

The Use of Student-Made Vignettes in Teaching Pharmacy Ethics

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INTRODUCTION

With few exceptions, the formal instruction of pharmacy ethics in schools and colleges of pharmacy in the United States is relatively new. As a result, institutions have experimented with a wide variety of educational strategies. Some schools have integrated ethics instruction throughout their curriculum, while others have offered courses or modules within courses. Some require instruction in ethics, others do not. Some utilize lectures, others small-group discussion. Some concentrate on ethical theory, while others use a case-study approach.

Our experience indicates that the alternatives mentioned above should not be thought of as exclusive. In fact, a skillful blending of these elements would seem to be the best approach. In this chapter, we will concentrate on one of the techniques we have utilized to break down the normal dichotomy between theory and cases—student-made vignettes.

Student-made vignettes are small, dramatic productions in which stu-

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dents are authors, directors, and actors of ethical situations encountered in pharmacy practice. These vignettes force students to integrate theory and practice in a way that students find enjoyable and, simultaneously, provide a rich source of class discussion. In addition to providing a background discussion of student-made vignettes, we also provide a "cookbook" on how to produce your own.

BACKGROUND ON THE USE OF STUDENT-MADE VIGNETTES

Role play has increasingly found an important place in pharmacy education. The expanding patient-oriented role of pharmacists has necessitated their gaining skills in interpersonal interaction, while concurrently utilizing their knowledge of pharmacy. In order to assure that future practitioners were adept in carrying out these new responsibilities, colleges and schools of pharmacy established clerkships and externships, during which students could assume this "role" in a controlled environment. It soon became apparent, however, especially to clinical faculty, that students needed exposure to practice settings prior to venturing into pharmacies and hospitals. Traditionally, students gained this knowledge through their internship experience. Regrettably, this approach did not guarantee that they would acquire this knowledge, largely because of inconsistent or inadequate experiences. This was further exacerbated by an increasing trend of students reaching the first professional year having no practice experience. As a result, this method of educational preparation could not be relied upon to provide the appropriate skills and values. The pressure to ensure that these students could survive their clerkship and externship experiences fell upon faculty teaching courses in the professional years. The use of role play was a logical educational strategy. Dispensing laboratories, which had traditionally placed emphasis on prescription filling skills, expanded their scope to include the recognition that these prescriptions were being filled for patients who required both counseling and monitoring. In addition, in the "real" world, physicians occasionally make errors and nurses need information about new drugs, side effects, dosing, and IV administration rates. Role play served to prepare students for these interactions. Faculty members, by assuming the roles of patient, physician, or nurse, could provide pharmacy students with practice in developing these interpersonal skills. As faculty experience with the use of role play increased, they realized that students, as well as faculty, could assume these other roles. By so doing, students would gain a greater appreciation of what it means to be a patient, physician, or nurse. Such an

appreciation facilitates improved skill in interacting with both patients and health-care professionals.

Role play also allows faculty to escape from passive learning, the bane of health-care education. The lecture that is transferred from the professor's mouth (and slides and overheads) to the student's ears and to the exam paper without ever invoking thought is one whose content may never see the light of practice. Role play demands that students become actively involved in the learning process. In particular it demands that students not only have factual knowledge, but also are able to utilize that knowledge in praxis.

Vignettes created by students require that they move beyond the active learning demanded by role play. The usual way in which role play is carried out involves the players in preassigned roles in predetermined situations. In vignettes, the participants create both the situation and the roles, thus demanding an additional level of both thought and creativity. In a sense, they become both playwrights and actors while simultaneously demonstrating that they comprehend an intellectual content sufficiently well that they can create a concrete example of that content in action, not simply to prove that they can behave in accord with a preassigned role while concurrently utilizing an intellectual content.

Ethics instruction to undergraduate pharmacy students lends itself to the use of these student-created vignettes. Our experience with this educational activity has been both intellectually and emotionally satisfying. We believe that our students find it likewise.

