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Communication Skills for Pharmacist

BY

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Lecture Objectives

- Describe how to promote two-way communication with patients and health care professionals
- Identify common barriers to verbal communication and describe ways to overcome each barrier
- State how to convey respect for patient
- Identify patient situations that affect patient-pharmacist communication and suggest ways to deal with each situation
- State how to communicate effectively with physicians, nurses, and other pharmacists

What is Communication Skills??

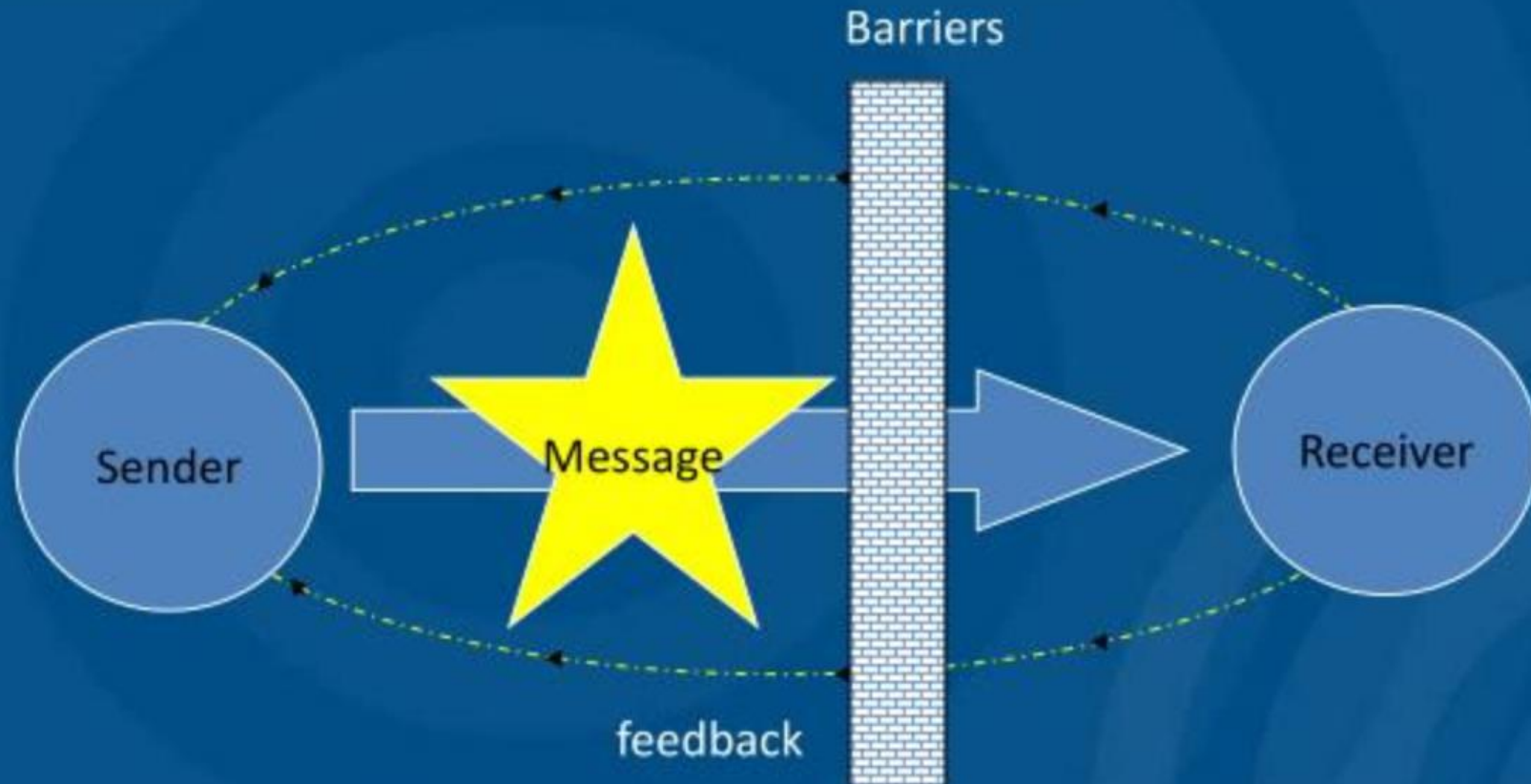
- *“Communication is not just about talking to people, it covers a number of skills that need to be recognized and understood if we are to achieve behavioral and cultural change that improves patient care.”*

Types of Communication



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Basic elements in the communication process.



