



## Objectives

After reading this lesson pharmacists will be able to:

1. Describe different learning styles and how this may influence patient teaching.
2. Describe elements of verbal and non-verbal communication.
3. Identify barriers in your practice that influence communication.
4. Explain the importance of empathy in patient communication.
5. Evaluate their communication style.

## 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. 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). (Note: some provinces require individual pharmacists to notify them.)

## Answering options

- A. For immediate results, answer online at [www.pharmacygateway.ca](http://www.pharmacygateway.ca).
- B. Mail or fax the printed answer card to (416) 764-3937. Your reply card will be marked and you will be advised of your results within six to eight weeks in a letter from Rogers Publishing.

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# Communication in Pharmacy Practice: An Overview

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## Program Overview

Effective patient communication is central to being able to provide pharmaceutical care: identifying patient issues and needs, developing and communicating solutions and ensuring patient agreement and understanding are essential skills for pharmacists today. Effective communication skills are necessary for practitioners to receive accurate and comprehensive information from the patient as well as successfully educate the patient. Additionally, strong communications skills will enable a pharmacist to:

- Establish the necessary rapport to building a trusting relationship; and
- Ensure an effective exchange of information necessary for the pharmacist to appreciate patient needs and for the patient to understand and accept pharmacist recommendations.

The purpose of this lesson is to provide pharmacists with the fundamentals of communicating effectively so that they can ultimately provide better patient care. Some of the more tangible benefits patients experience when pharmacists use effective communication strategies:<sup>1</sup>

- Improved adherence with medication use
- Increased satisfaction with their relationship with the pharmacist

- Greater likelihood that patients will ask for help when it is needed, resulting in fewer unaddressed side effects and adverse effects.
- Improve patient trust in pharmacist advice and education.

## Background/Introduction

### Communicating—knowing versus doing

Knowing how to communicate and being an effective communicator are different. It is important to understand how to communicate in order to be an effective communicator. This lesson will provide information about communication theory along with how and why it is important. Just as we need to understand the rules of golf or tennis before we can play, so must we appreciate the elements of communication. And like learning to play tennis or golf, being an effective communicator takes practice and requires a deliberate effort to manage our interactions with others.

### A skill we can all learn

We can all learn how to become more successful communicators. In this lesson you will encounter reflective exercises to enable you to think about how you can apply the information to increase your effectiveness as a communicator.



## How we communicate

Communication involves several activities. We communicate verbally (through words), visually (through the use of pictures or printed materials), kinesthetically (through body language), interpersonally (through social interaction) and intrapersonally (within our self). The structure of communication can be described as a system made up of several elements. The intended message is put into words by the sender, who transmits it (through speech or writing) to the receiver, who must then decode the message to understand the intended message. Along the way, there are several opportunities for communication to fail, and so the pharmacist's task is two-fold. When communicating with patients and other health-care providers, pharmacists can manage how they convey the intended message through verbal and non-verbal communication. There is a need to also be aware of the verbal and non-verbal responses of the receiver of our communication so that the pharmacist can identify when confusion or misunderstanding has occurred and take steps to clarify.<sup>2</sup>

## Communication Styles

### Understanding ourselves as communicators

Being self-aware is essential for effective communication. Appreciating the breadth of styles both for how we learn and how we interact with the world is necessary to be able to tailor our care to best meet patient needs. Kolb's Learning Styles Inventory (LSI) and Myers-Briggs Type Indicator are two tests that can help us appreciate our strengths in how we learn and how we interact with the world. Once you understand and appreciate how you respond to others naturally, you can learn to become intentional in managing your interactions with others.<sup>3</sup>

#### Reflective Exercise:

*Which learning style most closely applies to you? How would you tailor the way you teach others about their medications or health conditions when their learning preferences may be different from your own?*

