

Designing a Drug-Dispensing Test Task Using the SPEAKING Grid

SASITHORN LIMGOMOLVILAS*

Chulalongkorn University Language Institute, Bangkok, Thailand

JIRADA WUDTHAYAGORN

Chulalongkorn University Language Institute, Bangkok, Thailand

*Corresponding author email: sasithorn.li@chula.ac.th

Article information	Abstract
<p>Article history: Received: 28 Jul 2021 Accepted: 24 Apr 2022 Available online: 29 Apr 2022</p>	<p>Although the ethnography of speaking is one of the approaches used to analyze discourse (Schiffrin, 1994; Cameron, 2012), its benefits and uses can be applied in the field of language assessment when designing a drug-dispensing, classroom-based test task. In this article, pharmacy specialists and students functioning as members of the pharmaceutical profession community shared their beliefs and practices on how to dispense a drug appropriately and successfully. The SPEAKING grid was subsequently used as a principle to formulate a manual for administrators, raters, and test-takers. This article discusses the elements of the SPEAKING grid as a sample framework and the subjectivity of this test task for assessing pharmacy students. The elements of the SPEAKING grid described in the manual aided not only raters when administering the task but also test-takers when preparing and practicing it. The article concludes with the idea that the SPEAKING grid can be adapted to fit classroom-based language assessment purposes even though some shared norms presented in the dispensing context may not occur as authentic as in real life.</p>
<p>Keywords: Ethnography of speaking ESP SPEAKING grid Classroom-based language assessment Drug dispensing</p>	

INTRODUCTION

Referring to O’Sullivan (2012), English for Specific Purpose (ESP) or Language for Specific Purpose (LSP) assessment can be classified into two categories according to their use (such as business and law) and the purpose of the test (such as work, immigration, and study). The English for the Pharmaceutical Profession course cited in this paper¹, however, involves the two aforementioned categories as it is used for communication in the pharmacy profession, and the purpose of the test is to check if the students’ performance has met the course’s learning objectives.

One of the learning objectives in the English for the Pharmaceutical Profession course is that the students be able to dispense a drug, which is one of the most important skills for pharmacy

¹ This paper is a part of a Ph.D. dissertation entitled Performance-based Assessment on Dispensing Drugs in English for Thai Pharmacy Students.

care professionals as required in their internship courses and the pharmacy license exam. As a matter of fact, the faculty has received some complaints from supervisors at various drugstores around Thailand regarding students' incapability of dispensing drugs in English. In order to perform this skill appropriately and successfully, the students need both pharmaceutical content and English language speaking skills. Put differently, the discourse in this speech situation has to be well-balanced between both content and language. Based on this, when dispensing a drug, a pharmacist has to be able to engage in professional discourse using speech with a consultative or formal register shared by professionals.

How best to design a drug-dispensing test task can be a very daunting task for language teachers who do not have pharmaceutical knowledge or skills. This matter is usually explored through needs analysis in ESP communities. Pinpointing the needs of the learners not only helps them to meet the needs of their future occupation but it can also assist the teachers in providing pertinent content and language to students (Poedjiastutie & Oliver, 2017). One approach in understanding the needs and the differences in the language used in communities is to use ethnography of speaking as a guideline to design a test task so that it is contextualized and valid. In other words, ethnography of speaking provides a concept on how and why each communication occurs in a particular way within a community.

Implementing the ethnography of speaking with a small group of stakeholders can be deemed suitable since rich data can be acquired in this way (Poedjiastutie & Oliver, 2017). Nonetheless, very few studies are found to use ethnography of speaking with language assessment. In this article, the SPEAKING grid approach is selected to present concrete evidence of the drug-dispensing situation as a classroom assessment. Therefore, the major goal of this article is to present how the SPEAKING grid approach was used to design a test task manual. In order to fulfill this goal, the authors discuss three issues as follows:

- (1) Ethnography of speaking: an approach for analyzing a dispensing a drug discourse
- (2) The SPEAKING grid and a test task design
- (3) Concerns and considerations

It is hoped that this article will shed some light on how an ESP task can be designed in conjunction with the ethnography of speaking through the SPEAKING grid approach.