Importance of Communication Skills

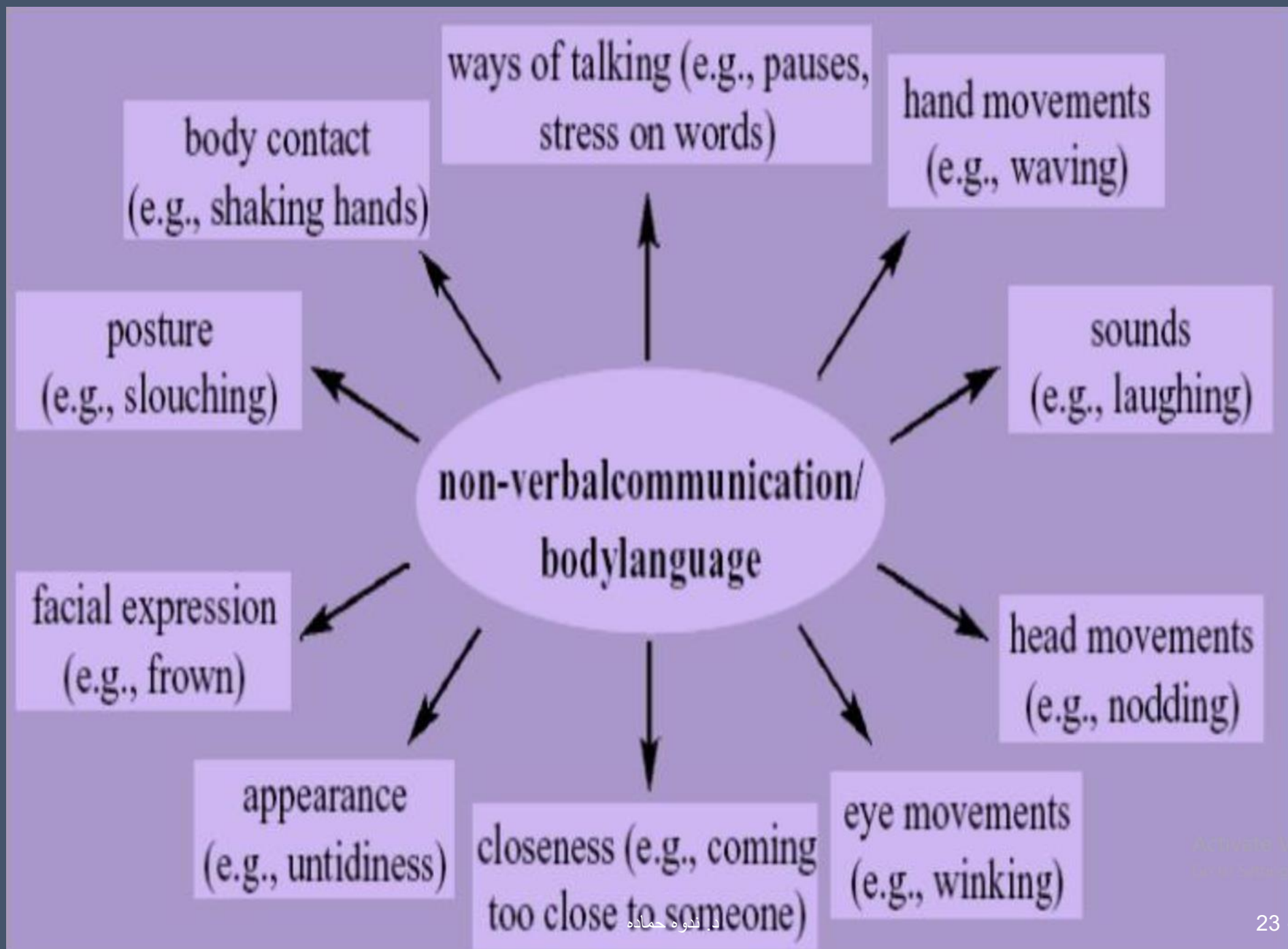
- Pharmacists with good communication skills more successful even if they have an average pharmacy knowledge
- Poor communication between pharmacists & patients may result in (what do you think)????