### TABLE 1

### Kolb's Learning Styles Inventory

Kolb's theory of learning styles discusses preferences for how individuals learn. Understanding the different learning styles can help the pharmacist be more effective in how he or she approaches the aspect of patient education. Because the tendency is to teach from one's preferred style, it is helpful to know what that style is so that one can consciously incorporate other teaching approaches when educating patients about their medications and their health. Free on-line resources for Kolb's Learning Styles inventory are not readily available; the test and workbook are available for a fee from <http://www.learningfromexperience.com/assessment-tools/#LSI>. Kolb's 4 learning styles are presented below along with characteristics that influence our learning style.<sup>4,5</sup>

#### Divergers

- Prefer doing and experiencing.
- Tend to focus on generating ideas or solutions.
- Value harmony, listening with an open mind

#### Assimilators

- Prefer observing and reflection.
- Tend to focus on ideas and concepts over individual needs; require time to reflect before responding to questions or situations.
- Value logic and have strong organizational skills.

#### Convergers

- Prefer to begin by understanding reasons and concepts.
- Tend to focus on finding practical solutions; can be unemotional.
- Value quick decision-making and leadership.

#### Accommodators

- Prefer to "dive in" and try things out for themselves.
- Tend to focus on efficient use of time and energy; enjoy finding useful, convenient solutions.
- Value a direct approach when dealing with people and situations.

Pharmacists need to be flexible in their teaching to accommodate the various learning styles of their patients. For example, when teaching a patient how to use an inhaler for the first time, the pharmacist will likely demonstrate how to use it and offer an explanation of why each step is important. A diverger will likely be eager to try it out which will offer the pharmacist an opportunity to assess technique and offer corrective feedback. An assimilator may be reluctant to try it himself/herself in front of the pharmacist as they may wish to have time to reflect on the process. A converger may need more information about the why and how of the device. An accommodator may not listen to the pharmacist as they will be eager to learn for themselves through experience how it works.

#### Reflective Exercise:

*Which of the personality traits in each pair of preferences most closely applies to you? How would you communicate with a patient who may have a different preference than you for how they gather data or make a decision?*

#### Adjusting our communications style to fit patient needs

Despite inherent preferences for learning or interacting with others, to provide patient-focused health-care, effort is needed to adapt messages and responses to enable

patients to understand and accept the information provided. Learning styles and Type preferences are not inflexible. Depending on the situation, an individual may engage in non-preferred learning activities (a converger may attend expert lectures, or an assimilator may participate in a hands-on activity) or use either Myers-Briggs preference (an introverted individual may learn to behave in a more extroverted manner when interacting with patients). This flexibility means that as pharmacists gain comfort and confidence with how they like to learn or teach and who they

**TABLE 2** Myers-Briggs Type Indicator

Myers-Briggs Type Indicator describes four opposing personality preferences (Introversion vs. Extraversion, Intuitive vs. Sensing, Thinking vs. Feeling, and Perceiving vs. Judging). Preferences are not rigid, there is no right or wrong and it does not represent a set of skills. Understanding one's own personality "Type" can enable the pharmacist to understand and appreciate patients' verbal and non-verbal communication responses. From this understanding, the pharmacist can adapt his or her own verbal and non-verbal communication to be more patient-focused.

The four main pairs of Myers-Briggs Type Indicator preferences are listed below along with characteristics of the preferences and how those characteristics influence our communication:<sup>6</sup>

<b>Preferences about how we are energized:</b>	Introverted individuals (I) draw energy from inside, more likely to keep thoughts to one's self, focus on depth of concentration.	Extroverted individuals (E) draw energy from the outer world, more likely to think out loud, focus on breadth of interests.
<b>Preferences about how we gather data or information about the world around us:</b>	Sensing individuals (S) gather information primarily through the five senses, are practical and oriented to the present. Are good at gathering detailed information, focus is on reliance on facts.	Intuitive individuals (N) gather information through intuition and gut-level feelings, are oriented toward the future. Are good at seeing relationships and patterns, focus on grasping possibilities.
<b>Preferences about how we make decisions:</b>	Thinking individuals (T) make decisions in a logical, analytical and objective manner. Prefer to use head over heart. Focus is on logic and analysis.	Feeling individuals (F) make decisions based on how it will affect others. Value driven. Prefer to use heart over head. Focus on warmth and sympathy.
<b>Preferences about how we interact with the world around us:</b>	Judging individuals (J) prefer planned and organized approach, are decisive. Focus on organization.	Perceiving individuals (P) prefer to be more spontaneous and flexible, more process oriented, may delay decision-making. Focus on adaptability.

