

Enhancing Person-Centred Care Through Chat, Check, Chart Behaviours that matter

The Chat, Check, Chart (CCC) model supports pharmacists in providing collaborative, person-centred care. When applied during patient encounters, it guides information gathering and assessment, informs appropriate actions or care plans, and supports clear documentation.



Chat

Talk to the person, not the patient
Look beyond the prescription

Gather appropriate information to support a person-centred care approach

In the **Chat** stage, pharmacists engage in clear, respectful, and person-centred communication, incorporating active listening to understand the patient's reason for care, health needs, goals, and concerns.

Use the **Three Prime Questions**, tailored to the encounter, as a framework to guide your conversation. Ask appropriate questions that encourage person-centred dialogue.

- 1** Chat about **purpose**
What brings you to the pharmacy today? What is this medication for?
- 2** Chat about **direction**
How have you been taking this medication? What else have you tried to manage your concern?
- 3** Chat about **monitoring**
What are you monitoring to confirm your medication is working? What side effects have you experienced?

During the **Chat** stage, pharmacists confirm the patient's health needs, current medications, and identify their concerns, goals, and expectations. This information may be obtained from the patient, their agent or circle of care, and available health records such as Alberta Netcare or an electronic medication record.



Check

Make it make sense
Follow through, follow up

Explore what matters most to the patient to guide collaborative decision-making

In the **Check** stage, pharmacists apply the patient care process to evaluate the information collected in relation to the patient's goals and outcomes. Pharmacists must evaluate whether the planned medication or intervention is Indicated, Effective, Safe, and likely to be Used, by applying the IESU framework.

I Indication

- Is a medication appropriate for the patient's symptoms, medical condition, or health goals?
- Would an alternative approach, such as a different medication, non-drug therapy, monitoring, or referral, be more suitable?

E Effectiveness

- Will the intervention achieve the intended outcome?
- Does the current medication or plan support the patient's goals and needs?

S Safety

- Is the intervention safe for the patient, considering contraindications, interactions, and unwanted side effects?
- Does the medication require a dose adjustment or increased monitoring due to organ function?

U Use or adherence

- Is the patient able and willing to follow through with the plan?
- Are there factors, such as complexity, cost, accessibility, or underlying medical conditions that may affect adherence?

After **Check**, pharmacists collaborate with the patient and, when appropriate, their circle of care to determine a plan. This may include initiating, adapting, or monitoring medication therapy; performing a point-of-care test (POCT); ordering a laboratory test; administering a drug by injection; providing education; or referring to other healthcare professionals.

All plans should be evidence-informed, integrating professional judgement, clinical practice guidelines, and the patient's values and circumstances. Ongoing monitoring and follow up are essential to ensure the plan remains effective, safe, and aligned with the patient's goals.

Pharmacists must practise within their authorized scope, competence, and confidence, referring patients as needed to support person-centred care.



Chart

Share the story

Document the care provided, including decisions, resources consulted, rationale, and results

In the **Chart** stage, pharmacists document the care provided to support accountability, collaboration, and continuity of care. Documentation should include the information collected, the pharmacist's assessment, decisions and supporting rationale, resources consulted, and anticipated or actual outcomes. Below is an example of a recognized documentation format.

D Data: What information was collected?

- **Subjective:** signs and symptoms, patient concerns, goals of therapy, values, beliefs, and expectations.
- **Objective:** vital signs, lab or point-of-care test results, and frequency of as needed medications.
- **Medical history:** history of present illness, underlying medical conditions, best possible medication history, immunizations, family history, and allergies.
- **Social history:** alcohol, tobacco and nicotine products, caffeine, and recreational drug use.

A Assessment: What did the pharmacist assess?

- **IESU:** Indication, Effectiveness, Safety, and Use or adherence.
- **Evidence-informed process:** clinical practice guidelines, professional judgement, and the patient's values.

P Plan: What is the established plan? What are the actions taken or recommended?

- **Medication therapy:** initiated, adapted, or discontinued.
- **Non-drug recommendations:** education, monitoring, lifestyle, supportive strategies, referral to another healthcare professional.
- **Monitoring and follow up:** pharmacist-led, outlining what to address and when.
- **Patient instructions:** information or guidance provided to the patient.

Example #1

03/03/2026 RPh: AG

D: MV presents to the pharmacy requesting a strep throat POCT. Reports 2 days of fever (39°C), headache, and sore throat with white spots on tonsils. No cough, runny nose, or congestion. Using ibuprofen PRN for throat pain and fever. Partner recently diagnosed with Strep A.* No family physician; local walk-in clinic closed. No underlying medical conditions or current prescriptions. No history of strep; no known drug allergies. POCT performed and is positive for Strep A.

Goal: Resolve symptoms as soon as possible so MV can return to work.

A: Positive POCT and symptoms confirm Strep A infection. Antibiotic treatment indicated.

P: AG to prescribe penicillin VK, 600mg BID for 10 days (per Bugs and Drugs). Continue Ibuprofen 200mg to 400mg every 6 to 8 hours PRN for sore throat and fever. Ice chips and warm saltwater gargles recommended. AG to follow up with MV in 5 days to assess if symptoms have improved.

*Group A Streptococcus

03/08/2026 3:04 p.m. RPh: AG - Follow-up Note

D/A: AG contacted MV after initiation of penicillin VK 5 days ago. MV consented to phone communication. Sore throat has improved, fever resolved, PRN ibuprofen discontinued. No adverse reactions reported or adherence issues. Pen VK appears effective.

P: Continue penicillin VK BID until completed. MV to contact pharmacy with any questions or concerns.

Lisa Guirguis and Shao Lee. "Patient assessment and documentation integrated in community practice: chat, check, and chart." *Journal of the American Pharmacists Association* Volume 52, Issue 6 (2012): 241-251.

Lisa Guirguis, Shao Lee, and Ravina Sanghera. "Impact of an interactive workshop on community pharmacists' beliefs toward patient care." *International Journal of Clinical Pharmacy* Volume 34, Issue 3 (2012): 460-467.

University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences. Patient Care Process. June 2025 – Version 3.0.

NOTE: Evidence-based resources used in the example accessed March 1, 2026.