Introduction to Communication Skills

Communicator

The pharmacist is in an ideal position between physician and patient. As such, he or she must be knowledgeable and confident while interacting with other health professionals and the public. Communication involves verbal, non-verbal, listening and writing skills. Many people feel that an effective communication is something you are born with. In fact communication skills can be learned and developed. However, like other skills, they require practice.

Importance of communication skills to a professional practice

- It establishes the ongoing **relationship** between you and your patients.
- It provides the exchange of **information** necessary to assess your patients' health conditions, reach decisions on treatment plans, implement the plans, and evaluate the effects of treatment on your patients' quality of life.

Patient-Centered Care

In patient-centered care, the pharmacist must be able to:

- Understand the illness experience of the patient
- Perceive each patient's experience as unique
- Foster a more egalitarian relationship with patients
- Build a "therapeutic alliance" with patients to meet mutually understood goals of therapy
- Develop self-awareness of personal effects on patients

Understanding medication use from the patient perspective

Models of the prescribing process that are "practitioner-centered" have primarily focused on decisions made and actions taken by physicians and other health-care providers. Ignorance of patient-initiated decisions on medication use, in turn, makes it difficult for health care professionals to accurately evaluate the effects of drug treatment. Also, we need to communicate with the patient in the same manner of his way of thinking.

Encouraging a more active patient role in therapeutic monitoring

Reasons to encourage patients to share their experience with therapy include:

- They have unanswered questions
- They have misunderstandings
- They experience problems related to therapy
- They "monitor" their own response to treatment
- They make their own decisions regarding therapy
- They may not reveal this information to you unless you initiate a dialogue.

Components of the interpersonal communication model

1. The Sender:

In the interpersonal communication process, the sender transmits a message to another person.

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).

3. **The Receiver**

The receiver receives the message from the sender. 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. 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.

In any interpersonal communication situation, individuals at any point in time are simultaneously sending and receiving messages. 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, it would have been even more difficult to understand what he was trying to communicate.

Other barriers to your interaction with patients might include a safety glass partition between you and him/her, telephones ringing, or patient'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. 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.

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.
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.

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 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.

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.

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.
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**."

Preventing misunderstanding

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.

Perception

Importance of Perception in Communication

Perception is important in the process of interpersonal communication because we tend to interpret messages based on our perception of:

1) what we believe the message says and
2) the individual sending the message.

Thus, perceptual barriers need to be identified and minimized or we will misinterpret what we hear. We need to recognize how fragile the communication process is during professional communication and to value the use of feedback to enhance our ability to verify the true meaning of messages.

Perception of meanings within a message

People assign meanings to verbal and nonverbal messages based on their perception of the intended meaning.

In other words, the receiver's perception of the words, symbols, and nonverbal elements used by the sender influences how the receiver interprets the meaning. It is not what is said, but what the receiver perceives to have been said.

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.
In the medical field, nurses, physicians, and other health care providers do not perceive us "pharmacists" as professionals, they will not value the information we provide.
Patients may perceive us as uncaring, busy people who are concerned only with filling prescriptions and taking their money

Sharing the same perceptions

One key to preventing misunderstanding is to try to understand and share the perceptions of other individuals. 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.

Using feedback to verify perceptions

The best technique to alleviate harmful misperceptions is using feedback to verify the perceived meaning of a message. As senders of messages, we should ask others to share their interpretations of the message.
The receiver can also alleviate some misunderstanding by offering feedback to the sender. After receiving the message, receivers should summarize the key elements of the message.

Summary regarding communication model

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.

Nonverbal Communication

Words are not the only way by which pharmacists communicate. Interpersonal communication involves both verbal and nonverbal expression. Words normally express ideas, whereas nonverbal expressions convey attitudes and emotions.

Nonverbal versus Verbal Communication

Nonverbal communication involves a complete mix of behaviors, psychological responses, and environmental interactions through which we consciously or unconsciously relate to another person. It differs from verbal communication in that the medium of exchange is neither vocalized language nor the written word.
The importance of nonverbal communication is underlined by the finding that approximately 55% to 95% of all communication can be attributed to nonverbal sources.

Nonverbal communications are unique for three reasons:

1. They mirror innermost thoughts and feelings. This mirror effect is constantly at work, whether or not you are conscious of it.
2. Nonverbal communication is difficult, if not impossible, to "fake" during an interpersonal interaction.
3. Your nonverbal communication must be consistent with your verbal communication or people will be suspicious of the intended meaning of your message.

Elements of Nonverbal Communication

1. Kinesics

The manner in which you use your arms, legs, hands, head, face, and torso may have a dramatic impact on the messages that you send. In general, individuals from various societies use different body movements to communicate certain messages. A handshake is a way by which we nonverbally indicate friendship or acceptance of the other person. The handshake stems from much earlier times when a man who extended his hand to another was communicating the fact that he held no weapon to do harm.

Key Components of Kinesics:

- Varied eye contact
- Relaxed posture
- Appropriate comfortable gestures
- Frontal appearance and facial expresion
- Slight lean toward the other person
- Body position

2. Body posture:

An open stance can nonverbally communicate sincerity, respect, and empathy for another person. The classic example of an open posture is standing (or sitting) with a full frontal appearance to the other person. As an open communicator, you should also have your legs and arms comfortably apart (not crossed), and a facial expression that expresses interest and a desire to listen as well as speak.

A closed posture occurs when you have your arms folded in front of your chest, legs crossed at the knees, head facing downward, and eyes looking away from the patient. If you hold this posture during an interaction, the other person may respond in a similar noncommunicative manner or may break off the interaction altogether. Communication from a closed posture may shorten or halt further productive interactions. Sometimes it is appropriate to use a closed posture, for example, when you want to limit the interaction with an overly talkative person.

3. Proxemics

The distance between two interacting persons plays an important role in nonverbal communication. Proxemics, the structure and use of space, is a powerful nonverbal tool**.**

Distance or space can be classified into:

- Intimate space (very close)
- Personal space
- Social space
- Public space

For sensitive issues, you may need to enter the patient's private zone, especially if others are around.

4. Environment

A number of environmental factors play important roles in communicating nonverbal messages to patients.

For example, the colors used in the pharmacy's decor, the lighting, and the uses of space all have been documented as important nonverbal communication factors.

Environment is to be welcoming, comfortable and attractive. Your appearance and the appearance of your fellow employees can enhance or distract from the sense of professionalism within your practice site.

5. Distracting factors

Distracting factors include:

A. Lack of eye contact

Many pharmacists do not look at patients when talking to them. Their tendency is to look at the prescription, the prescription container, the computer screen, mobile phone, or other objects while talking.
Lack of eye contact limits your ability to receive feedback from the patient about the messages that you are giving. If you do not look at patients while they are talking, they may get the impression that you are not interested in what they are saying. Using good eye contact does not mean that you continually stare at patients, because that may make them feel uncomfortable as well. The key is that you spend most of the time looking at them.

B. Inadvertent facial expression

An inadvertent facial expression may send a message that you did not intend to transmit. you may be communicating a feeling of disinterest or lack of concern toward the patient. People would tend to believe your facial expression and other nonverbal messages more than the verbal aspects of your communication.

C. Body position

Most patients will judge your willingness to talk to them based on their perception of your body position.

D. Tone of voice

People interpret the message not only by the words you use, but also by the tone of voice you use. For example, a comment in a sarcastic or threatening tone of voice will produce a different effect than the same phrase spoken with an empathic tone. conveying a message in a dull, ***monotone*** voice may convey a lack of interest on your part. An inappropriate tone of voice may create an entirely different meaning from the one intended.
If you have a soft voice and you sense that the patient cannot hear you, then you should lean toward the patient, raise your voice, or move the patient into a quieter section of the pharmacy.

Dealing with Sensitive Issues

A wide variety of embarrassing issues could exist within practice, including: incontinence, dermatological conditions, depression, hemorrhoids, contraception, cancers and etc… Regarding these conditions, patient may feel shy or shame.
As a pharmacist, you should be prepared to recognize situations that may be sensitive areas for patients. You should be comfortable discussing such matters in a nonthreatening way and in a nonverbal environment that conveys confidentiality and privacy.

Tips

Some tips and tactics to help with sensitive situations.

1. Watch your patients
2. Discuss sensitive issues with clarity and avoid potentially frightening scenarios.
3. Be cognizant of the potential for nonadherence

Tell us what else…

Barriers to Communication

Within the communication process, numerous barriers exist that may disrupt or even eliminate interpersonal interaction. Given the large number of potential barriers that exist in pharmacy practice settings, it is a wonder that any communication takes place at all. Some barriers are rather obvious, while others are more subtle. The key is to identify when barriers exist and then develop strategies that minimize them.

