>Statement of Objectives

After reading this lesson you will be able to:

1. Define counselling as it relates to pharmacy.
2. Define noncompliance and the concept of nonadherence.
3. List reasons for noncompliance and barriers to communication.
4. Describe the helping versus medical model and how this relates to counselling.
5. Describe how pharmacists can help patients overcome nonadherence.
6. Describe the counselling process.
7. List different techniques and tools to assist compliance counselling.
8. Describe the physical attributes of a pharmacy that assist counselling.

>Instructions

1. After carefully reading this lesson, study each question and select the one answer you believe to be correct. Circle the appropriate letter on the attached reply card.
2. Complete the card and mail, or fax to (416) 764-3937.
3. Your reply card will be marked and you will be advised of your results in a letter from Rogers Publishing.
4. To pass this lesson, a grade of 70% (14 out of 20) is required. If you pass, your CEU(s) will be recorded with the relevant provincial authority(ies).

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COUNSELLING ISSUES: AN OVERVIEW

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INTRODUCTION

This is the first in a series of continuing education lessons on counselling issues to improve compliance. Noncompliance is defined as "not adhering to physician instructions regarding the self-administration of medication" and may include taking too much or too little drug, or otherwise not taking a drug as prescribed. Noncompliance has been identified in recent years as a significant social and economic problem that costs the Canadian economy from $7 to 9 billion per year as a result of medications not taken and poor treatment outcomes, sometimes resulting in extra costs to the system (physician visits, laboratory tests, hospital admissions, etc.) and lost work days.[1] Also referred to as "America's other drug problem," studies suggest that overall noncompliance rates may be as high as 50%, with an estimated 33% of patients either not filling their prescription or not taking it at all, and 17% not following directions precisely.[1] Although pharmacists may regularly provide information to patients, preventing or overcoming noncompliance requires much more. Pharmacists need to understand basic communication and counselling concepts and techniques, what makes a patient noncompliant, and how to utilize counselling to identify potential and actual causes of noncompliance.

Armed with this information, pharmacists can identify specific patient and disease characteristics that may require special consideration. For example, a patient's age, culture, attitudes and abilities present certain barriers to communication and create opportunities for noncompliance. Certain chronic or acute disease states and treatments bring further complexity to the task of counselling. These issues will be covered in future lessons in this series. This lesson will provide an overview of basic counselling issues which will form the basis of future lessons designed with these special considerations in mind.

COUNSELLING TO PREVENT OR OVERCOME NONCOMPLIANCE

The Meaning of Counselling

Patient counselling in pharmacy is more than simply providing information. The term "counselling" is defined as giving advice, but also implies mutual discussion and exchange of opinions, generally between a professional and a client.[2] It has been suggested that counselling is much like psychotherapy. They both involve listening, questioning, evaluating, interpreting, supporting, explaining, informing, advising and ordering. However, psychotherapy emphasizes listening, while listening and informing are of equal importance in counselling.[3]

In the context of pharmacy, the term patient education is used interchangeably with counselling. Theory tells us that education is "instruction and develop-

ment to impart skills and knowledge," to cause a progressive change in attitudes, behaviour and knowledge.[4,5] When we engage in patient counselling in pharmacy, we interact with the patient by both informing and listening, with the intention of changing the patient's knowledge, attitudes and behaviour with regard to their health and medication use.

The Communication Process

Through the process of communication, information is exchanged between two individuals. An idea or message is formed in the mind of the sender and is translated into spoken or written words and with the use of nonverbal or body language, e.g. an extended hand to greet a person.[6] The message transmitted by the sender is perceived by the receiver through hearing and/or seeing and is subsequently translated in that person's mind as a message with a meaning. That meaning may or may not be that which was intended by the sender, sometimes resulting in misunderstanding.[7] Fortunately, this misunderstanding can be detected if a feedback message is sent by the receiver or solicited by the sender. The sender then has the opportunity to modify and clarify the original message.

This process may be interrupted by time, physical barriers, economic considerations, perceptions, awareness, comprehension difficulties, lack of knowledge, lack of confidence, poor relationship between the patient, pharmacist and/or physician, and poor communication skills.[8]

Relationship with the Patient: The Helping Relationship

A pharmacist's relationship with the patient can optimize communication during counselling and affect compliance. In the past, health professionals generally interacted with patients in the context of the medical model, where the health professional leads the relationship.[9] Today, the trend is toward a more equal relationship as defined by the helping model. Table 1 illustrates the differences in these two types of relationships.

