

Counselling, Concurrence, and Communication

Innovative Education
for Pharmacists





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Foreword

Dear Reader,

It has always been the mission of the International Pharmaceutical Federation (FIP) to promote the development of pharmacy practice around the world. By increasing dialogue, understanding, and activity amongst fellow pharmacists, FIP strives to enable the pharmacy profession to have a greater impact on the improvement of health services and quality of life.

We are very honoured to be associated with the International Pharmaceutical Students' Federation in the publication of this patient counselling booklet. It is our belief that in joint projects, the true value of international networking and cooperation stands out. We invite you to read this document attentively and seize the opportunity to develop your communication skills through proactive efforts towards engaging patients in partnership to effectively discuss and provide useful and reliable information on medication and health.

Jean Parrot
President

International Pharmaceutical Federation

Introduction from IPSF

Pharmacists worldwide are adopting new and expanded roles in the provision of pharmaceutical care. Pharmacists are among the most accessible and trusted of all health professionals, and patients frequently consult pharmacists for advice about medications.

The development of professional cognitive pharmaceutical services has created new opportunities for pharmacists to improve medication management for patients. These services include health promotion, medication review, provision of medicines information, contribution to multidisciplinary care plans, and participation in health care team conferences.

Delivery of pharmaceutical services presents new opportunities, but also poses new challenges. Both undergraduate and continuing pharmacy education must evolve to facilitate the delivery of best practice medication management activities. As an organisation that represents over 350,000 pharmacy students and young pharmacists from 61 countries, the International Pharmaceutical Students' Federation (IPSF) is committed to developing excellence in pharmacy education. IPSF believes that the development of good pharmacy practice and communication skills should be a core component of pharmacy curricula worldwide.

Since 1989, IPSF has organised annual international patient counselling events accompanied by pharmacy education symposiums and publications. Participation by students and young pharmacists indicates a strong desire to evaluate and develop their own style of practice. More recently, IPSF has encouraged pharmacy students' associations to form partnerships with professional organisations, academics and practitioners to conduct patient counselling events at a local and a national level. This booklet will be a valuable resource for these groups as they develop new and exciting interactive educational packages.

As the opportunities for health professionals evolve, so must the skills and education of pharmacists to maximise these opportunities. IPSF trusts that this booklet will provide the motivation and information required to develop innovative and rewarding models of pharmacy education.

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Introduction from FIP Information Section

About ten years ago, British researchers published their brainstorming report on concordance – a new approach to the patient as a partner in health care. Over the years, it has become evident that the concept of concordance and its implementation are very much related to the way health professionals communicate with patients. This has also challenged pharmacists to evaluate their communication skills and learn new techniques based on dialogue, respect for patient autonomy, and mutual agreement. It is not easy to change the communication culture and long-term efforts are needed at all levels for a shift in practice.

The mission of the FIP Pharmacy Information Section is to provide a forum through which FIP members and other interested parties can expand and share their knowledge about information issues relating to pharmacy, medicines, and public health. The Section promotes networks between various groups that provide information services and enhances the work of the profession through medicine information programmes and related activities and initiatives.

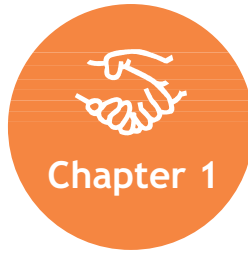
This booklet has its roots in a long-lasting cooperation between the Pharmacy Information Section and pharmacy students through IPSF. The students have actively promoted training of communication skills by organising Patient Counselling Events (PCEs). An essential part of the PCE consists of videotaped role plays, followed by immediate feedback on performance by using an evaluation form developed in cooperation with the American Pharmaceutical Association (APhA) and the United States Pharmacopoeia (USP).

Although the PCE procedure has proved to be useful in learning communication skills, the concordance approach in communications with the patient challenges the validity of the procedure, especially in the way in which the performance is evaluated. This patient counselling booklet seeks to meet the challenge of facilitating the development of concordance-based communication techniques.

The aim of the booklet is to give pharmacy students and practicing pharmacists background information about patient counselling (Chapter 1) and guidance for organising a PCE (Chapter 2). The booklet will also provide information about ways to teach and learn patient counselling skills through undergraduate pharmacy curricula and continuing education (Chapters 3 and 4). Finally, ways in which practitioners can promote patient counselling and develop related services on the long-term basis are explored (Chapters 5 and 6).

This booklet is targeted to a wide range of pharmacy professionals, such as pharmacy students, recent graduates, pharmacy practice professionals, pharmaceutical societies/organisations, and key stakeholders involved in the design of pharmacy curricula and continuing education for practitioners. We would like to express our sincere gratitude to all of the national and international colleagues who have contributed to this booklet. Without their innovative work and commitment, this booklet would not have been possible. We would also like to thank FIP for supporting this project.

Professor Marja Airaksinen
Executive Committee Member
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Patient Counselling Methods, Behavioural Aspects, and Patient Counselling Aids

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Patient counselling is a primary duty of modern pharmacists; therefore, patient counselling and communication courses should be part of the pharmacists' training. Counselling skills can also be developed in continuing education courses that are tailored to the participant's needs. Key counselling skills required include listening, questioning, empathy, respect, and negotiation.

What constitutes good patient counselling?

There is no clear consensus on the content of good counselling in the literature or the profession. However, based on current knowledge, counselling should be a two-way interactive communication process, where participants are invited to respond and seek further information should they want it.

According to the United States Pharmacopoeia (USP), medication counselling is an approach that focuses on enhancing the problem solving skills of the patient for the purpose of improving or maintaining quality of health and quality of life (see Appendix 1, www.ipsf.org). The process emphasises the role of the patient as an expert of his/her own medication. The physical, psychological, socio-cultural, emotional, and intellectual perspectives, as well as the health beliefs and values of the patient must be respected. It is the health care professional's responsibility to support the patient's efforts to develop medication management skills and to move in the direction of self-responsibility with empathy, sincerity and patience.

In medication counselling, the level of information is detailed and tailored to the needs of the individual patient. The objective is to offer guidance to the patient in order to fulfil the needs in managing his/her medical condition and prescribed medication (Table 1). The nature of this relationship is interactive and is a learning process for both the pharmacist and the patient.

Concordance versus compliance

Medication is the preferred treatment for many diseases and disorders. However it has been estimated, that overall compliance to medicines is only around 50% (Blenkinsopp et al. 2000, Marinker and Shaw 2003, WHO 2003). The term “compliance” has been defined as “the extent to which the patient follows the doctor’s instructions” (Blenkinsopp et al. 2000, WHO 2003). The “compliance approach” to patient counselling does not recognise the patient as an active subject in managing his/her own condition. Instead, this approach involves the patient being considered as an object of decisions made by health care professionals. In the “compliance approach” patient counselling is seen as the process of information transmission from an authoritative health care professional to a passive subject. As such it is based on the traditional learning concept of behaviourism.

The most recent model of interaction between health professionals and patients is referred to as concordance. It is based on the notion that the pharmacist and patient interact as equals, thus allowing the formation of a therapeutic alliance between them (Marinker 1997, Weiss and Britten 2003). Concordance is based on a new concept of information transmission between the pharmacist and patient. In the “concordance approach” the role of the pharmacist is to support the patient in constructing his/her own knowledge and attitudes towards the use of their medication (Table 1, Raynor et al. 2001, Kansanaho et al. 2004 and 2005). The patient is perceived as an expert on his or her own disease and medication use (Raynor et al. 2004). This does not undermine the role of the pharmacist as an expert in medication use, but instead facilitates a meaningful interaction between the pharmacist and patient that is necessary to promote and support optimal disease management.

The “concordance approach” challenges pharmacists to rethink their own attitudes to patient counselling. Pharmacists, as health professionals, can help people to maintain optimal health and to gain maximum benefit from their medicines (Hepler and Strand 1990, Airaksinen 1996, Bond 2001, Närhi 2001, Anderson 2002, Cox et al. 2002). To perform these tasks, pharmacists require a new type of professional competency in concordance and patient-centred counselling.

Evaluating patient counselling

Counselling practices can be evaluated at different levels. Self-evaluation is a process through which we evaluate our own actions and performance. Peer-evaluation is conducted by a peer, a colleague, who assesses the performance. Counselling practices can also be evaluated externally, this is known as an audit. In the audit process, the evaluation focuses on the whole pharmacy.

There are some methods that have been developed to assess counselling performance (De Young 1996). For example, the United States Pharmacopoeia (USP) Medication Counselling Behaviour Guidelines (Puumalainen et al. 2005). See the Guidelines in their entirety on the IPSF website (www.ipsf.org).