THE MCP/AHS EXPERIENCE

In September, 1989, the Massachusetts College of Pharmacy and Allied Health Sciences (MCP/AHS) introduced the use of student-made vignettes into the required undergraduate course in pharmacy ethics. The source for this activity was the videotape of the professionally produced vignettes in *Ethics Perspectives* (1) and students' reactions to viewing them. These reactions divided into two categories: the animated case discussion that invariably occurred following viewing the professionally produced scenarios and the belief that their practical experience in pharmacy would allow them to produce more realistic vignettes.

Initially, the student vignettes were relatively crude, unstructured experiences for both the students presenting, as well as those listening. Vignettes were (and still are presently) staged in the College's professional pharmacy practice laboratory. These early attempts were staged before a live audience. The use of a live audience quickly proved to be a distraction

for those students acting out the vignettes. As a result, two major modifications were made during the second quarter: vignettes were videotaped and no students, other than those in the performing group, were present. These changes had several advantages. Their apprehension about performing in front of a number of people, many close friends, was eradicated. Motivation was increased because the vignettes were being placed on tape. Another positive outcome of these original modifications was that the vignettes could be discussed in a classroom setting rather than in a laboratory, and could be reviewed several times if pertinent points, important to the analysis, were initially missed by students. (They were also available to students who had missed class that day!) The taping also allowed for the group members presenting the vignette to be better prepared as group discussion leaders. A final, and continuing benefit, is the ability to archive the vignettes for use in future classes, or at professional meetings.

As a result of these early experiences, it became obvious that it was necessary for us to be much more specific about what we expected the students to do in completing this assignment and in evaluating their performance. The number of students per group was capped, on empirical grounds, at five. All students are required to participate in the vignette production, but not all need to perform. Actors are required to memorize their lines from a script. In addition to the script and a list of group members and their responsibilities in the production, the students are expected to provide a statement of the ethical issues raised by the vignette, thereby providing greater focus for class discussion. This complete package is then submitted to the instructor. Students are expected to complete the majority of the work required for this project outside class time. In order to facilitate this, the course instructors allow a small amount of class time for students to break into groups and organize themselves.

Qualitative evaluation of student performance is based on a number of factors, the least of which is acting skill. The quality of the ethical situation presented, the realism of the details, and their analysis of the issues involved all weigh heavily in the grading process. All group members receive the same grade, assuming that all members contribute to the effort appropriately. The student vignettes represent 10% of the total course grade. This percentage has been consistent throughout our experience with this activity, and is equal to the percentage assigned to class participation.

ASSESSMENT OF THE VALUE OF STUDENT-MADE VIGNETTES

After two years of utilizing student-made vignettes in our pharmacy ethics course, and getting informal positive feedback from students, we

decided to conduct a survey of our students during the fall quarter, 1991-92. We developed a brief self-assessment instrument which the students completed on the last day of classes, shortly after production, viewing and discussion of their vignettes. The questionnaire was confidential, and students were told that the results would not be tabulated until their final grades had been submitted.

Overall, we found an extremely positive response on the part of our students towards student-made vignettes (see Appendix A). This was particularly gratifying given that we were unable to spend as much class time discussing the vignettes as they deserved. The world of pharmacy frequently complains that pharmacy ethics instruction lacks practical application. They claim that pharmacy ethics oscillates between either all theory and no practice, or supervised "bull" sessions devoid of any real intellectual content. We were therefore pleasantly surprised with the overwhelmingly positive response to the question, "I am more convinced that pharmacy ethics can be used in real world settings": 85% of respondents either agreed or strongly agreed with this statement. And, not only were they more convinced of the practical applicability of pharmacy ethics, but also found themselves "more aware of the ethical aspects of situations at their practice site" and found themselves having "greater empathy towards pharmacists, patients and others portrayed" in their vignettes. Frankly, we were surprised at the strength of agreement that they "have a better sense of precisely what to do and how, if a situation needing ethical decision-making arose." This is because our focus was not problem-solving, but in setting forth problematic situations. As discussed earlier, we really do not always have adequate time to discuss the vignettes in the detail we would prefer; consequently, their belief that their ethical problem-solving skills has been enhanced by participating in the vignettes needs further investigation.