TABLE 1 Medical versus Helping Approach[9]

Medical	Helping
Parent - child relationship	Equal adult -adult relationship
Patient is passive	Patient is actively involved (assertive)
Trust based on expertise and authority of health professional	Trust based on personal relationship
Health professional identifies problems and determines solutions	Health professional assists patient in exploring problems and possible solutions
Patient is dependent on health professional	Patient develops self-confidence to manage problems and activities that affect compliance

In reality, these models describe two extremes of a continuum, and pharmacists and patients must find the most comfortable relationship. Sometimes, older patients or patients from certain cultural backgrounds are more used to the medical approach and are, therefore, more comfortable with it. It is important for the pharmacist to recognize this and adapt counselling accordingly. However, once exposed to the helping approach, the majority of patients are likely to become more compliant because the relationship encourages them to identify and solve potential medical or drug-related problems.

Joining with the Patient to Prevent and Overcome Noncompliance

With the understanding of the concepts described above, the pharmacist can engage the patient in a two-way discussion. By listening and gathering information, the pharmacist can discover the patient's actual or potential problems in relation to their medical condition(s) and compliance with medication(s). Together, the pharmacist and patient can explore ways to solve this problem and decide on the best solution. Thus the pharmacist joins with the patient to prevent and overcome noncompliance.

UNDERSTANDING THE NONCOMPLIANCE ISSUE

Compliance versus Adherence

The word compliance is defined as "yielding to the wishes of others."[2] In keeping with the medical model, patients should do what they are told by a health professional.[10,11] This implies that the advice and directions given to the patient are always correct, because the diagnosis and treatment are appropriate, and the prescribed regimen is understandable and achievable. This is not always the case, and most people will ultimately make their own decisions with regard to their health behaviour. Even if they acquiesce at the consultation, a variety of circumstances can alter the patient's behaviour

FACULTY COUNSELLING ISSUES: AN OVERVIEW

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Melanie Rantucci has a doctorate in pharmacy administration. Her research involved patient counselling for nonprescription drugs and factors affecting drug misuse in the elderly. She has published numerous articles on counselling, as well as books which have been distributed to pharmacists and pharmacy schools around the world. In addition, Melanie has presented workshops on patient counselling for practising pharmacists across Canada and in the U.S.

REVIEWERS
All lessons are reviewed by pharmacists for accuracy, currency and relevance to current pharmacy practice.

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from that initially agreed upon.

From the helping perspective, patients should be included in the decision-making process – selecting treatments and regimens that they can and will follow. Discussion should include circumstances that may lead to noncompliance, such as intolerable side effects, changes in the patient's schedule, or outside influences, such as friends offering alcohol. The patient and the health professional can then come to an agreement on courses of action in those circumstances.

It has been suggested that in order to recognize the change in perspective, health professionals should replace the term "compliance" with "adherence," referring to the need to adhere to prescribed therapy. Better yet, replace it with "self-regulation" to recognize the patient's role in therapy.[10,11]

Reasons for Noncompliance

The main contributing factors to noncompliance involve the patient's health beliefs, the nature of communication between the patient and health professionals, and various psychological factors.[12] Table 2 lists some factors affecting compliance.[10-18]

A patient's health beliefs are a collection of ideas and rationales that lead to various health behaviours, such as following a healthy diet, getting regular medical checkups or taking medications.[12] Beliefs in relation to taking medication are potentially affected by beliefs about medication or the illness, social supports, and barriers to medication use, such as cost, side effects, complexity of treatment regimens and severity of disease. Studies have shown, however, that age, gender, education or marital status do not affect compliance.[10,13]

The quality, quantity and content of communication between the patient and health professional have also been found to affect compliance, as shown in Table 2. Many have believed that discussing side effects increases noncompliance due to fear, but the reverse has been found. In a survey about the risks of drugs, 90% of patients reported that precaution and warning information would encourage them to take the drug exactly as prescribed.[17] In fact, any kind of communication is better than none. Another study has shown that compliance improved by 25% when a pharmacist, rather than a clerk, handed the prescription to a patient.[18]

