

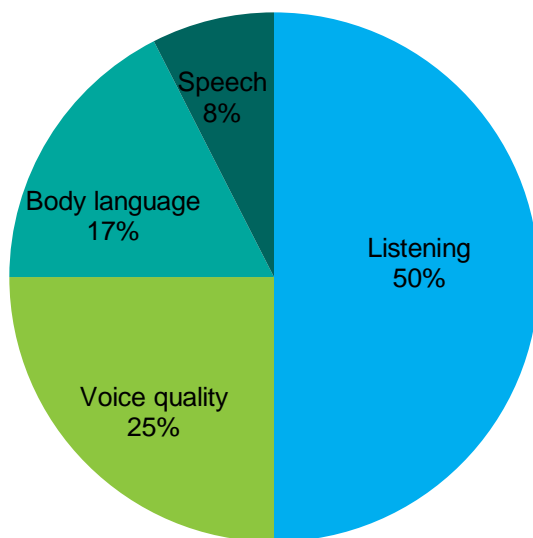


Communicating in pharmacy practice

Effective communication skills are fundamental to being an Alberta pharmacist and to the Professional Competencies for Canadian Pharmacists at Entry-to-Practice (National Association of Pharmacy Regulatory Authorities – NAPRA). Having strong communication skills are essential to pharmacy practice and will help you to build rapport with your patients, provide patient care, collaborate with your colleagues, and even manage conflict. This document provides some insight on communicating in pharmacy practice.

Communication modes

We often assume that as long as we are speaking the same language, we are understood. However, communication is not just what we say, but more importantly, how we say it and how we interact with the individual receiving the message. An analysis of how communication actually takes place shows that our words are only a small part of getting a message across:¹



When we communicate,

- ✓ **Only 8% of our message is communicated through speech (language, phrases);**
- ✓ 17% is communicated through our body language (facial expressions, gestures, eye contact);

¹ Emerald Educational Services. (2003). Prescription for Learning: Communication Skills for the Practice of Pharmacy. In *Manitoba Advanced Education and Training* (p. 68). Winnipeg, MB.

- ✓ 25% of the message is communicated through our voice quality (tone, volume, rate, intonation, pronunciation);
- ✓ The remaining 50% is communicated through listening.

To be effective communicators, we need to recognize the different communication modes that are sent and received simultaneously between the speaker and the receiver. For example, we need to be aware of our body language at all times; even when you're listening to a patient, he/she is receiving feedback from you through your facial expressions, eye contact, and body posture.

Building effective listening skills

Listening is vital to effective communication. It is especially important in pharmacy practice considering the information you receive contributes to your patient's care plan. Consider the following barriers to effective listening:

Barriers to effective listening*

Barriers	Examples
External distractions	<p>The following may divert attention or prevent you from listening:</p> <ul style="list-style-type: none"> • Too many people talking at once • Noisy weather or machinery • Poor acoustics • A person's unusual clothing, hairstyle, or behaviour • A distraction in the room • The distance from the speaker (i.e., too close or too far) • A lack of eye contact
Internal distractions	<p>The following may divert your attention and prevent you from listening:</p> <ul style="list-style-type: none"> • You are worried, hungry, ill, uncomfortable • You are daydreaming or thinking of something else • You are bored/faking attention • You dominate the conversation; you rather talk than listen • You are waiting for the next pause to speak • You disagree or are confused with what the speaker is saying • You interrupt or change the subject

<p>Poor word choices</p>	<ul style="list-style-type: none"> • You use unfamiliar words • You tell someone how they should feel by using phrases such as: <ul style="list-style-type: none"> ○ “Everyone knows that...” ○ “That is not important.” ○ “Don’t waste your money on that.” ○ “Well, I can tell you really don’t believe...” ○ “You’re really defensive, aren’t you?” • You use judgemental phrases such as: <ul style="list-style-type: none"> ○ “What you should have done was...” ○ “My way is better...just listen to me!” ○ “You’re wrong.” ○ “You have to...” ○ “If you had done it my way...” ○ “You do this all the time!”
<p>Information overload</p>	<ul style="list-style-type: none"> • Too much information to remember • Asked to do more than you’re able or willing to do

*(Emerald Educational Services, 2003)

Questionnaire: Assess your listening skills

Complete the following questionnaire to assess your listening skills. Reflect on your score and identify areas to improve on to enhance your listening skills.