Types of barriers:

A. Environmental Barriers
B. Personal Barriers
C. Administrative Barriers
D. Time Barriers

A. Environmental Barriers

Ask yourself the following questions:

- Is the **pharmacist** visible?
- Is it easy to get the pharmacist's **attention**?
- Does it appear that the pharmacist wants to **talk to patients**?
- Is the prescription area conducive to **private** conversation?
- Do you have to speak to the pharmacist through a **third party**?
- Is there a lot of background **noise** or are there other distractions?

The first step in removing environmental barriers is discovering which of them exist in your practice setting.

One of the most obvious barriers in most community practice settings is the height of the prescription counter separating patients from pharmacy personnel. This type of environment may also give patients the impression that the pharmacist does not want to talk to them.

Prescription counters exist for three primary reasons:

1. They provide an opportunity for patients to identify where the pharmacy is located;
2. They provide an opportunity for pharmacy staff to look over the store area periodically; and
3. They provide a private area in which the staff can work.

Crowded, noisy prescription areas also inhibit one-to-one communication in many practice settings. Many pharmacies provide areas where the counter is lower to facilitate pharmacist–patient interaction. Also, Many community pharmacists have tried to address these issues by increasing the amount of privacy within their setting.

Privacy issues also exist in institutional and ambulatory care clinics. Finding private locations to have meaningful discussions with nurses, physicians, or other health care practitioners can be problematic in most settings.

B. Personal Barriers

Personal barriers can be categorized into:

- Pharmacist-related personal barriers
- Patient-related personal barriers

Pharmacist-related personal barriers:

- Low self-confidence
- Shyness
- Dysfunctional internal monologue
- Lack of objectivity
- Cultural differences
- Discomfort in sensitive situations
- Negative perceptions about value of patient interaction

Low self-confidence

Lack of confidence in your personal ability to communicate effectively may influence how you communicate.

Shyness

A personal barrier for some pharmacists involves the degree 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.

Dysfunctional internal monologue

Another personal barrier to communication is the internal conversation you may have within yourself while talking with others.

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.

Lack of objectivity

Another potential personal barrier involves emotional objectivity. While taking care of patients, you may be tempted to take on the emotional problems of patients. You should remain empathetic towards your patients, but not get so involved that you carry their emotional burdens as well.

Cultural differences

Culturally based factors may also serve as personal barriers to effective communication.

For example, in some cultures it is not proper to engage in eye contact during communication. Such behavior would be labeled as disrespectful; while in other cultures, direct eye contact is appropriate and is almost required.

Other barriers related to culture include:

- Definitions of illness (some patients may not perceive themselves to be ill),
- Perceptions of what to do when ill (some cultures stress self-reliance rather than seeking help),
- Health-related habits or customs (eating habits),
- Health-seeking behavior (some cultures place more reliance on folk medicine),
- Perceptions of health care providers (based on possible distrust of the health care system or past negative experiences).

Discomfort in sensitive situations

Other personal barriers exist in situations where you may not be completely sure how to respond. These personal fears or anxieties may put tremendous pressure on the pharmacist.

Negative perceptions about value of patient interaction

Many pharmacists believe that talking with patients is not a high-priority activity. They may perceive that patients neither expect nor 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.

Patient-related personal barriers

- Patient perceptions of pharmacists
- Patient perception that hinders communication is their belief that the health care system is impersonal
- Patient perceptions of their medical conditions may also inhibit communication.
- Many patients think that all the important information is stated on the prescription label.

C. Administrative Barriers

Community pharmacists are not paid directly for educating or communicating with patients. Counseling services are not included as part of pharmacies' business plans. Therefore, many pharmacy managers perceive the task of talking with patients as an expensive service and not a high priority.
Unfortunately, pharmacies often make policies that discourage pharmacist–patient interaction.

D. Time Barriers

Choosing an inappropriate time to initiate conversation may lead to communication failure. The timing of the interaction is critical, since both parties must be ready to communicate at a given time.
Many pharmacists make efficient use of time during these brief counseling encounters by "highlighting" pertinent information within the written information to emphasize key points before the patient leaves the pharmacy.

Timing within institutional practice is also critical, since health care providers are performing multiple tasks in very active environments. It may be difficult to get people's attention and to choose the right time to interact with each other. Many times there is a sense of urgency, since there is no assurance that you will see other health care provider later in the day due to their busy schedules, so you need to find the best way to tactfully approach them.

Listening and Empathic Responding

Listening to patients is crucial to effective communication. However, empathic communication requires more than understanding.

• Listening Well

An equally critical part of the communication process, and perhaps the most difficult to learn, is the ability to be a good listener.

Listening well involves understanding both the content of the information being provided and the feelings being conveyed.
Skills that are useful in effective listening include:

1. Summarizing
2. Paraphrasing
3. Empathic responding

1. Summarizing

When a patient is providing information, such as during a medication history interview, it is necessary for you to try to summarize the critical pieces of information. Summarizing allows you to be sure you understood accurately all that the patient conveyed and allows the patient to add new information that may have been forgotten. Frequent summary statements serve to identify misunderstandings that may exist, especially when there are barriers in communication, such as language barriers.

2. Paraphrasing

When using this technique, you attempt to convey back to the patient the essence of what he or she has just said. Paraphrasing condenses aspects of content as well as some superficial recognition of the patient's attitudes or feelings.

• Empathic Responding

Many of the messages patients send to you involve the way they feel about their illnesses or life situations. If you are able to communicate back to a patient that you understand these feelings, then a caring, trusting relationship can be established.
Communicating that you understand another person's feelings is a powerful way of establishing rapport and is a necessary ingredient in any helping relationship.
The main difference between an empathic response and a paraphrase is that empathy serves primarily as a reflection of the patient's feelings rather than focusing on the content of the communication.

In addition to using empathic responses, two other attitudes or messages must be conveyed to the patient if trust is to be established:

1. You must be genuine, or sincere, in the relationship.
2. The respect for and acceptance of the patient as an autonomous, worthwhile person.

Positive effects of empathy on communication

- It helps patients come to trust you as someone who cares about their welfare.
- It helps patients understand their own feelings more clearly.
- Often their concerns are only vaguely perceived until they begin to talk with someone.
- An empathic response facilitates the patient's own problem-solving ability.
- If they are allowed to express their feelings in a safe atmosphere, patients may begin to feel more in control by understanding their feelings better.
- Patients may also feel freer to explore possible solutions or different ways of coping with their own problems.

• Types of response

A. Judging response

We tend to judge or evaluate another's feelings. We tell patients in various ways that they "shouldn't" feel discouraged or frustrated, that they "shouldn't" worry, that they "shouldn't" question their treatment by other health professionals. Any message from you that indicates you think patients "wrong" or "bad" or that they "shouldn't" feel the way they do will indicate that it is not safe to confide in you.

B. Advising response

We also tend to give advice. We get so caught up in our role as "expert" or "professional" that we lose sight of the limits of our expertise.
We must give patients advice on their medication regimens. That is part of our professional responsibility.

C. Placating or falsely reassuring response

We often use this kind of response to try to get a patient to stop feeling upset or to try to change a patient's feelings, rather than accepting the feelings as they exist. This type of response may be used even when the patient is facing a situation of real threat, such as a terminal illness.
We may feel helpless in such a situation and use false reassurance to protect ourselves from the emotional involvement of listening and trying to understand the patient's feelings.

D. Generalizing response

While it is comforting to know that others have had similar experiences, this response may take the focus away from the patient experience and onto your own experience before patients have had a chance to talk over their own immediate concerns.

It also can lead you to stop listening because you jump to the conclusion that, since you have had an experience similar to the patient's, the patient is feeling the same way you felt. This may not, of course, be true.

E. Quizzing or probing response

Asking questions when the patient has expressed a feeling can take the focus away from the feeling and onto the "content" of the message.

F. Distracting response

Many times we get out of situations we don't know how to respond to by simply changing the subject.

G. Understanding response

Only in this response is there any indication that you truly understand the basis of patient's concern. By using such a response, you convey understanding without judging the patient as right or wrong, reasonable or unreasonable.

• Attitudes Underlying Empathy

An empathic person is able to trust that people can cope with their own feelings and problems. If this attitude is held, you will not be afraid to allow patients to express their feelings and arrive at their own decisions. An empathic person also believes that listening to someone is helpful in and of itself.

Empathy can be learned

As with any new skill, being an empathic listener must be practiced before it becomes a natural part of how we relate to others.

However, empathic communication skills can be learned if individuals have value systems that place importance on establishing therapeutic relationships with patients. As health care providers, we must develop communication skills that allow us to effectively convey our understanding and caring to patients.

