

College of Pharmacy  
Communication Skills.

## Principles and Elements of Interpersonal Communication

### The seven-star pharmacist

To be effective health care team members, pharmacists **need skills** enabling them to assume many different functions. The concept of the “**seven-star pharmacist**” was introduced by WHO (World Health Organization) : and include the following :

1-Caregiver    2-Decision-maker    3-**Communicator**    4-Manager    5-Life-long learner    6-Teacher    7-Leader

### Communicating—knowing versus doing.

1-Many people feel that an effective communication is something **you are born with**.

2-In fact communication skills can **be learned and developed**. However, like other skills, they require **practice**.

3-**Knowing** how to communicate and **being** an effective communicator are **different**. This course will provide information about **communication theory** along with how and why it is important. **And for being an effective communicator, it requires practice and effort to manage our interactions with others.**

### Overview

In our personal and professional lives, we need to interact with many people. Some of these interactions are successful, while others are not. Consider Case Study 1

#### Case study 1

George Raymond, a 59-year-old man with moderate hypertension, enters your pharmacy holding an unlit cigar. You know George. He has been told to quit smoking and go on a diet. **He also has a long history of not taking his medications correctly.** He comes to pick up a **new prescription**—an antibiotic for a urinary tract infection. **Although he knows you personally, he is somewhat hesitant as he approaches the prescription area. He looks down at the ground and mumbles,** “The doctor called in a new prescription for me, and can I also have a refill of my heart medication?”

### Components of the Interpersonal Communication Model

1-Communication encompasses a broad spectrum of media, for example, mass communication (TV, radio), small-group communication (discussion groups), and large-group communication (e.g. lectures).

2-This course will focus on **one-to one interpersonal communication that occurs in pharmacy practice.**

3-This specific form of communication (**interpersonal communication**) is best described as a **process in which messages are generated and transmitted by one person and subsequently received and translated by another.**

A practical model of this process is shown in Figure 1.

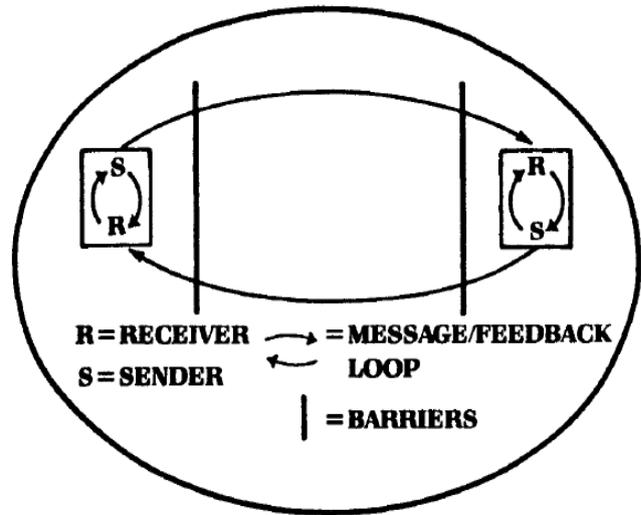


FIGURE 1. The interpersonal communication model.

### 1-The Sender

In the interpersonal communication process, **the sender transmits a message to another person.** In the example described above, the initial sender of a message was Mr. Raymond.

### 2-The Message

-In interpersonal communication, the message is the element that is transmitted from one person to another. Messages can be thoughts, emotions, information, or other factors and **can be transmitted both verbally (by talking) and nonverbally (by using facial expressions, hand gestures, and so on).** For example, Mr. Raymond's **verbal message** was that he wanted **his new prescription** and that he would like to have his prescription for **heart medication refilled.**

-At the same time, he also communicated nonverbal messages. Did you recognize any of these nonverbal messages? **By looking down at the ground and mumbling rather than speaking clearly, he might have been expressing embarrassment, shyness, or hesitancy to talk with you.** He might have felt embarrassed, perhaps because he had not been taking his heart pills regularly. **The nonverbal component of communication is important. Research has found that most of the message is transmitted through its nonverbal component.**

**The most important thing in communication is hearing what isn't said.**

**Peter Drucker**

### 3-The Receiver

**The receiver (you in the above example) receives the message from the sender (Mr. Raymond).** As the receiver, you "decode" the message and assign a particular

meaning to it, which **may or may not be** Mr. Raymond's intended meaning. In receiving and translating the message, **you probably considered both the verbal and nonverbal components of the message.**

#### **4-Feedback**

**Feedback is the process whereby receivers communicate back to senders their understanding of the senders' message.**

In the example, you were first a receiver of information from Mr. Raymond; when you responded to him with a statement, such as "So you want your medication refilled?" you became a sender of feedback to Mr. Raymond.