Since this study was simply a "snapshot" of one quarter from our two years of experience with student-made vignettes, additional study must be undertaken before any broad conclusions can be made. However, our results do seem to indicate that the use of such a teaching tool is worth attempting.

MECHANICS OF SETTING UP AND RUNNING THE PROGRAM

Now that, hopefully, you have been convinced that student-made vignettes can be an important educational tool in teaching ethics to pharmacy undergraduates, you are probably wondering how to go about it. What

follows is our “cookbook,” with cautionary tales, for implementing this technique in your environment.

Step 1: Determine Availability of the Resources Needed

1. You need at least one working camcorder, or its equivalent, a video cassette recorder (VCR), and a TV monitor.
2. You need at least one person who is comfortable with the media equipment, and who feels comfortable assuming the role of producer/director of the productions. We have been fortunate to have a media coordinator who has proven to be an invaluable resource for the vignettes.
3. The class size should be no more than 35, the maximum number of students with whom we have utilized the technique. Obviously, the smaller the class size, the easier it is to do this.
4. A space, such as the dispensing laboratory, must be available for use during filming and rehearsals. Using the dispensing laboratory is obviously preferable especially if, like ours does, your lab is equipped with computers and an internal telephone system, as well as the usual stock of drugs, vials, and labels. In this environment, students will have the vast majority of the settings and props they need.
5. You must have enough open time in your course to allow for both the showing of the vignettes and their discussion. Each vignette, in our experience, requires at least 15 minutes for viewing and subsequent class discussion.

Step 2: Getting Started

Once you have determined that you have the available resources to create student-made vignettes, the next step is to decide how to make them a component of your ethics course:

1. A determination must be made of where in your course outline the vignettes will be placed (we advise at or near the end of the course), and how much class time you are willing to devote to it. In addition, you must decide the fraction of the student's final grade that the vignette will represent. We began with 10% of their final grade and seven years later have not changed that percentage.
2. You must have some fairly clear sense of what you are trying to accomplish educationally with the student-made vignettes. Realistic

objectives for the vignettes are especially vital, since we have seen what happens when we try to do too much in too little time—chaos, confusion, and frustration on everyone's part. The interdependence of this and the previous item should be intuitively obvious to the most casual observer.

3. We recommend that even before deciding to incorporate the student-made vignettes into your course, you need to obtain and review a copy of *Ethics Perspectives* by Brushwood and Vivian to give you a concrete set of examples of vignettes. In addition, *Ethics Perspectives* also provides students who do not know what a vignette is with a frame of reference. As your library of student-made works increases, you may begin to rely more heavily on these than on the professionally-made vignettes. However, even if you do so, this does not eliminate the value of the professionally-made vignettes, if for no other reason than to demonstrate to the students that they have the ability, because of their first-hand knowledge of pharmacy issues, to create more realistic vignettes.
4. We have found that getting involved with student-made vignettes is a two-faculty-member job. In our case, we are fortunate to be two individuals whose backgrounds compliment. Combining a philosopher, educated in medical ethics, and a former practicing pharmacist, ensures the vignettes are reflective of both ethics and pharmacy practice. Even without such a combination, the simple support provided by a team approach is vital in being able to handle problems. Support is also necessary from the faculty member's department chair and the dean, so as to facilitate change where there might be resistance from traditionalists, whether faculty or students. Additionally, support and advice from other faculty who have used role play in their courses (in our case, for example, our interpersonal communication course) can be invaluable (2). In return you may be able to supply them with student-made vignettes which serve as a teaching tool in their own courses.
5. We would strongly urge you to give careful consideration to the size of the student groups. Too large a group will either tend to be too difficult to organize (even meeting times become a nightmare) or have a subset of group doing most of the work. Too small a group will almost always have an insufficient number of actors (often reflected in a weak script or actors trying to take on too many distinct roles) or problems in quantity and quality of ideas. What is too large or small? Our experience has been that any group greater than five or less than four is likely to have trouble.

