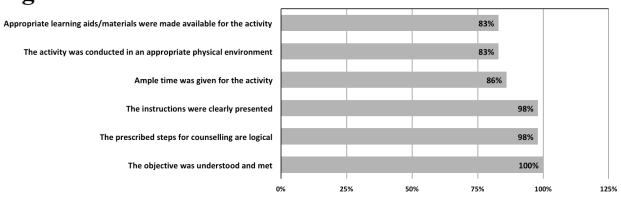


Figure 8: Evaluation of the activities



Lastly, the students were asked to evaluate the activities as a whole based on certain criteria. Their feedback is presented on Figure 8.

Future Plans

Taking up the recommendations from the students, there must be several rounds of counselling with fellow students (including students from other programmes to eliminate familiarity bias) to boost their confidence. A pre-activity should be created prior to counselling sessions to adequately prepare the students especially when counselling a pharmacist. University offices must be informed to ensure that they will be expecting students to visit them. The use of a trained patient actor may be explored as well.

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