Ethnography of speaking: An approach for analyzing a dispensing drug discourse

Before going into detail on the ethnography of speaking, it is best to define the term "discourse analysis" and to describe five approaches to discourse. According to Cameron (2012), discourse analysis involves all forms of language use in conversation: written, spoken, sign language, textual graphics, and images. Cameron (2012) refers to spoken discourse as "an interdisciplinary enterprise" since it deals with language use in conversation in all circumstances. Discourse analysis can be utilized as "an end in itself" or as "a means to some other ends" (Cameron, 2012, p. 7). This means that apart from its goal of clarifying and understanding the context, discourse analysis can be used as an instrument to aid some other goals as well.

The first approach to mention is ethnography developed by anthropologists who are interested in learning about the use of language that would reflect the cultural practice within and outside a community. Second, stemming from “ordinary language philosophy”, pragmatics focuses on the problem of meaning. This approach considers the meaning of each utterance, as an utterance can have more than one meaning depending on the factors in the context, such as the purpose of the speaker. The third approach, conversation analysis, is based on sociology, whose participants’ interest is understanding “the orderliness of social interaction”. This approach aims to detect a procedure that tends to occur in creating regular talk and which one can ruin its occurrence. Fourth, based on linguistics, interactional sociolinguistics is a “structural approach” to perceiving the use of language in terms of linguistic forms such as phonology and syntax. The perception of the use of the language is related to the conditions of the society in which the speakers find themselves. Lastly, critical discourse analysis evolved from linguistics and critical theories. As the name suggests, this approach deals with negatively criticizing the existence of reality, subjectivity, human nature, and whether knowledge is completely objective, disinterested and true. Nonetheless, according to Schiffrin (1994), variation analysis is one additional approach to the five previously outlined. It tends to focus on “general trends and patterns” based on quantity encompassing the analysis of “discourse and grammar.”

As the approach above was originally based on the origin of its practice in each community, it is worth noting that language instructors do not belong to such a community (Edwards, 2019) and will not be able to competently communicate as a pharmacist in a drugstore experience. Thus, judging the students’ training as a pharmacist dispensing drugs can be perplexing when the focal point of the assessment is not only language use but also the skills necessary to enhance their performance. The SPEAKING grid is meant to delineate the test task so that language instructors can form a clear framework of what pharmacists consider as competent in terms of a rubric and a complete view of the pharmacist’s community regarding the dispensing of drugs.

SPEAKING grid and test task design

One of the main methods in the ethnography of communication is to observe the members of the shared culture (Schiffrin, 1994). Comprehending how the community communicates and what units are considered communicative events can be difficult. As an attempt to expound on “ways of speaking” belonging to individual communities, Hymes (1964) recommended the SPEAKING grid as a structure to embrace all salient factors (Schiffrin, 1994). The details of each component in the SPEAKING grid, which stands for setting, participants, ends, act sequence, key, instrumentalities, norms of interaction and genres (Cameron, 2012; Schiffrin 1994), are described in Table 1.

Table 1
SPEAKING grid

Components	Details
S	setting: where the speech event is located in time and space
P	participants: who take part in the speech event, and in what role (e.g., speaker, addressee, audience, eavesdropper)
E	ends: what the purpose of the speech is, and what its outcomes are meant to be
A	act sequence: what speech acts make up the speech event, and what order they are performed in
K	key: the tone or manner of the performance (serious or joking, sincere or ironic, etc.)
I	instrumentalities: what channel or medium of communication is used (e.g. speaking, signing, writing, drumming, whistling) and what language/variety is selected from the participants' repertoire
N	norms of interaction: what the rules are for producing and interpreting speech acts
G	genres: what type does a speech event belong to, and what other pre-existing conventional forms of speech are drawn on or cited in producing appropriate contributions for talking (e.g., do people quote from mythology or poetry or scripture?)