Each of us will have a preference toward introversion or extroversion, sensing or intuition, thinking or feeling, judging or perceiving, with 16 possible combinations resulting. There are many websites that offer free tests to help you better understand your 'Type.' One site you could visit is [www.typelogic.com](http://www.typelogic.com). A useful site to learn more about how one's Type influences how we learn and teach can be found at <http://www2.gsu.edu/~dschjb/wwwmbti.html>.

are, they can increase their ability to purposefully apply other teaching styles or be intentional in their verbal and non-verbal communication to patients.

## Verbal and Non-Verbal Communication

### Speaking to be heard

Pharmacists need to take responsibility for

their behaviour, particularly in choosing the content provided to patients and the manner in which it is provided.<sup>7</sup> To help pharmacists ensure effective communication, consider the five "Ss": Be **sincere**, keep communication **simple, short** and **specific**, and lastly, **summarize**.<sup>2</sup>

**Be sincere.** A pharmacist's attitude will affect both patient adherence as well as

therapeutic outcome. Genuineness, warmth and openness on the part of the pharmacist will have a powerful influence on the patient and the quality of their relationship with the pharmacist.

**Keep communication simple, short and specific.** It is important for the pharmacist to avoid unnecessary complexity. When the pharmacist uses shorter words and sentences, patients will recall more of what is said. The number of messages provided to patients will also influence their recall. The number of messages should ideally be kept to a maximum of three items. This means the pharmacist must identify the most important messages to deliver to the patient. Given that there may be more than three items of importance to convey to a patient, follow-up with patients becomes a critical element of care. Being specific when giving information or advice to patients will help them recall what they are told. The more specific the message or instructions, the more likely it will be adhered to.

**Lastly, summarize.** Repeating important messages as a summary, with emphasis on critical aspects of the communication will help the patient "take home" the vital aspects of their care instructions (such as dosing instructions and when to take or how to take).

Factors that affect the delivery of the pharmacist's spoken messages include tone, rate of speech and volume. Managing these elements can help the pharmacist convey meaning. Emphasis on certain words will convey importance and enhance recall. Using a soft, calm and even tone suggests support and comfort. Slowing down parts of our speech conveys importance and patients will tend to recall that part of the message.

### Effective use of questioning

Competent questioning ensures the pharmacist will obtain the necessary information to identify patient needs and drug-related problems.<sup>2</sup> Whenever possible, especially at the start of a conversation, keep questions general and less personal. This approach will relax the patient and help you develop rapport. Also, early in the conversation, keep questions open-ended. This encourages the patient to share information or discuss experiences in their own

way. Open-ended questions are ones that cannot be answered “yes” or “no.” An example of an open-ended question might be: “Describe how you have been taking your medication?” compared to one that is closed-ended: “Have you been taking one tablet twice daily?” Further into the conversation, closed-ended questions may be appropriate to gain more precise information. For example: “Do you have difficulty swallowing the tablet?”

Active participation by patients, through the use of effective questioning, can influence patient satisfaction and their decisions regarding treatment adherence.<sup>8</sup> While most patient counselling sessions are similar in structure, it is important that the pharmacist be flexible and adjust their counselling routine depending on the responses given by the patient.<sup>9</sup>

A few tips:

- The rate of questioning is important. If the pharmacist moves through the questions or instructions too quickly, the patient may become confused, tune-out or misunderstand what is asked. This can result in inaccurate information being gathered or inappropriate use of medication once the patient returns home.
- Never make the mistake of asking more than one question at a time. Allow patients to respond to each question at their own pace.