As the USP Guidelines were developed in 1997, the contents and the wordings did not fully reflect the concordance approach. However, the USP Guidelines was the first attempt to bring the concept of patient counselling into the context of concordance and demonstrate the difference between monologue and dialogue. Even today, it is the most comprehensive model to illustrate patient counselling.

FIP and IPSF have taken the opportunity to further discussions on valid instruments to facilitate concordance-based communication behaviours among pharmacists, and welcomes innovative ideas to redevelop the USP Guidelines. The discussion began at the FIP Congress in 2004 through a two-day pre-congress training programme on concordance and how it relates to medicines information (Bell et al. 2004, Shaw 2004).

The FIP Information Section and IPSF developed a new evaluation table from the USP Guidelines and other existing materials, as well as feedback from experts in patient counselling and concordance. We welcome you to review and pilot the evaluation table and report your experiences (Appendix 1).

Table 1. Medication counselling stages

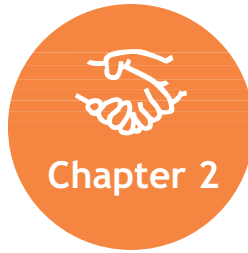
(USP Medication Counselling Behaviour Guidelines, see the whole document at: www.ipsf.org)

| | Medication information transfer | Medication information exchange | Medication education | Medication counselling |
|-------------------------------|---|---|---|--|
| Level of information | Basic, brief, non-individualised | Detailed, individualised | Comprehensive, group or individualised | Detailed discussion and guidance |
| Spontaneous or planned | Most often spontaneous in response to the medication prescription | Spontaneous or planned | Planned | Planned |
| Objective of process | Essential information related to taking prescribe medication as directed (monologue) | Provider responds to and asks questions related to prescribed medication (dialogue) | Collaborative learning experience and process regarding prescribed medication (conversation) | Guidance that assists in fulfilling needs in managing medical condition and prescribed medication (discussion) |
| Product to patient | Focus is on safe and proper use of drug product | Answers and solicits questions about the drug product. Adapts information to the individual, increases knowledge regarding proper and safe use of medication for specific condition | Increases knowledge regarding proper and safe use of medication for specific condition | Enhances problem solving skills and assists with proper management of medical condition and effective use of medication |
| Nature of relationship | Passive individual receives instruction given by the health care provider | Questions and answers are actively exchanged between patient and provider | Interactive learning about the implication of the medication is shared between patient and provider | Interactive and collaborative discussion and learning between patient and provider |

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Organising a Patient Counselling Event

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Patient Counselling Events (PCE) are a fun way for participants to develop professional practice skills. This chapter contains information about practical ways that your students' association, university department, or professional association, can organise a PCE. Conducting a PCE enables participants to put into practice theoretical skills that were covered in the first chapter.



Figure 1. Patient Counselling Event at the national pharmacists' conference in Helsinki, Finland

Teams of three students competed at the PCE in Finland in front of a live audience of 230 people. A professional actor was used to perform the role of patients.

Forming networks and partnerships

Pharmacy students' associations are in a unique position to positively influence curricula change and take an active interest in providing high quality pharmacy education. Students' associations worldwide are increasingly being viewed as important partners in educational initiatives. Students are also commonly invited to participate as members of education improvement committees, and provide constructive and structured feedback to university academics.

Although pharmacy students' associations in several countries have chosen to conduct patient counselling events independently using their own resources, the majority of events are organised in collaboration with one or more partner organisations. These partners include groups of practitioners, university academics, and professional associations.

Forming networks and partnerships may facilitate fund-raising and promotion, and allow students' associations to use the skills and experiences of university academics and practitioners.

Likewise, there are many reasons for practitioners, academics, and professional associations to include pharmacy students in their planning. Having the strong support of student bodies is one strategy to encourage students to actively participate in planned events. Incorporating the views and perspectives of students into planning educational events encourages students to develop an active interest in professional issues. Events that are supported by multiple stakeholders are likely to achieve greater recognition and success at a local, national, or international level.

Selecting the scenarios

Patient counselling events can develop communication skills and provide an opportunity for students to apply theoretical knowledge learned at university to real life scenarios. Scenarios may be designed to mimic common encounters in community or hospital pharmacies, inter-professional communication in team conferences or medication history taking commonly performed in conjunction with medication reviews.

Some thought may need to be given as to whether to use cases of varying difficulty in the patient counselling events. A case involving complex drug interactions may not be suitable for students in the first or second year of their course. Similarly, students in the early years of their course may not have had the opportunity to gain experience in a professional work environment.

Cases from the Pharmaceutical Society of Australia "Pharmacy Student of the Year" Counselling Event 2004



Figure 2. PSA Pharmacy Student of the Year Counselling Event 2004

Six student finalists (one from each of state of Australia) competed in the event held in conjunction with the Pharmacy Australia Congress in Adelaide during October 2004. The event was conducted in front of a live audience of over 140 people.

Students were not given the cases before having to conduct the counselling sessions. Professional actors were hired to perform the role of patients. A panel of judges rated the students' performances to determine the "student of the year".

Case one:

A young woman (played by a professional actor) presented to the student (acting as the pharmacist) requesting a non-prescription antihistamine and decongestant combination product. She complained of persistent nasal congestion due to her allergies. If the student made a recommendation without specifically enquiring about pregnancy, then the actor offered a prompt by also requesting some folic acid. No other prompts were given.

Key outcomes:

- Student communicated concerns relating to the use of specific antihistamines and decongestants in pregnancy.
- Student recommended an appropriate alternate treatment for allergic rhinitis (e.g. corticosteroid or saline nasal spray).
- Student offered both verbal and written advice in relation to the treatment and prevention of allergic rhinitis.
- Student discussed the importance of the woman confirming with her pharmacist or physician which medications are safe to take during pregnancy.

Case two:

An elderly man (played by a professional actor) presented to the student (acting as the pharmacist) and asked if he could return his wife's unused cancer medication. The man knew the cancer medications were expensive and thought that somebody else might be able to use them.

Key outcomes:

- The student explained that once dispensed medications cannot be reused. The student offered to dispose of the medications for the man safely.
- The student determined that the reason the man wanted to return the medications (expensive medications for cancer) was that his wife had recently died. The student demonstrated appropriate empathy when provided with this information.
- The student determined that although the man wanted to return the unused cancer medications, he had decided to retain his wife's sleeping tablets and antidepressant medications for his own personal use. The student successfully counselled on the dangers of taking medications prescribed for another person.
- The student determined that the man was possibly suffering from major depression and would benefit from immediate referral to a medical practitioner.

In selecting suitable scenarios, thought needs to be given as to whether the participants will be given the cases before the event so that they have time to prepare, or if cases will be presented in real time with participants asked to respond accordingly.

Scenarios may include both direct product requests and symptom based requests for advice on non-prescription medicines and non-pharmacological management. Scenarios may also involve participants having to dispense a prescription only medicine, resolve an ethical dilemma or contact another health professional. Complex scenarios may require the participant to counsel the patient on several medications or therapeutic problems.

Scenarios that involve a complex series of drug interactions assess both therapeutic knowledge and communication skills. These cases may be more suited to events where participants have been given preparation time. Scenarios that involve counselling about OTC medicines, or that involve the participants being asked to confront a demanding patient, may be more suited to events where participants are asked to counsel in real time without prior preparation.

At the patient counselling event conducted at the 50th IPSF World Congress in Canada in August 2004, participants were allowed to self-select whether they competed in a standard or advanced scenario. Prizes were awarded in each category and a team of professionally recognised practitioners and academics offered constructive and immediate feedback.

Use of reference materials

It is usual for participants in the PCE to be offered a range of reference materials to consult. These materials may be the same reference materials normally available in a hospital or community pharmacy.

Reference materials may include:

- The national formulary (e.g. The British National Formulary)
- Medicines information databases (e.g. Micromedex)
- Written consumer medicines information cards or handouts
- Drug interaction guides (in electronic format or in hardcopy)
- Guides to the use of medicines in pregnancy
- Sets of evidence based treatment guidelines
- Systematic reviews of medical and pharmacological interventions

Participants are normally encouraged to consult these references during the course of their participation in the PCE.

Real patients, professional actors, academics, or other students?

In carefully controlled settings, using people with personal experiences of illness to act out scenarios can provide students with a valuable insight into beliefs and medication taking behaviours of actual patients. When choosing to use real patients we recommend that event organisers carefully brief all patient participants. Patient support groups may be valuable partners to approach when organising a counselling competition using real patients. We do not recommend the use of real patients if there is a chance that the student counselling may cause distress or anxiety amongst the patients involved. Simulated interactions with real patients have been used effectively for continuing education of health professionals.