• Nonverbal Aspects of Empathy

Sensitivity to the nonverbal cues of patients is also a necessary part of effective communication. A person's tone of voice, facial expression, and body posture all convey messages about feelings. To be empathic, you must "hear" these messages as well as the words patients use.

• Problems in Establishing Helping Relationships

There are countless sources of problems in interpersonal communication between pharmacists and patients. Certain pharmacist attitudes and behaviors are particularly damaging in establishing helping relationships with patients. These include stereotyping, depersonalizing, and controlling behaviors.

A. **Stereotyping**

Communication problems may exist because of negative stereotypes held by health care practitioners that affect the quality of their communication.
First, before we can be effective in communicating with patients, we must come to know what stereotypes we hold and how these may affect the care we give our patients. We must then begin to see our patients as individuals with the vast array of individual differences that exist. Only then can we begin to relate to each patient as a person, unique and distinct from all others.

What image comes to mind when you think of an elderly patient?

B. **Depersonalizing**

There are a number of ways communication with a patient can become depersonalized. If an elderly person is accompanied by an adult child, for example, we may direct the communication to the child and talk about the patient rather than with the patient.
We may also focus communication on "problems" and "cases." A rigid communication format of a pharmacist monologue rather than pharmacist–patient dialogue can also make communication seem rote and defeat the underlying purpose of the encounter.

C. Controlling

When health care providers do things that reduce the patient's sense of control over decisions that are made regarding treatment, they may actually be reducing the effectiveness of the therapies they prescribe.
Establishing a relationship where patients are active participants in making treatment decisions and in assessing treatment effects is crucial to provision of quality care.

Responding examples:

Patient: I don't know about my doctor. One time I go to him and he's as nice as he can be. The next time he's so rude I swear I won't go back again.

Pharmacist:

- **Paraphrasing:**
  - He seems to be very ***inconsistent***.
- **Empathic Responding**:
  - You must feel uncomfortable going to see him if you never know what to expect.
- ***Judging responses:***
  - "You have to understand that the doctor is a very busy man. He probably doesn't mean to be abrupt."
  - "The doctor is a very good physician. I'm sure he gives patients the best care possible."
  - "I don't blame you for being upset. You shouldn't have to wait that long when you have an appointment."
- **Advising response:**
  - "Tell him how you feel about the way he treats patients. Otherwise, find a different physician."
- **Placating or falsely reassuring response:**
  - "I'm sure you just happened to see him when he was having a bad day. I bet if you keep going to him, things will improve."
- **Generalizing response** :
  - "Everyone feels that way"
  - "I know how you feel. I hate to wait in doctor's offices, too"
- **Quizzing or probing response**:
  - "Why did he behaved like this with you?"
- **Understanding response**:
  - "You seem to feel there's something missing in your relationship with the doctor that there isn't the caring you would like."

Assertiveness

Passive behavior

This response is designed to avoid conflict at all cost. Passive or nonassertive persons will not say what they really think out of fear that others may not agree. Passive individuals "hide" from people and wait for others to initiate conversation. They put the needs or wants of other people above their own.

Aggressive behavior

Aggressive people seek to "win" in conflict situations by dominating or intimidating others.
Aggressive persons promote their own interests or points of view but are indifferent or hostile to the feelings, thoughts, or needs of others.

Assertive behavior

Assertive behavior is the direct expression of ideas, opinions, and desires. The intent of assertive behavior is to communicate in an atmosphere of trust. Conflicts that arise are faced and solutions of mutual accord are sought.

Assertive individuals initiate communication in a way that conveys their concern and respect for others. Assertiveness requires that you respect others as well as yourself.

Assertive pharmacists take an active role in patient care and initiate communication with patients rather than wait to be asked questions. Assertive pharmacists convey their views on the management of patient drug therapy to other health care professionals and try to resolve conflicts with others in a direct manner but in a way that conveys respect for others.

Theoretical Foundations

Usually the people respond passively or aggressively because they have irrational beliefs that interfere with assertiveness. These beliefs involve:

1. Fear of rejection or anger from others and need for approval (everyone should like me and approve of what I do).
2. Over-concern for the needs and rights of others (I should always try to help others and be nice to them).
3. Perfectionist standards (I must be perfectly competent. If I am not, then I am a failure. Others must also be perfectly competent and deserve to be severely criticized if they are not.)

Assertiveness Techniques

1. Providing feedback
2. Inviting feedback from others
3. Setting limits
4. Making requests
5. Being persistent
6. Reframing
7. Ignoring provocations
8. Responding to criticism

1- Providing feedback

Many times, you must tell people that you are upset by what they did. When you choose to convey negative feedback to others, use techniques to make the communication less threatening.

Criteria for useful feedback include:

1. Feedback focuses on a person's behavior rather than personality. So the feedback must be specific rather than general.
2. Feedback focuses on problem solving. rather than turning the conflict into a "win/lose" situation that damages the relationship.
3. Feedback is provided in a private setting. Feedback uses "I" statements that take the form "When you [do or say]_____, I feel ___."

2- Inviting feedback from others

At the same time, we need to invite feedback from others about us in order to improve our interpersonal communication skills.

Our ability to encourage feedback from others (even when it is negative), to hear criticism or suggestions without anger, and to admit when you have made a mistake: We need to encourage people to be honest in their communications with us.

3- Setting Limits

If we have difficulty in saying "no" to any request, then we feel overwhelmed and, often, angry at others for "taking advantage" of us.

Saying "no" or setting limits may be particularly difficult if you believe that the other person must agree that you have a good reason for saying "no." Whether you give reasons or not does not change the fact that you have the right to make the decision.

Being assertive in setting limits does not mean that you stop saying "yes" to requests.

4- Making Requests

When we ask for what we want from others, we must trust that others will be able to respond to our requests in an assertive manner, including saying "no." Thus, we must not overreact when someone turns down our request in an assertive way.

5- Being Persistent

Often when you said “no,” people will try to coax you into changing your mind. If you continue to repeat your decision calmly, you can be assertive without becoming aggressive.

6- Reframing

Reframing techniques include:

- Focus on developing effective communication around a set of limited objectives.
- Examine the potential validity of the other person’s perspectives.
- Establish a common ground. Search for areas of agreement and focus on desired outcomes with a long-term perspective.
- Identify opportunities to explore solutions not yet pursued and opportunities for “trade-offs” or compromises.
- Identify differences that cannot be bridged and at the same time explore conflict reduction actions that can still be taken.

7- Ignoring provocations

As a pharmacist, you may receive an aggressive comments (provocations) for example, from patients who are angry or feeling helpless or from other pharmacists who feel unfairly criticized.

Ignoring the aggressive comments of others (provocations) and focusing exclusively on solving underlying problems can do much to keep conflict from escalating to the point that relationships are damaged.

8- Responding to criticism

For some of us, criticism is particularly devastating because we typically hold two common irrational beliefs:

1. That we must be loved or approved of by virtually everyone we know, and
2. That we must be completely competent in everything we do and never make mistakes.

Since such perfectionist standards are impossible to achieve, we are constantly faced with feelings of failure or unworthiness.

Interviewing and Assessment

Pharmacists often must obtain information from patients as part of the patient assessment process. Inquiries range from rather simple requests, such as asking whether a patient is allergic to specific medication, to rather complex problems, such as determining whether a patient is taking a medication properly. Interviewing is an important component in the disease management process as pharmacists obtain information for therapeutic decision making. Effective interviewing also allows pharmacists to evaluate patient adherence to medication regimens by asking appropriate questions.

Components of an Effective Interview

1. Listening

In general, people are better senders of information than receivers of information. We must concentrate much harder on the listening component of the communication process. Nothing will end an interview faster than having patients realize that you are not listening to them.

Listening Techniques for the Interview Process

- Stop talking.
- Get rid of distractions.
- Use good eye contact.
- React to ideas, not to the person.
- Read nonverbal messages.
- Listen to how something is said.
- Provide feedback to clarify any messages.

1. Listening
2. Probing
3. Asking sensitive questions
4. Use of silence
5. Establishing rapport

2. Probing

Another important communication skill is learning to ask questions in a way that elicits the most accurate information. This technique is called “probing.”

Probing is the use of questions to elicit needed information from patients or to help clarify their problems or concerns. Asking questions seems to be a straightforward task, which it is in most situations.

However, several things should be considered before asking a question. The phrasing of the question is important. Patients are often put on the defensive by questions. For instance, "why" type questions can make people feel that they have to justify their reason for doing a certain thing. It is usually better to use "what" or "how" type of questions. Also, the patient should be allowed to finish answering the current question before proceeding to the next one.

