

THE USE OF TRANSCRIPTS OF PHARMACY INTERACTIONS IN TEACHING, LEARNING AND ASSESSMENT

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In this article the author describes how transcripts are obtained and why both students and pharmacists find them to be useful learning tools

Research on advice-giving in community pharmacy has been the subject of a relatively recent review.¹ Several studies²⁻⁷ have examined pharmacist-client interactions using audio-recorded data and their subsequent verbatim transcription. The resultant transcripts are then analysed, for example, for information given, pharmacist and client questions, quality of advice as well as the nature of health issues dealt with in the community pharmacy setting.²⁻⁴ At the Welsh School of Pharmacy examples of such transcripts are used as aids to teaching and learning at postgraduate diploma level, with preregistration trainees and at continuing professional development meetings as well as with undergraduate pharmacy students.

HOW ARE THE TRANSCRIPTS OBTAINED?

Obtaining transcripts is not a case of simply taking a tape recorder into a pharmacy and recording the conversations that take place. Initially an outline of the proposed project is submitted to the appropriate research ethics committee(s) and written approval is required before the project may commence. The next stage is to negotiate access with pharmacists in appropriate pharmacies. With larger multiples, approval from the superintendent's office should be sought initially and then agreement may be required at a regional or more local level before the pharmacist in situ is approached. Consent needs to be obtained from the pharmacists working at the sites chosen for the study. The co-operation of pharmacists and other staff is crucial to the successful running of projects such as these. Clients can ask that their conversations are not recorded and pharmacists also have the discretion to cease recording when they feel it appropriate, for example, if the nature of the symptoms is considered to be highly sensitive.

Written consent is obtained from each subject. All parties are assured that details relating to the individuals or place names,

including the identity of the pharmacy, will be anonymised on the final transcript.

In these studies it is usually the pharmacist who wears the radio microphone^{2,3} and hence conversations between counter staff

and the clients are not normally recorded. This is an important limitation that needs to be acknowledged when discussing the quality of interactions because questioning by the assistant in accordance with a protocol prior to referring to the pharmacist is not usually recorded. Other limitations of audio-recording in community pharmacies include: occasions when words or phrases are inaudible due to background noise from tablet counters, cash registers or labellers; overlapping talk from others present in the pharmacy resulting in inaudible dialogue; non-verbal communication that is not apparent, for example, a client nodding their head to respond affirmatively to a question would not be picked up on audio tape. The pharmacist's knowledge of regular clients might also affect the questioning and advice offered and, of course, visible cues evident when people present at the pharmacy are not evident from recordings. Conversations are transcribed verbatim with a two-minute conversation taking 30 minutes or longer to produce the final transcript. It is the typed, anonymised transcripts, or sections of them, that are then used in teaching, learning and assessment in a number of ways.

Panel 1: Recorded dialogue — request for an over-the-counter medicine

C I wonder whether you could help me.

P Yeah sure.

C I wanted something for travel sickness

P Erm. Who is it for?

C It's for our son Peter. He's four and a half. My husband and I are fine with it.

P How are you travelling?

C By car. We're going to visit relatives in Scotland. It'll take us about six hours I expect.

P When are you leaving?

C Tomorrow morning about six. We'll need to stop for lunch on the way too for an hour or so.

P So it's only the one child who's going?

C Yeah.

P Does Peter take or use any medicines, tablets, inhalers, creams or anything either on prescription or over-the-counter?

C No, nothing. Oh, apart from paracetamol for high temperature but I haven't had to use that for weeks.

P Does Peter have any medical conditions or illnesses at all?

C No. Nothing. His only problem is travel sickness.

P Have you tried anything before?

C Not medicines, no. We did try those wristbands but they're no longer working. We want to get him some medicine this time.

P That's fine. This is what I recommend. It's very effective and called [product name]

C That's great. I'll take that then.

P Okay this is what you need to do . . .

EXAMPLES OF USES OF TRANSCRIPTS

Undergraduate pharmacy student coursework A number of scenarios are used based on transcripts of recordings made at community pharmacies and have included acute sports injury, malarial prophylaxis and prevention of travel sickness. For example, the extract in Panel 1 relates to the first part of a conversation between a pharmacist (P) and a 34-year-old female (C) in a community pharmacy.

To reduce the risk of plagiarism students are given individualised coursework where the time of departure, age of child and product selected by the pharmacist are varied. First, students need to check that the product is suitable for the child. They are required to write down, using the language a pharmacist should use, the advice they would give the parents about the product and the ways in which symptoms of motion sickness may be reduced, starting with the phrase "Okay this is what you need to do".

This written advice is submitted as the first part of their coursework.

For the second part of their coursework a copy of the student's own work is

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Panel 2: Recorded dialogue — responding to symptoms

- C Does this work? (client picks up a packet of Rennies).
- P Yeah, they do work.
- C I need something for my indigestion.
- P How long have you had the indigestion for?
- C Oh, every day.
- P You get it every day. Have you seen the doctor about it?
- C No.
- P You haven't?
- C Especially when I have cornflakes and my sister says she gets the same. I've never mentioned it to him [the doctor].
- P Where actually is the indigestion? Is it heartburn? Do you feel it coming up?
- C Yeah.
- P Coming up to the throat. What have you tried for that?
- C That's all I ever buy [Rennies].
- P Rennie? Now that works quite quickly but it's not long acting.
- C I've got to take another one later on. I'm afraid to take too much when I'm on steroids.

