

# 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 mock 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/](http://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

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. 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

- school or before becoming licensed?
- SD: Yes.
- PA: and just where was that?
- SD: *I worked as an intern at the Eckerd's pharmacy located at the corner of Grant and Campbell beginning my second year of pharmacy school.*
- PA: Describe your experience there.
- SD: *It was a busy retail store. We filled over 600 prescriptions a day. I really liked the pharmacists who worked there and the Eckerd style of having a front-end manager and the pharmacy was strickly managed by the pharmacists. It was a great operation and a good experience for me. It also helped me pay my way through school with an Eckerd scholarship.*
- PA: You stated that you graduated in 1983. Please describe for me your practice experience, including all the locations you have practiced at, as well as where you are licensed, and when you were licensed?
- SD: *OK. As I mentioned, I did graduate in the Spring of 1983. The Eckerds store that I worked at while in school offered me a position when I graduated. The money was good and it was close to home so I accepted. I worked there until the Fall of 1985 when I asked Eckerds for a transfer to a store in Austin, Texas. I worked in the Austin area for 7 years as a floater for Eckerds and then took the position with the IHS in June of 1988 in Tubac, and that's where I'm still at today.*
- PA: Where are you licensed to practice?
- SD: *My licensure is by exam in Arizona and by reciprocity in Texas.*
- PA: Have you ever been disciplined by any state board of pharmacy?
- SD: No.
- PA: Tell me Mr. Douglas what is a "floater"?
- SD: *It's someone who goes from store to store, working different stores. I basically would fill in for pharmacist's days-off and vacations.*
- PA: I see. Tell me why you moved to Texas and then why you moved back?
- SD: *My wife, who was also a pharmacist, wanted to go to medical school. She was accepted at several but decided to go to the University of Texas in Austin. The reason I moved back to Arizona was immediately after she finished her internal medicine residency she filed for divorce. I guess you could say she had a "second opinion" about our marriage. In any event, I was ready for a change of pace and ready to get back closer to home. A friend of mine who worked for the IHS steered me in this direction and it has been a good move.*
- PA: What do you do as a pharmacist in your present position?
- SD: *I fill physician orders for medications and counsel patients about those medications.*
- PA: What generally do pharmacists do as a professional?
- SD: *Generally the same thing I do. Interpret physician's orders, fill prescriptions, counsel patients, and of course basically perform the day-to-day functions of ordering, dealing with certain paperwork and so on and so forth.*
- PA: 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 pay 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: Well, I am responsible for the correctness of the prescription even though the process that we use could have involved others.

PA: Who else works at the IHS clinic in Tubac?

SD: Roger Wheeler works as pharmacist and we have two technicians who work part-time. There is Mindy Anderson and Sandy Brown and they have both worked there longer than I have.

PA: Can you tell me who this prescription is for?

SD: Yes. It's for Dudley Whitehorn.

PA: And can you tell me the date on the bottle, the doctor's name, the directions and the name of the medication?

SD: The date is March the 4th, the Doctor's name is Slagle, the directions are "Take one tablet daily," and the name of the medication is Coumadin 2.5mg #30.

PA: Mr. Douglas, I hand you what has been mark as plaintiff's exhibit No. 2. Can you identify it for me?

SD: Yes. It is the medical chart of Mr. Dudley Whitehorn.

PA: Could you please flip in the chart to the entry made by Dr. Slagle on March 4th, 1997. What does it say?

SD: Continue Coumadin 2.5 mg daily. Return to clinic in one month for follow-up.

PA: Is there any question in your mind as to the order from Doctor Slagle?

SD: No.

PA: Clearly he has indicated 2.5mg of Coumadin?

SD: Yes.

PA: Let me direct your attention to exhibit no. 1 again, the prescription vial. Can you please open the vial and identify the medication in the vial?

SD: Sure. (Looking intently at the medication).

PA: Can you identify the medication?

SD: Yes

PA: What is the medication, Mr. Douglas?