Step 3: Implementation

Having made the decision to include student-made vignettes in your course, you need to keep several additional points in mind:

1. Students are initially very apprehensive about the vignettes and what is expected of them. In order to deal with this concern on their part, we suggest that not only a statement of what is expected of them be placed in the course syllabus (see Appendix B), but that it also be discussed in the course's first class. An announcement that groups will be formed at about the half way point of the course does not, however, preclude them from considering potential topics from the beginning. Examples of either professionally made or student-made vignettes should also be shown early on for at least their anxiety-reducing function, if not their pedagogical role.
2. Course instructors must determine the degree of assistance and direction that they will give students. For example, will an ethical situation be chosen for them or will students (as ours have) be expected to choose their own? Will you require a preliminary proposal or script that you must approve or will you be satisfied with encouraging students to come to you with a draft if they feel the need (our approach)?
3. Another determination which instructors must make, is whether or not to allow extensive in-class time for group formation, planning, and task completion. We have taken the approach that the majority of time that is required by students to work on the vignettes be done outside of class. However, at least some class time, even if only a single session, must be devoted to these activities, particularly the formation and organization of the groups. Especially important is that students know how to contact each other outside of class; we encourage them to exchange telephone numbers. We have found that allowing the students to form their own groups facilitates group dynamics.
4. Once the groups have been formed and are working, they may also need assistance, guidance, or even reassurance. We have found that encouraging the students to see you during office hours or after class, even with what may seem to be an insignificant question, improves both their performance and morale. By doing this, we have noted a perceived shift in instructor-student relationship from an adversarial one to a cooperative one.
5. The time frame we have utilized between group formation and vignette taping has generally been two to three weeks. This amount of

time appears to be optimal. Giving less time may lead to a level of stress in the students which will result in both impaired group dynamics and an unpolished product. When provided with much more time than we have suggested, students tend to procrastinate, and end up putting it together at the last minute, or if they don't procrastinate, they may come to closure too early resulting in a superficial vignette.

6. Scheduling the videotaping of the finished vignettes can often be problematic. Since we suggest taping outside of class time, time frames must be chosen which realistically take into account the schedules of the students, instructors, media assistants, and filming location. As mentioned previously, this task is greatly simplified if there is more than one instructor involved with the project. In addition, if, as we have suggested, you choose to utilize a dispensing or other appropriate laboratory, you must be able to block out significant sections of time (usually 30 minutes per group). Generally, you need at least one-half hour per student group for final rehearsal and filming in the setting being utilized. We have done taping both by operating the camera ourselves and by utilizing either a media assistant or student. Our preference is the use of an assistant since it frees up the instructor to act as the "director." In this role, the "director" (instructor) can provide last minute feedback and help. If everybody's schedule will allow, taping is best done in segments over several days. Otherwise, instructor exhaustion and schedule slippage begin to become a problem. We suggest taping a maximum of four to six vignettes per day. Less than four will begin to become a problem for set-up and breakdown of equipment.
7. We show the vignettes in class during the final week of the course. Depending on class size, this may take one to three class sessions. This means that these activities will be going on during one of the highest stress weeks of the term. There does not seem to be any easy way around the problem, since it is advisable to have the students exposed to as much course material as possible prior to taping. However, this places additional burden on the instructors to make the atmosphere as pleasant as possible. In our course, we recommend the students bring popcorn and other snacks to munch on during the viewing and subsequent class discussion. Each group is responsible for leading the class discussion after their vignette has been shown. At least ideally this is so, but sometimes the exigencies of the last week of classes prevent this. Examples of vignettes are described in Appendix C.

LOOKING TO THE FUTURE

The several years of experience that we have had with the use of student-made vignettes has reinforced our belief that students learn best by being actively involved in the process. We are currently working on reducing the amount of lecture material in our course by replacing it with written material. When we have accomplished this, our plan is to expand the amount of time devoted to class discussion of both cases and student-made vignettes. By fostering this active learning process, we hope that the knowledge and skills the students have gained in the course will continue in their practice.

REFERENCES

1. Brushwood DB, Vivian JC. Ethics perspectives. Kalamazoo, MI: The Upjohn Company; 1988.
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APPENDIX A

Student-Made Vignettes Student Questionnaire LIB401, Pharmacy Ethics

(N = 74)

For each of the following questions, please use the following scale:

1. strongly agree	2. agree	3. neutral	4. disagree	5. strongly disagree
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As a result of participating in the conceptualization, design and production of student-made vignettes in pharmacy ethics:

1. _____ I find myself more aware of the ethical aspects of situations at my internship site.