### Active listening

Effective communication is built on active listening. Active listening is a form of therapeutic listening which focuses fully on the patient in order to accurately see the world as they see it. Active listening is hard work. It takes effort.<sup>1</sup> The act of listening implies providing conscious, complete and undivided attention to the patient. It requires that you not be distracted, interrupted or hurried. Active listening also requires participation by the pharmacist: it is necessary to respond to the patient in a manner that demonstrates that you have both heard and understood what they have said.

Active listening responses help the patient feel heard and understood; responses can also serve to clarify the accuracy of understanding. There are three

types of active listening responses:<sup>3</sup>

- A **restatement** response repeats the words of the patient as you have heard them. Best used early in the patient interaction, restating phrases reassures the patient that you are listening and will encourage them to continue.
- A **reflective** response verbalizes both the content and the feelings of the patient. This shows the pharmacist is hearing both the words and the emotions behind them. These responses often begin with phrases such as “It sounds like you...”, or “You seem to be feeling...”
- A **clarifying** response verbalizes both content and feelings and also summarizes or simplifies the patient’s statements into clear, concise statements. This type of response may begin with a phrase such as: “As I understand it, you...” These statements also invite the patient to correct or re-frame your understanding if necessary.

### Managing personal space

When a pharmacist is providing care to a patient, it is important that the physical distance between the pharmacist and patient reflect the degree of immediacy. The distance needs to create some privacy (standing too far from a patient may allow others to overhear) while at the same time not making the patient uncomfortable. The more intimate the content of the conversation, the closer a pharmacist will want to stand or sit to a patient. A good rule of thumb is to stand an arm’s length away from the patient. Patients will provide non-verbal cues if the pharmacist is too close. They may appear to fidget or even step backward to create their desired space.

### Body language

Most of what we communicate happens through our body language.<sup>1</sup> For communication to be perceived as genuine or sincere there needs to be congruency between our words and our body language. For the pharmacist, being sensitive to body language during patient communication means being able to manage their own body language and at the same time be looking for and responding to body lan-

guage cues from the patient.

There are a number of ways a pharmacist can use body language to increase the effectiveness of their communication and display interest and concern. Establishing eye contact while talking to patients, leaning toward them and having a relaxed posture all help to put the patient at ease. Pharmacists may want to come out from behind the counter or remove any physical barriers, such as a desk, to create a more personal space with the patient. A relaxed posture includes uncrossing arms and removing hands from pockets, facing the patient directly with feet facing forward. Head nods and smiling are all ways pharmacists can encourage patients to listen and respond to what we are saying.

Patients tell us a lot about what they are thinking and feeling through their body language. Whether they make eye contact or the intensity of their eye contact can help the pharmacist gauge the patient’s understanding or emotional response. Facial expressions in general can convey emotions such as worry, confusion, sadness or excitement simply through movements in eyebrows, smiles or frowns, or angle of the head. Body language has cultural implications. Some body movements mean one thing in one culture, and may convey a totally different message in another culture. When a pharmacist uses body language to identify a patient’s feelings or understanding, they need to use words to clarify whether their assumptions are correct.

### Reflective Exercise:

*After interacting with a patient, consider the following checklist to determine how well you applied verbal and non-verbal communication elements.*

- I gathered information and provided care in a logical and organized manner.
- I used a variety of open-ended and closed-ended questions.
- My questioning pace provided the patient sufficient time to respond.
- I spoke clearly using words that would be understood.
- My tone conveyed both respect and concern for the patient.
- My volume of speech was loud enough

for the patient to hear while respecting the patient's privacy.

- ❑ I actively listened while the patient responded to questions or provided information.
- ❑ My tone and body language were congruent with the words I used.

