Lec. 9-10

College of Pharmacy
Communication Skills. 2022-23

Part one: Medication Safety and Communication Skills

Overview

As discussed in earlier lectures, effective communication skills are essential in assuring that patients understand how to take their medications correctly and in assuring patient safety.

Case Study 9.1

Brenda Anderson, a 78-year-old female, visited her physician for a refill of her "blood thinner"—warfarin 5 mg. Based on her recent lab work, Brenda's physician told her to take one-half a tablet daily for 4 days and then 1 tablet daily thereafter.
Her physician wrote a prescription for: warfarin 5 mg.
SIG: 2.5 **mg** q d x 4 d; 1 tab q d. #30.
John Coleman, the pharmacist who filled Brenda's prescription, typed 2.5 **tablets** daily for 4 days and then one tablet daily on the prescription label.
While at home, Brenda forgot what her physician said and followed John's instructions. Thus, she took 2.5 tablets (**5 times the amount that was intended**!). Going into her fourth day of this treatment, Brenda died of massive hemorrhaging. This situation is based on an actual experience.

Introduction to Medication Safety Issues

1- The definition of **medication error** is " **Any preventable event that may cause or lead to inappropriate medication use or patient harm** ".

2-What would happen if 100 Boeing 747 jetliners crashed each year? (about 40,000 lives lost)?. Terrible and unimaginable! Yes, but between **44,000 and 98,000 Americans lose their lives to medication errors each year**. **The annual cost of medication errors in the United States has been estimated to be more than $140 billion.**

Types of Errors: Possible Causes and Potential Solutions

A-Errors Involving Communication with Health Care Providers

1-**Many errors occur in the process of physicians communicating instructions to pharmacists** and in the pharmacist's ability to interpret these instructions.

2-Prescribers might not convey their messages clearly; and **pharmacists might not have an opportunity to provide feedback regarding their interpretation and understanding of these messages**.

3-This is true for **both written as well as verbal communication.**
Common issues involving **verbal** communication include:
A-**Distractions** and **noise** that interfere with clear transmission and receipt of the message.
B-**Speaking too rapidly**.
C-**Medications** that **sound alike when spoken** (Zantac vs. Zyrtec)
D-**Numbers that sound alike** (15 vs. 50)

4-Although **written communication** is often preferred over verbal communication to minimize errors, there are several issues that inhibit effective written communication as well. Examples of written communication issues include:
A-**Poor handwriting**.

B-**Medication names that look alike when written out** (Celexa vs. Celbrex or Bisoprolol 10 mg and Buspirone 10 mg).

C-**Misplaced zeroes** and decimal points in dosing instructions (.5 vs. 0.5; 1.0 vs. 10)

5-To minimize the above stated issues:

A-In general, pharmacists **should be able to contact physicians at any time to clarify issues regarding patient therapy.**

B-Pharmacists should also **review the possible issues, for example: The lighting within the pharmacy area may not be adequate**.

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B-Errors Involving Communication with Patients

1-Common issues involving **verbal communication** include:

• **Inability of patients to understand pharmacists** (medical terminology, language differences, etc.)
• **Hearing** and **vision** impairments.
• **Environmental barriers** (noisy pharmacy, no access to pharmacist)

2-Common issues involving **written communication** with patients include:
• **Patient's inability to read**.

3-Fortunately, **many errors could be discovered during the pharmacist–patient counseling interaction** and are corrected before patients leave the pharmacy. Patients

need to know what the medication is used for, how to take it, and other essential information. The pharmacist can use the "**show and tell**" technique of showing the medication to the patient and saying what the medication is used for and how they are taking it [**Unfortunately, this does not occur all the time in Iraq**].

4-Case 9.3 showed **how effective pharmacist–patient counseling interaction might aid in discovering an error where a physician prescribed a wrong drug to a patient**.

Note : indocin is an analgesic drug to relief pain while Imodium is a antidiarrheal drug.

CASE STUDY 9.3

A patient enters Morgan's Pharmacy and presents a prescription for:

Indocin 25 mg SIG: 1 cap bid prn #20

After filling the prescription, the pharmacist counsels the patient as follows.

Pharmacist: What exactly are you taking Indocin for?

Patient: I'm taking it for diarrhea.

Pharmacist: Diarrhea, huh? Did your doctor and you discuss the need for a pain medication?"

Patient: No, just diarrhea. I feel fine otherwise.

Pharmacist: Well let me double-check something here; I will be right back.

The pharmacist then calls the prescribing physician to inform him about the patient's statement. The physician says: "Oh my goodness, I meant to prescribe Imodium, I must have been thinking about another patient I just saw in clinic with back pain. Thanks for calling about this one. Please change the prescription to Imodium 2 mg." This situation is based on an actual experience.

