

PATIENT COMMUNICATION

DEFINITION

- ✓ Patient communication in clinical practice is defined as the dialog between a pharmacist and patient for the purpose of obtaining information needed to assess patient status, provide patient education, and support the patient's attempts to comply with the therapeutic regimen.
- ✓ The health care professions are founded on strong technical and people skills.
- ✓ Although all health professionals are well versed in the technical aspects of their profession, most are not as skilled in interpersonal communication.
- ✓ In contemporary clinical practice, good communication skills are critical to achieving optimal patient outcomes.
- ✓ These techniques are very important in improving outcomes for the patient and for increasing practitioners' satisfaction with their professional roles.
- ✓ In this era of technological advances, clear, direct, and sensitive communication between people seems to be in short supply.
- ✓ Extensive research on customer service and patient education shows that when providers communicate well, patients are more likely to comply with treatment plans and are less likely to complain or entertain thoughts of legal retribution because of perceived mistreatment.
- ✓ In addition, Bolton states that 80% of professionals who fail at their jobs do so because of poor human relations skills.
- ✓ Humanistic psychologist Carl Rogers concludes that people seek counseling because of poor communication with others in their lives.
- ✓ Effective interpersonal communication may be the most important skill we can develop.
- ✓ To function as professionals, pharmacists must not only maintain an open attitude of ongoing learning about human relations, but also master the specific skills of questioning, empathic response, responsible language use, assertiveness, and conflict management.

SKILLS IN ASKING QUESTIONS

- ✓ Most people are not very conscious about the types of questions they ask.
- ✓ Questions can be organized on a continuum from highly open to restricted to leading.
- ✓ Closed questions narrow the patient's options and evoke minimal recall levels of information instead of thoughtful elaborated responses.
- ✓ When seeking information from most patients it is best to begin with open-ended questions.
- ✓ These start with *who*, *what*, *where*, *when*, and *how*.
- ✓ Such questions allow the patient to answer in any number of ways.
- ✓ For example, a question such as "How have you been feeling since starting this new medication?" can elicit a response that the patient is feeling better (and is happy with the medication) or that side effects are present (and presumably the patient is unhappy with the medication).
- ✓ This type of question is preferred over "Are you feeling better?" and "The medicine hasn't made you sick, has it?"
- ✓ In medication history interviews, handling over-the-counter (OTC)/self-care requests and consultation regarding prescription medications, the use of open-ended questions is of paramount importance.
- ✓ It is important to remember that not all open questions are equally effective.

- ✓ “Why didn't you finish your antibiotic?” implies strong criticism and will provoke a defensive reaction from the patient.
- ✓ In most cases, when trying to elicit the patient's reasoning, it is better to start with a universal statement and move to an open question (e.g., “Most people don't realize how important it is to finish an antibiotic because an infection can appear to be gone but actually be lingering. What has been your experience in trying to take antibiotics?”).
- ✓ Although many pharmacists fear that this approach will consume too much time, when quick questions are asked in ways that produce defensiveness, patients learn to hide the real and truthful answers because they do not trust their health care providers.

OPEN-ENDED AND CLOSED-ENDED QUESTIONS	
Very open	How have you been feeling since starting this new medication?
Open	What exactly has changed since you have started taking this medication?
Moderately open	Of the drugs we have tried, which do you think works best for you?
Highly closed	You're not having any side effects, are you?

WHAT IS EMPATHIC RESPONDING AND WHY IS IT ESSENTIAL?