Values of Communication Skills

- Interview patients
- Counsel patient
- Seek information from different sources
- Advise/consult with other health professionals

Ways of communication

- Verbal
- Written
- Non verbal (called ???)



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Exercise

- Table 2-1 body language
 - If you talk to patients about her medication during the conversation you notice that she shifting her body positions
 - The implication for her gesture means.....

Body language implications

These Expressions:

Leaning back in a chair, yawning,
looking at a clock, shifting or shuffling feet

Smiling, nodding agreement, keeping eye
contact, leaning forward

Avoiding eye contact, frowning,
scratching head, pursing lips

May Indicate:

Boredom, fatigue, disinterest,
impatience

Interest, enthusiasm, agreement,
humor

Confusion, disagreement,
suppressing thoughts or feelings,
anger, suspicion

Activate
Go to Settings

Elements of effective communication with patients

1. Patient titles

- Address patient properly .
 - Ask patient how he/she wants to be addressed
- Confused, disoriented or sedated persons better to be addressed by first name

Elements of effective communication with patients

2. Respect for the Patient

- Respond to patient as a person not a prescription user
- Maintain professionalism
- Avoid exchange of personal information
- Don't pass judgment

Elements of effective communication with patients

3. Questioning Techniques

- Open-ended
- Rapid sequence of question
- Don't interrupt patient

Elements of effective communication with patients

4. Patient Instruction

- Assess patient need
- Control the amount of the information given
- Assess patient learning
- Determine patient objectives

Elements of effective communication with patients

5. Medical Jargons

- Translate commonly used pharmacy and medical terminology to lay terminology
- Avoid slangs
- Be sensitive to non-Arabic specific patients
- Patient with chronic diseases maybe offended if spoken to in very simple lay-type instructions

Appreciating Differences in an Individual's Perspective

- patient may be concerned about:
 - the seriousness of their illness
 - talking about an embarrassing condition
 - undergoing treatment
 - how the illness will affect their quality of life or their family
 - not making themselves understood
 - not being able to understand the clinician's response
 - wasting the clinician's time

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Appreciating Differences in an Individual's Perspective

- clinician may be focused on:
 - time constraints
 - taking a case history
 - starting treatment as soon as possible
 - their own lack of knowledge
 - the symptoms, signs and underlying pathology
 - assumptions based on previous visits

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Exercise

- Identify the medical jargons in the following

'Mr Jones, I am sorry but you have become febrile, I can hear rales in your chest and you may be developing pneumonia. I am going to order a chest radiograph, organise an intravenous line and start you on a cephalosporin.'

Rephrase in simple, layman language

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Barriers to verbal communication

- Physical barriers
 - Community:
 - Large countertops, security bars and protective glass, drive through windows
 - Hospital:
 - Fewer barriers; standing over patient
- Lack of privacy
- The telephone
 - Identity of the caller and the person answering
 - Busy atmosphere

Embarrassing Situations:

- Anticipate situations of embarrassment and be ready
- Talk to the patient in a private environment
- Demonstrate professionalism and talk in a straight forward manner
- Avoid humor
- Use clear and accurate terminology
- Give the patient a chance to express their feelings

Cues of patient embarrassments

- **Vocal indications**

- hesitating when responding to your questions such as *'Er... yes... that seems clear...'*
- letting the voice trail off at the end of a sentence
- talking in an over-enthusiastic or falsely upbeat voice
- talking too quietly
- talking quickly in incomplete sentences