An advantage of using professional actors is that they are likely to be able to provide each participant with a uniform scenario. Achieving uniformity in the scenarios presented is important if students are competing against each other as part of a competition. Professional actors do not need to be pharmacists but should be briefed on relevant therapeutic issues before the event to ensure that they do not inadvertently reveal misleading information to participants.

Many patient counselling events organised by students' associations utilise academics acting as patients. An advantage of using academics is that often they have an in depth understanding of the therapeutic issues being discussed. If the academics are known to the students, past experiences and/or fear of failure may impact on the counselling performance.



Figure 3. Czech Pharmacy Students' Association
PCE 2004

The patient counselling event organised by the Czech Pharmacy Students' Association in 2004 utilised academics to act out the role of patients.

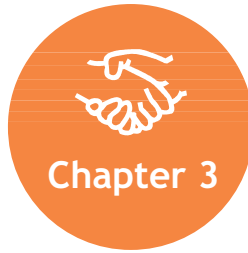
Some patient counselling events have utilised other students pretending to be patients. This allows the student actors to develop a better understanding of the patient perspective. This in turn may help these students develop their own patient counselling skills. Disadvantages of using students include the difficulty of acting out uniform scenarios, that the students may not have a thorough appreciation of all the therapeutic issues involved, and that counselling peers may not be as realistic as counselling real patients, actors or academics.

Judging and feedback

Whether events are organised as a competition, a display or purely for the purposes of education, providing feedback to participants is very important. Feedback can be provided by both qualified onlookers and/or the recipients of the patient counselling. If the patient counselling event is observed by spectators, then these spectators may also wish to discuss which aspects of the counselling interaction represented effective and ineffective communication. Evaluation schemes (Appendix 1, www.ipsf.org) can be used as tools to assist in judging patient counselling events. The judges may be participants, practitioners, researchers, or other students. Counselling sessions may also be audio and/or videotaped so that feedback can be provided to participants. These recordings can be reviewed by the participants themselves or in conjunction with practitioners and pharmacy practice academics. Those providing feedback in Patient Counselling Events may also find useful the standards developed from the USP Medication Counselling Behaviour Guidelines (Appendix 2).

Reporting the outcomes and dissemination of results

It is important to communicate the results of the patient counselling event to other students and practitioners at a national and international level. This demonstrates the value of including students as partners in their own education and motivates other students' associations to conduct similar activities of their own. Through sharing your experiences, others can learn from both those aspects of the event that were successful and those aspects which could be improved. IPSF is interested to hear the outcomes of all events conducted by member associations. Why not publish a news story about your counselling competition on the IPSF website or in the IPSF News Bulletin?



How To Develop Communication Skills Using Drama Techniques

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When you think of drama, you may remember the last play you went to see in town, which made you laugh or cry. Or maybe you think about your own performance at school as an angel in a play. But have you ever thought about drama as a useful skill to enhance your professional performance?

Good communication skills are essential to advance pharmaceutical care. In order to improve communication with patients it is important to place yourself in their shoes. Drama provides an opportunity to make this happen! In this chapter, ideas are explored to show how drama can improve communication skills and how such skills can be taught.

Drama and pharmacy

Drama and medicine may seem to have nothing in common, but when searching the literature for a link between drama and medicine, the results show that there is some expertise in using drama techniques in different settings. For example, in public health care programmes and in monitoring health care where trained actors play mystery patients and evaluate the quality of care. There is also some experience in using drama to train health professionals and pharmacists in communication skills. This is quite often done through the use of *role play*. Such methods can also be called *simulation* or *behaviour rehearsal* or *communication rehearsal* or *socio-drama* depending on the chosen approach. This chapter provides an overview on how to use role-play in basic academic education and continuing education.

Through drama you:

- Learn to put yourself in the shoes of a patient.
- Learn to improvise and feel more confident in different situations.
- Learn to understand communication skills in your own performance.
- Can experiment with different communication techniques in various scenarios.
- Learn to develop your own communication style.
- Learn "applied pharmacotherapy" (to determine the critical issues to be discussed with the patient).
- Learn to modify the message by using different techniques and ways to communicate.
- Develop listening skills to understand the needs of the patient.
- Train to present the information according to the needs of the customer.
- Understand principles of two-way communication.
- Become aware of your own attitudes to the patient (e.g. paternalistic or concordant).
- Learn to understand myths and beliefs behind your own performance.
- Gain feedback and self-assessment skills.

Role playing

The classic role play scenario:

The classroom is a pharmacy setting. The pharmacist is played by the learner, who can be a pharmacy school student or a practising pharmacist in continuing education or an in-house training session. The patient is a professional actor, a teacher, or one of the training participants. Cases can be prepared beforehand by the one playing the pharmacist role or they can be directly presented by the participant acting as patient. The exercises are videotaped. The remaining training participants provide feedback, using structured forms or open questions (e.g., Appendix 1-2 can be used to develop feedback forms). The teacher acts as the moderator in the discussion.

Theatre sports

If you are looking for an innovative approach to training communication skills or way to break the ice with a group before practising real role plays, then you can consider using drama techniques like those used in theatre sports. This type of improvisation theatre uses an element of competition, as in sports. This approach was developed to reduce stress in nervous players. These techniques help actors gain the confidence to face unknown situations as well as the courage to discuss any given matter. These techniques also prove to be useful in improving patient interaction in a pharmacy setting and developing confidence in yourself so that you will be able to interact with the patient in any circumstance. As theatre sports exercises were developed to reduce barriers and enable everyone to participate in a scene, they are very suitable for use in communication training.

Several improvisation games have been developed over the years. A useful list is available in English at www.learnimprov.com. Different games can be used to train different aspects of communication. In an educational setting, the competition element may be left out. Public interaction through scene intervention, tailors the setting to the audience and makes livelier discussion. However, the session's moderator will also need to have good improvisation skills.

We will now examine some exercises that have been adapted for training communication skills in pharmacy.

You can start with an eye contact game that demonstrates the importance of eye contact in interactions. Ask the participants (maximum 20-25) to form a circle. Then ask each of them to select one peer from the other side of the circle to whom they start staring at intensely. Ask them to go on staring as long as the person they are staring at reacts to their behaviour and starts approaching them. Encourage the pair to go on staring as long for as they meet. Then ask them to shake hands. After completing this, ask each participant to find another person to stare at and repeat the rehearsal. The rehearsal can be repeated several times. It helps pharmacists to learn how they can effectively establish and use eye contact.

Game 1: The emotional quadrant in the pharmacy

The moderator asks the group to make a list of communication techniques (listening, empathy etc.) and emotions (fear, anger etc.).

Materials: Flip chart or white board.

The pharmacist-actor chooses a communication technique for feedback and the audience chooses the emotion of a patient and a scenario (or the moderator decides on a "good medicine" for a patient presenting with a headache). Then the pharmacist and the customer role play the scenario with the given parameters.

Try this again with the same situation but other communication techniques as well as varied patients.

Hints for the feedback discussion: What is the effect of using that technique in that particular patient? Discuss the effect of using different techniques in various situations/emotions.

Game 2: Gabbish talk

The moderator selects the patient and pharmacist. The group is asked for a situation, patient character and/or emotion, without the pharmacist knowing what they are. Patient and pharmacist speak in a non-existent language (or their own if not understood by others). Only one or two words decided by the group may be used in English or in another language they both know, but avoiding keywords which will reveal the situation too quickly. The pharmacist and the patient role play the scenario with the given conditions.

Hints for the feedback discussion: How do you communicate with a language barrier? This game is a good opportunity to discuss the importance of non-verbal communication and it is also a starting point for discussing cross-cultural communication. What kind of techniques can be used to make yourself understandable communicating to a patient with a different language?

Game 3: Rewind the video

The group chooses the patient's problem, question, character and emotion. A new pharmacist and patient are selected. They begin the counselling interaction in the scenario. The moderator demonstrates the game by stopping the scenario by clapping his/her hands in a crucial part of the interaction (e.g. inadequate questioning, good explanation, paternalistic expression etc). Another pharmacist and patient take over from this point (new pharmacist and patient) and repeat the last two sentences before continuing with the scenario. The group can then clap their hands to stop the scenario and continue the game in this way.

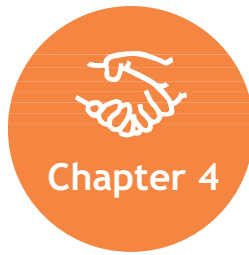
Hints for the feedback discussion: Why has the scenario been stopped? What are the important aspects of the interaction?

The techniques presented in this chapter illustrate the variety of ways to practice communication skills. We encourage you to use your creativity and imagination to develop new versions of these techniques. It is also useful to refer to literature related to socio-drama as a pedagogic method in order to have a deeper understanding of its role in developing patient counselling skills.