- ✓ Many pharmacists have had no coursework in basic counseling and communication skills.
- ✓ Providers often are fearful that they will not know what to do if the patient has a deeply emotional reaction.
- ✓ “I'm sorry” sounds empty and inadequate in the face of such feeling.
- ✓ However, empathic communication is a key skill that helps patients open up and share their concerns.
- ✓ Specifically, empathic communication means using reflective responding, a type of active listening that reflects the thought or feeling of the speaker's communication.
- ✓ Practitioners fear opening up Pandora's box by encouraging patients to elaborate on issues that they might not otherwise discuss in a direct fashion.
- ✓ However, if pharmacists do not use this essential skill, patients may conclude that the provider is not interested or that the discussion is bothersome or too time-consuming.
- ✓ Extensive research links empathic communication to patient satisfaction, improved diagnostic assessment, less litigation, and better outcomes.
- ✓ Sometimes, the professional demeanor of pharmacists appears to be cultivated to protect the provider from his or her own discomfort.
- ✓ Unfortunately, such a demeanor prevents genuine communication with the patient.
- ✓ Every provider has heard mentors and colleagues say, “Don't let it get to you.” On some level, this advice could be translated as “Don't have feelings about the patient.”
- ✓ Without use of empathy skills, which include reflective responding, effective paraphrasing, summarizing, and using words that mirror the patient's thoughts and feelings, providers often report feeling overwhelmed by their patients' or coworkers' emotional reactions with no idea about how to handle the situation.
- ✓ Effective empathy skills help patients feel safe in discussing their concerns with providers.
- ✓ When trust is established, the patient is more likely to reveal clinically relevant data.
- ✓ Much of the theory on empathic facilitation is based on the work of Carl Rogers.
- ✓ Rogers and colleagues came to believe that three conditions were necessary for the maintenance of mental health:
 - Congruence (patients would not need to develop a protective facade),

- Unconditional positive regard (patients would feel warmth, interest, respect, and fondness from their providers),
- Nonjudgmental understanding (patients benefit most when they feel that they can share their perceptions, which will be accepted as valid without feedback that communicates approval or disapproval).
- ✓ Because these conditions often are lacking, most people express their feelings indirectly.
- ✓ Indirect messages are hard to decode, and the listener's interpretation of the speaker's message generally goes unspoken.
- ✓ Indirect communication is one reason why needs and expectations often are not met.
- ✓ This indirect expression of concerns is replicated in patients' patterns of questions about medications.
- ✓ For instance, they may present secondary concerns (“What if I forget to take this with food?”) that mask a deeper concern (“What if this makes me sicker?”).
- ✓ The presentation of peripheral concerns may test the provider.
- ✓ If the provider heedlessly launches into a lecture about how to remember to take the medicine at mealtime, then he or she is missing the deeper meaning.
- ✓ Given this response, the patient may be afraid to ask if the medicine will cause illness because such a question could be interpreted as an insult to the pharmacist who is providing the medicine.
- ✓ Reflective responding reduces the emotional charge present during medication counseling.
- ✓ With the emotional tone decreased, the patient is able to process the information in a more conscious manner.
- ✓ Patients who are upset may need repeated demonstrations of empathy to relax to the point that information can be exchanged.
- ✓ Often, it is easier to learn about this type of reflective listening by examining what is *not* an empathic response.
- ✓ For instance, if the patient says to the pharmacist, “Do you think I'm getting the right medicine?” a variety of responses are possible.
- ✓ Judgmental responses imply judgment against what the patient is saying, diverting responses change the subject, advice giving moves to problem solving before the real concern is even known, and questioning seeks to probe the issue but neglects the emotional tone.
- ✓ All four of these responses avoid an open, nonjudgmental discussion of what is really bothering the patient.
- ✓ A fifth type of response, the reflecting or empathic response, attempts to open the discussion of the problem as perceived by the patient.
- ✓ Making a reflective response initially is difficult for some pharmacists because most of us have not been taught these skills.
- ✓ Reflective responding attempts to reflect in words what the patient is saying or feeling.
- ✓ The reflection may be based on the content or thought expressed by the patient or the feelings associated with it, which are often not expressed overtly.
- ✓ Reflecting responses are especially useful when the patient is demonstrating emotions.
- ✓ Angry looks, pounding fists, averted eye contact, and head drooping all convey certain emotional states.