**Feedback can be simple, such as merely nodding your head, or more complex, such as repeating a set of complicated instructions.**

**During the communication process, most of us tend to miss the feedback. As receivers of messages, we fail to provide appropriate feedback to the sender about our understanding of the message. On the other hand, as senders of messages, we fail to ask for feedback from the receiver or in some cases ignore feedback provided by others.**

The model we have presented is useful because it is easy to understand, but it does oversimplify the communication process. **In any interpersonal communication situation, individuals at any point in time are simultaneously sending and receiving messages.**

For example, in the scenario described above, the initial spoken message was sent by Mr. Raymond: "The doctor called in a new prescription for me, and can I also have a refill of my heart medication?" **However, at the time that he was speaking to the pharmacist, he was observing the pharmacist's nonverbal behaviors and so was receiving messages from the pharmacist as he was sending the oral message.** He observed whether the pharmacist was **paying attention**, whether he was **smiling**, whether he was **understood** the spoken messages with nods of his head, and so on.

**The communication is transactional and the interaction includes both verbal and nonverbal messages.**

#### **5-Barriers**

Interpersonal communication is usually affected by a number of **barriers**. These barriers affect the accuracy of the communication exchange. For example, if a **loud generator** in your pharmacy while you were talking to Mr. Raymond, it would have been even more difficult to understand what he was trying to communicate. Other barriers to your interaction with Mr. Raymond might include a **safety glass partition between you and Mr. Raymond**, **telephones ringing**, or Mr. Raymond's **inability to hear you due to a defective hearing aid.**

## Personal Responsibilities in the Communication Model

As a sender, you are responsible for ensuring that the message is transmitted in the clearest form, to the other person. To check whether the message was received as intended, you need to ask for feedback from the receiver and clarify any misunderstandings.

**A-Thus, your obligation as the sender of a message is not complete until you have determined that the other person has understood the message correctly.**

**B-As a receiver, you have the responsibility of listening to what is being transmitted by the sender and you should provide feedback to the sender by describing what you understood the message to be.**

Many times, we rely on our assumptions that we understand each other and thus feel that feedback is not necessary. However, practice has found that without appropriate feedback, misunderstandings occur. Of concern is that, as pharmacists dealing with patients, physicians, and other health care providers, we cannot afford these misunderstandings. These misunderstandings might result in harm to the patient.

**To become more effective, efficient, and accurate in our communication, we must include feedback in our interactions with others.**

**Research has found that when pharmacists communicate effectively with patients, patient outcomes improve.**

## In Search of the Meaning of the Message

In the interpersonal communication, the sender delivers the message, and the receiver assigns a meaning to that message. **The critical component in this process is that the receiver's assigned meaning must be the same as the meaning intended by**



In this counseling situation, what is the pharmacist doing correctly? What needs to be improved?

**the sender. In other words, we may or may not interpret the meaning of the various verbal and nonverbal messages in the same way as the sender intended.**

In the encounter with Mr. Raymond, he may have been embarrassed or hesitant to talk with you, or then again, he may not have been. He may have been looking down at a coffee stain on the new tie that his wife gave him. Thus, the message that you received might not have been the one Mr. Raymond intended to send.

### **Words and their context**

In general, individuals assign meaning to verbal and nonverbal messages based **on their past experiences and previous definitions** of these verbal and nonverbal elements. **If two persons do not share the same definitions or past experiences, misunderstanding may occur.**

Different words mean different things to different people based on the definitions learned. For example, “football” to an American means a sport using an oval ball, but “football” to a European means a sport using a round ball (soccer).

An example of this misunderstanding occurs in health care when we speak in medical terminology that may have different (or possibly no) meaning to our patients. The following example illustrates this potential misunderstanding.

In the beginning exercise, let us assume that you wish to inform Mr. Raymond that his urinary tract antibiotic will be more effective if taken on an **(empty stomach)**.

**Empty stomach in pharmacy practice mean at least 1 hour before meal or at least 2 hours after meal.**

Thus, the meaning of your important message may not have been received accurately by Mr. Raymond.

Thus, patients may assign a meaning to our message that is different from the one intended. The following actual situation illustrates this point.