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This chapter was based on the work done by Lidewij Sekhuis, a pharmacy student, who performed a literature study and interviews to explore this theme. The drama techniques were tested at the 12th International Social Pharmacy Workshop in Sydney 2002 by Evelyn Schaafsma (e.s.schaafsma@farm.rug.nl) and Marja Airaksinen (marja.airaksinen@helsinki.fi) as moderators during the workshop.



How to Develop a Patient Counselling Course

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This chapter provides a guide for the development of a course on patient counselling at both the undergraduate and postgraduate levels for pharmacists. The strategies recommended are aimed at the individual pharmacy student or practicing pharmacist, and not at a pharmacy organisational level.

In developing a course, several elements must be considered, including the needs of the target audience, learning outcomes, course content, teaching methods, learning resources, participant assessment, course evaluation, and quality assurance. The course must be developed with an emphasis on a student-centred approach to teaching and learning. This approach encourages the student¹ to take responsibility for their own learning, as well as a deep and active approach to learning. Although the emphasis is on the student, student collaboration with peers and mentors is also recognised as an important aspect of this approach.

Several factors should be considered prior to developing the course:

- the amount of educational material to be included;
- the cost of developing the course;
- the ability to design a course which is reproducible and practical;
- the time involved in delivering the course;
- easy access by all pharmacists to the course (for a course aimed at practicing pharmacists); and
- an effective mode of delivery, which is likely to have an impact on the patient counselling skills of participants at the undergraduate or postgraduate level.

A needs analysis process

A needs analysis process may be conducted as the first step in course development, to identify the gaps in the knowledge, skills and behaviours of the target audience (undergraduate pharmacy students or practicing pharmacists) in relation to patient counselling. This needs analysis can include assessing normative needs, that is, what experts in the field believe to be the gaps; expressed needs, or what the course developers infer to be the target audience's needs from the information provided by the target audience; comparative needs, or when the needs of the target audience are assessed by comparing their knowledge, skills and behaviour to those of another group; and/or felt needs, that is, what the target audience have stated to be their needs.



¹ For the purposes of this chapter, the term “student” is used to refer to the pharmacy undergraduate student or practicing pharmacist undertaking a course on patient counselling.

Hawe et al. have schematically illustrated the processes of needs assessment, programme development and evaluation, which are recommended for development of a course on patient counselling (Figure 4).

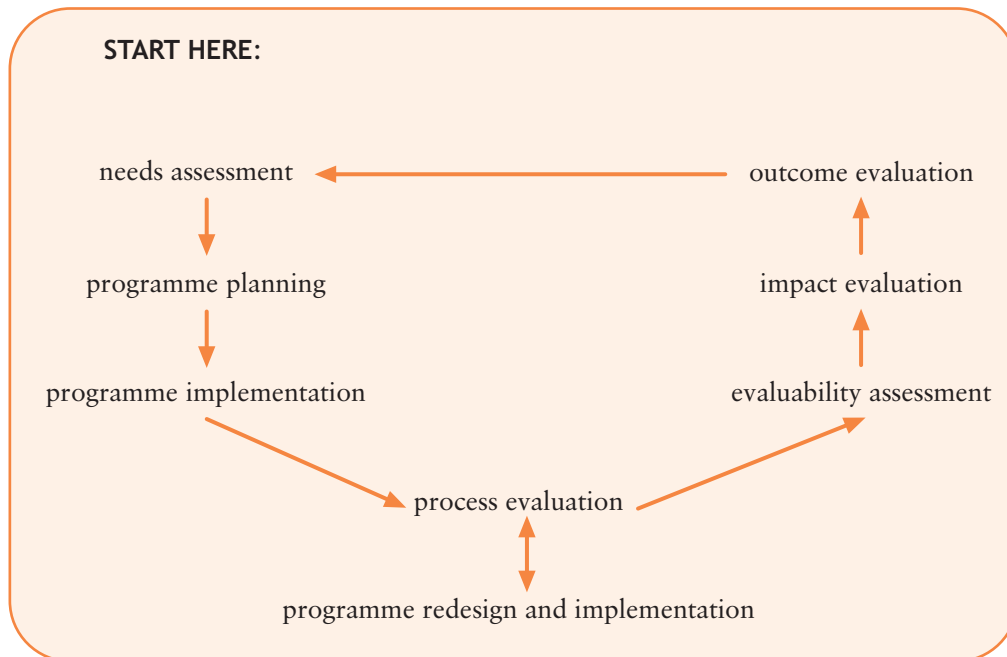


Figure 4. Course planning and evaluation cycle (adapted from Hawe et al. 1990)

Learning outcomes

Learning outcomes define what the students should know or be able to do by the end of the course. They relate to the knowledge, skills and behaviours that students will gain from the course. The learning outcomes should be aligned with the course learning objectives, and should be explicit and clearly communicated to the students at the beginning of the course. It is imperative that students are aware of the course expectations, and the skills and knowledge that they are likely to gain from the course.

Example of a learning outcome: Demonstrate effective verbal communication skills in a range of pharmacy related settings and situations.

Learning objectives convey the goals of the course, minimising student confusion and uncertainty about the content of the course. Good objectives are created with three components which correspond to good teaching (www.itl.usyd.edu.au/Tutoring/study/aims/objective4.htm).

The objectives:

- describe what the student will be doing, such as demonstrating a skill or explaining a theory;
- describe the learning conditions; and
- indicate how the student will be assessed.

Example of a learning objective: To provide students with the effective verbal communication skills required to counsel patients in a range of pharmacy related settings and situations.

Additionally, the learning outcomes should be aligned with the teaching methods as well as the course assessments. This will ensure that appropriate teaching methods are used to address the course objectives and provide the students with the knowledge and skills set out in the learning outcomes.

Assessments play an important role in effective learning. Linking assessments with learning outcomes ensures that students are aware of whether they have met the intended outcomes of the course through their performance in the course assessments.

Teaching methods

Teaching approaches which are intellectually challenging, encourage reflection by the ‘learners’, discussion of the topic, and performance of role plays, are the more appropriate forms of teaching techniques. Traditional didactic teaching methods, such as lectures or seminars do not possess all of the above attributes, even though they are the most effective method of providing information to a large group in a limited period of time. Group collaborative teaching methods, such as workshops, which respect the ‘learners’ prior knowledge and experience with regards to the topic, give them more control over the content, process and evaluation of their teaching and learning.

“Adults learn best when they do not have to rely on memorising, but can learn through activity at their own pace with material that seems relevant to their daily lives and uses their own experience” (cited in). Workshops have been identified as a new learning forum which can provide the desirable teaching environment and characteristics described above. Furthermore, workshops can provide a learning community, which is social and allows learning through interaction with others (cited in).

Individuals learn from experience (Jarvis 1983, Jarvis 1987). The educational course should not only provide information about the new behaviour to be attained, but should also provide opportunities for the participants to observe and practise the behaviour. Individuals learn from experience. A workshop can provide these opportunities through the use of videos and role play.

Thus, the course should be structured to include a combination of short didactic sessions (e.g., lectures), observation of video-taped or live rehearsed role plays of good communication and counselling scenarios, and experiential learning through role plays with pseudo-patients or actual patients in authentic pharmacy settings. At an undergraduate level, the course may consist of a series of lectures followed or interspersed by a series of tutorials or workshops, as well as experiential learning at pharmacy sites. While at the postgraduate level the emphasis may be more on experiential learning.

Course content

The learning objectives and outcomes determine the content of the course, as well as the teaching methods. The content should address the needs of the target population. Additionally, activities

may be included, such as icebreakers, at the start of tutorials or workshops, which aid the flow of the sessions. It is important that students are comfortable in communicating with each other and the teacher, especially in a course on patient counselling, which is likely to include a number of role plays where feedback is sought from peers.

A course on patient counselling aims to provide the students with the knowledge and skills required to counsel patients about their disease and therapy. The course sets out to change student behaviour in counselling patients. Thus, it is important that the course is underpinned by one or more theoretical models of behaviour change. There are many theories and theoretical models developed to understand and predict individual behaviour. However, it is beyond the scope of this chapter to discuss the various models and how they can be used to develop a course on patient counselling. The majority of the models aim to provide knowledge and skills, to change the students' attitudes about the behaviour, to motivate the students to perform the behaviour, and to provide them with the skills and resources required to be able to conduct the behaviour.