Based on language tests and the subjectivity concept of Foucault (2003), "...the test taker is understood as a social being whose subjectivity is a function of subject positions realized in the test itself" (McNamara & Roever, 2006). Most of the studies that use the SPEAKING grid (Dawson-Ahmoah, 2017; Mukhroji, Nurkamto, Subroto & Tardjana, 2019; Santos, Ningsih & Nurhikmawati, 2019; Taramen, 2021) focus on speech events and speech acts in order to identify the cultures and pragmatics existing in such events, while few studies (Vivek, 2018) have applied the SPEAKING grid as a guideline in language assessment, and some (Rivera, 1983) have focused on minorities or bilinguals as the study contemplated on a particular culture. This article discusses the implementation of the SPEAKING grid to develop a test task through identification of a pharmacist's identity in a situation where the rater and the administrator are not specialists in the field. Since the SPEAKING grid is advantageous in serving as a checklist of which components one should be aware of (Kiesling, 2012), the SPEAKING grid for a situation of dispensing classroom-based dispensing assessment can be a useful tool in establishing the concept of how to conduct a classroom-based assessment that is as authentic as the real situation. The SPEAKING grid was employed to specify the description in detail in order to ensure the subjectivity and validity of the test task.

METHODOLOGY

In order to obtain the details of the SPEAKING grid, semi-structured interviews with two informant specialists and three pharmacy students were individually conducted to accumulate the general idea of drug-dispensing assessment in Thai and the students' perspectives of drug-dispensing assessment in English. Convenience sampling was applied with informant specialists due to their roles, which involved training pharmacy students in practicing their drug-dispensing

skills in university drugstores and collaborating with the drugstores where pharmacy students attend their 10-week internship all over Thailand. Since pharmacy students are scheduled for internships in drugstores in their fourth and fifth year, employing fifth-year students can best provide details of drug-dispensing situations as they have recently experienced it. Apart from their current situation, obtaining various points of view is essential in reflecting the students' mindset based on their capabilities. Three fifth-year pharmacy students were selected using simple random sampling from three groups of students: high, medium, and low level of English proficiency. The levels of these groups were classified by the grade that they received in their previous English classes. The interviews were first performed on informant specialists and later on the students with a list of similar questions aimed at gaining details to complete the SPEAKING grid.

Using the SPEAKING grid to design a task

The information from the interviews was utilized in describing each component of the SPEAKING grid.

1. Setting and scenes

Three scenes are involved during the whole administration of drug-dispensing assessment: the preparation room, in front of the exam room, and the exam room. All test-takers gathered in the preparation room before entering the exam room. The preparation room needs to be spacious enough to serve the rest of the students waiting for the exam at the same time. The test-takers are required to wait in the preparation room until they are called to wait in front of the exam room. In the preparation room, the test-takers can study and talk with their peers, but they are not allowed to use their cellphone until they finish the test. The test-takers who finish the test can collect their belongings from the preparation room and leave the room without communicating with their peers that have not taken the test.

Two chairs are set in front of the room for the test-takers to sit on while waiting for their turn. While one person is taking the exam in the room, two persons are assigned queue numbers to wait in front of the exam room. While waiting, the test-takers can talk to each other but are instructed to use a low volume in order to avoid interrupting the test in the exam room. Once a test-taker leaves the room, another test-taker can enter the room when permitted by the rater.

The exam room is situated in a classroom where normal classes are taught. The setting is the same as a normal classroom except that one table is moved to be next to the instructor's table so that speech can occur in a normal classroom to help simulate a drugstore situation, where the distance of the participants in the drugstore is often close to each other. Unlike the drugstore situation where both the pharmacist and the patient might stand and talk, this speech is set up with two chairs and two tables. The participants sit at separate tables which is faced each other. In fact, the test-taker sits across from the rater who acts as a patient. Each test-taker acts as a pharmacist and is allowed five minutes to perform the dispensing skills task.