#### **Case Study 2**

A 9-month-old baby is admitted to the hospital with a severe infection. The pharmacist spoke with the mother upon admission and learned that about 1 week ago her son had developed a minor bacterial infection and received an antibiotic, which she gave him for 4 days until the infection appeared to be cleared up. When asked why she stopped the antibiotic, the mother stated that she was just following the directions on the prescription label: **“Take one-half teaspoonful three times a day for infection until all gone.”** The mother stated that she gave the medication until the **infection was all gone**. Unfortunately, the **intended message was that the antibiotic should be given until the liquid was all gone** (which would have been about 14 days—long enough to treat the bacterial infection). The mother assigned a meaning to the message on the prescription label that was not accurate; and thus, she stopped giving the antibiotic, a super-infection developed, and the baby was hospitalized.

In this example, **the pharmacist did not ask for feedback** from the mother to know how she was going to give the medication to her son.

### **Congruence between verbal and nonverbal messages**

The meaning of the message may be somewhat unclear if the receiver senses incongruence between the verbal and nonverbal messages. **That is, the meaning of a verbal message is not consistent with the meaning of a nonverbal message.**

See the “Examples of Incongruent Messages” box. In each of these examples, the verbal message obviously does not match the nonverbal message, and the receiver may be confused about the true message intended by the sender.

**To avoid this incongruence, as a sender, you must be aware of the nonverbal messages as well as the verbal messages.**

**As a receiver, you must point out to the sender that you are receiving two different messages.**

#### **Examples of Incongruent Messages**

- A **red-faced agitated man comes into the pharmacy, raises a fist**, and loudly proclaims, **“I’m not angry, I’m just here to ask about a prescription error.”**
- A patient hands a pharmacist a prescription for a **tranquilizer**, then **bursts into tears**. The pharmacist asks if anything is the matter, and the patient responds, **“No, I’m okay, it’s nothing at all.”**

In reality, the final message is not what is said, but what the receiver perceives was said. The following section discusses how to prevent potential misunderstandings.

### **Preventing misunderstanding**

In the previous situation involving the baby’s antibiotic prescription, the label read, **“Take one-half teaspoonful three times a day for infection until all gone.”**

Unfortunately, the mother interpreted the message incorrectly. In this situation, the meaning could be clarified relatively easily by rearranging the position of the last two prepositional phrases ( . . . three times a day **until all medication is finished** ) or rearranging the wording ( . . . **until the medication is all gone** ).

However, minimizing misunderstandings is many times more difficult in other situations.

**We often assume that the receiver will interpret our message accurately.**

### **Using feedback to check the meaning of the message**

Predicting how a person will translate a particular message is difficult. **Using a technique described earlier (providing feedback to check the meaning of the message) may alleviate some communication misunderstandings.**

See **case study 3** for an illustration of the harmful effects of not asking for feedback from the patient on how they intend to take the medication.

### Case Study 3

A patient being seen in an anticoagulation clinic mentioned to the pharmacist that he had developed several bruises on his hands and legs. The pharmacist immediately checked the patient's INR value and found it 6, which was well above his targeted 2–3 range. The pharmacist asked whether the patient had changed his diet, lifestyle, or drug regimen. **The patient said no, but that he was given another medication during his last clinic visit.** The pharmacist then went back to the patient's record and noticed that the patient had been receiving 4 mg daily of the anticoagulant drug for some time, but his dose was reduced to 3 mg during the last visit to adjust his INR. The pharmacist suspected what the issue might be and asked the patient, **“Did you stop taking the 4 mg tablet?”**

The patient replied, **“No, nobody told me to, so I have been following instructions and taking both tablets!!”** Thus, he was taking 7 mg per day rather than the intended 3 mg.

**Unfortunately, relying on our intuition is not as effective as obtaining feedback to measure understanding.** See the accompanying box for examples of how to ask for feedback.

### Statement or Question That Elicit Feedback

**“just to make sure that I didn't leave anything out, please tell me how you are going to take your drugs”**

The receiver can also alleviate some misunderstanding by offering feedback to the sender. After receiving the message, the receiver should indicate in some way what she understands the message to be.

So when the pharmacist is primarily the “receiver” when he is obtaining information from patients on their symptoms or current therapy, the pharmacist should provide feedback to verify his understanding.

When the pharmacist is primarily the “sender,” as when he is giving information on a new prescription, then the patient should be asked to summarize key information presented as a way of providing feedback that the pharmacist's message was understood accurately.

#### Case Study 4

A patient returned to the pharmacy complaining of side effects apparently caused by his medication. The patient's records indicated he was given 30 nitroglycerin patches. Both the pharmacist and the physician told him to “**apply one daily.**” The patient opened his shirt to reveal 27 nitroglycerin patches firmly adhered to his chest!!.

In case study 4, the patient applied one patch each day (but did not perceive the intended message that he should remove one). He followed his perception of the instructions.