## Empathy

Empathy is the process of communicating to patients the feeling of being understood; it is putting yourself in the patient's situation.<sup>10</sup> It requires that the pharmacist identify the affective experience of the patient.<sup>1</sup> Demonstrating an understanding of the patient's feelings establishes the necessary rapport for creating a caring, trusting relationship with the patient.<sup>11</sup> Empathy can be learned, although using empathetic responses may feel awkward at first. Learning to be empathic requires that the pharmacist place importance on developing a caring therapeutic relationship with the patient.<sup>11</sup>

We demonstrate empathy by how we respond to patients, both verbally and non-verbally. It is not necessary to have experienced the patient's incident to display empathy. Empathy takes courage (particularly when the experience is sad, such as the loss of a spouse) because it means the pharmacist must be open to and able to acknowledge the feelings experienced by the patient. In this regard, empathy is different from sympathy in that when we are sympathetic we "feel" the patient's emotions.

Pharmacists display empathy non-verbally by reflecting the patient's facial expressions or body language. Demonstrating empathy through a verbal response means choosing words that don't judge, give advice, quiz or placate. Rather these words should demonstrate understanding and acceptance of 'what is' for the patient. Giving patients a safe environment in which to express themselves will give them a sense of control of their lives and empower them to take greater responsibility for participating in solutions for managing their health.

### Reflective Exercise:

Empathy can be in response to others' joy or happiness as well. Think about a time

when someone you cared about shared some excellent news. Did your face light up as you shared their joy? Did your words convey your excitement and offer encouragement and congratulations?

## Communication Barriers

Pharmacists are confronted by many barriers when trying to make effective communication a part of their daily activities. Identifying these barriers is the first step to overcoming them. The most commonly encountered barriers are those related to the pharmacist's environment, themselves and their patients. Once barriers are identified, the pharmacist will be better able to create and implement solutions to overcome them.<sup>11, 12</sup>

Environmental barriers may include accessibility to the pharmacist, lack of a quiet, private space in which to speak with patients, or lack of time to engage in meaningful discussion with patients. One way for the pharmacist to identify environmental barriers is to place him- or herself in the patient's shoes. Suggestions to overcome environmental barriers affecting communication include:

- Reduce the number of products for sale near the counselling area to reduce the number of customers nearby and increase the sense of privacy for patients who are being counselled.
- Place a computer terminal near the patient counselling area to reduce walking and increase access to needed information.
- Reduce the number of items on the counter where you will be engaged in a patient interview to reduce the distractions and create a professional atmosphere.
- Use support staff, such as technicians and assistants effectively to free-up time to speak with patients.

### Reflective Exercise:

Stand in various areas near the dispensary to see whether the pharmacy staff is visible. Are you able to tell the difference between staff members who are pharmacists and those who are not pharmacists? Listen to the volume of noise to see whether it is too loud for easy hearing or too quiet with no provision for privacy.

**Patient barriers** preventing effective communication may include lack of awareness of or respect for the pharmacist's role, difficulty in speaking English, or feeling uncomfortable asking questions about their medication or health issue. In addition, many patients are anxious about their health and do not concentrate on what they are being told. As a result, they may forget at least a part of what the pharmacist said to them. Suggestions to overcome patient barriers to communication include:

- Supplement patient counselling with print materials to increase patient understanding of the information.
- Maintain eye contact with the patient when you are speaking. This will help keep them engaged with you during the conversation. The pharmacist will also be able to watch for non-verbal cues that indicate lack of understanding or concern on the patient's part.
- Encourage patients to ask questions and take time to respond to questions in a thoughtful manner.

**Personal barriers** influencing a pharmacist's ability to communicate effectively include lack of confidence in their leadership or advisory role (and the very nature of eliciting personal, potentially sensitive, information from the patient), lack of knowledge (about the drugs or the patient history), inability to respond to patient cues (either verbal or non-verbal), shyness, or lack of awareness of cultural differences that hinder patient response to pharmacy care. Suggestions to overcome personal barriers to communication include:

- Ensure you are easily identifiable to the patient as the pharmacist.
- Wear clothing that is reflective of your health-care professional status to increase patient respect for your role in health care.
- Develop an effective patient interview style to ensure you gather all necessary information about a patient before providing care.
- Ensure that your non-verbal communication communicates the desire to spend time focusing on the patient's issues.