2. Participants

The participants in the test room are a rater and a test-taker. The rater acts as a patient, while the test-taker acts as a pharmacist. The rater performs as a patient while at the same time rating the test-taker during the task. Both of the speakers are permitted to take notes on essential information in order to fulfill the task. Apart from the rater and the test-taker, at least two other persons are needed to administer the test. This administration process involves sequencing students according to the time slot they are assigned and separating the test-takers who finish the test from the test-takers who have not yet taken the test.

3. Ends

The purpose of the speech is for the test-takers to achieve dispensing skills in English, which in this case is dispensing drugs according to the symptoms obtained from the patient. In order to achieve such an outcome, the test-takers need to ask suitable questions to choose the appropriate drug(s) for the patient. A list of required information is provided in the rubric given to test-takers for practicing. Apart from naming the drug and the dosage, the reasons for dispensing the drug, and instructions and recommendations are required as well, all of which are listed in the rubric under the criterion of pharmaceutical knowledge.

4. Act sequence

The act sequence is composed of nine speech acts: greeting, offering help, asking for help, questioning, answering, confirming, suggesting, instructions, and ending the conversation. The speech begins with the greeting from both speakers. During or after the greeting, the offer for help might be proposed by the pharmacist, or the patient can be the one asking for help. After that, the pharmacist needs to obtain the patient's information and continues the act by questioning the patient. During the questioning and answering, both speakers may confirm the information received. After the information is obtained, the pharmacist makes a decision and performs the suggested speech act to the patient, provides instructions and questions concerning whether the patient understands the drug recommendation or has any questions. The patient might perform the questioning act on the drug, the usage, or suggestions. Lastly, if no further questions are proposed, the ending of the conversation is performed.

5. Key

The tone of the speech act is considered a serious tone as this, in the present context, simulates a situation at the drugstore, where a patient comes in to seek help from a pharmacist. Apart from being serious, the pharmacist should manifest the service as friendly and welcoming the patient to address the problem while maintaining professionalism. Although the performance is video recorded, the participants' attire is not considered in this situation. The test-takers do not need to wear pharmacists' clothing; a normal university uniform is allowed.

6. Instrumentalities

The main channel of communication is listening and speaking. Reading might be involved at the beginning of the speech act as test-takers need to read the prompt of the act in terms of age, sex, and the initial symptoms of the patient. Writing is also needed when the test-takers need to take notes on the patient's, for example their description, and to write down a label for the patient. Not all test-takers take notes during the dispensing test. Taking notes during the exam is not a requirement since no scores are given on the use of notes or the label writing.

The language is formal since the role of the pharmacist needs to be professional, but medical terminology should be avoided. Test-takers might utilize some medical words, which can obstruct the conversation if the patient does not have such understanding. Thus, when medical words are involved, test-takers need to use layman terms in order to make certain that the patient understands. In other words, medical terminology is allowed as long as the test-takers can guide the patient through the conversation without the obstruction of meaning.

7. Norms

Due to one of the status relationships between the pharmacist and the patient, as a medical provider and a help seeker, the norm of interaction is that the pharmacist possesses the right to question the patient regarding his or her medical information. The patient should also cooperate by providing information on such topics as much as he or she can. Test-takers as pharmacists need to listen to the patient carefully, while the speed of their speech should not be so fast that it obscures meaning. However, the speed of the entire conversation should not exceed five minutes, as most patients do not expect to spend too much time at the drugstore. Test-takers should avoid a long silence since this can result in the decrease of professional trust. In terms of voice volume, the norm of interaction is that the pharmacist should use a loud enough volume in speaking for the patient. Similar to a real situation, the test-takers should be aware of using an appropriate speaking volume since the patient's information can be heard by the others. This is important since some questions and information can be sensitive to the patient. Last, the voice of the test-takers as pharmacists should have a welcoming and friendly tone. These specifications on the volume and tone of voice are included in the rubric.

