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The effectiveness of feedback using video recording as a potential teaching method in communication and counselling among pharmacy students

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Abstract

Fourth year pharmacy UKM students will be selected and randomised into three groups, verbal feedback (verbal group), video feedback (video group) or no feedback (control group) for the counselling session. All students will receive a standardised case scenario for the counselling purposes and facilitators (pharmacy lecturers) will assess the students' communication and counselling skills based on a validated standardised assessment form. Similar exercise will be repeated after 1 month and comparative analysis will be conducted to identify differences between the techniques in relation to students' communication and counselling skills.

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Keywords: Assessment; communication and counselling; pharmacy students; video recording feedback

1. Introduction

Good communication is an important skill needed in the health care profession to ensure effective communication between patients and the other healthcare professionals. As a pharmacist, it is important to acquire specific skills in the history taking especially in relation to the medication and counseling on the safe and effective use of medication.

A good and effective counselling is crucial in improving the quality of health care for the patients. Therefore, it is important to develop effective teaching and learning methods in the area of communication and counselling.

The importance of effective patient-centered counselling skills has been emphasised by most educators, credentialling bodies and managed care organisations. Therefore, a wide range of educational methods have been developed which include lectures, portfolio, small group practices, role play (Rao, 2011) and video feedback (Nilsen

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et al., 2005; Ozcakar et al., 2009 and Paul et al., 1998). These educational approaches have shown an overall improvement in the students' communication skills.

Feedback using video recording has been introduced in teaching and learning among medical student to enhance their communication skills compared to the conventional didactic method. This educational approach involves videotaping of consultation between student and simulated patient or peers, and providing feedback after watching the videotape (Lane & Cottlieb 2004; Nilsen et al., 2005; Ozcakar et al., 2009 and Paul et al., 1998). Lane & Cottlieb (2004) had demonstrated that 74% of medical students improved their interviewing skills after video review. In the study by Paul et al. (1998), they used observer assessment and semi-structured interviews. Three different types of feedback were used which consisted of self-critique, peer and instructors' feedback. This study has pointed out that the learning outcomes are greater if feedback is given after reviewing the videotape. In addition, this study found that self-critique and peer feedback increased students' awareness of their strengths and weaknesses, thus providing an opportunity to improve their consultation knowledge and skills. The use of various feedback techniques have shown to improve students' clinical skill, however most students felt anxious during the video recording process. This finding is similar to the study conducted by Nilsen et al., (2005). Although some negative feedback has been reported, however more positive findings have been found among students who had undergone this process. Overall, the video evaluation process seemed to help in strengthening the students' self-esteem and self-confidence.

As reviewed by Fukkink et al., (2011), video feedback is unique because it allows course participants to look at themselves 'from a distance', thereby giving them a realistic picture of their own skills. This type of feedback has been demonstrated to have a more lasting impact on the students' communication skills than conventional education such as lectures or textbook only (Nilsen et al., 2005). Therefore it is important to assess this teaching and learning method for pharmacy students by measuring the effectiveness of this method compared to the conventional method. Therefore, the purpose of this study is to evaluate the effectiveness of video recording feedback as the new teaching and learning method for communication and counselling among pharmacy student.

2. Method

2.1 Study design

This will be a randomised interventional study. The fourth year pharmacy UKM students currently in their 8th semester will be randomly selected into one of the three groups. The students will receive either verbal feedback (verbal group), video feedback (video group) or no feedback (control group) after counselling session. The procedure for data collection is shown in Figure 1.