Psychological factors have been explored, because compliance is a behaviour that involves learning, cognitive abilities and decision-making processes. For example, patients on anticonvulsant medication have altered or discontinued their medication regimen to test if it was having an effect and whether or not they still had seizures.[11] A patient's previous experience with medication use and knowledge about their disease has been found to affect compliance.[10,11,14] However, knowledge is of little use if there is no understanding, desire, or ability to apply it.[16] Studies show that the patient's knowledge only improves

TABLE 2 Causes of Noncompliance[10-18]

Health Beliefs	• Disease and outcomes not serious if not treated • Treatment not effective • Lack of support from family and friends • Complex medication regimens • Lengthy therapies • Presence of adverse effects
Communication	• Low degree of medical supervision and little interaction with health professional • Insufficient instruction, reinforcing information, cuing and feedback • Lack of verbal and written information • Lack of strategies to modify attitudes and beliefs • Low patient satisfaction • Little patient involvement in decisions
Psychological: Cognition and Learning	• Desire to test efficacy of drug • Desire to assert control of relationship or condition • Lacking knowledge of disease • Poor experience with medication • Cognitive impairment

TABLE 3 Barriers to Compliance

Complex Regimen	Noncompliance increases with the number of required doses: once daily most complied with, two or three times daily dosing equally poor compared to once daily, and four times daily least complied with.[13,14]
Length of Duration of Therapy	Patients increasingly forget doses with duration of therapy. More likely to become less concerned about the outcome of their condition. More likely to attempt to test the need for continued medication.[11]
Presence of Adverse Side Effects	Reduced compliance due to discomfort and/or the fear of more serious effects, although being warned about the side effects can reduce noncompliance.[17-19]
Poor Literacy, Cognitive Ability, Language Barriers	Inability to comprehend health communication.
Physical Barriers	Access to the health professional or pharmacy due to disability or lack of services, ability to pay for medication, physical ability to administer medication (e.g. open container).

TABLE 4 Counselling Process

Introduction	Personal introduction. Purpose: Build rapport.
Information Gathering: Identify Drug-Related Problems	Depends on the purpose of the counselling, past medical history, symptoms or purpose of physician or pharmacy visit and of medication. Determine needs.
Resolve Problems	Provide information. Discuss various problem resolutions.
Closing	Summarize important points. Solicit additional questions. Ask for feedback. Future needs noted. Offer to answer future questions as needed.

compliance when it is imparted in a manner that modifies the patient's health beliefs and attitudes.[16]

Barriers to Compliance

Once we recognize the various factors that contribute to noncompliance, it is clear that there are barriers to compliance which can be overcome to improve or prevent noncompliance (see Table 3).

Although studies to date have not found that education, income and social class affect compliance, one might expect that ability to pay, cognitive ability, literacy or language would present barriers to complying.

COUNSELLING TECHNIQUES

In order to improve compliance, pharmacists must communicate with the patient in a manner that will affect a patient's behaviour with regard to medication use. A variety of techniques and tools can assist the pharmacist.

Counselling Process

Communication is a two-way process, so counselling must involve the pharmacist and the patient in a dialogue directed by the needs of the patient. The content may vary depending on the purpose: a new or repeat prescription or nonprescription medication, medication history, disease-state management, or training to use a medical device. The counselling session should proceed as shown in Table 4.

The process begins with an introduction, including the pharmacist's and patient's names and the purpose. For example, "Hi Mrs. Sinclair, I'm the pharmacist, Jim. I'd like to spend a few minutes talking with you about your new prescription to make sure you get the most benefit from it."

To set the patient at ease and build rapport, it is helpful to engage in a brief, casual discussion about the patient's health or personal interests.

The information-gathering phase of the counselling session should be introduced to the patient so they do not become impatient. For example, "I need to ask a few questions first so I can find the best way to assist you with your medication use." This allows the pharmacist to learn important facts as well as gauge the patient's level of understanding and attitude toward medication use.