8. Genres

The genre of this speech event is considered a medical consultation. This is due to the information provided and obtained, which deals with patient's medical records. In addition, the aim of the speech event is to dispense the appropriate drugs to treat the patient effectively. All of the speech acts are performed to fulfill the medical service in dispensing drugs to patients based on the information provided after a consultation with the pharmacist.

Concerns and considerations

This article presents how the SPEAKING grid was employed as a principle for a drug-dispensing test task in a classroom context. This test task was performance-based, which was able to

elucidate aspects of communication, varying between the instructors and test-takers. To elaborate, participants with more experience were able to go into more detail during the dispensing tasks. Although pharmacy students are not accustomed to encountering patients in English within a limited time frame, they need to learn to confront such situations. The average amount of time it takes people to buy drugs is short, so students should be accustomed to this situation even if it is during language classroom assessment. In order to acquire the skills, learners should be exposed to samples and enhance their awareness of the elements assessed in the test task, as these are the main contributions in performance development (Mukhroji et al., 2019). In fact, a pharmacy license exam conducted in Thai limits the time for the dispensing drug task to no more than three minutes. It can be inferred that this time restraint reflects the mastery of the profession in dispensing drugs.

Authenticity is recognized by those that are against the communicative approach as testing exactly what happens in the real world (Fulcher & Davidson, 2007), which is deemed to be difficult practice for classroom assessment. In fact, some of the classroom lessons can provide learners only with drawings and scripts to simulate authentic situations, as illustrated by Edwards (2019). Following the communicative approach, the details in the SPEAKING grid are aimed to simulate the drug-dispensing task as closely as possible to the real world, but it may not be exactly the same because of the limitations of classroom assessment. For example, the real-world situation at the drug stores is normally a standing position where a pharmacist is behind the counter. Such a practice cannot be applied in classroom assessment where only tables and chairs are available. However, if the condition of the test administration in the classroom can be disregarded, the authenticity of this task can be deemed acceptable when attention is placed on the interaction between the pharmacist and the patient.

On the other hand, the number of students and the need to maintain test security can result in rater exhaustion, which may lead to errors in scoring the first round. After evaluating students' performance for hours, raters that experience weariness might be unaware of scoring students lower than their usual standard (Huang, 2018). This is similar to teachers' problems with oral assessment that Vivek (2018) found. Time constraints are a big issue, not only regarding teaching speaking skills but also for assessment itself (Vivek, 2018). Although Huang (2018) suggested allocating the assessment to different days in order to prevent rater exhaustion and to increase intra-rater reliability, such alteration often cannot be performed due to the student's tight schedule.

CONCLUSION

This article demonstrated how the description in the SPEAKING grid provides the subjectivity of the test task for assessing Thai pharmacy students. In addition, the topics in the SPEAKING grid steered the way for the manuals to be written. The basic elements described in the manuals not only aid test-takers and instructors but also the rater and the administrator. Although some of the expected norms may not have been as authentic as in real life, the SPEAKING grid can be tailored to fit the purpose of the context (Pérez-Milans, 2018), as some details were extended in order to construct the criteria. All of the elements specified in the SPEAKING grid can help

explain what to be sensitive about and what to be aware of (Wardhaugh & Fuller, 2021). This article wishes to provide a sample framework for using the SPEAKING grid with other ESP performance-based assessments.

ACKNOWLEDGEMENT

This article was supported by the Thailand Research Fund through the Royal Golden Jubilee (RGJ) Ph.D. program (Grant No. PHD/0208/2558) to Sasithorn Limgomolvilas.