### Reflective Exercise:

What barriers exist in your environment,

*within yourself or within your patients that may prevent you from communicating as effectively as you would like?*

## Building Confidence

As with any new skill, it takes time and practice to become comfortable and proficient. Taking time to reflect after a positive interaction about what went well and what contributed to the success of the communication can help the pharmacist identify strengths that can be developed further.

Likewise, reflecting after less positive interactions about what did not go well and how communication might be more effective in the future can be a powerful developmental exercise.

Learning to change existing patterns of behaviour is difficult—it may feel awkward or forced. Practice is necessary before changes become a natural part of how we communicate with our patients. A pharmacist may want to practice new skills within comfortable relationships, such as with family or friends, before applying them to their patients. However, with time and effort, change is possible and well worth it given the importance of establishing strong therapeutic relationships with patients and their caregivers.

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## Questions

### 1. One reason a pharmacist may want to work to improve communication skills is to:

- a) Increase the number of prescriptions filled.
- b) Improve patient adherence with medications.
- c) Improve the patient-physician relationship.
- d) Increase personal job satisfaction.

### 2. It is important to understand our own learning style so that we can:

- a) Tailor the way we educate patients to best meet their needs.
- b) Ensure that we provide comprehensive care to patients.
- c) Persuade patients to follow advice given.
- d) Encourage patients to learn in the same way that we do.

### 3. Which statement is TRUE about Myers-Briggs Type Inventory personality traits?

- a) Introverts are too shy to provide effective patient care.
- b) People with judging preferences are critical of others.
- c) Knowing your Type means you can fix your weaknesses.
- d) Preferences are flexible and behaviour can be modified.

### 4. Keeping the five 'Ss' of communication in mind when counselling patients will help to:

- a) Provide structure to the counselling session.
- b) Ensure counselling information is complete and accurate.
- c) Increase patient understanding of the information provided.
- d) Provide opportunities for the patient to ask questions.

### 5. Which question is open-ended?

- a) Do you take your medication with breakfast or dinner?
- b) What did your doctor tell you about this medication?
- c) Do you have difficulty remembering to take your medication?

- d) Have you been taking your medication with meals?

### 6. Which statement is an active listening response?

- a) Don't worry, we can find another medication for you to try.
- b) I'm sure your doctor thought the medication would be right for you.
- c) This medication works well for most individuals.
- d) I guess you're pretty frustrated that the medication didn't work.

### 7. The best approach to managing personal space when interacting with patients is to:

- a) Stand away from the patient and let them choose how close they want to be to you.
- b) Stay behind the counter and lean toward the patient to show how interested you are in them.
- c) Remove physical barriers between you and the patient and watch for cues that you are too close.
- d) Ensure the counselling area in the pharmacy is large.

### 8. Most communication occurs through:

- a) The words we choose.
- b) The pamphlets we provide.
- c) The body language we use.
- d) The actions we take.

### 9. Which statement about body language is TRUE?

- a) Standing with arms crossed makes you look authoritative.
- b) Making eye contact helps patients know you are listening to them.
- c) Moving and speaking quickly will convey how busy you are.
- d) Avoiding eye contact will help you put a patient at ease.

### 10. One of the problems with reading patients' body language is that:

- a) It is not fair to try to guess what the patient is feeling.
- b) It is culturally sensitive and may be misinterpreted.

- c) Patients usually try to hide their true feelings.
- d) Not all patients use body language to communicate.

### 11. Which statement is TRUE about a pharmacist's verbal and non-verbal communication?

- a) It is important that they communicate the same message.
- b) It is not possible to control non-verbal communication.
- c) Our focus should be on accurate verbal communication.
- d) Non-verbal communication is too unreliable to be useful.