1. 23%	2. 54%	3. 18.9%	4. 2.7%	5. 1.3%
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2. _____ I am more convinced that pharmacy ethics can be used in "real world" settings.

1. 27%	2. 58.1%	3. 9.4%	4. 4.0%	5. 1.3%
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3. _____ I have a better sense of precisely what to do (or not to do) and how, if a situation needing ethical decision-making arose.

1. 17.6%	2. 51.3%	3. 20.3%	4. 9.4%	5. 1.3%
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4. ____ I have greater empathy towards pharmacists, patients and others portrayed in our vignette.
- | | | | | |
|----------|----------|----------|---------|---------|
| 1. 24.6% | 2. 47.9% | 3. 24.6% | 4. 2.7% | 5. 0.0% |
|----------|----------|----------|---------|---------|
5. ____ The ethical principles discussed in class have a more concrete meaning for me.
- | | | | | |
|--------|----------|----------|---------|---------|
| 1. 26% | 2. 39.7% | 3. 24.6% | 4. 9.6% | 5. 0.0% |
|--------|----------|----------|---------|---------|
6. ____ I have learned to work more effectively or feel more comfortable as a group member.
- | | | | | |
|----------|----------|----------|---------|---------|
| 1. 20.5% | 2. 49.3% | 3. 23.3% | 4. 6.8% | 5. 0.0% |
|----------|----------|----------|---------|---------|
7. ____ My enjoyment of the course has increased.
- | | | | | |
|--------|----------|----------|---------|---------|
| 1. 26% | 2. 41.1% | 3. 21.9% | 4. 6.8% | 5. 4.1% |
|--------|----------|----------|---------|---------|

Please do not put your name or ID on the questionnaire. The answers will remain confidential.

APPENDIX B

Student Guidelines for Group-Created Vignettes from the Syllabus for LIB 401, Pharmacy Ethics

The group presentation will involve acting out a pharmacy case or vignette, and leading a brief class discussion on ethical issues raised by the case. The vignettes, which will be videotaped, should be similar in length to those which we will review in class. Times will be set aside in class for forming groups and for groups to work on cases. Along with presenting the case, each group needs to submit: 1. a list of group members and what each person did (such as acting, writing the script, being a narrator, leading the class discussion); 2. a script or outline of the case; 3. an outline of ethical issues raised by the case.

APPENDIX C

Examples of Student-Made Vignettes

A homeless patient who has been prescribed two medications, but can only afford to pay for one. The pharmacist is asked to recommend whether the patient should fill the antibiotic or the psychotropic medication.

A pharmacist must decide whether to inform a pregnant woman that a tricyclic antidepressant was inadvertently dispensed in place of her prenatal vitamins.

A pharmacy has refused to refund a patient for a prescription that was mistakenly filled by his wife, while agreeing to refund a patient when the error was made by the pharmacist.

A pharmacist faces a dilemma of whether or not to inform a woman that her husband is suffering from AIDS, when her husband has requested that the pharmacist keep the information confidential.

A pharmacist whose job is threatened because of a decrease in business arbitrarily increases the price on prescriptions filled by patients who are unlikely to realize the discrepancy.

A pharmacy student is apprehensive about pointing out a drug interaction to a pharmacist who has overlooked the potential problem.

A pharmacist refuses to refill a prescription he feels to be inappropriate and potentially dangerous to the patient.

A relief pharmacist refuses to fill a prescription for a patient for a CII medication because he can't read the physician's name (and the patient is not sure what it is) and his records indicate that the patient should still have several days worth left from the last prescription.

A pharmacist who has been stealing controlled substances for personal use makes an error in filling a prescription. Another student working at the pharmacy must decide whether or not to inform the store manager of the pharmacist's actions.

A pharmacist, who although she believes patient counseling to be an important function, claims that she is too busy to do so. Her lack of counseling leads to a patient being seriously injured as a result of side effects he was not informed about.