- ✓ Hesitating gestures or remarks such as “Well, I *guess* I could try it” all suggest concerns that must be brought to light gently.
- ✓ The first step in reflective responding is to identify and label the emotional state.
- ✓ The four basic emotional states are *mad, sad, glad, and afraid*.
- ✓ When communicating with patients, observe nonverbal signs or verbal cues (e.g., hesitating words) that suggest one of the four feeling states.
- ✓ The second step is to put the word describing the feeling state into a sentence.
- ✓ Some basic structures for sentences include “Sounds like you're frustrated by that,” “That would be frustrating,” and “I can see that you're frustrated by it.”
- ✓ Remarks such as these let patients know that you are listening and truly attempting to understand their concerns.
- ✓ Patients and their concerns remain the focus of the encounter.
- ✓ It is important to remember that skills in empathy do not come naturally.
- ✓ Rubin et al showed that untrained allied health students could not recognize what constitutes an empathic response.
- ✓ If health care providers do not master the skill of expressing empathy, communication will remain controlled by and centered on the practitioner.
- ✓ Patients are more likely to feel empowered and retain a sense of personal control if they can express their feelings in an atmosphere of acceptance.

COMMUNICATION SKILLS FOR EFFECTIVE COUNSELLING

- ✓ The counseling process uses verbal and non-verbal communication skills, verbal communication skills include Language and paralinguistic features such as tone, volume, pitch, and rate of speech,.
- ✓ Paralinguistics, or the way we say words, accounts for 40 percent of how a message is received so the way in which we speak has an impact on patient understanding.
- **LANGUAGE**
 - When speaking to patients use simple language and avoid using unnecessary medical words.
 - If possible, speak the patient’s own language.
- **TONE**
 - During counseling, the tone of one’s voice is important.
 - Changes in the level and range of pitch convey information about the feeling and attitude of the person speaking; the tone of the voice should be caring and reassuring.
- **VOLUME**
 - Many People speak with wide variation in volume, depending on the situation, and where and to whom they are speaking.
 - Ideally, counseling should be conducted in a quiet, private setting where it is unnecessary to raise one’s voice.
 - Although it may be necessary to speak more loudly to patients with a hearing problem, most deaf patient gain more benefit if the speaker moves closer, and directs their voice towards the patient’s ear.
- **SPEED**
 - The clarity of our communication depends on our rate of speech.
 - Patients may be reluctant to interact with a pharmacist who speaks quickly because they may feel the pharmacist is too busy.

- This may happen if the pharmacist is nervous or is uncertain about the information being given.
 - In contrast, the listener may lose interest if the pharmacists speak too slowly.
 - For good verbal communication, the pharmacist should present clear, relevant message in a logical sequence, and at a speed which gives the patient time to think about what is being said.
 - This will help the patient to understand and remember the concepts more easily.
 - Non-verbal communication includes body language, such as the movement and position of the head, limbs, and body, and other aspects such as whether the pharmacists is dressed in a professional manner.
 - During any interaction, approximately 50 % of the way a message is received comes from body language.
 - Aspects of non-verbal communication skills include proximity, touch, eye contact, facial expression, and head movements, gestures with hands and arms and body postures.
- **PROXIMITY**
- This refers to the distance that people maintain between themselves during the counseling process.
 - This space has been classified into 4 zones: Intimate (45 cm or less), Personal (45 cm to 1.2 m), Social (1.2-3.6 m) and public (more than 3.6 m).
 - Generally, counsellors or healthcare professionals use intimate or personal proximities.
- **EYE CONTACT**
- The duration of time that people look at one another during a conversation varies depending on whether they are speaking or listening.
 - Listeners look at the speaker more often and for longer periods of time.
 - For cultural or personal reasons such as timidity, sadness or depression some people may avoid looking into the counsellor's eyes.
- **FACIAL EXPRESSION**
- These can be used during counseling to demonstrate empathy towards the patient.
 - Head movements such as nodding, hand gestures and body postures also can be used to advantage.

CLINICAL INTERVIEWING SKILLS

- ✓ Many of the skills discussed in the previous section apply to clinical interviewing and medication consultation processes.
 - ✓ The term “interviewing” here means “bringing into view” the patient's problems and associated issues.
 - ✓ The skills associated with interviewing can be applied to a highly structured, complete assessment of medication use, assessing symptom severity before recommending OTC medications, or to a brief conversation with the patient about an adverse drug reaction.
 - ✓ Each of these is discussed in more detail in this section.
- **MEDICATION HISTORY**
- A thorough, detailed, up-to-date medication history provides the necessary background for consultation with the patient.