### 12. Which statement best describes empathy?

- a) Empathy is about listening to patients complain about their health problems.
- b) Empathy is about being sympathetic when things go wrong for a patient.
- c) Empathy is about agreeing with a patient when they express their feelings.
- d) Empathy is about being open to, accepting and acknowledging feelings.

### 13. Which statement is TRUE about communication barriers?

- a) Using a counselling area will prevent them.
- b) We can't change them so we have to accept them.
- c) If we ignore them they usually go away on their own.
- d) We need to identify them before we can change them.

### 14. One way to identify environmental communication barriers is to:

- a) Draw a picture of the pharmacy floor plan.
- b) Ask staff for feedback from patients.
- c) Stand where the patient stands and observe.
- d) Ask patients if they can find you easily.

### 15. Environmental communication barriers include:

- a) Having products for sale in your patient counselling area.
- b) Poor lighting and lack of seating in the

## Questions continued...

counselling area.

- c) Patients who don't wish to use your private counselling room.
- d) Ineffective temperature control in the pharmacy.

**16. Which statement is TRUE about patient-related communication barriers?**

- a) It is not possible to overcome beliefs that patients have about pharmacists and pharmacy care.
- b) It is the pharmacist's responsibility to find ways to ensure patients have the information they need.
- c) Patients will always ask questions if they have not understood what the pharmacist has said.
- d) Speaking clearly and slowly will ensure the patient will understand what we tell them.

**17. Which statement about active listening is FALSE?**

- a) Active listening requires participation by the pharmacist.
- b) Active listening implies providing conscious, complete and undivided attention to the patient.
- c) Active listening skills help to ensure the patient feels heard and understood.
- d) It is important to remain quiet when engaged in active listening.

**Case # 1:** *A teary-eyed, middle-aged woman enters your pharmacy and is shaky as she fumbles through her purse for the prescription. She provides you with a prescription for a 78-year-old man whom you have on file. The prescription is for morphine long-acting oral tablets (100 mg) and morphine instant-release tablets (10 mg). She says she will wait for the prescription as the patient needs it right away.*

**18. What is this customer's body language telling you?**

- a) She is impatient.
- b) She is angry.
- c) She is worried.
- d) She is annoyed.

**19. How could the pharmacist communicate concern for this patient?**

- a) Fill the prescription quickly to get her home fast.
- b) Provide written material to avoid the need to counsel.
- c) Use a soft, calm tone to help her relax.
- d) Avoid asking questions in case she cries.

**Case #2:** *A 50-year-old man who is a regular patient of yours comes to your pharmacy counter with a new prescription. His shoulders appear tense and his eyebrows are knit tightly. He says to you, "I can't believe I have to fill another prescription*

*today, I was just in three weeks ago and spent \$100 dollars on some fancy new medication that didn't do a darn thing!"*

**20. What might be an appropriate active listening response to this patient?**

- a) It must be very frustrating to have to try something new.
- b) It's too bad we can't take a prescription back for a refund.
- c) I can provide you with a smaller quantity this time.
- d) Your doctor is trying to find the best medication for you.

## FACULTY

## Communication in Pharmacy Practice: An Overview

**About the author**

Nora MacLeod-Glover has developed and facilitated pharmacy education programs and is currently the Interim Executive Director for the Canadian Council on Continuing Education in Pharmacy. As Professional Development Advisor for the Continuing Competency Department for the Ontario College of Pharmacists, Nora supports the remediation efforts of pharmacists who have practice weaknesses identified when they are randomly selected to participate in the Practice Review. Her work includes supporting the development of skills related to knowledge management, patient interviewing and communication. Nora is currently enrolled in University of Toronto PharmD program.

**Reviewers**

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

**CE Coordinator**

Heather Howie, Toronto, Ont.

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**Communication in Pharmacy Practice: An Overview**

1 CEU • 1 UNIT IN QUEBEC

CCCEP #336-1105 • JUNE 2006

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| 3. a b c d | 8. a b c d  | 13. a b c d | 18. a b c d |
| 4. a b c d | 9. a b c d  | 14. a b c d | 19. a b c d |
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