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Research Note

Evaluating communication skills after long-term practical training among Japanese pharmacy students

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ABSTRACT

Introduction: The goal of this study was to assess pharmacy students' satisfaction with long-term practical training programs at hospital and community pharmacies and how these programs benefitted communication skills.

Methods: We asked 83 fifth-year pharmacy students to answer anonymous questionnaires assessing their satisfaction and perceived benefits of practical training and to complete Teramachi's Pharmacist Communication Skill Scale (TePSS-31), a measure of pharmacists' communication skills, after undergoing their practical training periods at hospital and community pharmacies in 2014.

Results: Over 90% of students who underwent the practical training were satisfied with their experiences. Furthermore, they reported that practical training institution was helpful for improving their communication skills and gave them sufficient opportunity to interact with consulting patients, engage in role play with pharmacists or peers, and observe interactions between pharmacists and patients. Overall, over 80% of students felt that they had shown improvement in communication skills, indicating that the training was effective. We further reconfirmed that the TePSS-31 has good internal consistency. The total scores on the TePSS-31 after the hospital and community pharmacy training programs did not significantly differ, indicating that the place where the training was received did not influence students' acquisition of communication skills.

Conclusions: Most students were satisfied with the long-term practical training at hospital and community pharmacies, and the training helped improve their communication skills for dealing with patients and coworkers.

Introduction

In 2006, a new Japanese pharmaceutical education program was created and implemented based on a model core curriculum, expanding the earlier four-year program to a six-year program.[1,2] Furthermore, clinical training has changed from voluntary to mandatory in the new program. Fifth-year students of this program are required to undergo five months of clinical training in a

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hospital pharmacy and a community pharmacy. The training at each location lasts for 2.5 months,[3] and students complete each training over a single period (the school year is divided into three—periods I, II, and III). This new education program, and the trainings in particular, aims to provide pharmacy students with the necessary knowledge to be pharmacists as well as techniques and attitudes conducive to positive interactions with patients.

In university pharmaceutical education, role playing with teachers or simulated patients is considered an effective means of improving students' communication skills and helping them acquire techniques and attitudes befitting professionals. Watson et al.[4] reported that role playing and feedback with simulated patients offers pharmacists a realistic experience to improve the quality of their consultations about over-the-counter (OTC) medication. Other studies have illustrated students' development of communication skills through pharmaceutical education as well as clarified the systems used to evaluate these skills. For instance, Hirai et al.[5] introduced a presentation and communication program into pre-practical training, and Horibe et al.[6] introduced a training program involving the participation of simulated patients into the curriculum of the master's of clinical pharmacy course. Both programs were found to be useful in developing the communication skills of pharmacy students. Teramachi et al.[7] reported that a communication skill training curriculum using video during pre-practical training was considered useful. However, while there have been several reports of the benefits of communication programs at pre-practical training, there are so far none evaluating communication skills after 2.5 months of practical training among pharmacy students. Pharmacists are required to provide patients with appropriate pharmaceutical care, in particular explaining the usage, efficacy, and side effects of medicine to patients. To do so, pharmacists must have good communication skills, as this helps in gaining the trust of patients, their families, and other medical professionals. One study showed that the quality of the relationship between pharmacists and patients influenced the efficacy of medical treatments.[8] Thus, the evidence overall suggests that pharmacists must develop their communication skills in order to provide optimal pharmaceutical care to patients.

Past studies have evaluated the effects of a practical training program for drug information services aimed at pharmacy students,[9] communication skills for medical internship students,[10–12] and communication skills education for community pharmacists.[13] However, there has been no study investigating pharmacy students' improvements in communication skills as a result of their practical training.

Of course, educators must be able to evaluate what communication skills students acquire after completing education or training programs. Several measures exist for this purpose. Kikuchi developed Kikuchi's Scale of Social Skills (KiSS-18),[14] which has been used to measure the interpersonal communication skills[5] and social skills of university students.[15] In the nursing field, the Scale of Social Skills for Nursing (SSSN)[16,17] has been used to measure social and communication skills related to nursing, which are pertinent for the quality of nursing care and reflective of the nursing care education system. Hanya et al.[18] in investigating patients' satisfaction with their consultations concerning over-the-counter (OTC) medicines, used the modified Medical Interview Satisfaction Scale (MISS-21) and then applied the results towards improving the quality of pharmacists' explanations to patients when selling OTC medicines.

Teramachi et al.[19] developed Teramachi's Pharmacist Communication Skill Scale (TePSS-31). TePSS-31 was found to be internally consistent in that study and could be reliable and valid as a measure. The TePSS-31 is specifically designed to assess the communication skills of pharmacists, whereas the SSSN is designed to assess those of nurses and the MISS-21 to assess patient satisfaction. Thus, in this paper, we thought it best to use the TePSS-31 to investigate fifth-year pharmacy students' satisfaction with and communication skills learned from their long-term training in hospital and community pharmacies.

Methods

Participants

The sample population was fifth-year students from a pharmaceutical university in Japan who had undergone the practical training program in hospital or community pharmacies. This program aimed to provide pharmacy students with the requisite practical knowledge to be pharmacists and the chance to improve their communication skills with patients. Eighty-three fifth-year students, aged 22–30 years, were asked to complete anonymous questionnaires (see Tables 1 and 2) during the class wherein they had to report the results of their practical training, which took place after each training period (I, II, or III) in 2014. Each student took part in practical training in both settings.

Before administering the survey, we explained its purpose, which was to reflect on their own performance (in particular communication skills) in the practical training, as well as the various ethical aspects of the study (i.e., information obtained in the survey would be used only for research purposes, their personal information would never be disclosed, and the survey results would have no impact on their academic grades). The study was approved by the institutional review board at our university (ethics clearance number: 311-5).

Measures

Table 1 shows all 31 items of the TePSS-31. Items are grouped into four subscales as follows: skills in treating patients with respect; problem identification and solving skills; active approach skills; and emotional control skills. Each item is scored on a 5-point scale as follows: 5 = every time; 4 = almost every time; 3 = occasionally; 2 = almost never; and 1 = never.

Table 2 shows the five items related to communication training in a practical setting, including students' satisfaction with pharmacy training, their self-assessment of their communication skills, and what they had been exposed during the training. Each item is rated on a 5-point scale as follows: 5 = strongly agree; 4 = agree; 3 = neither agree or disagree; 2 = disagree; and 1 =