Note: In this scenario, the client was sold Gaviscon liquid for symptomatic relief until she was able to make an appointment to discuss the symptoms with her doctor.

returned to them along with the written advice of four other students who were allocated the same product, in an anonymised form. Each student then selects the best and least appropriate of the five and gives reasons for their choices. They are also required to rewrite their original submission, giving justification for changes. This last requirement has been introduced to encourage a self-critical and reflective approach.

Student feedback on the coursework included the following comments:

"Thoroughly enjoyed it — despite the stress! It was useful to see what others came up with."

"Helped me to understand the work and to put the information I was learning into context. I thought being critical of my own work was interesting and useful."

"I felt I really had to think about how to explain things to a customer in a way they would understand."

Other conversations are used at different stages of the degree course to assist students with choosing a suitable product for symptoms presented by individual clients,

questioning, the provision of information and advice, referral and legal and ethical issues. For example, a 65-year-old woman asks the pharmacist about the efficacy of an antacid (Panel 2).

Students are asked to comment on the conversation so far including possible causes of symptoms, additional questions that they might wish to ask, advice they would give, including referral, if appropriate, and product recommendation, if any.

Transcripts can also be used to help form the basis of discussions about dealing with communication issues such as situations where conflict may arise. For example, a pharmacist is dealing with a woman in her late 30s who usually receives soluble betamethasone tablets (Betnesol) for mouth ulcers. On this occasion, betamethasone 500µg tablets were prescribed and Betnelan tablets were supplied (Panel 3).

This promotes discussion about how the issue of a potential dispensing error is presented and how the pharmacist negotiates with the client to resolve her concerns. It can also be used to initiate debate on professional negligence/duty of care issues. Students discuss whether the client would be able successfully to sue the pharmacist and/or prescriber for damages.

MSc/diploma in community pharmacy students, when dealing with professional responsibility and decision-making, were invited to discuss a case where a 65-year-old woman was taking nifedipine modified-release tablets for hypertension and the pharmacist recommended an over-the-counter product in response to cold symptoms. This product is now discontinued but each tablet contained ibuprofen 200mg and pseudoephedrine hydrochloride 30mg (see Panel 4). They discussed the case in small groups and not only learnt from what the pharmacist did in that case but also from their colleagues who may have had a different approach or reasoning when making their decision. Further discussion around the appropriateness of the product selected for this woman and the possible consequences of this pharmacist supplying the product also resulted.

Comments from pharmacists on this approach included:

"The case studies [transcripts] were an excellent method for remodelling grey area situations in pharmacy practice."

"The transcripts discussed in small groups was very useful."

"Working in groups on the pharmacist conversations is very interesting and helps to see how others work. A different approach to problem-solving."

"This [the exercise where transcripts are discussed] has made me think about what I say to my patients and how I say it."

Transcripts can also be amended for specific purposes, for example, recommended product names are omitted and students

Panel 3: Recorded dialogue — potential dispensing error

- P Hello.
- C I wonder whether you can help me. I had these off you.
- P Hmm.
- C Now are these [client showing Betnelan] the same as that [client pointing to Betnesol box]? Cos that's [Betnesol] what I give the doctor. That's [Betnesol] what I asked for but that's [Betnelan] what I've got. Is that [Betnelan] the same thing or not cos these are pink [Betnelan] with a different name anyway?
- P Well it's the same thing. The doctor probably forgot to write soluble on the prescription.
- C Aaah now see these [Betnesol] I can put directly on there [pointing inside her mouth]. I don't really want this [Betnelan] you see see sometimes I use this [Betnesol] as it is.
- P Oh right so doctor probably didn't write it properly. When did you bring the prescription? Was it yesterday?
- C No last... I picked 'em up last week. They were in before. I have to wait for 'em. He [another pharmacist] had to send off for 'em.
- P Right. Let's go and look at the records.

Note: In this scenario, it is later established in the conversation that the doctor had indeed omitted writing the word "soluble" on the prescription.

are asked to identify suitable products for presenting symptoms. On other occasions inappropriate products, advice and/or referrals are recommended, or questions and/or information items are omitted. In addition to their use in lectures and workshops to illustrate certain points, transcripts are also used as a basis of written examination questions.

Theoretical, invented conversations have been used by some but are soon recognised by students and pharmacists as being artificial. The use of actual dialogues results in positive comments indicating that it is the

Panel 4: Recorded dialogue — potential interaction

- C As long as they'll go with my blood pressure tablets.
- P What I would do, because you're taking blood pressure tablets, I'd just take one of these three times a day, OK, and then that should be fine.

examination of these "real-life" events and naturally occurring talk that puts their learning in context in the community pharmacy.

Personal development and reflective practice On occasions I have been the pharmacist being recorded and I have had access to the transcripts of my interactions with patients and clients. I had thought that my approach was reasonably well-structured and that I provided advice in a clear way. However, on examining the transcripts I found that there was room for improvement. On some occasions with questioning, others where I could have been more specific when advising that a doctor's advice should be sought and on checking for understanding etc. Unfortunately the increasing demands on a pharmacist working single-handedly in a community pharmacy do not always result in sufficient time to deal with each and every client in as much detail as one would like, let alone find time for self-reflection after each encounter. I strongly believe that critical examination of transcripts of my own interactions has been enlightening in identifying points for improvement. However, it has also indicated a number of positive attributes in the way I practise. I would recommend to any colleague that they consider doing the same if the opportunity were to arise.

CONCLUSION

The use of transcripts in teaching, learning and assessment can be beneficial as many of those who have worked with transcripts find that examination of "real events" helps to increase their understanding and perceived relevance of what is being learnt.

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