With this information, the pharmacist and the patient can embark on resolving drug-related problems. The patient needs to have input in selecting the most appropriate option for their lifestyle and preferences, and in identifying any additional concerns. For example, the pharmacist may suggest taking a medication with food, or taking an antacid prior to medication use, or that the doctor prescribe an alternative medication. The patient may prefer to take the medication with food, but mention that he often skips breakfast – the time the medication is to be taken. The pharmacist may then suggest that a glass of milk or a slice of toast, rather than a full breakfast, would be sufficient to prevent stomach irritation.

Once the problems are resolved, the pharmacist can close the discussion with feedback to be sure everything was understood. Future needs should be noted. For example, the need to contact the physician for additional medication.

New versus Repeat versus Other Consulting

A consultation with a new patient may require more emphasis on the introduction to develop rapport with the patient and set them at ease. Information gathering will focus on personal information, disease conditions and use of medication(s) to identify drug-to-drug and drug-to-disease interactions.

A new prescription consultation should emphasize information about how the medication will help, its use in relation to other medications, signs of effectiveness and side effects and what to do about them. This should help identify potential noncompliance and barriers to compliance which should be addressed.

In a repeat prescription consultation, information should be gathered to identify noncompliance and causes of noncompliance. Critical questions should be asked about the effectiveness of the medication, specifics of use (assuring that every dose is being taken), problems or concerns. An attitude of interest and concern on the pharmacist's part will reduce any patient apprehension in admitting noncompliance. The pharmacist may ask, "Sometimes it is difficult to remember to take medication or find time to fit it into a busy schedule. What has been your experience with this medication?" If noncompliance is identified, careful and sensitive questioning is needed to determine the reasons for noncompliance. Discussion, and possibly negotiation with the patient may be necessary to overcome the noncompliance. This may simply involve adjustments to the patient's medication or regimen, or techniques such as persuasion and contracting.

Nonprescription medication consulting requires more emphasis on information gathering to identify appropriate symptoms for self-use or need for a physician referral. Once self-treatment is deemed appropriate, then information needs to be gathered about previous symptom treatment, other conditions and medication use, allergies and preferences to determine an appropriate nonprescription medication. Information must then be provided about how to use the medication, side effects, duration of use and signs of worsening symptoms requiring referral.

Other consulting may be more educational in nature, such as instruction on the use of a blood glucose meter. Product demonstration, diagrams and video materials may be used to provide this information. Feedback is important to ensure that the patient understands and is willing and able to perform needed tasks at home.

Specific Counselling Techniques

Certain techniques can improve compliance by addressing the causes of compliance or overcoming the barriers to compliance.

Developing Rapport: Involving the patient in a satisfying interaction improves compliance.[17] Pharmacists must endeavour to show the patient that they are interested and concerned about the patient's welfare by engaging in conversation with the patient about themselves, their interests and concerns.

Use of Open-Ended Questions: Rather than asking, "Did the doctor tell you how to take this medication?" which requires a simple yes or no answer, the pharmacist should ask, "What did the doctor tell you about this medication?" This allows the patient to take part in the conversation and encourages him or her to direct the conversation according to personal needs. Open-ended questions may elicit information about the patient's understanding of his illness, how the medication will help, and perhaps concerns or difficulties he may envision.

Careful Discussion of Side Effects: As side-effect information can affect compliance, this information must be presented so that the patient understands the risks in perspective, and feels empowered to identify side effects and take appropriate actions. The topic should be introduced delicately but directly, explaining the likelihood of occurrence, what to expect, what to do to modify or prevent side effects and what to do about them when they occur. For example, "Most medications cause some unwanted effects along with the beneficial effects. Most people find that this water pill causes them to go to the bathroom more often, so it is best taken in the morning so as not to disturb your sleep. You also need to consume more potassium-rich foods, such as a banana or glass of orange juice, because potassium is lost from your body along with the water. How do you think you might fit that into your diet?" Pause, wait for the patient's response, then continue. "If you become very tired, it may be that you are not getting enough potassium. Let the doctor know if this occurs. He may want to test your potassium levels and perhaps prescribe a supplement. Occasionally people find that they are a little dizzy when they stand up quickly, particularly when first taking this medication. Your body will get used to it and it shouldn't bother you after a few days. If you find that it does, let your doctor know and he may adjust the medication."