Questionnaire	Answer	Score
1. Do you interrupt other people while they are speaking?	Yes No	
2. Does your mind wander when someone tells you a story?	Yes No	
3. Do you fake attention and just pretend to be listening?	Yes No	
4. Do you look for the point the speaker is trying to make?	Yes No	
5. Do you think about other things you have to do while another person is speaking to you?	Yes No	
6. Are you easily distracted by the speaker's gestures or mannerisms, external noises or other activities going on around you?	Yes No	
7. Do you tell the person in your own words what you understood?	Yes No	
8. Do you pick out parts of a message or conversation that interest you and ignore the rest?	Yes No	
9. In conflict situations, do you look for the first opportunity to jump in with your opinion?	Yes No	
10. Do certain words trigger an emotional response from you?	Yes No	
11. Do you listen with an open mind without assuming you know what the person will say?	Yes No	
12. Do you try to do several things at once while you are talking on the phone?	Yes No	
13. Do you tend to focus only on the words being spoken and ignore how the person is feeling?	Yes No	
14. Do you complete other people's sentences for them?	Yes No	
15. Do you listen to others as you would like to be listened to?	Yes No	
16. Do you make assumptions about a person based upon your previous experience with them?	Yes No	

17. Do you get defensive in conflict situations?	Yes No	
18. Do you jump to conclusions about a person based on your first impression of them?	Yes No	
19. During in-person interactions, do you establish eye contact with the other person?	Yes No	
20. Do you consciously block out distractions and focus on the other person?	Yes No	

Determine your score

1. Put a ✓ on the score line if you answered “no” to the following questions: 1, 2, 3, 5, 6, 8, 9, 10, 12, 13, 14, 16, 17, and 18.
2. Put a ✓ on the score line if you answered “yes” to the following questions: 4, 7, 11, 15, 19, and 20.
3. Total the number of ✓’s received.

If you received 16 – 20 ✓’s

Congratulations! You are an effective listener.

If you received 11 – 15 ✓’s

You have some key strengths as a listener; review your answers and identify the areas you would like to improve.

If you received 10 or less ✓’s

Have a look at your answers and look for a trend. You may find that you have specific challenges in certain areas, such as the tendency to easily lose your focus. You have already improved by becoming aware of your listening skills. Keep trying!

*(Emerald Educational Services, 2003)

Nonverbal cues

In addition to listening, other nonverbal communication modes such as voice quality and body language contribute significantly towards the meaning of a message.

To illustrate the impact of nonverbal behaviours, consider the following scenario:

Your manager had told you that he welcomes ideas to improve pharmacy processes. However, as you outline some of your ideas, you notice he looks away, crosses his arms, sighs and frowns. When you are finished, he abruptly rises from his chair, says "Thank you for your ideas" in a monotone, gives you a quick handshake, and heads out.

As you can see, the manager's behaviours conflict with his words and his nonverbal cues have more of an impact on the message being communicated.

Consider the different types of nonverbal cues and their characteristics outlined below and how they could affect your interactions with patients and colleagues.

Types of nonverbal cues*

Type	Description
Voice	The tone and volume of a person's voice play a significant part in the message being communicated. Even if we can't hear or understand the words being spoken, we can probably detect what the speaker is feeling (e.g., anger, excitement, boredom) by the sound of his/her voice.
Appearance	Appearance can play a tremendous role in how a message is received. For example, by dressing professionally in the pharmacy, your patients may have more confidence in the information you provide. However, it is important to not judge patients and colleagues based on their appearances.
Facial expressions	A person's facial expressions can provide a lot of information. A patient's confused expression may mean more explanation is needed. A colleague's frown may indicate something is bothering him/her.
Eye contact	Rules for eye contact vary from one culture to another. In North America, direct eye contact generally demonstrates how engaged a person is in a conversation. A person who has little or no eye contact may appear as if he/she is not listening.
Posture and movement	A person's posture, body tension, gestures, and mannerisms can also provide a lot of information. For example, a patient's body language could suggest he/she is: <ul style="list-style-type: none">• In a hurry,

	<ul style="list-style-type: none"> • Experiencing some kind of discomfort, • Embarrassed to talk about the medication, or • Hard of hearing. 								
Personal space	<p>The distance we put between others and ourselves reflects feelings and attitudes, and affects communication. One study identified four distance zones used by middle-class Americans:</p> <table> <tr> <td>⇒ Intimate</td><td>= Physical contact to about 46 cm</td></tr> <tr> <td>⇒ Casual-Personal</td><td>= 46 cm to 1.2 metres</td></tr> <tr> <td>⇒ Social-Consultative</td><td>= 1.2 to 4 metres</td></tr> <tr> <td>⇒ Public</td><td>= 4 metres and beyond</td></tr> </table> <p>In some cases, these distance zones don't apply. Health care professionals and hair stylists, for instance, work within intimate distance out of necessity, but the relationship is professional.</p>	⇒ Intimate	= Physical contact to about 46 cm	⇒ Casual-Personal	= 46 cm to 1.2 metres	⇒ Social-Consultative	= 1.2 to 4 metres	⇒ Public	= 4 metres and beyond
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*(Emerald Educational Services, 2003)