Egger et al. (1990a and b) suggested the following features to be considered when designing a programme aimed at changing behaviour:

- The change in behaviour is desired by the individuals if it is perceived to prevent or avoid undesirable outcomes.
- This change in behaviour occurs as a result of information provided to the individuals.
- There is peer support for the change in behaviour.
- Specific activities are conducted in order for the behaviour change to occur.
- Any barriers to the behaviour change are overcome.
- The change is appropriate for the group of individuals.
- There is no peer pressure against the change in behaviour.

Poor counselling and communication skills have been cited as barriers to patient counselling. Pharmacists, until recently, have not been receiving training in communication and counselling skills. *“The development of adequate interpersonal skills is now a goal of educational and training programs in health professions”*. A high standard and level of communication skills are required by pharmacists to counsel, educate, and motivate consumers about their medications.

Thus, some possible topic areas for the course on patient counselling may include:

- the rationale for providing disease and medicine information to patients;
- the rationale for educating patients about their disease and therapy;
- patients' need and desire for information about their disease and therapy;
- the positive and negative impacts of patient counselling on patients' attitudes and behaviours;
- good verbal communication skills, with specific emphasis on:
 - the use of open ended questions to determine the patient's needs and elicit information from the patient and determine what the patient already knows and understands about their disease and therapy,
 - provision of information to fill in the gaps in the knowledge of the patients, and
 - verification of the patient's understanding of the information provided.
- patient counselling skills;
- the use of written information as part of the verbal counselling process; and
- the integration of patient counselling services in everyday pharmacy practice activities.

The course should commence with a review of the learning objectives and outcomes as well as the teacher and student expectations. It should finish with a review of the course content with referral back to the learning outcomes, so that the students can reflect on what they have gained from the course.

People learn through observing others. Videotaped role plays have been reported to be an “*optimal observational strategy, since they capture both verbal and non-verbal communication behaviours*”. Therefore, videotaped role plays of pharmacists’ communication and verbal counselling skills should be included in the course.

An experiential training method should also be employed in the course to promote an opportunity for the participants to practise what they had learned in the course, by performing role plays. The experiential training method is an approach that has a direct impact on the subjects in changing their behaviour. Thus the students should be provided with the opportunity to practise their communication and counselling skills through performing peer reviewed role plays. In addition to self-assessment, direct feedback should be given during the course. Again, allowing the participants to learn through observing others. The experiential learning experience should also extend to include observations and provision of feedback on patient counselling skills in authentic pharmacy situations.

Learning resources

The resources included in the course may range from reference texts and videotapes, to role plays with real patients. Participants should also be provided with patient counselling guidelines and checklists for reference during practice.

An important resource can also be the use of a facilitator who can observe and provide feedback on the patient counselling behaviour of an undergraduate pharmacy student or a pharmacist in a pharmacy setting. This gives the student the opportunity to implement the information and receive immediate feedback, a process which can lead to sustained behavioural change. (De Almeida Neto et al. 1999).

Participant (student) assessment

The primary aim of assessment is to improve the student’s knowledge and skills. The assessment tasks should be aligned with the course objectives and learning outcomes, and should measure what the course has set out to achieve. Some skills and knowledge are easy to quantify and assess, while others may be harder to do so. It is important that the assessment focuses on skills and knowledge that are more readily measured. The assessments should be clearly transparent, with the criteria explicitly stated; and feedback provided following the assessment. In this way, the assessment becomes an important teaching tool.

There are three forms of assessment which differ in focus: teacher, peer and self assessments, depending on who conducts the assessment. Practical assessments are recommended for evaluating skills and behaviours such as patient counselling. These practical assessments can take the form of observations of the student’s patient counselling skills when counselling patients or pseudo-

patients in authentic pharmacy settings, using set criteria. The use of pseudo-patients allows a greater degree of consistency and control over the counselling scenarios, aiding assessments by ensuring standardisation of the assessment process.

Some assessment criteria for patient counselling skills can include the following:

- the type of information provided (verbal and written);
- the amount and appropriateness of the information provided;
- the organisation of the patient counselling session;
- the verbal communication skills and techniques demonstrated, such as establishing rapport, the use of open-ended questions, and verification of patient's understanding;
- the non-verbal communication skills, such as eye contact, tone and interpersonal distance;
- the degree of two-way interaction with the patient; and
- the use of written information as a counselling tool.

Course evaluation and quality assurance

The last step in course development consists of evaluation, which can take the form of process, impact, and outcome evaluations. All forms of course evaluation are necessary in the quality assurance process to ensure that an effective course has been developed. The evaluations may be conducted by the teacher and/or students. Additionally, course evaluations may constitute evaluating the outcome of the course on student knowledge, skills, and behaviour. Although it is always gratifying to receive positive feedback or observe positive impacts of the course, the quality assurance process should primarily focus on the negative results and identify problems that can be improved. This process is essential in improving the course quality.

The first step in the quality assurance process is to determine the process goals, and next to develop or use appropriate tools to address them. For example, if one of the goals is to determine what students value as the best elements of the course, then the students can be surveyed about the best elements of the course. The final step is to interpret the data obtained from the evaluation step and use the data to further improve the course. For example, if the students felt that role plays with pseudo-patients were more helpful in gaining patient counselling skills than role plays with each other, the course developers should increase the number of role plays with pseudo-patients.

Some examples of quality assurance methods and tools include:

- evaluation of staff's teaching;
- quantitative and qualitative surveys of students;
- assessing the immediate impact on student skills and knowledge; and
- assessing the impact on student performance during practice.

Summary

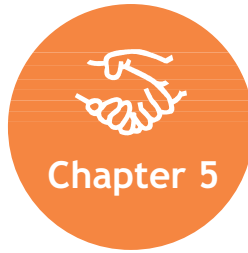
This chapter has provided an overview of the steps in developing a course on patient counselling, focusing on the elements to be considered when developing such a course. The chapter has provided information on needs analysis, learning outcomes, course content, teaching methods, learning resources, participant assessment, course evaluation and quality assurance.

It is important to note that course development is a dynamic process, with quality assurance playing an important role in ensuring that the course developers are continuously monitoring the course and ensuring that the course is of a high quality and meets the needs of the target audience - pharmacy students and practicing pharmacists.

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How Community Pharmacists Can Promote Patient Counselling

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Community pharmacists are crucial focal points for health care in the community. A significant proportion of the community comes in contact a pharmacist at some point in time. Thus community pharmacists have tremendous outreach to the public.

The community pharmacy outlets are regularly accessed by the general public, not only in urban and rural areas, but also developing areas where other healthcare facilities may not be available. These outlets are often the first-port-of-call for the community who often discuss their health problems with the community pharmacists. The number of people visiting retail pharmacy outlets is quite possibly considerably greater than other healthcare units. This provides the pharmacists with an opportunity to counsel patients, interact and discuss their needs, provide information on medicines, diseases, and offer psycho-social support.

Patient counselling - a mission for community pharmacists?

Patient counselling can be considered as a skill or an art, but it would not be effective if it did not come straight from the heart. Special efforts need to be made by the community pharmacist to promote patient counselling. Before trying out ways to convince patients to seek counselling, the pharmacist must first realise 'why' it is necessary to promote patient counselling, 'what' is needed to provide good counselling services, and 'how' to go about it.

Aims of patient counselling

When starting to plan patient counselling services, the pharmacy owner needs to agree with the staff on the aims of the service. The aims need to be set according to local conditions to meet the needs of the customers and resources available. They also need to be concrete and measurable, e.g., as follows:

- Every patient should leave the pharmacy knowing what their medications are for and how to take them.
- Patient counselling leads to a positive behaviour by which the patient is motivated to adhere to their medications.

Benefits of patient counselling to the patient

Lack of communication with health care professionals, including pharmacists has been identified as one of the reasons why patients do not adhere to the prescribed medications (WHO 2003). The pharmacist must realise the importance of patient counselling, seen as of benefit to the patient as well as the pharmacist, and the pharmacy he/she serves.

To assist in the use of this material in practical environments, the following anticipated outcomes of effective counselling (see Appendix 1) should be achieved. The patient:

- understands why a medication is helpful to maintain or promote well-being.
- accepts the support from the pharmacist in establishing a working relationship and foundation for continual interaction and consultation.
- is able to make appropriate medication-related decisions concerning his/her medication regimen (prescription or non-prescription medicines).
- improves strategies to manage medication side effects and drug interactions.
- will become a more informed, and active participant in disease treatment and self-care management.

Benefits of patient counselling to the pharmacist/pharmacy:

- Satisfaction of having fulfilled his/her professional duty.
- Satisfaction of serving patients, and their well being.
- Improves the patient's perception/confidence in the pharmacist and the pharmacy.
- Pharmacy is seen as a "professional" or "caring" pharmacy.
- Brings pharmacists and pharmacies closer to the other health care services and providers.