THE AUTHORS

Sasithorn Limgomolvilas is a full time lecturer at Chulalongkorn University Language Institute. She graduated from Chulalongkorn University with a Ph.D. in English as an International Language partly funded by The RGJ Ph.D. Program. Her research interests are in ESP and language assessment.

sasithorn.li@chula.ac.th

Jirada Wudthayagorn completed her Ph.D. in Applied Linguistics at The University of Pittsburgh. She is currently a lecturer at Chulalongkorn University Language Institute (CULI) and the Co-President of the Asian Association of Language Assessment (AALA). Her research interests cover language assessment, language policy, and quantitative analysis.

jirada.w@chula.ac.th

REFERENCES

- Cameron, D. (2012). *Working with spoken discourse*. London: Sage Publications.
- Dawson-Ahmoah, G. N. A. (2017). Analysis of the speech events in an M-Net African drama series-Tinsel. *International Journal of Language and Literature*, 5(2), 61-71.
- Douglas, D. (2001). Three problems in testing language for specific purposes: Authenticity, specificity and inseparability. *Studies in language testing: Experimenting with uncertainty: Essays in honour of Alan Davies*. Cambridge: Cambridge University Press.
- Edwards, T. (2019). English for cleaners: Developing and trialling an ESP lesson for learners with low-level English proficiency. *The TESOLANZ Journal*, 44-66.
- Fulcher, G., & Davidson, F. (2007). *Language testing and assessment: An advanced resource book*. Oxon: Routledge.
- Huang, B. H. (2018). PD in testing preparation for university ESL. *The TESOL Encyclopedia of English Language Teaching*, 1-6.
- Hymes, D. (1964). Introduction: Toward ethnographies of communication. *American Anthropologist*, 66(6_PART 2), 1-34.
- Kiesling, S. F. (2012). Ethnography of speaking. *The Handbook of Intercultural Discourse and Communication*, 29, 77.
- McNamara, T. F., & Roever, C. (2006). *Language testing: The social dimension*. Malden, MA: Blackwell.
- Mukhroji, M., Nurkamto, J., Subroto, H. E., & Tardjana, S. S. (2019). Pragmatic forces in the speech acts of EFL speakers at Kampung Inggris, Indonesia. *Journal of Social Studies Education Research*, 10(1), 38-60.
- O'Sullivan, B. (2012). Assessment issues in languages for specific purposes. *The Modern Language Journal*, 96(s1), 71-88.

- Pérez-Milans, M. (2018). Metapragmatics in the ethnography of language policy. *The Oxford Handbook of Language Policy and Planning*, 113-139.
- Poedjiastutie, D., & Oliver, R. (2017). English learning needs of ESP learners: Exploring stakeholder perceptions at an Indonesian University. *TEFLIN Journal*, 28(1), 121.
- Rivera, C. (Ed.). (1983). *An ethnographic/sociolinguistic approach to language proficiency assessment*. Multilingual Matters.
- Schiffrin, D. (1994). *Approaches to discourse*. Oxford, UK: Blackwell.
- Taramen, A. I. (2021). Hymes' speaking analysis on the expressions used in Kabasaran dance. *Journal of English Language and Literature Teaching*, 5(2).
- Vivek, S. V. (2018). *Identifying the existing oral proficiency testing patterns* [Doctoral dissertation, Christ University].
- Wardhaugh, R., & Fuller, J. M. (2021). *An introduction to sociolinguistics*. John Wiley & Sons.



Appendix I

Manual for dispensing assessment

Role-play assessment guidelines for administrator

Preparation

1. **Three rooms** are used for the assessment, plus **one preparation room**. The rooms should be on the same floor for quick access and possibly the same room for morning and afternoon sessions. Contact staff at the pharmacy faculty for this regard at least two weeks before the exam. Request **one staff for assistance**.
2. At least three pieces of **equipment** are needed for recording the performance. A laptop, camera, or iPad can be used to record the students' performance. One type of recording equipment with an extra battery or chargeable station is set up in each exam room.
3. A **random list of students** can be prepared on Excel. Keep the original number of students for a record and **code them** beginning with the section, followed by their number in the section (This is the code to be used to name the video). Print out at least two copies of the students' random list, one for the raters to check and one for the administrator to call out and check the students after their assessment is done.
4. The students will always **role-play with the instructors who are not from their sections**. They will be assessed by their own instructor in the second observation. Below is a sample match of two and three observations.