To conduct an effective interview, it is important to understand the differences between closed-ended and open-ended questions:

- **Closed-ended questions:**

A closed-ended question can be answered with either a "yes" or "no" response or with a few words at most.
Closed-ended questions reduce the patient's degree of openness and cause the patient to become more passive during the interviewing process because you are doing most of the talking. Closed-ended questions also enable patients to avoid specific subjects and emotional expression.

Closed-ended questions can connote an air of interrogation and impersonality. For this reason, closed-ended questions are referred to as "pharmacist-centered questions."

- **Open-ended questions:**

On the other hand, an open-ended question neither limits the patient's response nor induces defensiveness. Proper open-ended questions are harder to formulate than closed-ended questions, but they are more crucial in obtaining complete information and in decreasing the patient's defensiveness by conveying a willingness on your part to listen. With an open-ended question you are allowing patients to present information in their own words.

Open-ended questions do not require the other person to respond in your frame of reference. Open-ended questions permit open expression and for this reason are sometimes referred to as "patient-centered questions."

3. Asking sensitive questions

Some questions you ask patients may be particularly sensitive. Questions assessing adherence, alcohol use, or use of recreational drugs may be difficult to ask or may require a diplomatic approach. There are a number of techniques that can make such questions easier to ask. The following techniques are useful in these cases:

- Before asking a question about a sensitive topic, let the patient know that the behaviors or problems you are asking about are common.
- Another technique for reducing the threat of sensitive questions is to ask whether the situation has ever, at any time, occurred and then ask about the current situation.
- If patients seem reluctant to address an issue, it helps to discuss the reason why you are asking a particular question.

4. Use of silence

Pharmacist must learn in order to be an effective interviewer is the art of using silence appropriately. In any event, pharmacist should avoid the temptation to fill empty spaces in the interview with unnecessary talk. Some studies have found that the more the "talk ratio" is in favor of the person being interviewed (i.e., the patient does more of the talking), the more likely that the interview will be successful. Thus, the patient should be able to relax and be allowed time to think during the necessary pauses in the interview process.

5. Establishing rapport

Successful interviews are marked by a high degree of rapport between the two parties. Rapport is built mainly on mutual consideration and respect. You can aid this process by using good eye contact, by using a sincere, friendly greeting, by being courteous during the discussion, and by not stereotyping or prejudging the patient. Each patient must be seen as a unique individual.

Process of Interviewing

Proper planning and sequencing of the interview are essential in carrying out an effective patient assessment. Before an interview is started, several decisions must be made regarding how it will be structured. The type of approach usually depends on the type of information desired and the environment and time available for it.

Interview Considerations:
1. *Type of information*
2. *Type of environment*
3. *Starting the interview*
4. *Ending the interview*

1. Type of information

Before the interview begins, we should determine the amount and type of information desired. There are two interview approaches:

- **Directed interview approach:**

If the pharmacist needs to find out specific pieces of information, he/she will want to have more control over the interview process.

- **Non-directed interview approach:**

The approach is used when the outcome is unknown or somewhat ambiguous. This approach allows the interview to become more free-flowing; the points of discussion are raised by the patient rather than by the pharmacist.
In the nondirected approach, open-ended questions should be used more frequently than closed-ended questions.

2. Type of environment

Planning for the interview must include consideration of the type of environment available. The environment is critical, because one of the fundamental principles of interviewing is to provide as much privacy as possible.
For example, the degree of privacy is related to many critical outcomes of the interview process.

3. Starting the interview

After considering the type of environment available and the type of information desired, the pharmacist should start the interview by greeting patients by name

and by introducing yourself to patients if you do not know them. This helps establish rapport with the patient.

The pharmacist should also state the purpose of the interview, outline what will happen during the interview, and put the patient at ease. The purpose of the interview should be stated in terms of the benefit to the patient. The amount of time needed, the subjects to be covered, and the final outcome should be mentioned so that the patient has a clear understanding of the process.

After the interview is started, the following suggestions will help to conduct a more efficient interview:

1. Avoid making recommendations during the information-gathering phases of the interview. Such recommendations prevent the patient from giving you all the needed information and can interfere with your ability to grasp the "big picture" of patient need.
2. Do not jump to conclusions or rapid solutions without hearing all the facts.
3. Do not shift from one subject to another until each subject has been followed through.
4. Guide the interview using a combination of open- and closed-ended questions.
5. Keep your goals clearly in mind, but do not let them dominate how you go about the interview. Flexibility is required so that you can reinforce patients for bringing up issues they consider important. In order for the communication to be patient-centered, the patient must have some control over the communication process itself.
6. Determine the patient's ability to learn specific information in order to guide you in your presentation of the material.
7. Maintain objectivity by not allowing the patient's attitudes, beliefs, or prejudices to influence your thinking.
8. Use good communication skills, especially the probing, listening, and feedback components.
9. Be aware of the patient's nonverbal messages, because these signal how the interview is progressing.
10. Depending upon your relationship with the patient, move from general to more specific questions and less personal to more personal subjects. This may remove some of the patient's initial defensiveness.
11. Note-taking should be as brief as possible.

4. Ending the interview

Bringing the interview to a close is often more difficult than starting the interview. It is a crucial part of the interview process because a person's evaluation of the entire interview and your performance may be based on the final statements. People seem to remember best what was said last. Therefore, care should be taken not to end the interview abruptly or to rush the patient out the door.

To conclude the interview, the pharmacist will want to briefly summarize the key information provided by the patient. A summary allows both parties the opportunity to review exactly what has been discussed and helps clarify any misunderstanding. It is essential that both people agree about what has been said. A summary sets the stage for future patient contact and expectations that you both have of one another. A summary also tactfully hints to the patient that the interview is ending.

In conjunction with a summary the pharmacist can use nonverbal cues to indicate to the patient that the interview is over.

The ending of the interview is a good time for the pharmacist to reassure the patient about a particular problem. However, this should not be false assurance.

Before terminating the patient interview, the pharmacist should reflect on whether the goals of the interview were accomplished and what should be done if they were not.

After the patient has left, the pharmacist should assess in his/her own mind what went well and what could have been done differently to help the pharmacist continue to improve the interviewing skills.

Finally, key information must be documented as part of the patient record.

Interviewing in Pharmacy Practice

The specific questions that are asked in the interviews in pharmacy practice may vary somewhat because the purpose of the interview varies, but the skills involved in gathering information from patients in order to make an assessment of patient problems and needs remain the same. Examples on these purposes include:

- Complete medication history interviews
- A process of obtaining information from patients to assess potential medication-related problems.
- Assessing the health problems a patient presents before making an OTC recommendation.
- Evaluating a patient's response to treatment and perceived problems related to medication therapy during a refill visit.

After the interview, we can assess the following points:

- Patient understanding of purpose of the interview.
- Actual patterns of use and possible problems with use, including nonadherence.
- Patient self-monitoring that could provide additional "evidence" the pharmacist could use to assess patient response to treatment.
- Patient perceptions of problems with therapy.

Interviewing and Patient-Reported Outcomes (PROs)

Generally, "drug therapy monitoring" we may refer to the clinical monitoring using laboratory values or monitoring devices. However, monitoring for many medications relies wholly or primarily on patient self-reports of therapeutic effect. Evaluation of depression, pain, anxiety, insomnia, migraine headaches, and menopausal symptoms are based on patient self-report of symptoms.

The term "patient-reported outcome" (PRO) is usually used to refer to qualify-of-life (QoL) outcomes or patient satisfaction with care. However, the term can be understood more broadly as any outcome reported subjectively by the patient or caregiver. In pharmacy practice, outcome assessment consists largely of patient reports of symptom experience, functional physical and mental status, and perceived changes in health status. In addition, having patients report on physician-conducted monitoring can help the pharmacist assess therapeutic response as well as patient understanding of goals of therapy and the monitoring process.

Documenting Interview Information

The documentation process is a means of assuring continuity of care to patients. The information documented in a note becomes the "institutional memory" of the care that has been provided to patients. This will assist in your own follow-up care as well as communicate to colleagues about the care you have provided to a particular patient. Such communication is essential to the functioning of a health care team.

A format for documentation that is familiar to health care professionals is the **SOAP** note. **SOAP** is an acronym for *Subjective, Objective, Assessment,* and *Plan*.

- **Subjective** information is that information reported by the patient or patient caregiver, such as symptom experience or self-report of adherence.
- **Objective** information is that provided by a lab test or physical exam. If a pharmacist, as part of an interview with a hypertensive patient, takes the patient's blood pressure, for example, this would be documented as objective information.
- The **Assessment** section includes a description of any medication-related problem identified during the interview. For example, a problem may be lack of therapeutic response secondary to reported nonadherence. The assessment should be as specific as possible in order to lead logically to the plan to resolve the problem.
- Once the assessment of a problem is made, based on the subjective and objective information included in the note, the **plan** should detail the actions to be taken to resolve the problem. The plan should include both an intervention plan and a monitoring plan. These plans must be specific. Specify action that will be taken by you, the date the action will be taken, and when follow-up with the patient will occur.