Potential patient counselling aids to reinforce communication

It is recommended to combine verbal and written information to achieve better outcomes of patient counselling (Raynor 1998). In many countries, patient information leaflets (PILs) are routinely available for the patients to ensure access to written information. Unfortunately, the leaflets do not meet the concordance criteria (Dickinson et al. 2001, Raynor and Britten 2001) or criteria of being useful and understandable to consumers (Federal Register 1998). That is why it may be necessary to use some other counselling aids to reinforce communication and to make sure that the patient knows how to manage the medication. It is important to take the literacy level and any visual impairment into consideration when selecting appropriate counselling aids. The counselling aids developed and/or reported in the literature include for example:

- Patient education slides that can be shown during the counselling sessions, e.g., showing step by step how to use eye drops or inhale asthma medications.
- Education handouts (written or printed instructions).
- Adherence aids, such as measuring aids, tablet cutters, inhaler aids, glucose monitors will help to develop a plan to incorporate the medication regimen and monitoring into the daily routine of the patient.
- Medication cards listing all the medications that the patient is taking will help to review his/her medication and to prevent drug related problems, such as under/over dosing, and interactions.

- Medicine-related pictograms may help communications with some populations, especially if there is a language barrier, limited literacy, visual impairment. Pictograms can be incorporated into the education handouts and leaflets (Hämeen-Anttila et al. 2005, Mansoor 2005) or into a separate booklet or folder.

Patient counselling brings the pharmacist closer to the patient

Psycho-social support needs to be integrated into the counselling process. At least some of the anxiety of any patient lessens when there is a social support. For example when a patient is diagnosed as having HIV infection and HIV related illness, including AIDS, they and those close to them are confronted by a host of problems that call for emotional and/or practical support (FIP 2002). Anxiety about spreading infection, physical isolation, hospitalisation, discrimination within the community or family, loss of housing, interruption of education, financial problems, the physical effects of illness, disease progression, loss of relationships, bereavement, anger, loneliness, and depression, are all concerns that may have to be managed.

This example with HIV/AIDS patients shows that counselling incorporates a process of empowerment. Through counselling, the personal strength and resources of the patient to face and manage health concerns can be identified and mobilised, enabling people to remain active in their work, education, families, and friends.

Psycho-social support is important to all patients, but especially:

- Patients with serious and/or unstable disease states.
- Patients with disabilities.
- Patients receiving specific medication (e.g., narrow therapeutic index drugs).
- Elderly and paediatric patients.
- Patients treated with complex drug regimens.
- Patients whose established medication have been altered.
- Patients who can be identified as non-intentional non-adherers.

Promoting patient counselling in community pharmacies

Creating an environment for patient counselling

When a person enters the pharmacy, he/she must find it neat, clean and uncluttered, giving it a professional look. The environment should be conducive to make the patient comfortable and willing to seek counselling. The pharmacy should have clearly marked areas for dispensing activities, non-prescription products, and for any other specialty items it sells, with an additional separate area for patient counselling if the dispensing area does not guarantee sufficient privacy. The ideal would be sound-proof units so that privacy could be assured to every customer. Another option would be a separate area which could be neatly and prominently labelled as the “Patient Counselling Area” along with a signboard/indication that a pharmacist is available for counselling. Alternatively, if space is a constraint, an area should be identified in the pharmacy where the patient can be counselled away from busy areas.



Figure 5. Patient counselling booths in a community pharmacy

Advocating the importance of patient counselling

Patients may not see the importance of discussing how and when to take their medication with the pharmacist. Therefore, it is essential that the pharmacist promotes the importance of patient counselling. This can be done through various means:

Promotion

A poster can be put up in the pharmacy; and/or a pamphlet/card can be given to patients coming to the pharmacy, or the information can be incorporated in regular newsletters that a pharmacy provides patient counselling.

Health screening

The pharmacy can offer health screening facilities which promotes patient counselling. For example, a pharmacy offering free blood pressure checks for its consumers specifically brings them to the pharmacist, with enough time and scope to initiate conversation during the act of measuring blood pressure. In this way, confidence in the pharmacist about their professionalism and approachability can be generated, as well as increasing awareness of fact that the pharmacist can be a good source of health related information. Pharmacies providing health screening services must instruct the patients to see a specialist or physician when tests indicate a need for referral for further investigation.

Computer generated leaflets

Many pharmacies have installed a leaflet system that provide patients with personalised computer generated information about the medication they have been prescribed, dosage regimen, and the disease.

Medication adherence systems

In India, some pharmacies have started putting pictorial stickers on dispensed medicines by which patients can easily identify medicines each time when they take them. The USP pictograms were made as stickers with information in local languages. These stickers may show “Take medicine

in the morning”, “Take medicine in the night before sleep”, “Take by mouth”, “Do not store in fridge”. They help patients to take multiple medications: for example, patients can have their tablets and capsules packed into reusable plastic calendar cards colour coded for the time of day.

Twenty-four hour information

Pharmacies in some countries have started providing twenty-four hour information services through a phonenumber where qualified and well trained pharmacists answer patients’ drug information questions with access to computer databases and drug resources (e.g. Pohjanoksa-Mäntylä and Airaksinen 2004).

Emergency wallet cards

Many pharmacies offer cards to be carried in wallets which may be used to retrieve patient related information in emergency. The card bears a toll-free phone number that can be called in an emergency by medical personnel to find out about the medications the patient is taking, drug allergies and other patient information.

Making the time

Most patients feel that the pharmacists are always busy at the counter either attending to others, or dispensing. This perception will only change when the pharmacist clearly demonstrates that they have time for patients.

Developing the qualities of a good counsellor

Steps to become a counselling pharmacist

Counselling for the sake of counselling is not enough. It has to be done thoroughly and professionally, in order to achieve its goals. Accordingly, the pharmacist must be trained to carry out the task effectively. Communication is a skill and as such it can be practised and improved. A good-patient pharmacist relationship depends on effective communication. Communication facilitates the interaction process. If a satisfactory relationship exists, the pharmacist’s messages will be more credible and the patient will openly discuss his/her needs.

While counselling, the issues of failing to listen, misunderstandings, and unfamiliarity with technical language, have to be taken into consideration with utmost care. Counselling will be more effective when the pharmacist is dynamic in terms of both attitude and interest. The message will be better understood when it is more precise, understandable, and well organised. The content is very important but how the message is conveyed is perhaps more important.

The pharmacist should:

- identify and evaluate ways to remove their own communication barriers.
- be confident in interacting with patients.
- maintain training in counselling and communication skills and keep up to date with various aspects of understanding human behaviour. These skills need to be evaluated from time to time, internally as well as externally.
- keep written records of counselling activities. This can be a helpful learning as well as an evaluation tool.
- maintain and update knowledge on various aspects of medicines/diseases, latest information, etc., so that they can adequately address any issues discussed/raised.
- identify the patient's needs and manage any problem related to the patient's prescription and non-prescription medications and/or knowledge gap.
- develop an understanding of the culture and beliefs of the people in the community. Even simple things like the language, behaviour considered as inappropriate (e.g., sitting on a table, touching the head) or even the dialect spoken can influence the effectiveness of the counselling session.
- obtain feedback from the patients on the counselling services offered to indicate the quality of services and opportunities for further improvement.

Attitude towards patient counselling practice

It has become evident, that in order to deliver better health care and improve outcome of therapy, the pharmacist must bring about certain changes in their attitudes:

- The pharmacist should shift from a product to a patient oriented approach, leaving behind the traditional dispensing attitude.
- The pharmacist should recognise that the importance of patient interaction eventually leads to mutual benefits.
- Every person entering the pharmacy for medicines (prescription or non-prescription) should be offered counselling and be informed about the availability of a pharmacist to do so.

Interacting with the prescribers

Most prescribers may not be aware of what happens in a pharmacy when their patients go there with their prescriptions. Pharmacists offering counselling services can inform the prescribers in the neighbourhood that they give importance to patient counselling, and are well trained/equipped to do so. The prescribers can even be invited to drop in at the pharmacy to have a look for themselves, and interact with the pharmacist as to how the service can be improved to ensure optimal patient outcomes.

The role of stakeholders in promoting patient counselling

Before promoting patient counselling to the public/patients, the national governments, national pharmaceutical associations, and pharmacy regulatory authorities must give prominence to patient counselling. They must include patient counselling techniques into the curriculum and make

patient counselling mandatory for every individual pharmacist. Pharmacists should also have access to continuing education and support.

Conducting and participating in national health programmes and campaigns

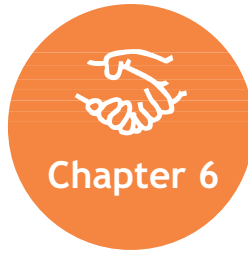
National health programmes and campaigns can be useful in implementing patient counselling services in community pharmacies (WHO 2005). WHO has been promoting these kinds of activities through its joint network of national pharmaceutical associations (e.g., WHO EuroPharm Forum in Europe).