	Instructors		
Students	First round	Second round	Third round
Section 1	Section 2	Section 1	Section 3
Section 2	Section 3	Section 2	Section 1
Section 3	Section 1	Section 3	Section 2

5. Three **bags** are needed to keep the students' cellphones separate according to their sections.
6. Each rater is given two sets of documents, which are the **case details** with signs specifying the initial symptoms to show to the students and **copies of the rubric** equal to the number of students to be rated.
7. At least a week before the exam, show the video of how the assessment will be held and schedule a day to **show the students how the assessment will be done**, especially for those students who will have to press the record button on their own.
8. The administrator needs to have **a copy of the students' random list for each room, extra copies of the rubric, and the copies of self-assessment** (enough for every student).

At the beginning

1. Arrive at least **20 minutes before the class time** to arrange the room and set up the equipment.
2. Once the students arrive, **show the video of how to record the performance** to the students

to make sure they fully understand the process and know how to do it correctly.

3. Ask the students to **put their cellphones in the bag** according to their section.
4. **Distribute the drug label** to the students and ask them to write their name, ID, section, and their number in the section.
5. **Announce the first three persons** on the list of each section and inform them of the room number and their rater's name.

During

1. **Let the students know their turn at least ten minutes before** their schedule.
2. **Check the students** that have finished their assessment and let them **fill in the self-assessment** with their section and their number in the section (the code for the video).
3. After the students finish the exam and the self-assessment, **let them collect their cellphone and belongings** and leave the room without talking to students that have not taken the exam.

After

1. **Collect the rubrics** from the raters to put in the Excel score sheet for the first rating.
2. Make **copies of the videos** for the second rating in order to distribute copies of the video and rubric for the raters in the second round.
3. Each rater is given **two weeks to rate the second observation**.
4. **Fill in the scores** from the second rating in the Excel sheet. If the score **differences between two raters are greater than 3.5, find a third rater**.
5. Once all of the scores are collected, **calculate the mean, minimum, and maximum. Distribute the scores** in detail to the instructors.

Role-play assessment guidelines for raters

Rating explanation

1. The pharmaceutical science skills section is a dichotomous system, as in yes or no. Please check whether the student fulfills the criteria or not. Although the suggested answers are provided, the rater does not need to be concerned whether the information about *impression*, *dispensing*, *instructions*, and *caution* matches the suggested answer.
2. Language use and the strategic competence sections are partial credit. Please rate the students according to their ability as trained in the workshop.
3. The rater can assess the amount and quality of the details on the *instructions* and *caution* in *content appropriateness*, which are the criteria in the strategic competence section.
4. When rating *initiating communication*, please assess the criterion on the level of welcoming the patient to talk and while the student investigates the symptoms.

First observation (role-play)

1. Each rater will be given a list of students and rubric sheets. Please note the name of the student and his or her section if you assess a student that is not in your list. Instructors do the



role-play with students that are not in their section. If a student in your section shows up at the exam room, please inform him or her to seek the administrator.

2. Each student is allowed five minutes for the role-play assessment. Any performance that goes over the limit of 5 minutes will not be considered. The rater can stop the performance once it is over the time. The rater has 1-2 minutes to rate a student before the next student comes in. The rater can signal the student to wait or to come into the exam room when the rater is ready.

3. The sentence stating the initial symptom must not directly indicate that you (the rater) have the symptom, such as I have a headache. This is to assure that the students check for the patient's identity. The sentence should be neutral as in the following examples:

- Do you have medicine for a headache?
- I want to buy drugs for a headache.
- Can you suggest medication for a headache?

4. Apart from appearing friendly and welcoming to students, the rater's voice should be loud enough to be heard as well as the students' voice. Please feel free to signal the students if you cannot hear them well (This is to prevent a sound problem during the second observation).

5. Please bring a stapler and enough staples (around 30).

6. When the rater is finished with each student, please put the rubric form on the first page, followed by the drug label before stapling them together.

Second observation

1. Rate the students in your section and return the scores to the administrator within two weeks.

2. Please write down the number of the students according to the number listed on the video and comment on the students' performance.