In addition, the plan would document when follow-up with the patient will be initiated to assess the effects of any changes or recommendations made to improve therapy.

Interviewing Using the Telephone

Many times you need to collect information from patients by telephone. The following should be considered during this type of interaction:

1. Cue yourself to smile before you pick up the telephone. Your friendly attitude will be transmitted through the tone, pitch, volume, and inflection of your voice.
2. If at all possible, answer the telephone or have a fellow employee answer it within the first three or four rings.
3. Identify the pharmacy and yourself, providing both your name and position.
4. Give your full attention to the call. Nothing is more irritating to callers than to be given the impression that they are competing for your attention.
5. Ask for the caller's name and use the name in the conversation, particularly at the conclusion of the call. Not only does this reduce possible confusion and error, but by asking for and using the caller's name, you communicate in a more personal manner.
6. If you must place the caller on hold (for a short time only) ask, "May I put you on hold while I look up your prescription?" In these circumstances, it is important that you do the following:
    a. Tell callers why you want to put them on hold;
    b. Ask if they would mind waiting a brief time, or would prefer to call back (if appropriate); and
    c. On returning to the telephone, say, "Thank you for waiting."
7. At the conclusion of the call, end it graciously (e.g., "Thank you for calling").
8. If possible, allow the caller to hang up first. This will allow the caller time to remember that extra request. It will also project in a subtle manner your sincere willingness to listen.

Besides receiving telephone calls, many times you must call physicians or other health care professionals to obtain additional information regarding a patient. The following suggestions may help make these calls more efficient.

1. Before you pick up the receiver, be sure you have any and all information related to the call readily available. Prescription, patient, and other relevant information should be obtained before your telephone conversation starts.
2. Before you pick up the receiver, determine with whom you need to speak in order to achieve your goal for calling.

3. Most importantly, before you pick up the receiver ask yourself, “Is this call necessary?”
4. Identify yourself, your position, and the pharmacy first. Then, if it is not already provided to you, ask for the same information from the person who has answered your call.
5. After introducing yourself, state in clear, concise terms the reason for your call. Be assertive! Do not begin by apologizing (“Sorry to bother you”). You have already decided that the call is necessary.
6. If the nature of your call dictates that it will exceed more than a couple of minutes, ask the person whether they have time to talk with you for a few minutes.
7. Conclude the conversation with a sincere “Thank you.”

Helping Patients Manage Therapeutic Regimens

The terms “compliance,” “adherence,” and more recently “concordance” have been used to describe the relationship between patient medication taking behaviors and the regimens prescribed by providers.

The term “adherence” has largely replaced “compliance” and was intended to move away from the paternalistic view of patients as individuals who simply did as they were told. More recently, the term “concordance” has been used to acknowledge that patient medication use takes place in the context of the relationship between patients and providers.

Concordance obligates providers and patients to reach mutual decisions. This joint decision making requires a meaningful dialogue between patients and providers on medical options and patient preferences.

Concordance is defined as “an agreement reached after negotiation between a patient and health care professional that respects the holds and wishes of the patient in determining whether, when and how medicines are to be taken.”

Lack of patient adherence to medication therapy remains a major health issue. Most nonadherence has a negative effect on patient health which, in turn, can result in increased emergency room and physician visits, increased hospitalizations, decreased productivity in the work place, disability, and premature death.

Nonadherence can be divided into two broad categories:

- Inadvertent nonadherence (unintentional nonadherence) typically involves forgetting to take medications at prescribed times.
- Intentional nonadherence involves decisions a patient has made to alter a medication regimen or to discontinue drug therapy (permanently or temporarily). For example, a patient may decide to stop taking a medication due to an uncomfortable side effect.

Pharmacists would use different approaches to resolving problems depending on the underlying cause of the nonadherence.

False Assumptions About Patient Understanding and Medication Adherence

Pharmacist is in a position to help patients avoid medication-related problems. The following are some common issues that should be kept in mind:

1. *Do not assume that* physicians have already discussed with patients the medications they prescribe.
2. *Do not assume that* patients understand all information provided. Even seemingly straightforward label directions like "take one tablet every six hours" are misinterpreted by a large percentage of patients.
3. *Do not assume that* if patients understand what is required, they will be able to take the medication correctly.
4. *Do not assume that* when patients do not take their medications correctly that they "don't care," "aren't motivated," "lack intelligence," or "can't remember."
5. *Do not assume that* once patients start taking their medications correctly, they will continue to take them correctly in the future.
6. *Do not assume that* physicians routinely monitor patient medication use and will thus intervene if medication problems exist.
7. *Do not assume that* if patients are having problems, they will ask direct questions or volunteer information.

Techniques to Improve Patient Understanding

1. Emphasize key points.
2. Give reasons for key advice.
3. Give definite, concrete, explicit instructions.
4. Provide key information at the beginning and end of the interaction.
5. End the encounter by giving patients the opportunity to provide feedback about what they learned.

Supplementing oral instructions with written information is an essential part of patient counseling. Before using written material, assess the level of literacy required to read and understand the information. Low health literacy, which includes deficiencies in both reading skill and ability to accurately interpret health advice, is associated with poor understanding of instructions, increased nonadherence, and poorer health outcomes.

Techniques to Establish New Behaviors

These strategies can make it easier for patients to establish a new routine of taking medications and enhance adherence.

1. Integrate new behaviors into patient life style.
2. Provide or suggest compliance or remainder aids.
3. Suggest patient self-monitoring.
4. Monitor use on an ongoing basis.
5. Refer patients when necessary.

Techniques to Facilitate Behavior Change

Behavior change is difficult. Anyone who has tried to implement a new exercise regimen, stop smoking, change diet, floss teeth daily, eat fruits and vegetables several times a day, or begin a new medication regimen can testify to the difficulties involved. It is difficult to establish a new habit such as beginning a medication regimen, to change old habits such as overeating, and to stop existing habits such as smoking. The more complex and multifaceted the behavior change required, the more difficult the change will be.

For chronic diseases, the changes prescribed by health providers involve establishing new behaviors, changing old habits, and ceasing other behaviors. In addition to the distress of discovering that patient has a chronic disease, the sheer number of changes he/she is asked to make can seem overwhelming.

Individuals who are forced to change habits or start long-term therapy often are ambivalent about the changes they are asked to make. They are usually able to see the benefits of changing their behaviors, but they also have a reinforcement history and hold existing beliefs that support their current habits. There are likely to be downsides or perceived costs associated with both changing behaviors and with maintaining the status quo. The result is ambivalence.

Persons can be defiant and angry about pressures to change but at the same time feel remorse about the costs and consequences of not changing. They can move between blaming others and being consumed by guilt, between denial and acceptance of the need to change. Such a conflict is called an “approach–avoidance” conflict whereby the person vacillates between indulging in and resisting the old behavior.

The goal of the pharmacist is to help patients move from being ambivalent to being willing to begin the process of change.

Theoretical Foundations Supporting Behavior Change

Motivational interviewing was developed conceptual foundation and intervention to help people make changes in the direction of better health. Motivational interviewing focuses on the process of communication between patient and provider. Three components of motivation to change were identified:

A. **Willingness**, which is indicated by the amount of discrepancy patients perceive between current health status and goals they have for themselves.
B. **Perceived ability** or **self-efficacy**, which is the amount of self-confidence that patients feel in their ability to initiate and maintain behavioral change.
C. **Readiness**, which is related to how high a priority is given to these behavioral changes.

Often patients will want to delay a commitment to initiate change because other stressors in their lives make changing their own behaviors seem daunting.

According to the social cognitive theory, behavior change requires that an individual believe in two components:

outcome expectancy	"engaging in a particular behavior change will lead to an outcome I desire"
self-efficacy expectancy	"I am capable of carrying out the behavior change"

Outcome beliefs are persuasive. Confidence in ability to overcome temptations to relapse even in high-risk situations is a key component of self-efficacy beliefs. If patients have tried and failed to maintain changes in the past, this can result in doubts about their own self-efficacy. It is important to keep in mind that most persons who are successful in maintaining changes are able to do so in spite of the fact that they made previous attempts that failed. Successful change of behavior, such as a permanent cessation of smoking, is unlikely to take place on the first attempt the person makes to quit smoking. Persistence, deciding to try one more time, is key to successful behavior change.