The WHO EuroPharm Forum has been running a patient counselling programme since 1993 under the name “Questions to ask about your medicines” (QaM). The protocol with detailed instructions on its implementation and evaluation can be found on the EuroPharm Forum’s website (). The EuroPharm Forum has also published a CD-ROM based toolkit to support national organisations in implementing health programmes (WHO 2005). QaM was used as a case example in the toolkit.

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Guidelines for Continuous Professional Development in Patient Counselling and Communication Skills

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This chapter aims to sum up facilitative steps for pharmacists to develop a new communication culture. The guidelines are based on literature and experiences in different countries. The experiences show that long-term learning processes are needed to fundamentally question the current communication practices and behaviours. The learning process needs to focus on attitudes, skills, knowledge, and to apply reflective skills to promote continuous professional development.

1. Change your attitude: it is possible to learn communication skills!

Many pharmacists spontaneously say “Of course pharmacists interact with patients throughout their practice”. The work in the pharmacy is regarded as expert work requiring good communication skills (e.g., Hepler and Strand 1990; FIP 1997, 1998, and 2001). Nevertheless, little attention has been paid to developing competency in this field. Quality communication has been regarded as self-evident. Pharmacists also seem to believe that it is not possible to learn communication skills. They feel it is an inherited feature: some pharmacists are good communicators by nature and some are not.

The first step towards better performance is to be aware that communication skills is an area of professional competence in the same way as pharmacotherapeutic skills for example. Thus competence can be continuously developed both through self-evaluation of performance and setting new goals for personal development. The development can be supported by different types of long-term and short-term continuing education as well as in-house training (De Almeida Neto et al. 2001, Kansanaho et al. 2003).

2. Forget old myths and beliefs about passive patients

Pharmacists' communication behaviour seems to be determined by beliefs and myths which are transferred from one generation of practitioners to another (De Young 1996, Katajavuori et al. 2002). Pharmacists believe that patients do not want/require information, especially when they pick up refills as they already know or are already aware of how to use their medicines. Pharmacists believe that patients are passive, they should not be disturbed by transferring facts about medicines. Where do these myths and beliefs originate? According to studies, it is due to the fact that most practitioners lack systematic training in communication and patient counselling skills. It seems

to be that practitioners lack both the understanding of the principles of two-way communication and the role of the patient in self-managed treatment. This influences negatively their performance even though they are motivated to make a change, as most practitioners seem to be, according to the feedback collected (e.g., TIPPA Project 2005).

3. Learn a new approach with the patient/customer

It is crucial to teach practitioners a new approach to the patient/customer. Patients should be regarded as active medicine users and active partners in communication; with whom pharmacists are expected to establish a professional relationship based on trust, open communication, and mutual decision-making. These principles are also mentioned as prerequisites for performing pharmaceutical care services, e.g., FIP statements (www.fip.org). The pharmacist should also have an understanding of his role in the multidisciplinary team supporting the patient and be aware of the flow of information to the patient from different sources with an emphasis on electronic information where appropriate.

4. Develop new patient-centred interaction

Recorded pseudo-patient visits give a good opportunity to learn about the quality and content of pharmacist-customer interaction (e.g., De Almeida Neto et al. 2001, Puumalainen et al. 2005a). The following pseudo-patient was picking up a new prescription of a sympathomimetic inhaler (TIPPA Project 2005):

- Pharmacist: Here is your medicine. Are you familiar with this product?*
Patient: No, I'm not.
Pharmacist: Did the physician tell you how to use this medicine?
Patient: No, he didn't.
Pharmacist: Should I open the package and show you?
Patient: I don't know.
Pharmacist: At least read the leaflet inserted in the package. Are you going to pay by cash?

This typical real-life pharmacist-patient interaction indicates the level of competency pharmacists have acquired when communicating with the patient. This example could be from any country. If we read the conversation we can see that the patient is giving the pharmacist clear hints of their need for information but the pharmacist is not able to communicate accordingly. It seems like the pharmacist has learned to ask questions but does not know how to make use of the information provided by the customer. This can be seen throughout the discussion: patient indicates that this is a new medication, and that the physician did not instruct on how to use it. You can see that the pharmacist does not respond to this information. Finally, the pharmacist creates a confusing situation by leaving the decision up to the customer of whether or not a demonstration or explanation should be given for an unfamiliar medicine.

Based on previous studies, this pharmacist's behaviour is against the evidence of the public's trust in professionals in assuming that they have all the information they need (Makoul et al. 1995). Because the title of "professional" is associated with a perception of competence, the patient walks away with a strong assumption that all the necessary information has been given. Naturally, the

average patient may not know enough about medicines to ask the right kind of questions and relies on the professional/pharmacist in their encounter.

Let's have a look at another pseudo-patient's visit, now related to self-medication. The patient asks for two medicines using brand names, one being a ketoprofen product and the other a ranitidine product. Thus, there is a potential for iatrogenic effects. In this case, the advice of the pharmacist is focused on product facts: which package size – 8 or 15 tablets - and what kind of tablets the patient wants. There is not a word about the symptoms and choice of the medication accordingly, neither risk assessment, nor about instructions on how to use the medicines, or even a mention of switching the painkiller to a less harmful one for a patient with stomach symptoms:

Patient: Hi, I would like to buy a pack of ketoprofen.

Pharmacist: 8 or 15 tablets?

Patient: The bigger one. And a pack of ranitidine.

Pharmacist: A tablet to swallow or dissolve in water?

Patient: Ordinary tablets.

Pharmacist: Would you like to have anything else?

Patient: Nothing else.

Pharmacist: It comes to 11 euros and 20 cents.

It is obvious that the value of current pharmacist-patient interactions with respect to the therapy outcome is limited. It seems that pharmacists have developed a “robotic approach” to their interaction with patients and have failed to remember their duty as counsellors: that they are there to support the therapy of these patients rather than just handing out medicines. The pharmacist is not supporting self-management that is based on the understanding of the disease and its treatment. If we measure this against a criteria for good quality communication, in both of these case pharmacists failed the test and did not reach acceptable quality (Appendix 2).

It has been observed that in their very best performances, pharmacists were showing patients inhaler techniques or asking some questions about the symptoms intended for self-medication, but very rarely showed systematic counselling patterns starting with needs assessment, selection of content, customising content through different communication techniques and finally, concluding by ensuring understanding as detailed in Appendix 1.

How does one develop new patient-centred interaction? According to previous experiences, an extensive learning process is needed at the pharmacy level involving individual pharmacists in developing personal competency; the entire working society to change the communication culture; pharmacy owners to incorporate professional services into the vision and business strategy of the pharmacy; local consumers to educate/empower them to take an active role in self-management; and other health care providers to agree on the new roles in multidisciplinary teams (Puumalainen et al. 2005b, TIPPA Project 2005).

5. Process in-house guidelines on patient counselling

According to previous experiences, practitioners need practical guidelines and resources based on concordance to develop new practices (Puumalainen et al. 2005b). They also need to learn how to process in-house guidelines, such as protocols or standard operating procedures (SOPs)

to reconstruct their communication patterns and produce repetitive quality. These mutual decisions within the working society of what to tell to the patient about the treatment can be done at a general level, but many pharmacies have been processing more specific treatment-based guidelines for patient groups that most frequent the pharmacy.

6. Make a long-term development plan

Pharmacists require systematic and planned training, or even coaching to make use of new tools to support patient counselling (Puumalainen et al. 2005b). To make this happen, pharmacy owners can be encouraged to develop a long-term action plan that takes into account local conditions by applying principles of strategic planning. The recommended period for this action plan is two years in order to make a permanent change.

7. Incorporate patient counselling specific measures into the quality management system

As a part of long-term development, it is useful to incorporate patient-counselling-specific feedback measures into the quality management system of the pharmacy (Puumalainen et al. 2005b). Try to find easy-to-use counselling-specific measures that would apply to real-life practice or develop the measures by yourself to guarantee regular follow up and feedback. You can brainstorm to develop quality factors.

The pharmacy needs to have a vision and strategy in establishing patient counselling services (Puumalainen et al. 2005b). This means that patient counselling cannot be integrated into routine services without a long-term development plan linked to the strategy of the pharmacy. Furthermore, current practices need to be evaluated in a wider perspective than the customer-pharmacist interaction in order to implement good quality patient information. There are three key dimensions and related measures in this respect, the dimensions being:

- understanding the information needs of the customers;
- modifying the service process, including resources and facilities to integrate counselling; and
- developing competency of the personnel.