- Pharmacists have the most knowledge about patients' medication use patterns and outcomes.
 - This allows them to communicate effectively with patients and medical providers on matters of drug therapy.
 - Obtaining a detailed history of medication use entails more than giving the patient a form to complete.
 - Knowledge of what history content to obtain and which process skills to use is fundamental to providing good pharmaceutical care in this area.
 - Research shows that skills in medication history interviewing are improved with training on specific techniques.
 - The following is a step-by-step guide to conducting a comprehensive medication history.
- **OPENING THE INTERVIEW**
- The first of the core skills is opening the interview.
 - Depending on the setting, the interview may have been requested, or perhaps this is a service offered to all patients.
 - Greet the patient warmly.
 - Identify yourself to the patient.
 - Verify the patient's identity and that of others (e.g., caregivers) who are present.
 - Caregivers may be needed to assist in clarifying information.
 - However, if the patient is alert and oriented and can give valid information, address your remarks to the patient.
 - State the purpose of the interview and relate it to expected outcomes for the patient.
 - For example, you might start by saying, "Mrs. Smith, Dr. Welch asked me to speak with you about your medications so we can get a complete picture of what medications you are taking and how they are working."
- **SETTING THE STAGE FOR GOOD COMMUNICATION**
- Let the patient know about how long the interview will take to determine if the interview can be completed at that time.
 - Arrange furniture to allow face-to-face communication at eye level.
 - Sit 2 to 4 feet from the patient, if possible.
 - One study showed patients perceived pharmacists who used these nonverbal skills as more available to them, thus facilitating good rapport and better information exchange.
 - Maintain good nonverbal communication throughout the interview: lean slightly forward and maintain an open body posture and good eye contact.
 - These skills are associated with patient satisfaction with care.
- **CONTROLLING THE FLOW OF INFORMATION**
- The pharmacist must maintain the direction of the interview without appearing brusque or asking questions in an authoritarian style.
 - Using appropriate questioning skills and having a structured framework are imperative to obtaining complete information in a manner that facilitates dialog while allowing the pharmacist to maintain control.
 - Use open-ended, broad questions to start data gathering, and proceed to closed-ended and forced-choice questions for discriminating details.

- Recall that open-ended questions start with *who*, *what*, *where*, *when*, *why*, and *how*. These questions cannot be answered with a *yes* or *no*.
- If the patient answers inappropriately, the pharmacist should suspect some barrier to communication, such as language differences, hearing difficulties, or diminished mental capacity.
- Use as many open-ended questions as possible, minimizing the use of closed-ended questions.
- For example, ask “What medications for diabetes have you taken in the past?” rather than “Have you ever taken tolazamide? Or glipizide?”
- It may be necessary to ask such specific questions, but they should not be used to start discussion of past medications because they limit the patient's responses and do not elicit other important information.
- However, such questions are helpful if the patient admits to taking medication but cannot recall the name.
- Using a closed-ended statement such as “Have you ever taken tolazamide?” at that time is appropriate.
- It can also be very helpful to ask such questions at the very end of an interview in which you may be asked to help select therapy.
- If you are planning to suggest a specific medication for the patient, ask the patient if he or she has ever taken it.
- Patients with chronic conditions often have taken numerous medications with good and disastrous results.
- It is not uncommon for the patients to forget their past medications, only to recall having had a particular one when asked directly.
- The patient may then respond that he or she has taken the medication in question and that it did not help or caused a problem.
- This will change your recommendation.
- After obtaining a block of related information, such as present medications, give a brief summary or paraphrase of pertinent points (e.g., “Mrs. Smith, you've told me you currently take hydrochlorothiazide and digoxin for your heart, and you used to take potassium, but you're not on it now and you're concerned that you need it. Is that correct?”).
- Between subsections of the history, use transitional statements to let the patient know that you are asking about a different type of information.
- After making the preceding statement, the pharmacist might say, “Now I'd like to ask about any allergies or reactions to medications you've had.”
- Again, open the discussion with an open-ended statement such as “Tell me about your allergies.”
- Keep using open-ended statements such as “What other reactions have you had?” to obtain further information.
- When clarification is needed, it is often necessary to use closed-ended questions.
- For example, the pharmacist might say, “You mentioned being allergic to ‘mycin’ but can't recall the name of the medication. Could it be erythromycin?”
- The pharmacist needs to keep control of the interview to maximize effort while being efficient.

