

Communication in Pharmacy Practice

Part one: Strategies to Meet Specific Needs**Overview**

1-Communication skills in pharmacy practice can be especially difficult in situations in which patients have special communication needs (**older adults**; persons with **hearing, sight, or literacy deficiencies**; patients with **disabilities**; **terminally ill** patients; patients with AIDS; patients **with mental health problems**; patients from **different cultural backgrounds** and persons taking care of patients (**caregivers**).

2-These groups require special strategies to ensure effective communication.

1-Older adults

Several factors make it imperative for you to be sensitive to interactions involving older adults.

1-**The number of elderly in society is increasing**, and the **elderly consume higher amount of medications** compared with other age groups (Poly pharmacy).

2-Unfortunately, the **aging process sometimes affects certain elements of the communication process in some older adults**. These potential communication problems are :

A-Learning

1-**Some older adults learn at a slower rate than younger persons**. They have the ability to learn, but they process information at a different rate.

2-In addition, short-term memory, and recall, may be diminished in some elderly patients

3-**The rate of speech and the amount of information presented at one time must meet the individual's ability to comprehend the material..**

4-A good approach with some older adults is **to break down learning tasks into smaller components**. When given the opportunity to learn at their own speed, most elderly people can learn as well as younger adults.

3-Another important step is to **encourage feedback from patients** as to whether they received your intended message by asking them to repeat instructions .

B-Generation differences

1-Potential communication barriers between you and older patients may be attributable to the **generation gap**.

2-Thus, **some older adults may have different beliefs and perceptions about health care** in general and about drugs. Some behaviours, such as **sharing medication**, may seem inappropriate to you, **but such actions may be common in elderly**.

C-Psychosocial factors

1-Several psychosocial factors may influence your relationship with older adults. First, some older adults may be experiencing a significant amount of loss compared with people of other age groups. For example, their friends may be dying at an increased rate, or they may have retired from their jobs.

2-Thus, their reaction to certain medical situations, such as ignoring your directions or complaining about the price of their medications, may be responses of becoming less active, or of dying.

3-They may become angry at you or other health care providers. They may also turn to self-diagnosis and self-treatment or to the use of other people's medications.

D-Vision

If you work with elderly patients, you need to realize that the aging process may affect the visual process. **Written messages for persons with visual deficiencies should be in large print**.

E-Hearing

1-Aging may affect the hearing process. Auditory loss in various degrees of severity is seen in more than 50% of all older adults.

2-Many individuals **with hearing deficiencies, including some older adults, rely on speech reading** (watching the lips, facial expressions, and gestures) to enhance their communication ability (For speech-reading to be most effective, **you should position patients directly in front of you when communicating**).

3-To improve communication with hearing-impaired patients, **try to position yourself about 3 to 6 feet away; never speak directly into the patient's ear** because this may distort the message. **Wait until the patient can see you before speaking**.

4-It is also important to **slow your rate of speech somewhat so that the person can differentiate the words**. Remember **not to shout when speaking**, since shouting may offend some people. Talking in a somewhat **higher volume and at a slower rate** of speech will help most individuals.

5-Finally, be aware of **environmental barriers, such as loud background noises** or which make communication difficult for the hearing impaired.

F-Speech

1-In pharmacy practice, you may need to interact with people who have some type of speech impairment. A common speech deficiency is **dysarthria [difficulty in speaking words Clearly]**. Diseases such as Parkinsons disease, as well as strokes and accidents, can cause dysarthria. In dysarthria, **speech may be slurred or otherwise difficult to understand.**

2-To overcome speech barriers, many patients **write notes to their pharmacist or use sign language as a means of communicating.** Some pharmacists have responded to this need by providing writing pads for patients.

G-Aphasia[Inability to generate or comprehend spoken language].

1-A group of patients with related speech difficulties are those who suffer from aphasia after a stroke or another adverse event. Aphasia is a complex problem that may result, to varying degrees, in the reduced ability to understand what others are saying and to express oneself.