Behavior change is seen as a process that continues over time rather than as a defining moment or single event. The stages conceptualized by the model are described in the following stages:

Stage	Defining Characteristics	Communication Approaches
Precontemplation	• Unwillingness to change • Lack recognition of problem • Deny seriousness of risks	• Raise awareness of problem • Provide information • Convey empathy • Encourage "thinking about" • Express willingness to help • Avoid arguing
Contemplation	• "Thinking about" change • Aware of consequences of inaction • Willing to change within 6 months	• Encourage patient to list pros and cons • Elicit reasons in favor of change • Reinforce positive statements • Acknowledge ambivalence • Show empathy • Identify discrepancy between goals and behavior • Encourage small steps
Preparation	• Commitment to change (<1 month) • Benefits seen to outweigh costs	• Help patient formulate specific plan • Tailor plan to patient needs • Ask about barriers to change • Discuss ways to overcome barriers • Provide information and referrals as needed
Action	• Change is initiated • Challenges experienced • Effort to maintain	• Provide positive reinforcement resolve Focus on benefits of change • Discuss strategies to prevent relapse • Discuss "slips" vs. "relapse"
Maintenance	• Change established (>6 months) • Change incorporated into lifestyle • Focus is on avoiding relapse	• Continue reinforcement for success • Assist in problem solving in case of a lapse

Applying Motivational Interviewing Principles and Strategies

The principles and techniques of *Motivational Interviewing* include:

A. Express empathy

Convey to patients that you understand the difficulty of change. You are not judgmental even when patients are unwilling to begin or unable to maintain changes. Pressuring patients to change increases resistance to change rather than helping to initiate and maintain change.

B. Develop discrepancy

Help patients identify the discrepancy that exists between their current behaviors and their stated values or goals. Let patients present the arguments in favor of change. People are often more persuaded by what they hear themselves say than by what other people tell them.

C. Roll with resistance

Patient resistance to suggested changes is often exacerbated by the communication style of the pharmacist. Resistance will also be increased if pharmacists seem to be blaming patients for not "adhering" to regimen demands, seem to be in a hurry for patients to make progress, or imply that they know better than patients how to proceed.

We must accept the fact that decisions to change inevitably come from patients. Acknowledge to patients that their ambivalence and reluctance to change is understandable.

In any case, avoid arguing with your patient. You want to stay on the patient's side, and arguing can make patients feel defensive. Rather than moving them toward changing their behaviors, they may instead stop telling you the truth about the problems they have in adhering to medical recommendations.

D. Support self-efficacy

Reinforce patient statements that reflect positive attitudes and optimism about ability to change. However, the most important learning comes from one's own mastery experiences where one makes changes in line with goals. This is why it is so important to help patients define small steps for change that they feel confident they can achieve.

Commonly used Motivational Interviewing questions allow assessment of the perceived importance of behavior change and perceived confidence in making the change, for example:

"*How important would you say it is for you to change your eating habits? On a scale from zero to 10 where zero is not important and 10 is extremely important, where would you say you are*?" and "*How confident would you say you are that, if you decided to change your eating habits, you could do it*?"

If a patient says that he is a "6" on the importance ruler, the pharmacist might ask: "*Why did you say 6 instead of 2 or 3*?"

This is a way to focus attention on the positive expectations that are present. A further question may be:

"*What would it take to get you to a 9 or 10*?"

This question is identifying perceived barriers that will have to be overcome before change will occur.

E. Elicit and reinforce "change talk"

Helping patients choose right-sized steps that they feel confident they can meet will build confidence in their abilities to manage their conditions.

- Encourage patients to take action.
- Discuss a range of steps that could be taken to get closer to health goals rather than promoting "all or none" thinking for complex changes.
- Praise ideas patients have to address their own problems.
- Offer information on change strategies or sources of help if patients wish for your suggestions.
- Be familiar with referral sources so that you are able to provide accurate information on sources of help, along with contact persons to facilitate referrals.

Implement "relapse prevention" program

The challenge is not in changing behavior but in maintaining the changes we make. In fact, few people are able to maintain change the first time they try. A number of factors have been found to be related to relapse or backsliding into old patterns of behavior. These include:

1. Emotional distress, particularly anxiety, depression, worry, boredom, and interpersonal conflict.
2. Social pressure.
3. Guilt and self-blame for lapses or one-time slips.
4. Overconfidence
5. Frequent temptation
6. Desire for immediate gratification

To help patients prevent relapse—a more permanent regression to an unhealthy behavior pattern—the following steps are recommended:

- Help patients understand the difference between a lapse and relapse.
- Help patients identify the high-risk situations in which they are most vulnerable to lapsing into old habits.
- Help patients identify what might help them to cope with a similar situation in the future.
- Help patients have a plan in place ahead of time to go back to the new behavior without feeling guilty.
- Help patients recommit to goals of change.
- For patients who are hindered by chronic or severe emotional distress, refer to physicians or a mental health professional.

Medication Safety and Communication Skills

Medication errors typically involve complex relationships between systems, people, and communication processes. They typically involve issues within and outside the control of patients, pharmacists, and other care providers.

According to an Institute of Medicine report, between 44,000 and 98,000 Americans lose their lives to medication errors each year. The annual cost of drug-related morbidity and mortality in the United States has been estimated to be more than $140 billion.

Medication errors not only affect patients physically, but they also erode their trust in the health-care system. Patients may have a distinct perspective on drugs and may be hesitant to believe information offered by health care practitioners. These beliefs may have a direct impact on patient adherence to prescribed therapy or encourage the use of complementary and alternative therapies.

Medication errors often cause conflict among health-care professionals. There may be finger pointing, and professional competency perceptions may be skewed. When events are not handled properly, trust is lost, and future interactions are negatively affected.

Types of Errors: Possible Causes and Potential Solutions

1- Communication with health care providers

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

Similar issues involve pharmacist communication with nurses, physical therapists, dietitians, and other health care providers. A lot of messages (instructions, drug information, patient information, etc.) are sent each day; and many times these are not communicated clearly or interpreted correctly. This is true for both written as well as verbal communication.

Common issues involving verbal communication include:

- Distractions and noise that interfere with clear transmission and receipt of the message
- Heavy accents and language differences
- Use of terminology that other health care providers do not understand
- Speaking too rapidly for the listener to clearly comprehend
- Medications that sound alike when spoken (Zantac vs. Zyrtec) or (Enapril vs. Enprel)
- Numbers that sound alike (15 vs. 50; 19 vs. 90)

Also, examples of written communication issues include:

- Poor handwriting
- Medication names that look alike when written out (Celexa vs. Celbrex) or (Bisoprolol 10 mg and Buspirone 10 mg)
- Misplaced zeroes and decimal points in dosing instructions (5 vs. 0.5; 1.0 vs. 10)
- Unclear abbreviations within patient care instructions

Potential Strategies:

The following may serve to minimize the above stated issues. In general, pharmacists should be able to contact colleagues at any time to clarify issues regarding patient therapy.

Pharmacists should also review the possible barriers that may be inhibiting communication with health care providers, for example:

- Work load issues may prevent pharmacists from contacting physicians
- Elements within the work environment may promote distractions and prevent pharmacists from concentrating on their work
- The lay-out of the work area may not be appropriate
- The lighting within the pharmacy area may not be adequate
- Communication networks (phone, e-mail, text-messaging, etc.) may not provide easy access to professionals so that pharmacists can provide feedback
- Indirect communication (pharmacist talks to a nurse, who talks with the physician rather than the pharmacist talking directly with the physician)

Many pharmacists advocate using “Tall Man Lettering” when writing drug names that are similar to other agents for example, using “glipiZIDE" and “glyBURIDE" rather than glipizide and glyburide within the prescription order and on the prescription label. Another example would be to use “chlorproPAMIDE” and “chlorproMAZINE” to differentiate between these two agents that look very similar but have very different uses.

To minimize errors when taking verbal orders over the phone, you should repeat all components of a verbal order and place a checkmark on the prescription for each component as you read it back to the prescriber.

2- Communication with patients

Multiple opportunities exist for weak communication between pharmacists and patients that may result in medication error. Common issues involving verbal communication include:

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

Common issues involving written communication with patients include:

- Patient’s inability to read or comprehend material
- Lack of effective patient education material
- Inability to read label (sight impairments)

Other pharmacist–patient communication issues leading to medication errors include:

- Pharmacist’s inability to make sure that the correct patient receives the right medication
- Patient’s inability to clarify verbal and written information with pharmacists

Potential Strategies

Many situations involve patient interaction within the pharmacy while others occur after the patient leaves the pharmacy. Fortunately, many errors are discovered during the pharmacist–patient counseling interaction and are corrected before patients leave the pharmacy. For this to occur, however, patients need to be actively involved with their drug therapy. Their participation could identify potential errors. Patients, and their caregivers, should realize that they have a stake in preventing errors. Patients should feel free to question situations that do not appear right and mention them to the pharmacist.