8. Make patient counselling skills training available for practitioners

There is an urgent need to train practitioners in counselling skills. Undergraduate students need to be taught principles of patient-oriented counselling, and adopt that approach from the very beginning. Practitioners need to be trained to change their routines and adopt new behaviour patterns instead of the old ones.

The effective learning process needs to focus on the principles of two-way communication, patient-orientation and concordance, self-evaluation and personal development, collective learning, strategic planning and quality assurance (Aslani et al. 2002, Kansanaho et al. 2003).

The learning process needs to be systematic and horizontally designed, and based on constructive and experiential learning. It needs to start with an introduction to medication counselling as a process e.g., by using the USP Guidelines or some other instrument to facilitate detailed analysis of performance

(Appendix 1). It is also important to integrate theory and practice to change the interaction. The learning methods should consist of a mixture of labs, lectures, seminars, group-work, self-study and role play. We have found role play and socio-drama to be especially useful. They help in processing a picture of patient needs and in rehearsing one's own skills and interaction. Learning can be intensified by using real patients as standardised patients.

Considerable challenges remain in the access to communication skills training. There is a lack of courses, especially long-term courses that involve the entire working society. There is also a lack of training materials, as well as competent tutors and teachers. There is a need for international cooperation to develop better training and establish a forum for sharing resources.

9. Make patient counselling visible as a process

One of the fundamental tools needed to develop patient counselling skills is an instrument that makes counselling visible as a process. One applicable instrument for this purpose is the USP Medication Counselling Behaviour Guidelines (accessible at: www.ipsf.org). These guidelines introduce practitioners to the principles of two-way communication and performance self-assessment. The USP Guidelines are a valid and reliable tool that was developed using a consensus method based on an inventory of existing assessment instruments for patient counselling. Such resources can be made known through basic and continuing education; as well as through inclusion in drug information databases and operational measures. It is important to logically follow the same principles in different resources to reinforce learning and reshape behaviour patterns consistently.

The USP Guidelines provide definitions of the concepts and medication counselling stages, starting from monologue-based information transfer and resulting in collaborative discussion and learning between customer and pharmacist (see Chapter 1: Table 1). A formatted series of 35 counselling items can help the pharmacist to properly understand the needs of the patient, and in turn, creating a healthy level of communication.

The medication counselling process starts with an introduction that aims to assess the customer's need for information (Appendix 1). The content of information is then customised on the basis of the needs assessment. On concluding the dialogue, the pharmacist needs to ensure adequate understanding. The fourth category of the process includes communication techniques needed throughout the interaction.

10. Prepare for slow progress in practice but keep the vision clear

The progress towards value services is slow but achievable. It takes a lot of resources in addition to well-planned and co-ordinated actions (Kansanaho et al. 2005).

Leadership in pharmacies will have a crucial role in bridging the quality chasm. Pharmacy owners will determine the vision and strategy of their outlet and its professional or commercial orientation. They should know the national professional strategy and be willing to implement it into their business accordingly. They also need to understand the philosophy of quality to assure the provision of services to meet the needs of their customers and improve therapeutic outcomes.

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Appendix 1. Medication Counselling Behaviour Guidelines (A New Evaluation Tool Developed By FIP/IPSF)

Table 1. Evaluation table for performance in patient counselling event

| Making contact | Needs assessment | Providing information | Summarise and review |
|---|---|---|---|
| <p>Approach the patient.</p> <p>Explain the purpose of the counselling session.</p> | <p>Assess the patient's needs, beliefs, feelings, concerns, knowledge about the medication, and patient's expectations for the counselling session by:</p> <ul style="list-style-type: none"> ● Using patient history appropriately. ● Taking the patient's medical history into account. ● Openly exploring how the patient is using prescription, non-prescription medication or alternative therapies. ● Establishing whether the patient is both willing and able to adhere to the medication and what practical support may be needed. ● Determine whether the information provided by the patient is evidence based or subjective. | <p>Provide information in manageable parts and aim to provide solutions to potential problems through covering:</p> <ul style="list-style-type: none"> ● Indication. ● Adoption of the dosage regimen, scheduling and duration, into a daily routine. ● How long it will take for the drug to show an effect. ● Interactions (food, drug, disease). ● Side effects. ● Precautions and contraindications (e.g. CNS). ● Recommendations (e.g. storage, shake well). ● When the patient is due back for a refill/repeat. ● Other information if needed. | <p>Summarise the information and advice discussed, check how much the patient has understood and gain feedback. In closing, ensure that:</p> <ul style="list-style-type: none"> ● An opportunity for final concerns and questions is provided. ● There is an opportunity for follow up. ● Agreed actions are reinforced. ● Prescribers are followed up with when required. ● Monitoring where necessary is arranged. |
| <p>Communication</p> <ul style="list-style-type: none"> ● Use easily understandable language and avoid jargon. ● Use counselling aids to develop understanding. ● Use non-verbal communication techniques to facilitate the counselling process towards dialogue-based negotiation. ● Control and direct the counselling session to maintain logical flow and relevance. | | | |
| <ul style="list-style-type: none"> ● Use open-ended questions where relevant and employ good questioning techniques. ● Avoid being aggressive or forceful in approach. | | | |
| <ul style="list-style-type: none"> ● Facilitate responses and listen to the patient. ● Be perceptive to the patient's verbal and non-verbal cues. ● Demonstrate empathy, concern, understanding, and patience. | | | |

Appendix 2. Standards For Evaluating Patient Counselling Skills¹

Excellent performance

The Pharmacist:

- Assesses the customer's needs and knowledge of the medication thoroughly.
- Masters the medication information.
- Gives the customer sufficient but customised information to assure safe use of the medication. Also gives reasons and explanations instead of giving basic facts and orders.
- Maintains logic in counselling, uses language the customer is likely to understand and utilises counselling aids to help the customer to understand the information.
- Knows how to use different types of questions.
- Maintains control and directs the counselling session towards negotiation and patient-pharmacist discussion.
- Proficiently uses non-verbal communication to encourage the customer to be involved and to support him/her.
- Is able to monitor and analyse his/her own performance. Knows how to set self-development goals independently.

Good performance

The Pharmacist:

- Asks relevant questions on medication and finds out most of the information needed for the counselling session.
- Attempts to involve the customer and pull him/her to the conversation but does not direct the communication sufficiently.
- Masters the basic medication information and gives enough information to the customer to safely use the medication.
- Gives instructions that are understandable but the essential information lacks emphasis. Adequate use of non-verbal communication.
- Has a positive attitude towards developing one's patient counselling skills.

Satisfactory performance

The Pharmacist:

- Does not fully find out what the customer's needs are.
- Has limited knowledge on the medication.
- Dominates the counselling and tends to monologue.
- Has poor questioning technique.
- Uses too much jargon and difficult expressions.



¹ Developed by Hakkarainen and Airaksinen on the basis of the USP Medication Counselling Behaviour Guidelines (www.ipsf.org) at the University of Kuopio, Finland, in 1999-2000.

- Non-verbal behaviour is not in congruence with the verbal message and does not support the pharmacist's communication goals.
- Has limited self-monitoring and assessing skills.
- Demonstrates limited motivation in developing one's counselling skills.

Fail

The Pharmacist:

- Does not demonstrate goals in communication: difficult to ascertain the pharmacist's aims in the counselling.
- Brings out scattered details and pieces of information; he/she does not manage to see what is essential information to the patient.
- Lacks motivation for working with customers and developing the skills needed in the profession. Does not have the ability to self-monitor and evaluate his/her own communication skills.
- Dominates the counselling session and/or does not provide the customer with the opportunity to express his/her concerns.

or

- does not adequately direct the counselling and the patient has to take control of the dialogue.

Appendix 3. Useful Information Website Links

International Pharmaceutical Federation:

www.fip.org

List of position papers, guidelines and statements.

Seven star pharmacist definition.

International Pharmaceutical Students' Federation:

www.ipsf.org

Information about Patient Counselling Events, downloadable resources, downloadable version of "Counselling, Concordance, and Communication: Innovative Education for Pharmacists".

International Alliance of Patients' Organizations:

www.patientsorganizations.org

Information about patient centred care.

Medicines Partnership UK:

www.medicines-partnership.org

Articles and information about concordance.

National Council on Patient Information and Education:

www.talkaboutrx.org

Promoting Excellence in Consumer Medicines Information:

www.pecmi.org

World Health Organization:

www.who.int

Department of essential drugs and other medicines: The role of the pharmacist in self-care and self-medication, report of the 4th consultative group on the role of the pharmacist (1998).

WHO EuroPharm Forum:

www.euro.who.int/europharm