2-Fortunately for some patients, their communication ability can be improved after extensive therapy. However, improvements are often seen in small increments.

3-Aphasic patients usually **have normal hearing acuity; shouting at them will not help.** Their problems are due to lack of comprehension.

4-You need to be **patient with these individuals when discussing their medications.** Also, **it takes longer to communicate with them,** since they may hear the word but may not immediately recall the meaning of it.

5-It is best to let them try to communicate. If they are unsuccessful after a few attempts, **help them by supplying a few words in multiple-choice fashion and let them select the word they desire.**

7-Many times it is **best to counsel other people who are caring for aphasic patients,** but do not exclude patients from communication

2-Patients with Disabilities

A-Wheel chair bound patients

1- **Access issues are important when caring for wheel chair bound patients.**

Unfortunately, many pharmacy practice settings, including hospital and community sites, are not readily accessible to these individuals. Entrances are often not wide enough, counters are too high, and pharmacists may not be visible to wheel chair bound patients.

2-When talking with patients in wheelchairs, it is important to realize that you may be talking down to them. **So it is best to talk on the same eye level.**

3-Patients appreciate any efforts **to minimize the distance between you and them** without causing increased attention to the fact that they are in a wheel chair.

B-Learning disabled patients

1-Patients with learning disabilities are especially challenging . **You may have to repeat key information to make your point**. In addition, you should **not get frustrated if the patient does not seem to get the main points**.

2-For many patients, you may also have to work **with the patient's caregiver to make sure that information is transmitted correctly and used appropriately**. If the patient and caregiver are both present, make sure that you speak to the patient, not just to the caregiver, to get them involved with the situation as much as possible.

3-Patients with mental health problems

1- Unfortunately, certain stereotypes about mental illness and patients with these disorders tend to inhibit communication. People in general, as well as many pharmacists, have certain misconceptions about mental illness. We tend to categorize them as crazy people based on images we have formed about them.

2- The presence of mental illness should not stop you from trying to interact with these special patients. **Asking open-ended questions**(e.g. **What has the doctor told you about this medication?**) **are good tools to determine cognitive functioning**. That is, are they able to comprehend what you are saying? If not, you may have to communicate through a caregiver.

4-Patients with Low health literacy

1-Health literacy is the ability to "read, and understand the healthcare information".

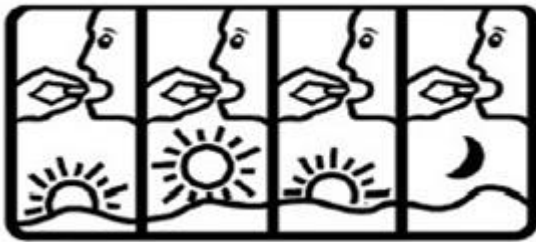
2-Persons with limited ability to read information are frequently **embarrassed** and **fail to disclose this fact to health care providers**. Due to the strong **stigma** associated with reading problems, many patients **will make excuses or try to conceal that fact that they have trouble reading**.

3-Many patients with literacy issues have average IQs and function well in daily life, so **detection is difficult**.

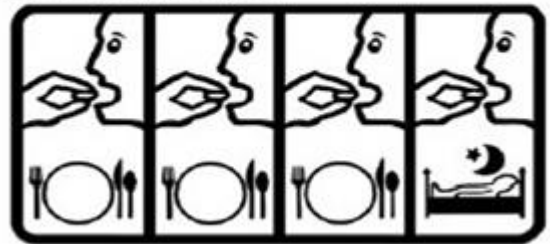
4-Poor health literacy is directly linked to patient safety. **If patients cannot understand the material, then they are in danger of medication errors**.

5- Providing pictures can improve understanding of key medication instructions. The United States Pharmacopeia (USP) has developed **81 pictograms that illustrate common medication instructions and precautions**. These graphic images can be used by health care professionals when communicating with **low literate or non-Arabic - speaking patients**.