When Errors Occur

What do you do when an error occurs? How do you handle the embarrassing situation of telling someone that you made an error? What do you do when an injury or death has occurred (as in Case Study 9.1)?

Difficult questions to face, but as revealed in this section, **effective communication skills can help remedy these situations. Put another way, weak communication skills can certainly make situations worse**. You should be aware that legal counsel must be consulted if there is a chance of litigation surrounding the event.

[This lecture focuses only on the communication skills related to the discovery and disclosure of medication errors].

A-Initial Discovery

When an error occurs, **you must make sure that the patient is not harmed or does not continue to be at risk.** The first general response to finding an error might be:

والاستجابات التالية من الصيدلاني تعتبر خاطئة عند الاكتشاف بأن خطأ ما قد ارتكب في صيدليته مع احد المرضى

• **Avoidance:** "I didn't make the error, the new pharmacist made the error it is not my responsibility to get involved."

• **Blaming someone or something else:** "The physician's poor handwriting was the problem."

• **Rationalizing that the error was not important:** "It is not big problem if you take two capsules from this drug rather than one capsule."

B-Initial Contact with Patient

1-If the patient is in the pharmacy; **go with him or her to a quiet area where other people cannot overhear.**

2-During the initial contact, **you should make a simple, but clear statement that you are extremely sorry for the error**. **You should not place the blame on other people** ("the evening pharmacist made the error"), or the fact that you were too busy. If you found the error, you need to take the responsibility for trying to resolve it. If a technicianمساعد الصيدلي made the error, you, as the pharmacist in charge, should not transfer blame to him or her since the error occurred under your watch.

3-When patients learn about a particular error, t**hey typically want to hear a brief description of exactly what happened and the short-term consequences of the error** ("this dose might increase your chances of having diarrhea").

4-**Do not minimize the importance of the error either**, "Luckily, no harm was done. Taking the 1 mg strength of this drug instead of the 2 mg wouldn't have hurt you."

5-Some errors can be remedied relatively easily ("please bring the prescription into the pharmacy and we will give you the new prescription" while others might be more complex and may take time to resolve ("I need to discuss this situation with your physician before making a decision about what needs to be done").

6-Finally, you **should thank the patient for bringing the error to your attention**, "Thank you for checking your medicine and telling us immediately that you had a concern."

7-Even when patients think an error has occurred **but has not** (e.g., a different looking generic was dispensed), yo**u should thank them for reporting the possible error.**

C-Contacting Other Health Care Providers

1-**You should alert physicians or other health care providers if they were involved with the original error** (wrong drug prescribed, prescribing two interacting medications, etc.) .

2-Once again, you may be tempted to avoid contacting others since you may be embarrassed. **However, if you do not report it and they find out through the patient or some other means, then they may not trust your professional competence in the future**.

Part two: Barriers to Communication

Overview

1-Take the following. You want to complain to your pharmacist that your cough still does not improved. While you are telling him about your problem, the pharmacist continues to look at paper on the counter. You continue to speak. However, he rushes over to the phone, paper in hand, and starts talking to other person without even looking up. While on the phone, he winks at you and says, "Go ahead, I'm still listening. Keep telling me about your problem."

How do you feel now—frustrated, angry… Why? Probably because you feel you can't communicate with this person. **He is not listening to you even though he says he is.**

2-Within the communication process, numerous barriers exist that may disrupt or even eliminate interpersonal interaction.

3-Minimizing communication barriers typically requires a two-stage process:
First, **you must be aware that they exist.**
Second, **you need to take appropriate action to overcome them**

4-Some barriers are easily removed, while others are more complex and require multiple strategies to minimize their impact.

Environmental Barriers

1-The environment in which communication takes place is critical in pharmacy practice, and distractions within the environment often interfere with this process.

2-One of the most obvious barriers in most community practice settings is **the height of the prescription counter** separating patients from pharmacy personnel.

A-These prescription counters exist primary to provide a private area in which the staff can work.

B-Unfortunately, in some situations, **high prescription counters**, **or glass partitions separate patients from the pharmacist and thus discourage patient–pharmacist**

interaction and give the patients impression that the pharmacist does not want to talk to them.

C-Many pharmacies provide areas where the **counter is lower** to facilitate pharmacist–patient interaction. **Ideally, you and the patient should both be at eye level to enhance verbal and nonverbal communication.**

3-**Crowded, noisy prescription areas** also inhibit one-to-one communication.

A-These noises interfere with your ability to communicate with patients. In addition, other people may be within hearing range, which limits the level of privacy (which is important when patients want to talk about personal matters).

B-Many community pharmacists have tried to address these issues. Some have private or semiprivate counseling areas or rooms. **Privacy does not necessarily mean having a private room. Even in a noisy environment, privacy can be achieved by moving away from a busy prescription area and lowering your voice to achieve**.