General Strategies to Enhance Patient Safety

1- Reporting errors

You should establish a culture within your practice environment that recognizes that errors do occur and that errors should be reported. It is important to establish a nonpunitive approach to dealing with errors to minimize feelings of embarrassment, fear, or lack of professionalism that many people feel once an error is discovered. Most people are reluctant to report an error, or they try to work around the error without letting others know about it. In addition, peers are reluctant to report errors made by their colleagues. It is important to realize that most errors are caught by others. We rarely catch our own errors. So we must rely on others to find and report errors using the various levels of quality control.

2- Organized strategies to minimize errors

General risk management systems can also be used to minimize procedural and personnel issues. Risk management does not necessarily mean risk elimination; errors will still occur, but hopefully in fewer numbers and with less severity. Effective risk management systems decrease the incidence of preventable errors and lessen the consequences of errors that cannot be prevented. Quality assurance programs will assist in improving risk management.

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?

1- Initial discovery

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

1- Avoidance	• "I didn't make the error, it is not my responsibility to get involved." • "My boss should deal with it."
2- Blaming someone or something else	• "The physician's poor handwriting was the problem." • "The computer system went down."
3- Rationalizing that the error was not important	• "It is no big deal that I gave doxycycline tablets rather than capsules."
4- Rationalizing that the patient will call the pharmacy if there is a problem.	

2- Initial contact with patient

The first few moments of contact with patients are critical in determining how the situation will eventually be resolved. You want to appear to be in control of the situation (that you are working to resolve the situation), but at the same time allow the patient to state his or her feelings. If the patient is in the pharmacy, go with him or her to a quiet area where other people cannot overhear.

When patients learn about a particular error, they 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"). They also want to be reassured that you are trying to resolve the situation immediately.

Patients need to perceive that you are genuinely concerned about the error and are taking immediate steps to deal with it. If they perceive that an appropriate level of concern is not apparent, they may be more prone to litigation.

The following points should be taken in mind:

- 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 technology ("the computer didn't catch the error"), 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 technician made the error, you, as the pharmacist in charge, should not transfer blame to him or her since the error occurred under your watch.
- You should not suggest that the patient might have contributed to the problem.
- Do not minimize the importance of the error either. Patients are initially more concerned about the fact that an error has occurred regardless of its potential harm.

Some errors can be remedied relatively easily, while others might be more complex and may take time to resolve. In situations that may take additional time, you need to convey that fact to the patient so that he or she feels that you are still concerned and are working toward a resolution and did not just forget about it.

Finally, you should thank the patient for bringing the error to your attention. Even when patients think an error has occurred but has not, you should thank them for being vigilant and reporting the possible error.

3- Further contact

Once the patient has a clear idea that an error has occurred and how it is being resolved, you may want to provide additional insights into why it occurred.
Some patients might want to know how it occurred and what steps you are going to implement to prevent future occurrences. It is best to monitor the patient's interest before launching into a detailed explanation. Some patients might not care since they are only focusing on their own situation. To some patients, a lengthy

explanation may seem like you are making excuses. You should be honest and upfront with the patient about the long-term consequences of the error.
On the other hand, you do not want to prolong the process either or keep repeating the same phrases. You should encourage patient expressions about what they are thinking and feeling about the situation.
You should also contact them at a later time to determine whether they have additional questions and update them with relevant information.
Finally, you should write everything down for future reference. Documentation is very helpful.

4- Contacting other health care providers

You should alert physicians or other health care providers if they were involved with the original error or if the patient requires treatment due to the damage caused by the error.

Revealing errors to other providers is helpful for their quality assurance efforts as well. They need to know how they may have personally contributed to the error to be improved to minimize future errors.

Communication with specific age groups

Communicating with Children

Pharmacists contact with children and filling prescriptions for children daily. Although, there is evidence that children do not receive much education about medicines from physicians or pharmacists.

When parents purchase prescription or OTC medicines 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.

Both adults and children has shown that patients are more adherent to medicine regimens and have better outcomes if they are taught about their disease and are included in treatment decisions.

Patient-Centered Interaction with Children and Parents

- Investigate any concerns or fears both the child and the parents might have about the medicine.
- Ask both the child and the parents about priorities for improved quality of life.
- If the child is on continued therapy, assess how well both the child and the parents perceive the medicine is working.
- Offer to call the pediatrician to suggest possible changes in therapy if needed based on what you learn from the child and the parents.
- Ask both the child and the parents what questions they have about the medicine.
- Educate both the child and the parents about the medicine by communicating directly with the child when possible.

Understanding the Cognitive Developmental Level of a Child

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

a. the sensory motor stage
b. the preoperational stage
c. the concrete operational stage
d. the formal operational stage

Stages (Age)	***Comments***
sensory motor (0 – 2 y.)	Learning about medicines is not really possible in this stage.
Preoperational (2 - 7 y.)	Cause-and-effect relationships are difficult for pre-operational children to understand, so children at this stage will see no connection between their own health and health-related behaviors. Although preschool children may not be as actively involved in learning about medicines as older children, it is important to include them in discussions about their medicines.
Concrete operational (7 - 12 y.)	Children begin to distinguish between the internal and external world. Children begin to understand that disease is preventable, and their understanding of health and illness incorporates internal physiological characteristics. Once a child begins to understand cause-and-effect relationships, you can give the child more details about how a medicine works in the body. You can also start to empower the child to begin to have some autonomy in medicine taking. Also, we need to talk with the parent to ascertain how independent the child is becoming in medicine taking. Children with chronic conditions such as diabetes, epilepsy, or asthma, may have a very good understanding of their disease and medicines.
Formal operational (13 y. – adulthood)	They can reason logically, and their understanding of how one gets sick becomes more realistic. Adolescents begin to develop increased awareness of degrees of illness as well as personal control of one's health. We may want to spend part of the time communicating with the adolescent without the parents present. Pediatricians often ask parents to leave the room so they can communicate privately with adolescent children. Pharmacists can use the same technique. This allows you to build trust with the patient. In general, we can typically give teenagers educational messages that would be equivalent to what you would give an adult.

General Principles for Communicating with and Empowering Children

1. Attempt to communicate at the child's developmental level.
2. Tell the parent that you are going to talk with the child.
3. Start with some general questions about other things to get an idea of the child's developmental level.
4. Ask open-ended questions rather than questions requiring only a "yes" or "no" response so that you can assess what the child understands.
5. Use simple declarative sentences for all children.
6. 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.)
7. Ask the child to repeat what you say.
8. Augment verbal communication with written communication.
9. Don't give up. If you fail the first time, try again the next time.
10. Pay attention to nonverbal communication.

Notes:

You need to ask children ***open-ended questions*** when they come into the pharmacy. Closed-ended questions provide little information because a child will just answer yes or no. A child's answer to a pharmacist's open-ended questions should reveal his or her cognitive level.

Nonverbal communication is very important to children. Children attend to and interpret nonverbal communication before they understand the meanings of words.

Older Adults

Two out of three elderly people take at least one medication daily. Thus, this segment of the population is in need of our patient counseling services. Unfortunately, the aging process sometimes affects certain elements of the communication process in some older adults.

LEARNING

- In certain individuals, the aging process affects the learning process, but not the ability to learn.
- 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.
- Short-term memory, recall, and attention span may be diminished in some elderly patients.
- The ability to process new and innovative solutions to problems might also be slower in some older adults.

When given the opportunity to learn at their own speed, most elderly people can learn as well as younger adults:

- Set reasonable short-term goals, approach long-term goals in stages, and break down learning tasks into smaller components.
- Encourage feedback from patients as to whether they received your intended message by tactfully asking them to repeat instructions and other information and by watching their nonverbal responses.

VALUE AND PERCEPTUAL DIFFERENCES

Potential communication barriers between you and older patients may be attributable to the generation gap. Some older adults may have different beliefs and perceptions about health care in general and about drugs and pharmacists.

It is important to assess which approach seems to work for each patient. Their perception of authority may also influence how they interact with you.

Some older adults grew up respecting the authority of physicians and pharmacists and prefer a more directed approach to receiving health care. Thus, they may be receptive to being told what to do.

On the other hand, many patients want to be more independent and may feel the need to assert themselves. They may be somewhat more demanding, may want additional information, or may want more input into the medication decision-making process.

PSYCHOSOCIAL FACTORS

Several psychosocial factors may influence your relationship with older adults. Their reaction to certain medical situations, such as ignoring your directions or complaining about the price of their medications, may be responses to fear of their diseases, of becoming even less active, or of dying. They may deny the situation or 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.

Strategies to Meet Specific Needs

Vision impairment

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.

In some older patients, more light is needed to stimulate the receptors in the eye. Thus, when using written information, make sure you have enough light.