Take medicines four times a day



Take medicine four times a day, with meals and at bed time



Take medicine at night



Take with meals



Do not take with meals



5-Cultural Competence

1-Since various cultures may speak a variety of languages, one issue that may arise is your ability to communicate with patients who do not speak Arabic or have marginal Arabic skills. In this case you can communicate with the patient **using a staff member who speaks the patient’s primary language.**

6-Caregivers

1-Caregivers can be people who take care of older adults with chronic conditions, parents who take care of children during acute or chronic illnesses, family members,

2-Caregivers need to **understand the patient's condition and treatment.**

3-Since you cannot communicate directly with patients [and thus cannot determine whether they received your intended message], the **written information about the medication is essential.**

4-Many pharmacists use medication **reminder systems** (i.e., drug calendars, weekly medication containers) to **help caregivers keep track of medications.**

5-**Many times, caregivers have special needs themselves.** They may be under a lot of stress trying to care for the patient at home. **Serious depression** has been found in almost **one-fourth of the individuals caring for the home-bound elderly.**

Part two: Communicating with Children about Medicines

Overview

Children are **important consumers of medicines**. Communication with children typically involves **three people**: the **pharmacist**, the **child**, and the **parent** of the child.

Need for Educating Children and their Parents about Medicines

1-Studies showed that pharmacists reported **considerable contact with children and their families** and that **most pharmacists reported filling prescriptions for children daily**.

2-Unfortunatly, these studies also showed that **most of pharmacists do not communicate directly with children**.

3-When parents come in to purchase drugs for their children, **it is important to educate the child as well as the parent about the medicine**. In addition to educating the child, an advantage to communicating directly with the child is that *you are more likely to speak at a level the parent will understand*

at a level that is appropriate for level of the child لأن تكلمنا المباشر مع الطفل سيجعلنا نتكلم وبالتالي فإن الوالدين سيفهمون الكلام من باب أولى

4-These studies also showed that most **children reported that they would like to ask the doctor or pharmacist a question about medicine but they reported never doing so**.

Therefore, pharmacists need to **encourage children to ask questions about their medicines**. The easiest way to do this is to say to a child “**Nearly everyone who gets a medicine has questions about it. I bet you have questions, too. Can you tell me a question you have about your medicines?**”

5-As a pharmacist, you need to make sure that the **parents** also are informed about their children’s medicines to prevent errors.

General Principles for Communicating with Children

The following general strategies for communicating with children about medicines:

1. **Tell the parent** that you are going to talk with the child.
2. Attempt to communicate at the **child’s developmental level**. Therefore start at the beginning :(Ask **children open-ended questions** rather than closed –ended questions **to get an idea about the cognitive level and knowledge**) (e.g. Through some simple questions such as “**Why do you need to take this medicine?**”).
3. Ask the **child whether he or she has questions for you**. (Note: you can lead into this by telling the child a simple question that another child asked you.)

4. Ask the child to **repeat what you say**.

5. Pay attention to **nonverbal communication**. (**Nonverbal communication is very important to children**. If you think about it, much of the communication between children and parents is nonverbal (e.g., hugs, sounds, gestures). Therefore, when you interact with children, you need to be aware of your facial expressions, tone of voice, and gestures).

6-Try to **get down to their level** so you will not be “talking down” to them.

7. Don’t give up. **If you fail the first time, try again the next time.**

Understanding the Cognitive Developmental Level of a Child

1-Children **progress through four stages** as they develop cognitive skills. The four stages of cognitive development are:

A-The first stage: This stage lasts **from birth to roughly 2 years of age**. Learning about medicines is not really possible in this stage.

B- The second stage: This stage lasts **from about age 2 to 7 years**. At this age, it is important to begin educating children **in simple terms**:

| Communication Strategies for Different Stages of Cognitive Development |
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| <p style="text-align: center;">The second stage (AGE 2 TO 7 YEARS)</p> |
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Sample educational message:

- 1-The medicine you’ll get will **go into your body** and make your throat feel better.
- 2-It will work only if you take it 3 times every day.
- 3-**Your mom will help you** know when to take the medicine and when to stop taking the medicine.