C-The pharmacist should reduce the number of products for sale near the counseling area to reduce the number of customers nearby, and reduce the distractions.

4-The first step in removing environmental barriers is discovering them. **One approach might be to view things from the other person's perspective. What images do others have when they enter your pharmacy?** How easy is it for others to access you to have a dialogue? Is there a comfortable waiting area and counseling area?

The next time you enter a community pharmacy, check for the following:
1-Does it appear that the pharmacist wants to talk to patients?
2-Is the prescription area conducive to private conversation?

Potential pharmacist –Related Barriers
•Low self-confidence •Shyness •Negative perceptions about the value of patient interaction.

Personal Barriers

A-Pharmacist-related personal barriers

Lack of confidence in your personal ability to communicate effectively may -1 influence how you communicate. If you believe that you do not have the ability to

communicate well, you may avoid talking with others [Many people feel that an effective communication style is something you are born with. **Unfortunately, people do not realize that communication skills can be learned and developed. However, like other skills, they require practice**]. So **you must remember that there are no expert communicators**: no one communicates perfectly 100% of the time. **However, .you must still strive to improve your communication skills by constant practice**

Another personal barrier to communication for some pharmacists involves the **degree**-2 **of personal shyness**. Individuals with high levels of shyness tend to avoid interpersonal communication in most situations, including interactions with patients, physicians, or other health care providers. Overcoming this barrier requires time and effort and, many times, professional assistance**. Resolving personal shyness is a more complex process than overcoming other types of communication barriers**. Techniques, such as **systematic desensitization** have been successful in resolving personal shyness for some .'persons

Another personal barrier to communication **is the internal conversation you may**-3 **have within yourself while talking with others**. For example, while you are listening to someone, you may be thinking to yourself about "**How can I get rid of this person?**". **This internal conversation may limit your ability to listen effectively as you focus on your own thoughts rather than on what the other person is saying**. It .is essential to become aware of this habit because it can inhibit your ability to listen

Another personal barrier involves the pharmacist's **negative perceptions about the**-4 **.importance of patient communication**
Many pharmacists believe that talking with patients is not a high-priority activity. They may perceive that patients do not want to talk with them. Thus, they are reluctant to approach patients. **If they do not value patient interaction, then they will not be .eager to participate in patient counseling activities**

Another barrier is the pharmacist's desire to answer every phone call, which may-5 give the impression to the patient that the pharmacist does not want to talk to him or .her

6-Another barrier is that many pharmacies have **reduced the number of staff members who can assist pharmacists**. Sufficient staff support should provide more time for the pharmacist to offer enhanced patient care, including patient counseling.

7-Stereotyping: If you hold certain stereotypes of patients, you may fail to listen without judgment.
For example, if a pharmacist has a negative stereotype of people who use analgesics, especially opioids, he may view all patients using opioids as "drug abuser".
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Therefore, we must see our patient as a person, unique and distinct from all others.

8-Depersonalizing: Unfortunately, there are a number of ways communication with a patient can become depersonalized. If an elderly person is accompanied by a young person, for example, we may direct the communication to the young and **talk about the patient rather than with the patient.**

9-Controlling: In most situations, there is an unequal power in relationships between health care providers and patients and there is tendency of providers to adopt an "authoritarian" style of communicating. Patients are "told" what they should do and what they should not do. Decisions are made, often with very little input from the patient on preferences, or concerns about treatment.

We must actively encourage patients to ask questions and discuss problems they perceive with treatment so that the treatment decisions will be a shared decisions.

B-Patient-related personal barriers

Several personal barriers relate to patients. **If patients perceive you as not being-**1 **knowledgeable or trustworthy**, they will tend not to ask questions or listen to your advice. On the other hand, if patients perceive you as being knowledgeable, they will .tend to seek out information

Also, if they **perceive that you do not want to talk with them,** they will not approach .you

Some patients **may feel that their physicians would have told them everything-**2 **about their condition and their medication**. Therefore, there is no need to talk with .you

Therefore, you may need to alter negative patient perceptions by actually **counseling** -3 **.them effectively**

Time Barriers

Choosing an inappropriate time to initiate conversation may lead to-1 **communication failure. The timing of the interaction is critical, since both parties must be ready to communicate at a given time.** For example, a woman who just came from a physician's office after waiting for three hours with two sick children may not be interested in talking with you or anyone else. The most important thing on her mind is to go home, get her kids to bed, and then relax. You may feel that this is not a .convenient time to talk to the mother

A possible solution might be to give her **basic information to get the therapy started** [and then (if possible) contact her at a later time (e.g. via phone) when both of you may .be more relaxed and ready to communicate]

In any situation, you **should assess nonverbal messages from patients** for-2 assurances that communication is well timed (do they appear to be listening to you?). At the same time, you must be aware of situations where people are trying to talk with you, .but you are not listening appropriately