- When a long interview is expected, invariably the dialog strays from the topic at hand.
- The patient may ramble or ask a lot of questions or want to discuss matters not related to drug therapy.
- The pharmacist must keep the framework of questioning in mind, know what must be asked, and politely defer topics that are not germane to the drug history.
- Look for openings to bring the subject into focus (e.g., “Mr. Jones, you've been telling me how unpleasant it is to be in the hospital and I'd like to focus on how this medicine can help you stay out of the hospital.”).
- When it is necessary to interrupt, address the patient by name and simply state your need to ask a certain question.
- Remember that the goal is not to have a social conversation with the patient but to obtain the medication history.

➤ **OBTAINING COMPLETE INFORMATION**

- Begin by asking “What diseases or conditions do you have that you take medication for?”
- This disease-based approach helps the patient focus on all the medications they use for a particular disease.
- For each disease, use a broad opening question that allows the patient to list all the medications currently prescribed for that disorder (e.g. “What medications do you take for your asthma?”)
- For each medication, ask specifically for the dose, duration of use, some assessment of how the drug is working, and any drug-related problems the patient perceives.
- For medications taken as needed, question the patient to determine the amount used per day and per dose.
- Also, it is important to know what symptoms or in what context the patient uses the as-needed medications.
- Be attentive to vague responses. For example, a patient may state that he uses the β -agonist inhaler “only when I really need it.”
- Question specifically how much the patient uses and how many times per day.
- Similarly, when the patient's responses include words such as “sometimes,” “not often,” or “occasionally,” probe for more specifics and document amounts of medications used.
- After summarizing information regarding present medications for a specific disease directly, ask about past medications for that disease.
- “So you are taking albuterol and beclomethasone and they are working well.
- What medications have you taken in the past for your asthma?”
- This is important because the pharmacist would not want to recommend medications that were ineffective or caused adverse reactions.
- It is useful to ask, “Why was that medication stopped?” or “Who stopped that medication?”
- It is helpful to know whether the physician advised stopping the medication or the patient made the decision alone.

CONTENT ITEM FOR A COMPREHENSIVE MEDICATION HISTORY	
Major Category of Information	Specific Areas to Probe
Current Prescribed Medications	Drug name Purpose Dosage Duration Beneficial effects Adverse effects
Past medication usage	Drug name Purpose Time period of use Reason for discontinuation
Current nonprescription medications	Drug name Purpose or symptoms treated Dosage and frequency of use Duration Assessment of effects
Drug allergies and adverse reactions	Drug name Date of reaction Type and severity of reaction
Lifestyle factors	Herbal remedies used Nicotine usage Alcohol usage Illicit drug usage Dietary habits Occupation Stressors

- ✓ Once you have finished the present and past medications for one disease, move on to the next, repeating the process until all the disease states and medications are covered.
- ✓ This approach may also elicit history of use of nonprescription medications and nutritional and herbal medications and if they are used to help with a particular disease or symptom.
- ✓ After asking about prescribed routine and as-needed medications, ask about nonprescription medications used regularly.
- ✓ Because patients may not perceive vitamins or cold products as medications, it may be necessary to specifically ask, "What medications do you take for a cold?"
- ✓ For stomach problems? For a headache?"
- ✓ Another approach is to query the patient using an approach similar to the review of systems used by physicians.
- ✓ Begin by asking about medications used for disorders of the head, eyes, ears, nose, and throat.
- ✓ Next, ask about products for respiratory, gastrointestinal, genitourinary, and skin conditions.
- ✓ When the patient mentions using any medication, ask specifically about the amounts used, duration of use, and outcome of treatment.