C- The third stage: This stage lasts **from about age 7 through 12 years**.

During this stage, children begin to understand that disease is treatable and preventable .

| Communication Strategies for Different Stages of Cognitive Development |
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| <p style="text-align: center;">The third stage (Age 7 To 12 Years)</p> |
|---|

Sample educational message:

- 1-This medicine will go into your body to help **fight off the germs** that are causing the infection in your throat.
- 2-The medicine will work only if you take it 3 times **a day for the next 10 days**.
- 3-If you don’t take it this way, **the infection might come back**. So keep taking the medicine, even if you think you’re feeling better.

D-The fourth stage: This stage typically is from age 13 through adulthood.

In general, you can typically give teenagers educational messages that would be equivalent to what you would give an adult.

Communication Strategies for Different Stages of Cognitive Development

The fourth stage (Age 13 Years To Adulthood)

Sample educational message:

- 1-The medicine you're getting will **help your immune system** fight off bacteria that are causing your infection.
- 2-The medicine used to treat these bacteria **is an antibiotic**.
- 3-You have to **take it every 8 hours**—that is, 3 times a day—for the next 10 days.
- 4-keep taking the medicine even if you think your throat is better. If you don't do this, there is a chance you will be **reinfected**.

ملد ————— ق

| كردى | عربي | كردى | عربي |
|---|-----------------------------|---|---------------------------------|
| شافي ناو لهش Shafi naw lash | تحميل مهبلية | لهگهل نان بېخو Lagal nan bikho | تناوله مع الاكل |
| پيش بهكارهينان شوشهكه راودهشینه Pesh bakar henan shushaka rawashena | رج القنينة قبل الاستعمال | لهگهل نان مه يخو (معهه بهتال) Lagal nan maikho (ma3iday batal) | لايؤخذ مع الاكل (معدة فارغة) |
| بيخهره سهلاجهوه Bikhara salajawa | يحفظ في الثلجة | سهعاتيك پيش نان بېخو Sa3atek pesh nan bikho | تناوله ساعة قبل الاكل |
| مهيهله بيبهستيت Mayalla bibaste | تجنب تجميده | دوو سهعات پيش نان بېخو Dw sa3at pesh nan bikho | تناوله بساعتين قبل الاكل |
| نهم دهرمانه گيزت نهكات Am darmana gezht akat | هذا الدواء قد يسبب دوخة | سهعاتيك دواى نان بېخو Sa3atek dwai nan bikho | تناوله ساعة بعد الاكل |
| نهم دهرمانه خهوت لى نهكات Am darmana khawt le akhat | هذا الدواء قد يسبب نعاس | روژى جارېك بېخو Rozhi jarek bikho | تناوله مرة واحدة يوميًا |
| بهيانيان دهرمانهكه بېخو Bayanian darmanaka bkho | تناول الدواء صباحا | روژى دوو جار بېخو Rozhi dw jar bikho | تناوله مرتين باليوم |
| ئيواران دهرمانهكه بېخو Ewaran darmanaka bkho | تناول الدواء مساء | روژى سى جار بېخو Rozhi se jar bikho | تناوله ثلاث مرات باليوم |
| پيش نووستن دهرمانهكه بېخو Pesh nustn darmanaka bkho | تناول الدواء قبل النوم | روژى جوار جار بېخو Rozhi chwar jar bikho | تناوله اربع مرات باليوم |