Characteristics of nonverbal behaviour

Nonverbal behaviour always communicates	We may not always intend to communicate nonverbal messages but everything about our appearance, movement, facial expression, and nuance of our voice may convey meaning.
Nonverbal behaviour may be ambiguous	Nonverbal messages may be constantly available but they are not always easy to understand. Does a patient's yawn mean he is bored or tired? Is the patient trembling because she is nervous or cold? Are your co-workers laughing with or at you?
Nonverbal behaviour may be culture-bound	In most cultures, facial expressions that represent happiness, fear, surprise, sadness, anger, or disgust are the same. However, some nonverbal behaviour may have different meanings in different cultures. For example, to say "no" in North America, we shake our heads from side to side; in the Middle East, the head is jerked back; in Asia, a hand is waved in front of the face; and in Ethiopia, a finger is shaken from side to side.

Guidelines for effective communication

In pharmacy practice, effective communication skills can help you to build patient relationships, gather patient information, provide education, and conduct patient follow-ups. Read the [Communication issue](#) of the *Transition Times* to review the importance of effective communication skills in patient care.

When providing patient care, pharmacy professionals may be faced with a number of potential communication challenges. For example, your patient may:

- Misunderstand you due to a language barrier or a noisy environment;
- Not be listening because he/she is in a hurry or distracted; or
- Have limited hearing or poor eyesight.

Consider the following guidelines for effective communication. *

Questionnaire	Answer
1. Clarify meaning	<p>When receiving information</p> <ul style="list-style-type: none">• It is always better to indicate that you do not understand what was said or what you were asked then to pretend you understand; especially in a pharmacy setting where patient safety is involved.• If the sender is using language that is unclear or vague, let the sender know that you do not understand and ask him/her to rephrase what he/she is saying. Because there are many factors affecting the communication process, it is important to:<ul style="list-style-type: none">○ Clarify what is being communicated○ Ask questions like “Do you mean...”○ Paraphrase what you heard: “What I hear you saying is ...”○ Ask a direct question: “Do you want me to --- or ---?” <p>When sending information</p> <ul style="list-style-type: none">• When communicating with someone, be prepared to ask questions or clarify meaning to ensure messages have been understood. Watch for nonverbal cues.

2. Be aware of context	Because so many factors can affect the message being sent and received, it is important to control as much of the context as you can. For example, if you are receiving instructions in a noisy setting, ask to move to a quieter location.
3. Take responsibility for <u>your</u> part in the two-way process	Communication is a two-way process involving a sender and a receiver. <ul style="list-style-type: none"> • A communication issue always involves both parties. • Anyone can improve their communication skills if they are willing to work on them.

*(Emerald Educational Services, 2003)

The proper pronunciation of drug names is also important when discussing drug therapy with patients and other health professionals. Consistent pronunciation of drugs will help facilitate communication with patients and other health professionals, minimize misunderstandings, and enhance medication safety. [Canadian Drug Speak](#) is a commercially available resource designed to help health professionals learn to accurately pronounce drug names.

Confidentiality

When providing patient care, pharmacy professionals must comply with the [Health Information Act](#) and the following principles outlined in the Code of Ethics:

1. Hold the well-being of each patient to be my primary consideration.
2. Respect each patient's autonomy and dignity.
3. Maintain a professional relationship with each patient.
4. Respect each patient's right to confidentiality.
5. Respect each patient's right to health care.

Hence, another important aspect to consider when communicating with patients and other health professionals, is maintaining confidentiality. Discussion with a patient should be done in an area that has barriers that prevent conversations from being overheard and others from seeing what drug, health product or medical device is being provided.

Guidelines for protecting patient confidentiality²

1. Keep conversations private

- If a patient asks whether his medication is ready, exercise caution not to use specific medication names until speaking privately with the patient (e.g., Do not yell out, "Mr. Hood, your amoxicillin is ready").
- Never discuss patients in public places such as in the elevator or cafeteria.
- Pharmacy professionals should be very conscious of who can hear when discussing a patient.
- Patient consultations should be done in a semi-private/private counselling area.
- Be aware that people in the waiting area can overhear you.
- All staff working within the dispensary should understand the guidelines to protect patient confidentiality (i.e., OTC staff).