Cues of patient embarrassments

- **Non-verbal indications**

- looking away, not returning eye contact
- fidgeting, fiddling with a ring, tissue, watch strap, nail etc.
- getting up to leave before you have finished your explanation
- remaining silent throughout the explanation
- blank or confused facial expression
- closed or tense body language (tense shoulders and neck, arms folded across body, twitching foot, shallow breathing)

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Mute Patients

- Written communication techniques
- Allow sufficient time
- maintain your end of conversation

Elderly patients

- Special needs due to
 - hearing, vision impairment
- Take your time
- Speak slowly, directly
- Avoid slang
- Treat with respect
- Don't assume impairment in all elderly patients
- Use large print labels and printed materials
- Reassure patient
- Reinforce

Pediatric Patients

- Involve the child
 - Use age appropriate words
 - “this medication will help you breathe better”
- More in-depth information for preteens and teenagers
- Involve preteens/teenagers with chronic diseases in decision making

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Gate Setting

Physically Challenged patients

- Physical disabilities does not equal mental disabilities
 - Wheelchair
 - Prosthetic device
 - garbled speech
 - Impaired vision
 - Impaired hearing
- Communicate as physically able patient
- Engage in patient in unhurried conversation
- Speak directly
- Don't stare at the patient
- Don't physically assist the patient

Mentally challenged patients

- Communicate clearly and directly
- Involve them to participate in their own health care at the level you think appropriate.

Hearing Impaired Patients

- Be sensitive
- Not all can read lips or understand Sign language
- Hearing aids may not necessary impart normal hearing to the person.
- Hearing impairment doesn't mean diminished intellectual abilities
- If patient can read lips, don't turn away from them
- Written communication maybe necessary

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Critically Ill Patients

- Little privacy
- No sense of control
- Surroundings
- Patient affected from illness, medications, procedures, surgery
- Speak directly

Chronically Ill Patients

- Challenging
 - Know more about their diseases management
 - Very demanding
 - Bitter, difficult to engage if there was a previous unfulfilling encounter.
- Show empathy
- Assess their need on individual bases and at an appropriate level

Terminally Ill Patients

- Challenging
- Difficult to engage, bitter, cynical
- On many medications, intensive monitoring
- Stigma of high dose narcotic prescription
- Treat with respect
- Involve them in their own care plan
- Be supportive

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Hard to reach Patients

- Minorities
- Low socioeconomic status
 - Few resources, little knowledge
- Illiterate patients
 - Different sized bottle of each medication
 - Calendar with unit-of-dose medication stapled
 - Color coding the labels
- Be sensitive to the cost of the medication
- Deliver the same high quality of care and communicate as respectfully as with all patients.

Antagonistic patients

- Refuse pharmacist-patient interaction of any sort.
- Be as professional as possible
- Be direct
- Limit the time of the interaction
- Help the patient to regain trust in the health system by being available when the patient come back asking for information
- Show respect

Non or Over communicative Patients

- Non-communicative Patients
 - Don't volunteer information or interest
 - Yes/No answer type
 - Ask open ended questions
- Overly communicative patients:
 - Control over conversation
 - Redirect when they wander off

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COMMUNICATION SKILLS With HEALTH ACRE PROFESSIONALS

Pharmacist-Physician Communication

- Often have trouble communicating
 - Both are busy professionals
 - Some RPh intimidated by MD
- Be prepared
- Stay with the pharmacist's expertise
- Choose the right time and place for conversation
- Follow the chain of command
- Don't interrupt physician-patient, physician-teaching unless needed

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Pharmacist-Physician Communication

- When addressed by question, listen carefully, assess information, ask additional questions until clear about situation

Pharmacist-Nurse Communication

- Often have trouble communicating
- Most communications occur because of errors in dispensing, distribution or administration.
- Telephone is the primary communicating media
- Show mutual respect
- Communicate clearly, timely

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Pharmacist-Pharmacist Communication

- Clear communication of patient information during shift switch.
- Direct communication between consulting pharmacist and the pharmacist on the patient care team.
- Community and institutionalized pharmacists rarely communicate
 - Unified health care delivery system

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