Persuasion: People are persuaded by the way information is presented and by whom it is presented.[19] The credibility of the persuader is important and determined by trustworthiness, expertise or qualifications, and personal appearance and attributes. Pharmacists are considered trustworthy by the public, but our expertise is not fully appreciated. We need to establish this with our credentials. Any additional diplomas should be visibly displayed for the public.[21] Unfortunately, many people are not naturally charismatic or good talkers, and personal attributes are difficult to change. However, some skills can be improved. Use non-hesitant speech when presenting ideas and viewpoints to overcome a patient's objections to medication use. Use milder statements rather than strong ones. For example, "Taking this medication will greatly reduce the chance of having a heart attack." versus "You must take this or you will have a heart attack!" When presenting a series of facts, end with a logical conclusion. For example, when explaining how a heart medication works, end with a statement such as, "Therefore, it is important to use this medication as directed so that it can do its job as intended."

Probing: This technique is used to gather information and ask questions appropriately. It involves the organization and phrasing of questions.[22] Questions should proceed from least to more personal, and from general to specific. They should also be grouped by topic to allow both the pharmacist and patient to focus on an issue. Use open-ended questions to gather maximum information, but use closed questions when specific information is needed. Questions beginning with "why" elicit defensiveness and should be avoided.

Tailoring Counselling to Individual Patient's Needs

Although basic counselling processes and skills apply to all patients, counselling should be tailored to the individual, taking specific needs into consideration. Considering specific needs will prepare the pharmacist to accurately anticipate issues that arise, compliance challenges and counselling tools and approaches that will be successful. Patients may need modifications to their drug regimens, different levels of pharmacy services (home visits, individual medication reviews), or education on specific aids such as blood glucose meters or spacers. The counselling process may need to be modified, with more time spent gathering a medication history, identifying drug-related problems or educating the patient more thoroughly about their condition.

Patient characteristics, the drug, medical condition and the specifics of the situation should be considered.[22] Cultural background, age (particulary geriatric or pediatric), mental or physical disabilities, employment and lifestyle all affect the type of educational material used and the difficulties patients have in taking medication. For example, people with hearing or vision problems will need counselling aids that assist them in understanding counselling information. Some cultures are uncomfortable with direct, one-on-one counselling for females. Pediatric patients may need special dosing considerations. People who work irregular or long hours may need assistance with dose scheduling.

After considering the drug and medical condition, the pharmacist may be able to anticipate a patient's concern with long-term use of an antihypertensive, the higher risk for adverse effects with an antineoplastic, and the social stigmas affecting patients with conditions such as seizure or psychiatric disorders. Careful discussion of these topics and attention to sensitivities is needed.

Of course all patients have personal concerns, health behaviour and attitudes, compliance issues and unmet therapeutic needs. The challenge is to identify them and select the most appropriate counselling tools.

COUNSELLING TOOLS

STUDIES HAVE DEMONSTRATED THAT FACE-TO-face interaction results in the best understanding and compliance. However, the addition of other tools, such as printed material, can further improve the effectiveness.[24-26] A variety of materials and counselling approaches are available to augment verbal counselling.

Counselling Aids

Materials produced to assist pharmacists in counselling include computer printouts, tear- off information sheets, pamphlets and videotapes on diseases, medical conditions and medication administration, and placebo devices for demonstration.

Prior to using these materials, pharmacists should personally review them, ensuring they provide accurate, unbiased information that the patient will understand. Written material for the general public should be aimed at a grade 6 to 8 reading level. Unfortunately, many available materials are aimed at a higher reading level.[26] Materials are also often too general and may not provide information pertinent to all patients, e.g. materials that include warnings against becoming pregnant for a male patient. The pharmacist can customize some of these materials either prior to computer printing or by crossing out and highlighting materials by hand.

Some pharmacists may wish to develop written materials themselves, to suit a particular need, or provide information to patients in their own language. There are a number of key rules to observe when

preparing written materials (see Table 5).

Audio-visual materials such as videotapes are often available to educate patients about their conditions and disease treatments. This type of material allows for different learning styles, providing pictures and diagrams of disease states, personal stories of disease sufferers and demonstration of medical devices. As such, they provide education as well as skill development, coping strategies and attitude change.

Counselling aids can improve time efficiency. Patients can be asked to view videotapes in the pharmacy or at home prior to the consult. Many topics are sufficiently covered and the pharmacist can then spend time clarifying and addressing questions.