2. Don't show or share private material

- The computer should be positioned so the screen cannot be viewed by anyone other than the pharmacy professional and the patient.
- Only the patient should pick up income tax receipts (not spouses or children, unless pre-arranged and authorized).
- Prescription receipts containing private information should never be in public view.

²Adapted from the Ontario College of Pharmacists. (2007). *Structured Practical Training Handbook*. Toronto: OCP.

- Be aware of what the public can see on your pharmacy counters.
- Medication profile summaries should be put into a bag or folded inside out, so it cannot be seen by anyone but the patient.

3. Use technology with care:

- Never leave patient information on answering machines.
- Never use speaker phones to take messages.
- Utilize paper shredders or a shredding service.

Ensuring safe and efficient communication

A number of individuals, such as the patient, the family physician, and the pharmacist, make up the patient's health care team. To ensure safe and effective drug therapy and seamless care, good communication and collaboration among the team are essential. For more information on interprofessional collaboration, visit [IPC on the Run](#), an online program designed to enhance your ability to practice collaboratively.

The Alberta College of Pharmacy, the College of Physicians and Surgeons, and the College and Association of Registered Nurses collaborated to produce: [Ensuring Safe & Efficient Communication of Medication Prescriptions in Community and Ambulatory Settings](#). This document outlines the guiding principles for health professionals involved in prescribing and medication management. These guiding principles are:

1. To minimize the risk of error, medication prescriptions must be issued clearly and completely.
2. Health professionals involved in the management of medication prescriptions have a responsibility to question any medication prescription issued by another health professional if they believe that it may not be safe or may otherwise not be in the patient's best interest.
3. In-hand delivery of a written prescription to the pharmacist by the patient/guardian is preferred over a verbal prescription order.
4. The faxed communication of a medication prescription from the prescriber's office to the pharmacist is preferred over a verbal prescription order when in-hand delivery of a written prescription by the patient/guardian is not possible.
5. Verbal communication of prescriptions must be limited to situations where immediate written or faxed communication is not feasible.
6. If necessary, verbal prescriptions communicated by telephone to a pharmacy are best conveyed by direct communication between the authorized prescriber and the pharmacist.
7. The accuracy of a verbal prescription should be confirmed using strategies such as a 'read back' of the prescription and/or a review of the indication for the medication.
8. The use of an **intermediary** to communicate verbal prescriptions between a prescriber and a pharmacist must be a last resort.
9. A prescription that is communicated verbally must be documented by the prescriber issuing the order and the person receiving the order as per their professions' standards of practice.

Dealing with conflict

In pharmacy practice, applying strong communication skills may help you to effectively deal with challenging situations and customer complaints. When faced with an angry patient, taking the time to listen to the patient's concerns and acknowledging the issue can help alleviate the situation.

If a patient does come to you with a complaint:

1. **Listen**

Listen carefully to what the person is saying - don't interrupt. Pay attention to their body language, their emotions, their assumptions, and what they are not saying so that you can get to the root of the problem.

2. **Show empathy**

Acknowledge their emotions. Ask questions to clarify and paraphrase what the person is saying to show you understand.

3. **Be willing to help them resolve the issue**

Tell the patient what actions you will take towards resolving their issue.

4. **Apologize when appropriate**

Even when it is not clear how the problem started, it is ok to apologize for the event. For example, "I am truly sorry you had to go through this experience and we will do all we can to prevent it in the future." Saying "I'm sorry" is not an admission of guilt.

5. **Take the time to explain**

Do not use blanket statements like, "It's the law" or "I did that because ACP (or other legislation) requires me to do that." If a patient has a concern with something you are required to do, it's always best to explain the reason(s) as it impacts/benefits them. For example, if a patient is complaining about information collected prior to purchasing a Schedule 2 drug, instead of responding to their concern with, "Because it's the law", explain the reasons behind the law.

For example, "I collect this information to ensure this medication is most appropriate for you and to update your medication profile so that other health care providers can provide the best care for you."

6. **Deal with the problem immediately**

Immediate action shows patients you are serious about the matter. However, do not respond so quickly or offhandedly that the patient feels “brushed off.” Let the patient completely express their entire concerns, acknowledge the concerns, gather additional information, and then promptly respond to the patient. Avoid unnecessary or inappropriate humour. While it may be tempting to try and lighten the situation, it can backfire.