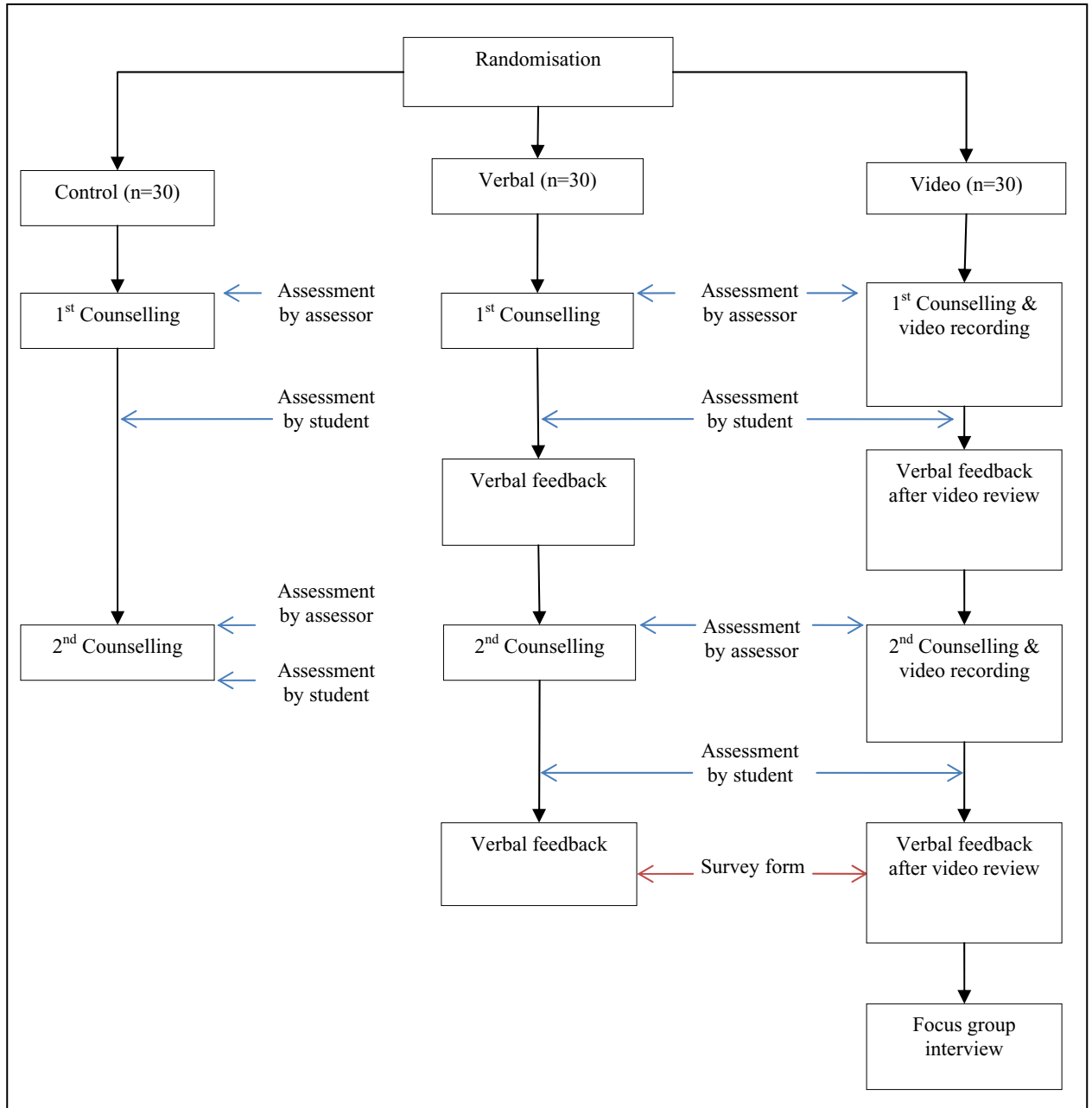


Figure 1. Flow chart for data collection

Role play as patients will be conducted by selecting the 3rd year pharmacy students. These students will be trained and will be given a checklist and scripts of the case scenarios that will be used during the counselling session. The case scenarios will consist of chronic disease management such as dyslipidemia, and minor illness management such as pain. The 3rd year students will undergo training for the role play prior to recruitment of the participants’.

Each students will undergo a total of two counselling session throughout the study period. All the counselling session for the three groups will be conducted simultaneously at six different stations. Five minutes prior to the counselling session, each participant will be provided with the patient’s information, the prescription and a labelled

vial containing the patient's medication. They will also be allowed to bring required references for counselling preparation. All the 4th year students from the three different groups will counsel standardised simulated patients (3rd year students) by using the similar cases developed earlier by the researcher.

The counselling session will take around 10 minutes per student. However, the counselling sessions for the video group will be digitally recorded on videotape. A standardised validated assessment tool will be provided to all facilitators and students to ensure the consistency of the assessment. During the counselling session, two facilitators (pharmacy lecturers) will assess and evaluate each student's communication skills. After the first counselling, all students will be requested to assess their own performance by using the assessment form prior to the study. Then, for video group and verbal group, the facilitators will provide feedback for each student's technique in communication and counselling based on the assessment tool. However, only video group will receive the additional video replay as part of the feedback. The counselling session will be repeated after 1 month for both groups. All groups of students will be assessed again by two facilitators during counselling. After feedback is given, students will assess their own performance by using the assessment form. At the end of this study, all students will be requested to complete the survey form. Comparative analysis will be conducted to identify the differences in the outcomes between both techniques.

Several days after the exercise, two groups of the students consisting of 6 students for each group will be selected for focus group discussion. The interview will be audio-recorded and will be supported by an assistant for note taking. The interview will be transcribed and analysed using NVIVO. Focus group discussion will be conducted at the end of the study to explore students' perception and experience after undergoing the counselling session.

2.2 Participant selection

Fourth year pharmacy students from the Faculty of Pharmacy Universiti Kebangsaan Malaysia will be recruited into this study. All the fourth year students have undergone counselling exercise on simulated patients during their clinical attachment in the 7th semester. Students will be informed of the purpose of the study and their consent will be obtained to participate in the study. The approval from the ethics committee Universiti Kebangsaan Malaysia will be obtained prior data collection. Currently, the proposal had been submitted and waiting for approval.

2.3 Sample size calculation

The calculated sample size is 90, with 95% confidence level. Thus, all the fourth year pharmacy students (90) will be included in this study.

2.4 Randomisation

Systematic stratified random sampling will be utilised. The students will be randomly allocated based on their cumulative grade-point average (CGPA). Then, random sampling will be used to select participants, using random numbers generated by Microsoft Office Excel 2003 based on the students list.

2.5 Study instrument

A validated counselling assessment tool consisting of 25 equally weighted items from the Mort J.R (2010) study will be used after obtaining the permission from the original authors. The items will be evaluated on a 3-point Likert scale (0=did not complete, 1=partially completed, 2=fully completed). The content consists of 2 parts i.e. communication of general information including introduction, patient name and patient allergies and communication of technical information including indication, side effects, storage; interpersonal communication and cultural competency skills.

Questionnaire consisted of 19-items has been developed into two parts. The first part was meant to evaluate the overall program and the second part to evaluate the importance of the intervention program. Five-point likert scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree) will be used.

2.6 Impact to the practice

It is hope that the video recording feedback could be used as one of the method to improve pharmacy students' professional development, especially in the area of communication skills. By reviewing the video, they could assess their own performance and will be more aware on their strength and weaknesses in the area of communication.

Acknowledgement

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