Placebo devices and diagrams can be used to demonstrate and teach skills. The patient should be encouraged to practice in front of the pharmacist so problems can be identified and corrected.

The telephone offers privacy as well as the ability to manage time. A pharmacist can arrange to telephone a patient at a convenient time to discuss issues that arise during a face-to-face interaction, or to follow-up to ensure compliance.

Tools to Improve Compliance

Memory aids, motivational techniques, medication reminder packaging (dosettes), calendars, charts, telephone reminders and timing devices can be used to help patients remember to take medications.[28] As mentioned previously, adjustments to dosage form or dosing frequency may also assist patients in remembering and fitting medication into daily schedules.

Enlisting the support and supervision of family members, friends, public health and social-service agencies may be needed to assist patients who require help remembering and managing medication use. Controlled-therapy programs, such as methadone treatment where the patient must get medication daily or weekly from the pharmacist, can assist where patients are unable to take full responsibility for medication use.[29]

When motivation rather than forgetfulness is the issue, behaviour modification techniques are more effective. In consultation with the patient, emotional and practical barriers to compliance should be identified, such as work schedule, lack of confidence in treatment, side effects, etc. The patient can then be involved in developing strategies to improve compliance based on these barriers. Strategies may include changing medication to reduce side effects, altering dosage scheduling and educating the patient about the medical condition and medications. It may be more involved. For example, the pharmacist and patient can draw up a contract which identifies the problem and goals for the patient, what the patient and pharmacist need to do, how they will do it, and when they will do it. Both need to sign it. The contract may include follow-up calls by the pharmacist for encouragement and problem resolution, pre-set appointments in the pharmacy, specific actions for the patient, such as exercising for half an hour each day, testing blood sugar twice daily, drinking 4 large glasses of water daily.

Patients can also be motivated by self-monitoring symptoms such as blood pressure or blood sugar so they can see the benefits of medication and the effects of noncompliance.[29]

Devising rewards and incentives, such as buying a new outfit after losing 20 pounds of weight or one hour of free time every day after medication use, can help motivate the patient.

These types of motivational programs have been successful in smoking cessation and weight-loss programs where significant behaviour change and chronic medication use is required.[12] However, the patient must be a willing participant and involved in devising the plan.

Individual and Group Counselling Sessions

Most patient counselling occurs when filling a prescription. This interaction is often brief, however many patients can benefit from additional counselling, such as booking appointments for individual sessions or arranging small groups with common issues (e.g. hypertension or diabetes) to meet with the pharmacist.

During individual sessions, a more thorough assessment can be made of patient's needs and compliance issues, and a patient-care plan can be devised using some of the above tools. Typically, individual sessions will require up to one hour for the consultation, with an additional half-hour for preparation time and up to one hour following the session to complete the assessment and report to the patient and physician, if any action is needed.

A group session is usually designed to educate patients about their medical condition and medications, demonstrate self-monitoring techniques, and provide them with the opportunity to share concerns and issues with other patients. This can be very empowering and may result in attitude and behaviour changes. These sessions may be arranged as part of a clinic day program where a particular disease or condition is being addressed.

TABLE 5 **Suggestions for Preparing Written Materials[28]**

- Use common words of one to two syllables and adjust to grade 6 or 8 reading level.
- Define medical terms and concepts.
- Use simple, short sentences (10 words or less) with one idea per sentence and short paragraphs.
- Use active verbs, and be specific e.g. "Drink at least an 8 oz. glass of water."
- Use positive rather than negatives sentences, e.g. "Take with food" vs. "Do not take on an empty stomach."
- Use questions and answers, e.g. "What should I expect from this medication?"
- Avoid numbering – use titles and subtitles.
- Introduce topics, e.g. "The following things will help you control your diabetes."
- Use checklists, diagrams, charts.
- Use upper and lower case letters rather than block letters.
- Use colour, highlighting, bold face, underlining, boxing to emphasize points.

THE COUNSELLING ENVIRONMENT

IN ORDER TO GAIN THE MOST BENEFIT FROM counselling techniques and tools, the environment should also be adapted.

