Utilization of the Mock Event for Classroom Demonstration Purposes

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A mock event was introduced into a required pharmacy law class to provide real life application of a potential legal event in which the student, as a soon to be professional, could be involved. The purpose of this teaching method was to create an interest in an abstract topic by student participation in dramatization of a deposition by a plaintiff’s attorney. The goal was to provide greater student understanding of legal principles and an overall increased interest in the subject of law. The method utilized to promote this goal was the creation and implementation a mock deposition which included a plot, scripts, props and the enlistment of participants. Students enjoyed this teaching/learning method and have suggested that it be continued and expanded.

INTRODUCTION

Maintaining interest in a classroom environment has never been more challenging. Students are regularly exposed to high quality special effects and glint, videos of intrigue and excitement which cause an emotional rush and, of course, as of late, courtroom battles which pit some of the finest attorneys in the country against each other in a verbal and visual showdown of tactics and “smoking guns.”

In order to capitalize on the courtroom hype of the 1990s a series of mock events were created to provide an alternative method of instruction for topics that traditionally have lacked glint and hype. These mocks events demonstrate real life situations that put into perspective the importance of the material to be covered. These real life situations are based, to some extent, on actual cases or personal experiences of the author. As such, the learning experience of the student is enhanced by an academic presentation through the visual rendition of mock event.

Again, the use of the mock event is not intended to replace the traditional lecture but enhance such an encounter during the regular course of instruction. It goes without saying that proper placement of the mock event during the course of instruction is critical. To stimulate the greatest interest and instill unanswered questions in the minds of the learner it is suggested that the mock event be placed at the beginning of the material.

METHODS

1. Drafting the mock event
   A. Plot creation
   B. Script preparation
2. Scheduling of mock event
3. Participant selection
4. Participant needs
   A. Instruction
   B. Scripts
   C. Props

Drafting the Mock Event

When considering “creating” a mock event the pharmacy professor must necessarily put on another hat—that of “script writer.” It must be remembered that what you are about to create is a scenario which must provide a stepping stone for creative learning. Therefore it must be composed of a plot which captures the mind and intellect of the student. This should not be difficult to create as every book we read or every program we view has a plot which utilizes people and events so as to “glue” us to the script. The practice of pharmacy has numerous inherent scripts just waiting to be penned.

Everything about the mock event should center around the plot. The characters, the evidence and, of course, the outcome should portray events and results which are real life and will be supported by additional information from the instructor subsequent to the mock event.

The script need only be long enough to provide a representative sample of the events you are attempting to portray. Most scripts can be written in such a fashion as to allow complete presentation in a typical 50 minute class period or less with time enough at the end to initiate discussion of relevant points of the mock event.

The script should be prepared in fashion similar to a script for a play. Actor’s parts should be identified by abbreviations of the character names and the abbreviations should be highlighted throughout the script for the convenience of the participant. There should be a double space between character’s lines.

Certain pharmacy school law professors may feel reluctant to draft such a mock event because they are either non-lawyers or lack actual courtroom experience. The author would encourage readers to visit his web site at www.swosu.edu/~vandusv/ and view two additional mock events: (i) the mock state board hearing, and (ii) the mock malpractice trial. These two mock events could be utilized in their present form or adapted to practice and/or state specific issues.

Scheduling the Mock Event

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course of instruction is critical. To stimulate the greatest interest and instill unanswered questions in the minds of the learner it is suggested that the mock event be placed at the beginning of the material. The event itself can raise questions which are left unanswered until the appropriate time that instructor desires to address them. In drafting the mock event, one should cleverly raise questions which are purposefully left unanswered.

Participant Selection

The mock event needs to flow as naturally as possible. Certainly students are not actors but one will be surprised at how quickly they volunteer to "act." Faculty can also be enlisted, if needed. This event can also be a chance to get individuals who are not routinely in the classroom, such as Deans, up close to the students.

Participant Needs

Participants will have certain needs which must be met by the instructor in advance of the date of the event. The participant should be instructed on the need to be heard by the entire class. If the participant is soft-spoken, the instructor should have accessible an audio projection device and encourage the participant to face the "audience."

Scripts should be provided to the participant at least two class periods before the mock event in order to allow them to review the document and ask questions. Props, such as overheads or other material which may be needed, should be brought by the instructor to the mock event.

MOCK EVENT

Script for Deposition of Sam Douglas

ACTORS: Plaintiff’s Attorney (PA)

Sam Douglas (Defendant)

Defendant’s Attorney: Not absolutely necessary; (No talking parts)

Court Reporter: Not absolutely necessary; (No talking parts) (Could swear in the defendant)

Props: Rx vial, medical chart, death certificate

PA: Have you ever given a deposition?

SD: No, I haven’t.

PA: Then let me briefly explain to you what we will be doing here today. I’ll be asking you a series of questions. You need to answer them truthfully as you are under oath to do so. If you do not tell the truth, you could be criminally prosecuted for perjury. You are required by law to answer my questions. Your attorney may have objections to the questions and he may verbally from time to time object, and he has the right to do so, but you still must answer my questions. Do you understand that?

SD: Yes

PA: Also this lady here with us is a court reporter. She will record all your answers and compile a transcript of your responses from our conversation and questions and answers here today. You’ll be provided a copy of that transcript by your attorney for your review. Do you understand everything I have said so far?

SD: Yes, I do.

PA: If you don’t know the answer to a question, the best thing to say is "I don’t know." But if you know the answer to a question you need to tell me and tell the truth. None of my questions are intended to trick you or be tricky in any way. If you don’t understand what I’m asking in the question, please have me rephrase it. OK?

SD: OK

PA: Do you have any questions then about what we are getting ready to do?

SD: (Shake your head no but do not say anything)

PA: Mr. Douglas, you do need to answer the questions yes or no. The court reporter can’t hear your head rattle and she can’t record nods of the head. Do you understand?

SD: Yes (say it with aggravation!!)

PA: Again, do you have any questions about what we are getting ready to do?

SD: No—not at this time.

PA: Now that we have this preliminary information behind us, let’s begin. Will you state your full name for the record?

SD: Samuel Ray Douglas

PA: And where do you reside Mr. Douglas?

SD: 355 Pleasant View, Tubac, Arizona.

PA: How long have you lived at this address?

SD: 6 years.

PA: And how long have you lived at Tubac?

SD: 6 years.

PA: And what is your mailing address?

SD: P.O. Box 603, Tubac, Arizona

PA: Please tell me about your educational background, beginning with high school.

SD: I graduated from Benson High School, Benson, Arizona in 1978. I was a state and national honor society student, (state proudly). I started college at the University of Arizona in the fall of 1978 as a pre-pharmacy major and graduated in the spring of 1983.

PA: Any additional formal education since that time?

SD: None (pause)... except continuing education as required by the state board of pharmacy.

PA: And how many hours of continuing education do you obtain annually?

SD: Usually about fifteen.

PA: What degree did you receive from the University of Arizona?

SD: A Bachelor of Science in Pharmacy.

PA: Thank you. Now, please tell me about your internship experience, including the location of all internships, type of pharmacy practice and names of preceptors at these internships.

SD: I did four different rotations while in my professional rotations at the University. The first was at St. Joseph’s Hospital. While there I did both my hospital and clinical rotations. I don’t remember any of my preceptor’s names there but my pharmacy school instructor there was Ed Jones. Another rotation took me to University Hospital where I was assigned to the pediatric unit. I’m sorry but I don’t remember the name of the preceptor there either. My final rotation was at Clinic Pharmacy No. 2, located near the Tucson Medical Center. It was a small retail site which catered to a lot of elderly customers and also had two nursing homes which kept the owner, Brian Speck, very busy.

PA: Did you complete any other internships or obtain intern hours at any other site while in pharmacy
Mr. Douglas, would you say that as a medical professional the pharmacist has a duty to protect the health of the public?

SD: Yes.

PA: Would you say that can be done by accurately filling prescriptions and correctly counseling patients?

SD: Yes.

PA: Mr. Douglas, do you as a pharmacist have a duty to protect the health of each of the patients that you serve in your practice of pharmacy?

SD: Yes.

PA: Can you think of any situation in which you should not try to protect the health of the patients that you serve?

SD: No.

PA: OK. Would you say that pharmacists have professional practice standards that they must follow?

SD: Yes, I suppose so.

PA: And where would one locate such standards?

SD: Well, I suppose that state boards of pharmacy have standards that each pharmacist must follow. Accreditation bodies such as the Joint Commission on Health Care Organizations has certain standards. Even the Public Health Service has standards that a pharmacist and pharmacy must follow.

PA: In pharmacy school Mr. Douglas, did you learn any particular method or standard for ensuring the accuracy of prescription filling?

SD: Yes.

PA: And what, if I may ask, was that method or standard?

SD: It was the triple check method of prescription filling. You are to check the prescription against the medication when you take it off the shelf, when you fill the prescription and when you put the prescription container back on the shelf.

PA: And what is the purpose of this procedure?

SD: To make sure that you get the right medication in the bottle.

PA: Is it also to ensure the safety of the public that you serve on a regular basis?

SD: Yes.

PA: Are you familiar with Dudley Whitehorn?

SD: Yes.

PA: And how do you know Mr. Whitehorn?

SD: He was a regular patient of the IHS clinic in Tubac.

PA: How long did you know Mr. Whitehorn?

SD: I suppose ever since I came to Tubac and began working for the IHS, so that would be about six years.

PA: Would you describe Mr. Whitehorn for me?

SD: What do you mean?

PA: Well, how old of a fellow was he, his demeanor, his rapport with you, etc.

SD: I would say that Mr. Whitehorn was in his mid-to-late sixties. He was a very quiet man when you first met him but after you got to know him he is really quite a cut-up. A couple of years ago I was counseling him on a prescription and something caught my eye on the floor to my immediate right. It was a huge bull snake. He had brought that snake in under his coat and let it go while I wasn’t paying attention and... well... I’m just darn lucky I didn’t have to go change my pants.

PA: What was his medical condition that required him to seek attention at the IHS?

SD: He had a number of medical problems including hypertension, glaucoma and diabetes. He had open...
heart surgery, I think, back in October or November of 1996. We would see him once a month for his refills on lisinopril, NPH insulin, pilocarpine and Coumadin. I think that was all the medication he was taking.

PA: Mr. Douglas, were you working for the IHS in March of 1997?

SD: Yes.

PA: Do you know if you were working on Tuesday, March 4th, 1997 as pharmacist at the IHS clinic in Tubac?

SD: I would have to check the schedule and see.

PA: I have checked the schedule and it indicated that indeed you were working on that date. Do you have any reason to believe that the schedule is inaccurate?

SD: No.

PA: Let me present to you what has been marked as plaintiff’s exhibit number one. Do you recognize it?

SD: Yes, it is a prescription vial with a label on it.

PA: And where does the label indicate the prescription was filled?

SD: At the IHS clinic in Tubac.

PA: Can you tell from the label who filled the prescription?

SD: It has my initials...S.D.

PA: Can I then assume that you filled this prescription?

SD: Yes, I suppose so.

PA: Are you familiar with the ASHF Drug Information Text?

SD: Yes, I suppose so.

PA: You said one could bleed anyplace one has blood. What do you mean?

SD: What do you mean?

PA: Where could this bleeding take place?

SD: Well, Coumadin is a blood thinner so an increased range from minor local ecchymoses to major hemorrhagic complications, which occasionally result in death. Relatively minor bleeding episodes occur in 2-

PA: Now Mr. Douglas, what complications could possibly result from taking too much Coumadin?

SD: Well, Coumadin is a blood thinner so an increased bleeding tendency would be possible.

PA: Where could this bleeding take place?

SD: What do you mean?

PA: I mean would this bleeding take place on the fingers, from the nose, just where could one bleed?

SD: Well, I suppose anywhere one has blood. I guess if Mr. Whitehorn had nicked himself shaving he could bleed on his face. If he just scratched himself, he possibly could have had a problem getting the bleeding to stop.

PA: You said one could bleed anywhere one has blood. Could this include inside the skull...in the brain?

SD: Yes, I suppose so.

PA: Are you familiar with the ASHF Drug Information Text?

SD: Yes.

PA: Do you ever use it as a reference?

SD: Yes, frequently.

PA: Would you call it authoritative as far as pharmaceuticals go?

SD: Yes.

PA: Let me direct you attention to page 992 of the 1996 edition. Would you please read the section under the Coumadin section entitled Cautions: Hemorrhage?

SD: Sure: Hemorrhage, the most common adverse effect of coumarin and indandione derivatives, is an extension of the pharmacologic action of the drugs and may range from minor local ecchymoses to major hemorrhagic complications, which occasionally result in death. Relatively minor bleeding episodes occur in 2-
PA: Excuse me. When it says “cerebral”, what does that mean?
SD: It means in the brain.
PA: Thank you. Now Mr. Douglas, would you consider Coumadin to be a dangerous drug?
SD: Yes
PA: On a scale of 1 to 10, with 10 being the most dangerous and 1 being the least dangerous, where would you place Coumadin?
SD: I would have to say either a 9 or 10.
PA: And why is that?
SD: Well, again, because of the possibility of complications from hemorrhage. Plus a lot of drugs interact with Coumadin which again increases its effects. You have got to be very careful with any blood thinner.
PA: Mr. Douglas, did you or the public health service have any special procedures or precautions to ensure that Coumadin was dispensed correctly when you dispensed this medication to Mr. Whitehorn?
SD: No, not really.
PA: So you didn’t take any special precautions when dispensing even though you knew it was a very dangerous drug?
SD: Not really.
PA: You treated it like any other drug even though you knew if it was given incorrectly that there was the possibility of serious complications?
SD: Yes, like any other drug.
PA: Mr. Douglas, are you aware that Mr. Whitehorn has passed away?
SD: Yes.
PA: Do you know when that happened?
SD: It has been a few months ago.
PA: He actually passed away on March 10th, 1997. In my hand I have a copy of the death certificate. Can you read for me the cause of death?
SD: Intracranial hemorrhage.
PA: Mr. Douglas, is it medically possible for the bleed to have been the result of Mr. Whitehorn having received too much Coumadin?
SD: Yes, I suppose it is possible.
PA: Let’s go back to March 4th, 1997. Did you personally see Mr. Whitehorn on that date?
SD: Yes.
PA: Tell me exactly what happened when you saw him?
SD: I asked him if he had any questions about his medication, that he was to continue everything that he had been taking and that I would see him again in a month.
PA: Did you specifically talk to him about his Coumadin?
SD: Not to the best of my recollection.
PA: Did you open the bottle of Coumadin and show them to him?
SD: I doubt it. I usually don’t on refills. If it had been a new prescription, I probably would have.
PA: Mr. Douglas, are pharmacists experts on medication?
deposition but lays the groundwork for an instructor to give valuable information on the proper method for answering questions and what to anticipate during the actual event.

CONCLUSIONS
The mock event is an excellent tool to use in providing a beginning point in introducing an abstract process for the pharmacy law student. Such scenarios are easily adaptable to the pharmacy law course and will be not only be an excellent teaching method but shall also provide an enjoyable classroom experience.