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|---|---|-----------------------------|---|
| كل 12 ساعة | هموو دوانزه سعاتيك Hamu dwanza sa3atek | عند الحاجة | به پي پيوست Ba pei pewist |
| كل 8 ساعات | هموو ههشت سعاتيك Hamu hasht sa3atek | هذا الدواء للقلب | نهم دهرمانه بو دله Am darmana bo dlla |
| كل 6 ساعات | هموو شمش سعاتيك Hamu shash sa3atek | هذا الدواء للمعدة | نهم دهرمانه بو معيديه Am darmana bo ma3idaya |
| قرط (مضغ) | كروشتن kroshtn | هذا الدواء للصداع | نهم دهرمانه بو سهرهشهيه Am darmana bo saryashaya |
| تجنب مضغه (قرطه) | مهي كروژه Mai krozha | هذا الدواء لمشاكل التنفس | نهم دهرمانه بو مشكله ي همناسيه Am darmana bo mushkilai hanasaya |
| يخفف مع الماء | لهگهل ناو رووني بکمرهوه Lagal aw runi bkarawa | هذا الدواء للضغط | نهم دهرمانه بو زوخته Am darmana bo zakhta |
| توضع تحت اللسان | نهم خريته ژير زمان Akhreta zher zman | هذا الدواء مهدئ | نهم دهرمانه هيمن كمرهويه Am darmana hemn karawayaya |
| لايؤخذ مع الحليب او منتجات الالبان في نفس الوقت | نايبت لهگهل شيرو سيباي وهر بگيريت لههه مان كاتدا Nabet lagal shirw spyaii | هذا الدواء مسكن الأم | نهم دهرمانه نازار شكينه Am darmana azar shkena |

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| أكثر من شرب الماء | ناو زور بخورهوه Aw zor bkhorawa | هذا الدواء خافض حرارة | نهم دهرمانه تا دائه به زينيت Am darmana Ta da abazenet |
| قطرة عين | قهتره ي چاو Qatrai chaw | هذا الدواء موسع قصبات | نهم دهرمانه بو فراوان كردني بوري ههوايه (بو قهصباته) Am darmana bo frawan krdni bori hawayaya (bo qasabat) |
| قطرة انف | قهتره ي لووت Qatrai Lwt | هذا الدواء للاسهال | نهم دهرمانه بو نيسهاليه Am darmana bo es-halia |
| قطرة اذن | قهتره ي گوي Qatrai gwe | هذا الدواء ملين (للقبض) | نهم دهرمانه بو قهبزويه Am darmana bo qabzia |
| غرغرة | غرغره | هذا الدواء للسعال | نهم دهرمانه بو كوكهيه Am darmana bo kokaya |
| تجنب بلعه | قووتي مهيه Qwti maya | هل المرأة حامل | نايا نافرته كه دووگيانه Aya afrataka dw gyana |
| بخاخ | سپرا spra | هل المرأة مرضع | نايا نافرته كه شير نهدا Aya afrataka shir ada |
| بخاخ بالانف | سپراي لووت sprai Lwt | لايعطى للحامل | نادريت به دووگيان (حامله) Nadret ba dw gyan (hamila) |
| ابرة بالعضلة | دهرزي به سمت Darzi ba smt | لايعطى للمرضع | نادريت به نافرته ي شير دهر Nadret ba afrati shir dar |

| | | | |
|---|----------------------------|--|---------------------------|
| نادریت به نافرمتی شیر دمر Nadret ba afrati shir dar | لايعطى للمرضع | دهرزی به سمت Darzi ba smt | ابرة بالعضلة |
| کهوچکی چا Kawchki cha | ملعقة شاي | دهرزی به دهمار Darzi ba damar | ابرة بالوريد |
| کهوچکی قاوه Kawchki qawa | ملعقة كوب | دهرزی زهر پیست Darzi zher pest | ابرة تحت الجلد |
| کهوچکی چیشْت Kawchki chesht | ملعقة طعام | شافی کوم Shafi kom | تحامیل بالمقعد |
| نهم دهرمانه رنگی میزهکمت نهگوریت Am darmana rangi mizakat agoret | هذا الدواء يصبغ الادرار | نهم دهرمانه رنگی بیساییهکمت نهگوریت Am darmana rangi pisayakat agoret | هذا الدواء يصبغ الخروج |