SD: It is Coumadin 7.5mg.

PA: You are sure?

SD: Yes.

PA: How are you so sure?

SD: The tablet has a huge 7 and 1/2 imprinted on one side.

PA: What is on the other side?

SD: Endo 173.

PA: Mr. Douglas, is there any doubt then that the medication contained in the vial marked plaintiff's exhibit No. 1 is Coumadin 7.5mg?

SD: No.

PA: Mr. Douglas, is the 7.5mg Coumadin that is in the bottle the medication that is supposed to be in that bottle?

SD: No.

PA: How do you explain that the 7.5mg Coumadin medication ended up in Mr. Whitehorn's bottle?

SD: I don't know.

PA: Is it possible that you could have made a mistake in filling the prescription?

SD: Yes, I suppose so.

PA: Is it possible that someone else in the pharmacy could have participated in the filling of the prescription and have contributed to the error?

SD: Yes, it is.

PA: Can you identify anyone else, other than yourself who actually participated in the filling of this prescription.

SD: Not by just looking at the prescription.

PA: Is there any other way that you could possibly identify someone else as having contributed to putting the 7.5mg tablet in the bottle?

SD: No.

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 anyplace 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 anyplace 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-

10% of patients receiving a coumarin or indandione derivative. Massive hemorrhage, if it occurs, most frequently involves the GI tract or genitourinary sites but may involve the spinal cord or cerebral, pericardial, pulmonary, adrenal, or hepatic sites. Adrenal hemorrhage with resultant acute adrenal insufficiency has been reported during anticoagulant therapy. (PA will interrupt you during this last sentence)

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 anew prescription, I probably would have.*

PA: Mr. Douglas, are pharmacists experts on medica-

tion?

SD: *What do you mean?*

PA: Of all the people in society, who knows the most about drugs?

SD: *Pharmacists*

PA: Would you then say that pharmacists are the experts on drugs in our society?

SD: *Yes.*

PA: Isn't it true that pharmacists receive more pharmacology in school, information about how drugs work, than even doctors?

SD: *Yes.*

PA: Would you then say that you are an expert on drugs?

SD: *I guess so.*

PA: Mr. Douglas, could you tell me exactly how Coumadin works?

SD: *It thins the blood.*

PA: No, no. How does it thin the blood?

SD: *It affects clotting factors.*

PA: Which ones?

SD: *What do you mean?*

PA: I mean which clotting factors are affected: I, II, V, VII, VIII, X, XII, which ones?

SD: *I'm not sure, I'd have to look it up.*

PA: Does Coumadin in any way correlate with vitamin K?

SD: *Probably, but I'm not sure how.*

PA: Are you familiar with the International Normalized Ratio for Coumadin therapy?

SD: *No.*

PA: Does Coumadin cross the placenta?

SD: *I'm not sure.*

PA: For being an expert you seem to be uncertain of a lot of information about this dangerous drug Coumadin.

SD: *It's been a while since I have reviewed that information.*

PA: Since the incident with Mr. Whitehorn, has your method of prescription filling of Coumadin changed at the Tubac IHS site?

SD: *No.*

PA: Have you discussed this case with anyone?

SD: *With my attorney, my area supervisor and with the other pharmacist.*

PA: I believe that concludes all my questions. Do you have any questions?

SD: *No.*

PA: Again, you will be provided a copy of the transcript from this deposition. Thank you for being here today.

SD: *You are welcome.*

## DISCUSSION

This particular mock event centered around a medication misadventure. Such a scenario is very possible and certainly the possibility of litigation with such an event is likely. The script is created with the pharmacist being in a defensive position whereas the attorney, on the other hand, leads the pharmacist to an answer, much as an attorney would do in the ordinary course of practice.

This mock event places the pharmacist in a very uncomfortable position and shows how difficult it is to defend the pharmacist who makes a medication error. The scenario does not instruct the pharmacist in how to prepare for a

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.

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