Hearing impairment

- A hearing aid is helpful for people with conductive hearing problems, less effective for those with sensorineural impairment, and ineffective for those with central loss.
- Because the hearing aid only makes the sound louder, it is not as helpful in patients who cannot distinguish sounds easily and may actually make some situations worse. Hearing deficiencies can also be caused by a variety of factors, including birth defects, injuries, and chronic exposure to loud noises.
- Aging may also affect the hearing process. The hearing loss associated with the aging process is called presbycusis.
- Many older adults describe their hearing impairment as being able to hear what others are saying, but not being able to understand what is being said. They can hear words, but they cannot put them together clearly.
- 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. Speech-reading is more than just lip-reading. It involves receiving visual cues from facial expressions, body postures, and gestures as well as lip movements.

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 position yourself on the side of the patient's strongest ear; if necessary, touch the patient on the arm.
- If your message does not appear to be getting through, you should not keep repeating the same statement, but rephrase it into shorter, simpler sentences.
- Pharmacists can learn sign language to assist hearing-impaired patients.

Also, hearing loss seen in some older adults are related to the actual hearing process:

- Using a lower tone of voice may help some older adults. While in some older persons, increased volume can assist in hearing.
- 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.
- Be aware of environmental barriers which make communication difficult for the hearing impaired.

Speech deficiencies

Speech deficiencies can be caused by a variety of factors, such as birth defects, injuries, or illnesses.

Dysarthria

A common speech deficiency is dysarthria, or interference with normal control of the speech mechanism. Diseases such as Parkinson's disease, multiple sclerosis, and bulbar palsy, as well as strokes and accidents, can cause dysarthria. Another common speech problem results from the removal of the larynx secondary to throat cancer or other conditions.

Many people realize they sound different and that they may make other people feel uncomfortable. Thus, they may shy away from interacting with others.

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.

Aphasia

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. Some patients may have no speech, whereas others may have only mild difficulties in recalling names or words.

Aphasic patients usually have normal hearing acuity; shouting at them will not help. Their problems are due to lack of comprehension; they are not hard of hearing, stubborn, or inattentive. Aphasic patients often feel isolated and may withdraw from social interactions. Thus, they should be encouraged to interact with other people. You need to be patient with these individuals when discussing their medications. Many times, they get frustrated with their situation because they know what they want to say but cannot say it. Most appreciate being included in a conversation even if only to listen.

Tricks:

- Avoid complex conversations
- You may be tempted to fill in the word or phrase for aphasic patients.
- 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.
- It is beneficial to counsel other people who are caring for aphasic patients, but do not exclude patients from this experience.

Dyslexia

Dyslexia is not a physical disability but rather the inability to recall or form conventional written symbols. Some have severe dyslexia and cannot read at all. Patients with dyslexia may not be able to write notes to you. It is a problem when some aphasic patients have difficulty reading.

Wheel chair bound patients

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

When talking with patients in wheelchairs, it is important to realize that you may be talking down to them. Although they may be used to having people hovering over them, it is best to talk on the same eye level, if it is not too awkward.

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. You should watch patient nonverbal messages to monitor whether they are

comfortable during the communication process. You may need to adjust your location or approach if they appear to be straining to hear or do not seem satisfied with the communication environment.

Learning disabled patients

- Patients with learning disabilities are especially challenging since you do not want to treat them differently, but at the same time you want to make sure that they can comprehend the critical information that you provide, including how to take the medicine, proper storage requirements, or what side effects to monitor.
- In addition, you should not get frustrated if the patient does not seem to get the main points. Some pharmacists have developed effective written information that is written at the appropriate level to share with their patients.
- You may have to repeat key information or use a variety of analogies to make your point.
- 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.

Homebound patients

The key to communicating with homebound patients is to work with patients' caregivers when they visit the pharmacy to verify that information is transmitted correctly and used appropriately.

Clear, concise written information is essential in these situations. It is critical to review this information with the caregiver to make sure that key points are highlighted and are eventually discussed with the patient. Communication over the phone or Internet may also be possible.

Many homebound patients can use the Internet and thus you may be able to communicate with them via e-mail, phone applications or social media. You can also recommend links to appropriate websites for relevant information for the patient.

It is very rare that pharmacists visit homebound patients, but patients and their caregivers certainly appreciate these visits.

Terminally Ill Patients

Most individuals, including pharmacists, find it somewhat difficult to interact with terminally ill patients. People typically feel uncomfortable discussing the topic of death and are uncertain about what to say; they do not want to say the "wrong" thing or upset patients. also, patient may deny the existence of his illness, or he/she may be angry or depressed about his situation. Most terminally ill patients need supportive relationships from family members, friends, and pharmacists.

Pharmacists may be the only health professionals in their community who are readily accessible to patients and families. The following communication strategies should be used when working with terminally ill patients:

- Before interacting with terminally ill patients, be aware of your own feelings about death and about interacting with terminally ill patients.
- Being aware of your feelings will help you assist these patients.
- Asking open-ended questions, such as "How are you doing today?" or "How are things going?" to determine patient willingness to discuss his/her situation.
- You should not "push" patients who are in denial or are angry to change their perceptions or feelings.
- You must communicate your concern without raising the patient's expectations that you can assist in all areas of the patient's life.
- You may also come in contact with family members who will probably have special needs themselves. Family members go through the same types of stages of feelings (denial, bargaining, anger, depression, and acceptance).

Patients with chronic life-threatening diseases

Pharmacist is probably working with patients who have a variety of health issues such as end-stage kidney disease, liver cirrhosis, hepatitis, HIV, etc… Such patients have special needs that should be considered.

Many patients have trouble dealing with their own identity as the disease progresses. In many cases, dealing with these diseases has a physical component (i.e., weight loss, lack of energy), but also psychological and sociological aspects (i.e., becoming more dependent on others, fear of dying, fear of pain). Patients are suffering form a lot of issues and may need some assistance sorting things out.

Patients must also deal with misinformation and inaccurate perceptions about their conditions. It is hoped that pharmacists are not included in this misinformed group. We must keep up with the latest literature, since we know that many patients monitor what is being researched.

The key is to identify what the patient's needs are and what services you can provide or referrals you can make to best meet these needs.

Patients with Mental Health Problems

Many pharmacists admit that they have difficulty in communicating with patients with mental health disorders. Some pharmacists are also unsure of how much information to provide to such patients about their condition and treatment. Many times it is unclear what patients already understand about their condition and what their physicians have told them.

Once again, open-ended questions are good tools to use to determine the level of patient understanding before you counsel them about their medications.

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.

Patients with mental illness may be reluctant to interact with pharmacists for a variety of reasons:

- They may have a poor self-concept and may be insecure about interacting with others. They may also realize that they have a condition that makes other people uncomfortable.
- Patients may be paranoid about dealing with other people, especially health care professionals. Thus, pharmacist attempts to communicate may find patient resistance.
- Patients with mental illness typically need multiple contacts to establish trusting relationships. However, you should realize that this may never happen and that your interactions may always be different compared with your relationships with other patients.

Patients with Low Health Literacy

Low health literacy is a pervasive problem that impedes the ability of many patients to understand information we provide them about their medications.

Health care professionals are largely unaware of the extent of the problem in society and in their own population of patients. Unfortunately, health care providers typically fail to assess patients' understanding of written information provided to them. If patients cannot understand the material, then they are in danger of therapeutic misadventures and medication errors.

Pharmacists should have their patients repeat back instructions to ensure accurate transmission of information.

Caregivers

Several special communication problems arise when pharmacists must interact with patient caregivers rather than with the patients themselves. 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, friends, or hired assistants.

When dealing with caregivers, certain areas should be addressed:

- Caregivers need to understand the patient's condition and treatment and how to communicate specific instructions to the patient.
- Caregivers must understand how to monitor patient therapeutic response to a specific medication, how to monitor for adverse drug events, and how to report any suspicious events.
- Caregivers should be instructed about the importance of good nutrition and fluid intake for certain types of patients.
- Caregivers must be reminded about the refill status of medications and when their physicians need to be contacted.
- Caregivers should be encouraged to contact you if they have any questions or if the patient has specific questions.

In addition, you should develop a special sensitivity to caregivers and should not merely view them as someone picking up the medication. Many times, caregivers have special needs themselves. They may be under a lot of stress trying to care for the patient at home. They may have careers and other activities outside the home and may be financially strained as well. In some situations, the caregivers may be patients themselves with their own medical problems.

You should also respond empathetically to caregivers and try to understand some of their personal problems. You should realize that dealing with a terminal illness or other devastating disease may reduce family members' ability to communicate with each other and health care providers. Caregivers have so much stress in their daily lives that it is difficult for them to express their exact needs.