Unfortunately, no one asked him how he was going to use the patches (in other words, did not ask for feedback on his perception of the instructions). If the pharmacist had verified the patient's understanding, the patient would have been spared the resulting embarrassment and possible side effects.

Misperceptions like the one above occur frequently in pharmacy practice, and most pharmacists have a story to tell about how patients misuse medication based on their misperceptions.

The outcome of these situations may be relatively harmless, but some can be serious. For an example, see case study 5.

#### Case Study 5

young woman suffering from vaginal candidiasis was given the usual 15 nystatin **vaginal tablets** and was told by the pharmacist to “**use one tablet daily** for two weeks.” She returned to the pharmacy after two weeks in severe discomfort with a complaint that “**those nystatin tablets taste terrible!**”.

In case study 5, **the patient assigned the wrong meaning to the word “use” and used the medication the way she typically uses medications—by taking them orally.**

In general, people develop their perceptions based on their past experiences, background, and values.

People of different backgrounds, values, and experiences may assign meanings to messages that are different from those intended by the sender.

**One skill that minimizes perceptual differences is to use terms and concepts that are familiar to the patient. It is very easy for patients to misunderstand when you use medical terminology or professional jargon.** For example:

1-احد زملاء وعندما سأله المريض عن فائدة احد الأدوية الفوارة الموصوف له جاوبه بقوله : **يجعل الإدراة قلويا** .

2-احد زملاء وعندما سأله المريض عن الفرق بين ابرة الكلافوران و ابرة السيفترايكسون الموصوف له جاوبه بقوله : **كلاهما من الجيل الثالث . وهي ترجمة حرفية لـ**

### **Third generation cephalosporins**

3-احد زملاء وعندما سأله المريض عن سبب وجوب ابتلاع حبة اسبرين الاطفال كاملة وعدم قسمها او طحنها جاوبه بقوله : **لأنها مغلفة معويا . وهي ترجمة حرفية لـ**

### **Enteric coated**

4-احد زملاء وعندما سأله المريض عن سبب الامتناع عن تناول كبسول تتراسايكلين مع الحليب ومشتقاته في نفس الوقت جاوبه بقوله : **لأنه يكون معقدا . وهي ترجمة حرفية لـ**

### **Complex formation**

Many times, using “lay language,” which is familiar to patients, rather than **medical terminology**, which is familiar only to health care professionals, **can enhance understanding**.

## **Perceptions of individuals**

**Our perception of the message is also influenced by our perception of the individual sending the message.** How we perceive the sender affects the interpretation of the message. We respond using our perception of that individual as our reference point because we tend to be influenced by a person’s cultural background, status, gender, or age.

**These perceptions are further influenced by any *bias we have or stereotypes we hold of certain groups of individuals.***

The following statements illustrate this point:

“People who are mentally ill do not comply with their medication regimens.”

“Elderly people can’t hear well and always talk too much.”

“People who talk slowly have a learning disability.”

وفي العراق توجد الكثير من مظاهر stereotypes مع الاسف الشديد

**We do not see the person as a unique individual but as a representative of a particular group (e.g., elderly, overweight, or mentally ill).** We erect “perceptual barriers” to the communication process not based on fact but on our inferences **based on stereotypes.** Unfortunately, these barriers inhibit true communication between individuals.

**Misunderstandings will often take root when people from differing backgrounds do not talk to one another.**

**Be willing to talk openly and with a constructive attitude.**

Unfortunately, **the people we deal with on a daily basis may have perceptions of pharmacists that interfere with our ability to communicate with them.**

Their perceptions may not be based on reality but on **their stereotypes of pharmacists**. Patient perceptions are influenced by their past experiences with pharmacists, by what others have said about pharmacists, or by what they read in magazines and newspapers. **For example, patients may perceive us as uncaring, busy people who are concerned only with filling prescriptions and taking their money.**

These stereotypes influence what they say to us and how they listen to us. **If they perceive us as professionals, they will listen to what we tell them about their medications.**

**By the same token, if nurses, physicians, and other health care providers do not perceive us as professionals, they will not value the information we provide.**

Part of improving communication with others is to determine what their perceptions of pharmacists are and then try to alter those perceptions if they are unfounded.

## **Summary**

The interpersonal communication model reveals that you must recognize that interpersonal communication is more than merely speaking to others, or offering the instructions to the patients.

**You must make sure that the messages you transmit to others are received accurately.**

## **Reference**

**1-**Robert S. Beardsley, (ed.); Communication Skills in Pharmacy Practice, 5th edition. Copyright © 2008 Lippincott Williams & Wilkins.