Privacy/Counselling Areas

The need for privacy is of primary importance. Patients are not willing to discuss personal symptoms, concerns, behaviours or attitudes if they can be overheard. For the pharmacist, privacy is important in order to remove distractions. Privacy can be obtained with semi-private and private counselling areas.[30] Full walls or doors may not be necessary, but the counselling area should offer audio privacy, and it

must be clear that only one patient is served at a time. Fancy office furniture is not necessary, but there should be seats for the pharmacist and patient to sit if they wish, and a counter or table on which to place prescriptions and patient information. Often, it is sufficient for both patient and pharmacist to stand.

This area should be used for all counselling, including new and repeat prescriptions, so that patients become accustomed to the area and feel comfortable there.

Ambiance

The ambiance of the pharmacy environment should also be assessed and modified, if necessary. Excessive noise level, poor lighting, and generally inhospitable and cold surroundings can inhibit effective counselling by hampering the pharmacist's ability to enter into a comfortable conversation with a patient.[30,31]

Accessibility

To effectively communicate with patients, they must be able to easily access the pharmacy and pharmacist. This means that the physical layout of the pharmacy must allow patients to talk with the pharmacist without barriers such as counters, raised dispensary platforms or stock stacked on counters. Preferably, the pharmacist can get within a comfortable conversational distance of the patient (3 to 4 feet) without technicians or clerks or other duties preventing the pharmacist from direct interaction with the patient.[30,31]

There should also be easy access for disabled patients and the pharmacist should be able to sit face-to-face with a patient in a wheelchair rather than bend over them.

Dispensary Layout

The dispensary should be designed so that the pharmacist's workstation is visible to patients, and semi-private and private counselling areas are easily reached as part of the work flow.[31] It is also helpful if a system is in place to keep patients from crowding into one area, perhaps with low rope barriers or markings on the flooring as used in banks. Nonprescription medication sections of the pharmacy should be easily visible and accessible to the pharmacist to facilitate counselling for these products.

SUMMARY

HAVING REVIEWED THE BASICS OF COUNSELLING, the issue of noncompliance, tools and environment that will assist the pharmacist in counselling to improve compliance, we can now proceed to considering specific counselling issues in forthcoming lessons.

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QUESTIONS

CASE STUDY #1

A.L. is an elderly patient who lives near her daughter in a low income, seniors apartment. She has hypertension and was recently prescribed enalapril twice daily by a new family doctor, replacing her doctor of 20 years. She complains that the pills make her feel dizzy.

1. When counselling A.L., the pharmacist engages in a number of activities similar to psychotherapy. However, the emphasis in counselling is equally on

a) supporting and interpreting
b) advising and lecturing
c) informing and listening
d) clarifying and questioning
e) educating and instructing

2. Using the helping approach, how is the relationship between the pharmacist and A.L. BEST described?

a) pharmacist is like a parent, A.L. is like a child
b) patient is encouraged to develop self-confidence
c) A.L. is passive
d) the pharmacist identifies problems
e) the patient views the pharmacist as the expert

3. During the information-gathering phase of counselling, the pharmacist would

a) identify A.L.'s needs
b) develop rapport
c) get feedback
d) resolve problems
e) summarize important points

4. The pharmacist discovers that A.L. has stopped taking her hypertension medication. What is the mostly likely reason?
a) unaware of the need for regular use
b) experiencing unpleasant side effects
c) testing that the drug is still needed
d) dissatisfied with her health professionals
e) both b and d

5. A.L. is more likely to be noncompliant because:
a) she is elderly
b) she takes only one medication
c) she has received only written information about her medication
d) she has friends and family involved
e) she thinks she has a serious condition

6. How can the pharmacist help A.L. overcome barriers to compliance?
a) explain ways to reduce side effects
b) suggest physician change to qid dosing regimen
c) provide written and verbal information at her education level
d) suggest she request 3-month supply of medication to reduce need to get to pharmacy
e) both a and c

7. When counselling for a refill prescription for A.L., the pharmacist should
a) determine if patient is taking medication correctly
b) ask general questions about medication use
c) ask about side effects
d) no need to provide information
e) both a and c

8. Which question would be more effective in gathering information from A.L.?
a) Do you take your medication every day?
b) Did the doctor tell you what this is for?
c) How did the doctor tell you to take this?
d) You do take it regularly, don't you?
e) Do you take this twice a day?