3. Contact the administrator if you have problems with the video or the rating.

Role-play assessment guidelines for students

1. Students are given the **rubric to study at least two weeks before the exam**. The document can be downloaded from the website. Please discuss with your instructor if you have any questions regarding the details of the rubric.

2. The students are required to **arrive 15 minutes earlier** than their usual class time. All students are required to be in the same preparation room until being informed otherwise to leave the room for the assessment.

3. All **cellphones must be turned in** to the administrator and can be collected when the students have completed the exam.

4. Students are **randomly called out to the exam room**. Each student receives at least a ten-minute warning for his or her turn.

5. Students can **study their materials in the room** while waiting for their turn.

6. Apart from the **drug label, only a pen or a pencil is allowed in the exam room**. All of your belongings can be left in the preparation room.

7. Students must **write their name, section, and their number in the section on the drug label** and submit it to their rater before leaving the exam room.
8. When the students enter the exam room, they are given information about the patient: **sex, age, and initial symptoms**.
9. Once the students finish the exam, they are required to **fill in the questionnaire** to assess their own performance and the administration. Please write down your ID, the section, and number in the section.
10. Students that **complete their self-assessment will receive the score details** from the raters compared to their own assessment.
11. Important procedures to keep in mind regarding pharmaceutical skills:
 - Elicit information about the patient's history (Who's the medication for? What are the symptoms? Any previous drug(s) used? Any family or social history that might contribute to the symptoms?).
 - Ask about any drug allergies or underlying diseases.
 - Give impression on a possible disease.
 - Dispense drug(s) for a possible disease.
 - Provide reasons for dispensing the medication.
 - Explain information about the medication (What is it? Why this drug is offered? What's the dose? How is it being used? What are the cautions?).
 - Suggestions on how to get better and or how to avoid the disease.

Role-play assessment rubric (50 points →15%)

I: Pharmaceutical skills (20%: 10 points)

Part I score: _____

Topic		Yes	No
Chief Complaint	<i>Elicit patient's questions, concerns, and reasons for visit</i>	1	0
History & Present illness	<i>Ask patient about their current health condition and medications currently being taken</i>	1	0
Allergy	<i>Ask patient about their allergies</i>	1	0
Underlying disease	<i>Ask patient about their underlying diseases</i>	1	0
Family & Social history	<i>Ask patient about their family and social history</i>	1	0
Impression	<i>State the possible disease</i>	1	0
Dispensing	<i>Provide the name of the medication(s)</i>	1	0
Reason(s) for dispensing	<i>Provide reason(s) for dispensing the medication</i>	1	0
Instructions	<i>Provide instructions for the medication(s) dispensed</i>	1	0
Caution	<i>Provide caution(s)</i>	1	0

II: Language use (40%: 20 points)

Part II score: _____

Topic	Needs improvement	Fair	Good	Excellent
Grammar (<i>intelligible</i>)	2	3	4	5
Pronunciation (<i>intelligible</i>)	2	3	4	5
Pragmatics (<i>uses language in culturally appropriate ways with open-ended and close-ended questions and not leading the patients</i>)	2	3	4	5
Word choice (<i>lay terms: easy-to-understand word choices for patient and clarifies medical words if needed</i>)	2	3	4	5

III: Strategic competence (40%: 20 points)

Part III score: _____

Topic	Needs improvement	Fair	Good	Excellent
Voice: <i>tone (1), volume (1), pace (1), silence (1)</i>	1	2	3	4
Initiates communication: <i>greet warmly (1), identifies the patient (1), appropriately obtains related information from the patient (2)</i>	1	2	3	4
Concludes the encounter: <i>summarizes information (2), asks if there are any questions (1), thanks the patient (1)</i>	1	2	3	4
Non-verbal communication: <i>eye contact (1), gestures (1), posture (1), professional manner (1)</i>	1	2	3	4
Content Appropriateness: <i>enough information provided in instructions (2) and caution (2)</i>	1	2	3	4

Total score: _____ → _____

Comments:
