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2018 International Meeting and Cruise

- The 2018 International Meeting on Quality of Life was held recently. Proceedings as well as photos and other information from past conferences can be found at <http://as4qol.org/icqol/2018/>
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Medication Counseling in English for Japanese Pharmacy Students

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Abstract

Background: The number of foreign visitors in Japan is increasing every year. But 70% of community pharmacists said, "I cannot communicate in English", therefore it is necessary for Japanese pharmacy students to study medication counseling in English. The aim of this study aimed to create an Objective Structured Clinical Examination (OSCE) English program and the manual booklets specifically designed for pharmacy students, and conduct a trial utilizing and evaluating the English program and the manual booklets.

Method: 1) Setting up the trial: We created the original English program (OSCE English) and the manual booklets (phrase and finger-point booklets) which the students can refer to easily when serving a patient. The target learners were six final-year students. 2) Assessment of a trial: Evaluation was based on OSCE measurement. After the trial, the participants (Japanese and Thai pharmacy students) to answer a questionnaire.

Results: 1) The manual booklets included the following items from the actual OSCE sections. 2) Japanese pharmacy students felt their ability to conduct English counselling was 67% (4 students) in sufficient. 33% (2 students) felt they could conduct counselling perfectly. However, Thai pharmacy students felt two Japanese students got level of sufficient communication, four Japanese students got perfectly level.

Discussion: Students could communicate with Thai pharmacy students and this was made easier by using the finger-point booklet. It was considered useful. Both the phrase and the finger-point booklets were found to be useful in the role play exercise.

Keywords: medication counseling, the manual booklets, OSCE English program, Japanese pharmacy students, the trial

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1. Background

A record number of 24,039,000 foreigners visited Japan in 2016, representing an increase of 21.8% over the previous year^{a)}. As the Cabinet Office has set new targets of 40 million foreign tourists for 2020, and 60 million for 2030^{b)}, the numbers are expected to keep rising. While foreigners who became ill or injured during their stay in Japan have reported that they were able to cope by “finding a hospital on their own” or “finding a pharmacy on their own”, one of the most worrisome aspects of Japan’s health care system in such scenarios is the difficulty of communicating with health professionals¹. An actual survey of pharmacies attending to foreigners revealed that over half of the pharmacists surveyed had dealt with foreigners once or more monthly and felt uneasy during those interactions². Although English is the most common language used by pharmacists to communicate with foreigners in Japan, over 70% of the pharmacists described their ability to converse in English in the following ways: “*I can understand what the patient is saying, but I can’t express myself.*” or “*I can hardly speak any English.*” English is the language pharmacists desire to learn the most or they are in the process of learning^{c)}. Since pharmacists need the ability to attend to foreign patients in English, communication tools in English have been created by Pharmaceutical Association of Kanagawa^{d)}, Ishikawa^{e)} and Osaka^{f)}, Mitsubishi Tanabe Pharma^{g)}.

Further, English for Specific Purposes (ESP) English programs are now being offered at universities offering pharmacy courses in Japan. A survey of pharmacy students has indicated that they realize the importance of learning English, and many of them wish to acquire conversational skills in English^{3,4}.

The Association of Pharmaceutical Students – Japan (APS-Japan) holds events, during which pharmacy students can learn to provide Pharmaceutical Counselling Events (PCE) to foreign patients and customers.^{h)} In light of the above, there is a desire for English language training among pharmacists, and a need for them to acquire pharmacy-specific communication skills {Objective Structured Clinical Examination (OSCE) level} enabling them to provide pharmaceutical guidance and other services in English.

To enable Japanese pharmacies to attend to foreign patients in English, this study aimed to prepare an OSCE English program for students and manual booklets (phrase and finger-point booklets) specifically designed for OSCE, and to conduct a trial utilizing and evaluating the OSCE English program.

2. Methods:

2.1 Setting up the trial

To set up the trial, we prepared the manual booklets (the phrase and finger-point booklet) for pharmacy students and the OSCE English program.

a) 2016 Visitor Arrival and Japanese Overseas Travelers. (2016, Dec 5). In *Japanese National Tourism Organization (JNTO)*. Dec 5, 2016, from http://www.jnto.go.jp/news/press_releases/pdf/170117_monthly.pdf

b) Supporting Japan of sightseeing vision in the future. (2017, Jan 10). In *Prime Minister of Japan*. Jan 10, 2016, from http://www.kantei.go.jp/jp/singi/kanko_vision/pdf/gaiyou.pdf.

c) Do you speak English when foreign patients come to?(2017, Jan 20). In *M3.com., The free Medical information site for healthcare professionals*. Jan 20, 2017, from <https://www.m3.com/research/polls/result/52>.

d) Language support tools for foreigners. (2018, Sep 10). In *Kanagawa Pharmaceutical Association*. Sep 10, 2018, from https://www.kpa.or.jp/to_medical/301/.

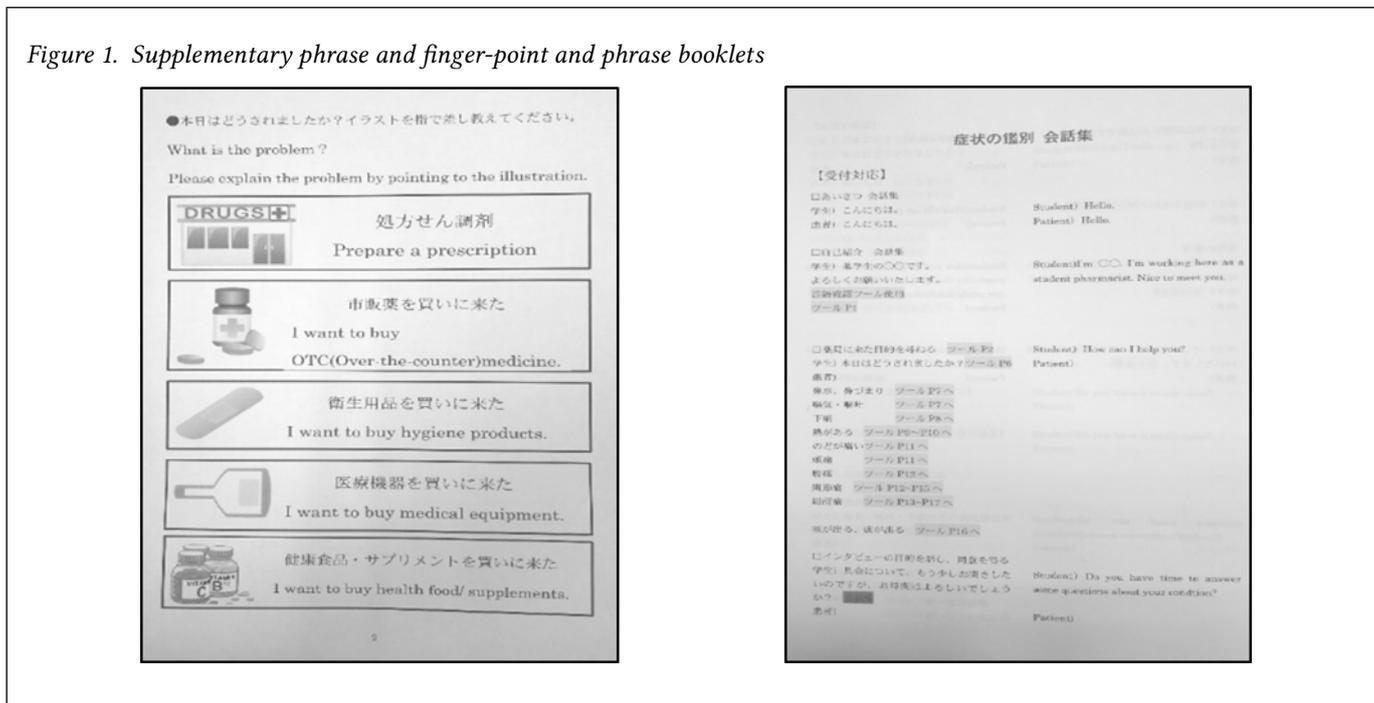
e) Language tools for foreigners. (2018, Aug 31). In *Ishikawa Pharmaceutical Association*. Aug 31, 2018, from www.ishikawakenyaku.com/yakuzaiishi/contents/language/language_index.html.

f) Language manual for foreigners. (2018, Aug 31). In *Osaka Pharmaceutical Association*. Aug 31, 2018, from www.pref.osaka.lg.jp/yakumu/yakkyokutorikumi/f_manual.html.

g) Language phrase booklet in hospitals and pharmacies. (2017, Jan 20). In *Mitsubishi Tanabe Pharma*. Jan 20, 2017, from <https://medical.mt-pharma.co.jp/support/foreign/>.

h) Let’s try Medication Counseling in English. (2017, Feb 1). In *The Association of Pharmaceutical Students’-Japan*. Feb 1, 2017, from <http://apsjapanorg/home/2016summersec/2016kansaisummersec/>

Figure 1. Supplementary phrase and finger-point and phrase booklets



2.1.1) Preparation of the supplementary manual booklets (the phrase and finger-point booklets)

To determine the illnesses for inclusion in this trial using the supplementary manual booklets, we identified the most common symptoms foreigners experience during their stay in Japan. We surveyed the most common reasons why foreigners consult a doctor, as well as their most frequent symptoms, and conducted a survey of the literature concerning over-the-counter (OTC) medications sold in Japan. Based on the selected symptom algorithms, we examined the OSCE section on attending to pharmacy customers and selected the conversational the OSCE English phrase textbook⁵ for attending to such foreign customers/patients in English. Next we created our own original phrase and finger-point booklets. The supplementary manual booklets included the following items from the actual OSCE sections on “Attending to customers”: “Greetings”, “Self-introductions”, “Asking about the customer’s needs”, “Explaining the reason for the interview or getting the customer’s consent”, “Documenting the interview”, “Checking the symptoms”, “Severity and extent of the symptoms”, “History of symptoms”, “Presence of other symptoms”, “Feelings/Anxiety”, “Medical history”, “Concurrent illnesses”, “Allergies”, “History of side effects”, “Past consultations”, “Review of current medications”, “Intake of health foods or supplements”, “Smoking or alcoholic beverages”, “Checking for any questions or omitted symptoms”, “Format of medication desired”, and “Concluding the interaction”. The following additional items were adopted from the Kanagawa, Ishikawa, Osaka and Mitsubishi Tanabe finger-point booklet: “Attending physician or facility”, “Age”, and “Pregnancy/breastfeeding/possibility of pregnancy”. We prepared the manual booklet with a total of 24 sections on attending to foreigners at a pharmacy. The surveyⁱ⁾ for the selection of symptoms to be used in the trial showed that seeking medical treatment for “fever”, for “pain”, and for “nausea/vomiting”. Among foreign tourists, the most common complaints were “fever”, 79.5%; “stomachache”, 43.4%; “headache” and “injury”, 35.2%; and “vomiting”, 26.2%. The most common symptom among foreigners visiting Japan was “fever”. Further, the top 10 OTC medications sold^{j)} in 2016 were in order: 1) a cold medicine; 2) an eye medication; 3) a cold medicine; 4) an anti-febrile and analgesic medication; 5) an eye medication; 6) an anti-febrile and analgesic medication; 7) an eye medication; 8) an anti-febrile and analgesic medication; 9) an external analgesic and anti-inflammatory medication; and 10) an external analgesic and anti-inflammatory medication. Items 4, 6, and 8 were all anti-febrile and analgesic medications, indicating that fever was the most common reason why foreigners visited a pharmacy (Figure 1).

i) The survey of providing medical information of foreign customers to Japan. (2018 Aug 31). *In Bureau of Social Welfare and Public Health*. Aug 31, 2018, from:

http://www.fukushihoken.metro.tokyo.jp/iryo/iryo_hoken/gaikokujin/tyosakekka.files/tyousakekka.pdf#search=%27%E8%A8%AA%E6%97%A5%E5%A4%96%E5%9B%BD%E4%BA%BA%E5%8F%97%E8%A8%BA%E7%90%86%E7%94%B1%E8%AA%BF%E6%9F%BB+%E7%86%B1+%E8%85%B9%E7%97%9B%27

j) The top ranking of OTC medication sold on October-December in 2016. (2017, Feb 1). *In MPAC (Drug store POS data)*. Feb 1, 2018, from https://www2.fgn.jp/mpac/_data/3/?d=10_10&y=2016&v=1&s=4.

Table 1. General Instructional Objectives (GIO) and Specific Behavioral Objectives (SBOs)

◆ GIO

1. To acquire pharmacist-specific English-language communication skills for attending to foreign customers/patients.

◆ SBOs

1. Learn conversational skills for greeting patients and customers; how to complete interview sheets; and how to conclude the interactions.

2. Be able to converse with foreign customers/patients visiting the pharmacy.

3. Know how to use communication material booklets for dealing with foreign customers/patients.

4. Be able to conduct a conversation by using the manual booklets.

5. Be able to provide instructions on taking medications.

6. Enable pharmacy students to attend to foreigners.

2.1.2) OSCE English program

Following the review of pharmacy curricula and syllabi, we created our own English program. We surveyed 22 universities offering pharmacy courses in the Kanto region (Tokyo, Kanagawa, Chiba, Saitama, Gunma, Ibaraki, Tochigi) and the curricula and syllabi of 16 universities were available for review. On the assumption that foreign visitors to the 2020 Olympics and Paralympics in Tokyo will be concentrated mostly in East Japan, this survey of curricula and syllabi covered 22 pharmacy schools in this region. Of these 16 universities, 6 offered courses in English conversation for attending to foreign customers. The General Instructional Objective (GIO) shared by all of the 6 universities was “to acquire the ability to communicate with foreign patients in English”. The Specific Behavioral Objectives (SBOs) centered on “learning basic English conversational skills for use in a clinical setting”. Further, the course content focused on “practicing English conversation for ‘providing instructions on medication’ and ‘conversing with patients’”. Accordingly, our SBOs included “greeting patients at the counter”, “conducting interviews with patients”, and “providing instructions regarding medication”. Our course included lectures/role play exercises focused on “attending to foreign customers/patients at the counter”, “conducting interviews with foreign customers/patients”, and “explaining medications”. The average number of sessions per course at the 6 universities was approximately 13.5 sessions. However, since 10 sessions normally comprise one English Language credit, we decided on 10 sessions in our OSCE English program. To assess whether the OSCE English program in this trial was useful, the 10 sessions we divided into a 3-part (covering cases 1, 2 and 3) OSCE English program. A schedule was drawn up for the 3-part OSCE English program covering the following subjects: 1) greeting patients, 2) conducting interviews, and 3) concluding the interaction with the foreign customers/patients (i.e with a recommendation for an OTC medication, or to go to the hospital).

To evaluate the usefulness of the manual booklets, we conducted the trial, and measured its GIO achievement level. We first surveyed the curricula and syllabi of universities offering pharmacy courses, which were training students on how to deal with foreigners in English. We evaluated the curricula of those among them offering English conversation courses for dealing with foreign patients and customers and examined their GIO and SBOs (Table 1). Next, we examined their syllabi for course details.

Part 1 (Case 1)

20 year-old female

I don't know Japanese

I want to buy OTC medicines because I have a little fever since yesterday.

My temperature is 37.6 degrees

I have no other symptoms

I am not undergoing treatment at any clinic

Part 2 (Case 2)

60 years old female

I don't know Japanese

I want to buy OTC medicines because I have a fever and headache since yesterday.

I have had a runny nose since yesterday

I have a mild headache (Face scale 1)

I have no other symptoms

My temperature is 37.6 degrees

I have no other symptoms

I am not undergoing treatment at any clinic

Part 3 (Case 3)

40 year-old female

A person who doesn't know Japanese

I want to buy OTC medicines because I started having a fever and headache a few hours ago.

My temperature is 38.0 degrees

I have a severe headache (face scale 5)

I have no other symptoms

I am not undergoing treatment at any clinic

2.2 Assessment of the trial

After considering the frequency of courses and allocation of course sessions, we set up a course schedule. To determine the trial subjects, a practical conversational test on dealing with pharmacy customers was administered to 7 fourth-year, 7 fifth-year, and 6 final-year students enrolled in the Pharmaceutical Education course at Showa University's School of Pharmacy. The results showed that the fourth- and fifth-year students could converse with patients to a certain degree, but since the final-year students who had completed the OSCE and practical training were the most capable of carrying on a conversation in English, they were selected for the trial. The trial subjects selected were sixth year students. The group of assessors playing the role of foreign patients was comprised of 2 foreign pharmacy students from Maharakham University from Thailand which has had an exchange program with Showa University since 2009 and two researchers from Showa University. The trial lasted three days (Table 2), followed by an assessment of its effectiveness. On day 1 and day 2, the schedule consisted of conversational practice using the phrase and finger-point booklets. On day 3, the students were evaluated on their actual interactions with foreigners (Figure 2)

2.2.1) Assessment of communication skill and Questionnaires by the two foreign Thai pharmacy students

Two Thai pharmacy students were asked to evaluate Showa students' proficiency 4-level scale, as follows: Level 1: The student cannot communicate in English (No communication), Level 2: The student can communicate a little in English (A little communication), Level 3: The student can communicate in Eng-

Table 2. Trial Schedule

Day	Trial Schedule
1	Orientation (10 min.) Review English phrase booklet (10 min.) Explain how to use the phrase booklet, interview sheet, and tool (10 min.) Practice English conversation (10 min.) Practice dealing with a foreigner with a simple symptom (20 min.)
2	Practice dealing with a foreigner with a simple symptom (10 min.) Practice dealing with a foreigner with various symptoms (40 min.) Review areas the student found difficult to perform (10 min.)
3	Practice dealing with a foreigner who is ill (5 min.) Role-playing with a foreign patient (60 min.)



Figure 2. Medication counselling using the material booklets

lish (Sufficient communication), Level 4: The student can communicate well (Fluent communication). After the trial ended, in order to evaluate the students' conversations conducted in English and obtain feedback regarding the phrase and finger-point booklets, and the trial itself, the Thai pharmacy students were asked to provide their assessments and fill out questionnaires {1. What part of conversation between us was difficult? 2. Please describe good points and challenging points as far as communication. 3. Please fill out the part you don't understand and challenging points of the manual booklets 4. What did you think of our trial (Cases 1,2 and 3)?}. In the questionnaire, Thai pharmacy describe were asked which parts of the regular conversation could not be heard or understood properly, and which parts of the manual booklets-based conversation could not be heard or understood properly.

2.2.2) Self-Assessment and Questionnaires by Showa students

The Showa students were asked to evaluate their own proficiency (4-level scale: 1. No communication, 2. A little communication, 3. Sufficient communication, 4. Fluent communication), and to fill out a questionnaire. The questionnaire directed at the students asked for any trial-related questions (what did you think of our trial (Cases 1, 2 and 3))

3. Results

3.1 Assessment of communication skills and Questionnaires by Thai pharmacy students

We asked the Thai pharmacy students about the Showa students' communication skills. As shown by the results in Table 3, according to Thai pharmacy students' assessment, 67% of Showa University students were at Level 4, while 33% were at Level 3. Many of the Thai students cited eye contact, appropriate tone for a pharmacist, and professional bearing as favorable aspects of the Showa student's conversations with foreign patients. As for areas needing improvement, the student's use of the tool and the need for more practice were mentioned.

Concerning the parts of the phase booklet-based conversation, Thai pharmacy students could not hear some of the words: "Some of vocabulary I can't understand" and "There were some words that I can't hear like pollen.". Thai pharmacy students were evaluated on its use of the manual booklets: "Using the manual booklets are very useful". Thai pharmacy students commented that it is useful when the pharmacist use the manual booklets with a patient. In the section for verifying pain symptoms during the conversation, Thai pharmacy students heard about the degree of pain suffered by the customers/patients, but Showa students did not use the manual booklets to assess the level of pain of customers/patients, so the communication

Table 3: Assessment of communication skill by Thai pharmacy students

Level		Number of students	%
1	No communication	0	0
2	A little communication	0	0
3	Sufficient communication	2	33
4	Fluent communication	4	67

was not so effective. Thai pharmacy students felt that Showa students could communicate satisfactorily in English. “The performance was good (confident, smile, eye contact, friendly)” but they advised “The eye contact with the patient could be better”. When asked about the difficulty of understanding the finger-point booklet as well as suggestions for improving the manual booklets, “If the manual booklets had more pictures, it might be more interesting and easy to understand” was among the replies. While there were those who could understand the finger-point booklet, there were others who thought pictures and illustrations would make them easier to understand. Many expressed the opinion that “Using the manual booklets are beneficial”. Among the reasons given was “When the pharmacist didn’t speak smoothly with a patient, if she/he would use the manual booklets, a patient could understand what the pharmacist wanted to say” (Table 4).

3.2 Self-Assessment and Questionnaires by Showa Students

As shown in Table 5, according to Showa students’ self-assessment, 33% were at Level 4, while 67% were at Level 3.

One Showa student commented “*The materials were very easy to understand.*” and “*The sample symp-*

Table 4: Questionnaire by Thai pharmacy students

	Thai pharmacy student 1	Thai pharmacy student 2
What were the difficult parts of the conversation between us?	Some of vocabulary I couldn’t understand but I could read the phrase booklet. When taking a medical history, it is difficult to distinguish the type of allergy, rash, or itchy bumps. If the finger-point booklet had some pictures, it might be easier to understand. The pharmacist didn’t introduce themselves. If we had never used the manual booklets before we wouldn’t be able to use them fluent.	There were some words that I couldn’t hear, like pollen.
Please fill out good points and challenging points as far as communication.	Using the manual booklets are very useful, easy to understand and the pharmacist can be counseling to find the true point (OSCE English). The performance was good (confident, smile, eye contact, friendly). The pharmacist looked professional and tried to find the source of symptoms. Students should practice using to the manual booklets to be more fluent. The eye contact with the patient could be better.	The students’ performance looked professional. When the pharmacist was speaking, she/he had to stop a short time to find the manual booklets. She can only use phrases from the phrase booklet and had a little eye contact with us. I think she could practice speaking more smoothly and develop a more natural speaking voice.
Please fill out the part you don’t understand and challenging points of the manual booklets.	If you had pictures of various allergic reactions (rash, bump). I think it would be more helpful.	I understood English in the manual booklets. I think it should have a part summarizing each symptom for the patient before conversation. It can make patient understand the severity of their illness.
What did you think of our trial (Cases 1,2 and 3)?	If the manual booklets had more pictures, it might be more interesting and easier to understand. Students should practice phrases before using them with real patients; if you don’t practice using the manual booklets you might not be able to use them smoothly.	The manual booklets are beneficial, but one must use time to prepare and try to understand them. I think the manual booklets are helpful to both pharmacist and patient. When the pharmacist didn’t speak smoothly with a patient, if she/he would use the manual booklets, a patient could understand what the pharmacist wanted to say.

Table 5: Assessment of communication skill by Showa students

Level		Number of students	%
1	No communication	0	0
2	A little communication	0	0
3	Sufficient communication	4	67
4	Fluent communication	2	33

Table 6: Questionnaire by Showa students

What you think of our trial?	
Student 1	<p>The materials were very easy to understand. I thought the items intended for everyone could have been more concise.</p> <p>I mixed the phrase and finger-point booklets when I was using them.</p> <p>The sample symptoms were easy to understand.</p> <p>I could not tell when the role-playing was ending.</p>
Student 2	<p>I would like to know expressions to use when referring patients to a nearby physician. Also, sample expressions of empathy, such as “I’m sorry to hear that” would have been helpful.</p> <p>There were some words I could not pronounce. Indicating the pronunciation using “katakana” would make them easier to pronounce.</p> <p>It was good that the explanations in the phrase booklet were detailed.</p> <p>During the role-playing, members switched roles several times and used different phrases, so I was able to learn new phrases.</p> <p>It was a 1-to-1 setup where we were seated facing each other. It would be good too if we could converse while standing up.</p>
Student 3	<p>The phrase and finger-point booklets were very useful for verifying symptoms, and checking the patient’s medical history, including side effects and concurrent medications (because the standard expressions don’t come to mind right away).</p> <p>When I try to form sentences by myself, I can’t seem to succeed, but just by attending the lectures a bit, I was able to role-play. Does this mean that after a little studying, I can do it? It did seem to boost my self-confidence.</p> <p>Increasing the symptoms helped me understand the patient’s frame of mind. The patient’s symptoms revealed this. As a result, I learned new words and expressions, so it was good.</p> <p>It was good to find out for my self what my proficiency level was.</p>
Student 4	<p>If asked, “Would you mind filling out a sheet?”, the patient will answer, “No” (meaning the patient will do so). For a Japanese person, this answer may be confusing. I thought “Please fill out a sheet.” would have been better.</p> <p>The manual booklets using the sample symptoms was very easy to understand.</p> <p>The sample symptoms gradually became more difficult. I wish I could have memorized the manual booklet’s contents.</p>
Student 5	<p>Nothing in particular.</p> <p>The feeling of being tested made me a bit nervous, but it was interesting to have a real interaction with an actual foreigner.</p> <p>Well-explained and easy to understand.</p> <p>There was enough time for role-playing, which gave us a good opportunity to practice.</p> <p>There was enough time to practice beforehand. It made the actual trial easier to do.</p>
Student 6	<p>I think if I practice more, at some point in the future, I won’t need the manual booklets anymore. If a patient (foreigner) suddenly came to the pharmacy, I used to wonder whether I would actually be able to speak with him/her in English.</p> <p>I haven’t used English for a while. Moreover, this was in a pharmacy setting. My vocabulary is limited, so it was difficult (completely due to my lack of knowledge).</p> <p>I read the materials several times on the previous day. That made the second part of the trial smoother.</p> <p>New sample symptoms were brought up today. It was good that my conversational skills were tested to a certain degree.⁴</p>

toms were easy to understand.” Another student also replied “Also, *sample expressions of empathy, such as ‘I’m sorry to hear that’ would have been helpful.*” Among the positive comments regarding the trial’s lectures and role-playing were: “*There was enough time for role-playing, which gave us a good opportunity to practice.*” As for points needing improvement, it was reported that “*I could not tell when the role-playing was ending.*”, indicating that the conclusion of the role-playing left something to be desired. Among the comments and suggestions for improvements of the manual booklet were the following: “*I thought the items intended for everyone could have been more concise.*”; “*I would like to know expressions to use when referring patients to a nearby physician*”; and “*I thought ‘Please fill out a sheet.’ would have been better than ‘Would you mind filling out a sheet?’.*” Various suggestions for improvement were derived from these opinions regarding the manual booklets’ ease of use for students; consideration for the patient’s feelings during conversations; referrals to a physician; and revisions of the English text (Table 6).

4. Discussion

To enable Japanese pharmacies to attend to foreign patients in English, this study aimed to prepare an OSCE English program for students and the manual booklets (the phrase and finger-point booklet) specifically designed for OSCE, and conduct a trial utilizing and evaluating the OSCE English program. To prepare the OSCE English program, 22 universities in the Kanto region (Tokyo, Kanagawa, Chiba, Saitama, Gunma, Ibaraki, Tochigi) offering pharmacy courses were surveyed. Only 6 of them were found to be offering English-language courses for attending to foreigners. The realization that such courses are very few added significance to this study. Anticipating that foreign tourists will gather mostly in the Kanto region during the 2020 Tokyo Olympics and Paralympics, this study surveyed the curricula at universities offering pharmacy courses in the Kanto region. However, since foreign tourists will flock not only to the Kanto region, but also to various sites all over Japan, there is a need to survey the curricula and syllabi at universities offering pharmacy courses throughout Japan. We would like to examine the GIO and SBOs of the universities offering pharmacy courses all over Japan, side by side with OSCE English program prepared for this study.

In this trial, the OSCE English program requiring a total of 10 sessions was divided into 3 parts (Case 1, 2 and 3). As the 3 parts were completely covered during this trial, the schedule, number of sessions, and duration of the sessions were deemed appropriate. Further, the trial focused on attending to foreign patients visiting the pharmacy due to a fever. However, when selecting the symptoms to be used in this trial, we noted that various other symptoms had also been documented. Accordingly, a trial focused on attending to foreign patients with fevers is insufficient. In future, the manual booklet for attending to foreigners with various other symptoms will be necessary. Although sixth year students were selected as subjects in this trial, we discovered that fourth and fifth year students screened during the selection process were capable of formulating conversations with foreign patients and customers to a certain degree. In future, we would like to prepare the manual booklet geared toward students other than sixth year students, and conduct a similar trial.

Although the results of the assessment by foreign students and the assessment by researchers both indicated that some English words could not be understood during the conversations, it was shown that using the finger-point booklet enabled the students to attend to foreign patients. Consequently, the manual booklets are very valuable in attending to foreign patients, and the manual booklets created for this trial were considered very effective. Nevertheless, in the students’ suggestions for improvement, the use of the manual booklets was mentioned. In this trial, the 10 sessions were conducted in 3 segments. In future, by incorporating practice sessions in the use of the conversational phrase booklet, better training for pharmacists attending to foreign patients in English can be provided.

The questionnaires completed by Thai pharmacy students and Showa students contained comments such as “*Sample expression of empathy, such as ‘I’m sorry to hear that’ would have been helpful.*”; “*I wish the materials included a method of referring the patient to a physician nearby for medical attention.*”; and “*If the manual booklets had more pictures, they might be more interesting and easy to understand*” Accordingly, there is a need to improve the conversational phrase and the finger-point booklets. Adding visual aids, sample expressions of empathy, and a method for referring foreign customers/patients to physicians nearby will better enable the students to attend to foreign patients more effectively in English.

As the foreign students' assessment and the students' self-assessments indicating proficiency levels of 3 and 4 imply, the use of the manual booklets during practice sessions played a significant role in this trial. However, since the students' self-assessments reported a perceived inability to attend to the foreign customers/patients smoothly, they do not possess the proper attitude/stance when using English to communicate with foreign customers/patients. In order to acquire the proper attitude/stance when attending to foreign customers/patients, the students should be provided with more opportunities for conversing in English. As the questionnaires completed by the students contained many positive comments, such as "*How to use the materials was very easy to understand.*" and "*New sample symptoms were brought up today*", it can be inferred that the trial was properly constituted. One of the suggestions for improvement concerned the way role-playing ended. According to the researchers' assessment, only conversations at the counter involving "greetings", "self-introduction", "asking the reason for visiting the pharmacy" were satisfactory, and the way the interactions ended was unsatisfactory. As this implies that the manual booklets were deficient on this point, the section on concluding the interaction should be amplified. In future, more assessments of "OSCE English for Pharmacy students" models will be needed to determine if they are appropriate. As attending to foreigners in English is a social need in Japan, it should be considered an essential part of a pharmacist's education.

5. Conclusions

We showed that manual booklets are very valuable in attending to foreign customers/patients who become ill, and the one we created for this trial was considered very effective. In addition, the phrase and finger-point both are important for smooth communication between patients and pharmacists. In the future, we are planning to improve the finger-point booklet, and further implementation of practical "OSCE English for Pharmacy students" training English programs in Japan is anticipated.

6. References

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