9. The pharmacist discovers that A.L. is confused about her antihypertensive medication and keeps forgetting to take it. Which compliance tool could be used to deal with this?
a) hypertension counselling
b) rewards
c) dosette
d) blood pressure monitor
e) contract

CASE STUDY #2

J.J. is a new patient to the pharmacy and is wheelchair-bound as a result of a work-related spinal injury when he was 25 years old. He is now 47 and has diabetes. He presents a prescription for glyburide.

10. The pharmacist should
a) first ask the patient why he is in a wheelchair
b) ask about the patient's past medication history
c) counsel verbally and avoid using written information
d) provide only written information
e) start by educating the patient about diabetes

11. Which counselling tool would motivate J.J. to be compliant?
a) dosette
b) arranging for more family supervision
c) dosing chart
d) contract
e) reducing medication to smaller quantities

12. Since J.J. is wheelchair-bound, the pharmacist could counsel him most effectively by
a) speaking to him from behind the raised dispensary counter
b) giving him written information instead of speaking directly to him
c) joining J.J. in an area where the pharmnacist can sit down to talk
d) speaking to his caregiver on the telephone
e) all of the above

13. Which comment about side effects would be least likely to cause J.J. to be noncompliant?
a) "most medications have some unwanted side effects"
b) "there are some very serious side effects with this medication"
c) "this medication can cause pruritis, thrombocytopenia and cholestasis"
d) "if you don't take this regularly, you will need to switch to insulin"
e) "take this medication at 9 a.m. every day"

14. In order to persuade J.J. to be compliant, the pharmacist
a) must overcome the natural lack of trust of pharmacists
b) should demonstrate credibility
c) use stronger statements
d) use probing questions
e) show interest in the patient

15. Which factor would reduce the effectiveness of print materials?
a) unbiased and accurate
b) written at the grade 6 to 8 level
c) used in conjunction with verbal counselling
d) includes numbered lists
e) customized for the patient

16. What advantage does the pharmacist have when using counselling aids with J.J.?
a) time saving
b) no need to verbally counsel J.J.
c) no need to use a private counselling area
d) no need to review or adjust materials
e) no need to assess skills

17. The pharmacist just remodelled his pharmacy. Which design aspect contributes to optimum communication with J.J.?
a) fashionable furniture for the counselling area
b) clean white walls and fixtures
c) raised dispensary to allow pharmacist to view customers
d) wide door on private counselling area
e) a and c

CASE STUDY #3

B.G., a young woman with asthma, comes to the pharmacy regularly for salbutamol and beclomethasone inhalers.

18. B.G. asks the pharmacist for a refill for her salbutamol inhaler 2 weeks early. What is the first thing the pharmacist should say?
a) How often do you use your inhaler?
b) Why are you using your inhaler so much?
c) Let's discuss how your asthma is lately.
d) You shouldn't be using your inhaler so much.
e) Would you like two inhalers this month?

19. Which question(s) would be effective in gathering information during a discussion with B.G.?
a) a group of questions about her asthma, followed by a group of questions about her use of medications
b) at the beginning of the interview: "Why did you run out of your inhaler two weeks early?"
c) to gather specific information about dosing, "Do you find you need your inhaler more often than before?"
d) at the beginning of the interview: "How much alcohol do you consume?"
e) both a and c

20. In order to reduce the chance of noncompliance in the future, the pharmacist should end B.G.'s counselling session with which statement(s)?
a) "Just call me if there is anything that you want to discuss further with me."
b) "Don't worry about a thing."
c) "I'll call your doctor to report your inhaler abuse."
d) "I'll call you in a few days to see how things are going."
e) "Let me know if you get palpitations."

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Feedback on this CE lesson

1. Do you now better understand counselling as it relates to pharmacy? ❑ Yes ❑ No
2. Was the information in this lesson relevant to your practice? ❑ Yes ❑ No
3. Will you be able to incorporate the information from this lesson into your practice? ❑ Yes ❑ No
4. Was the information in this lesson... ❑ Too basic ❑ Appropriate ❑ Too Difficult
5. Do you feel this lesson met its stated learning objectives? ❑ Yes ❑ No
6. What topic would you like to see covered in a future issue? _____

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