- ✓ Ask about herbal remedies and alternative treatments and obtain sufficient detail.
 - ✓ Next, obtain complete information on negative drug reactions the patient has had.
 - ✓ Because patients may not perceive side effects as allergies it is necessary to ask about negative reactions in multiple ways to assure accuracy.
 - ✓ The use of three open-ended questions in a specific order helps maximize the accuracy of any adverse events related to medications.
 - ✓ First ask “What kind of bad reactions have you had to medications?”
 - ✓ Next ask “What medications has a doctor told you never to take again?”
 - ✓ Finally, ask “What medications are you allergic to?”
 - ✓ For positive responses ask for details of the reaction (when it occurred, what exactly happened) using the symptom-based interview format to provide a clear picture of the event.
 - ✓ Last, ask about lifestyle issues that may affect drug therapy.
 - ✓ These include dietary habits, tobacco and alcohol consumption, and illicit drug use.
 - ✓ Because nicotine and alcohol are factors in response to many drug therapies, it is important to quantify their intake, even though it may be uncomfortable for the pharmacist to do so.
 - ✓ A useful suggestion is to open the discussion with a statement describing the importance of that information to you (e.g., “Mr. Smith, I'd like to ask about your intake of alcohol and tobacco because these can affect the way your medicines work. How much alcohol do you drink?”).
 - ✓ Specify the amount and type of alcohol used. Note whether the patient smokes and how much.
- **CLOSING THE INTERVIEW**
- ✓ When you believe you have obtained all the vital information, it is time to close the interview.
 - ✓ Begin with a brief summary of only the most important points, not every specific detail.
 - ✓ Note any concerns that you or the patient has about the medications and review recommendations for resolution of problems.
 - ✓ Ask the patient to verify agreement on the issues and tell the patient what to expect next.
 - ✓ Ask the patient if there is anything he or she wants to add and if he or she has any other questions.
 - ✓ If not, the interview is ended.
 - ✓ Here is an example of a good closure: “Mr. Smith, we've talked about your heart and diabetes medications, and you mentioned some ‘weak spells,’ which I think may be caused by one of your medications.
 - ✓ You're concerned about them, too.
 - ✓ I am going to discuss them with your doctor. Is there anything else you would like to add or discuss?”

SYMPTOM-BASED INTERVIEW

- ✓ During a disease management visit, at the bedside, over the telephone, during a self-care consultation, or at the prescription counter, the patient may mention symptoms that they are concerned about.

- ✓ Knowing how to explore the patient's symptoms and evaluate their relationship to a disease or its treatment is a key component of the pharmacist's assessment skills.
- ✓ The first step is to get the patient to reveal more information about the symptom.
- ✓ An introductory statement such as “Tell me more about that” will get the patient to provide more detail.
- ✓ The key symptom questions are used to explore the symptom.
- ✓ The following specific, open-ended questions seek specifics that help define if the symptom is related to drug therapy or to an illness.
- ✓ Depending on the patient's response to your statement, it may not be necessary to ask all seven questions used in traditional chief complaint history taking.
 - Location: Where does it hurt?
 - Timing: When did it start? How long have you had this problem? How frequently does it occur?
 - Severity: How bad is it?
 - Context: Under what circumstances does this symptom appear?
 - Quality: What does it feel like?
 - Modifying factors: What makes it better? What makes it worse? What have you been doing about it?
 - Associated symptoms: What other symptoms are you having?
- ✓ Insufficient recognition and symptom probing is common, especially among inexperienced pharmacists.
- ✓ Without proper symptom probing, pharmacists can jump to erroneous conclusions that the symptom is caused by a disease state or recommend a treatment without knowing the real cause.
- ✓ For example, a patient taking a nonsteroidal antiinflammatory drug (NSAID) complains of fatigue.
- ✓ The pharmacist may simply recommend a vitamin to help fatigue.
- ✓ However, the patient's responses to the key symptom questions could reveal that the fatigue started soon after the medication, and that the patient has gastric distress and has tried vitamins without success.
- ✓ These answers suggest a different cause for the fatigue.
- ✓ The key symptom questions are important also when there is a tendency to attribute every symptom to a medication, as patients may be inclined to do.
- ✓ For instance, a pharmacy student reviewed the chart of a patient with bipolar illness, seizures, and Parkinsonism.
- ✓ The patient was on several medications, including carbamazepine and carbidopa/levodopa.
- ✓ The patient complained of blurred vision and insomnia, which the student believed were caused by the medications.
- ✓ When the patient was interviewed using the questioning technique just described, she indicated that she had blurred vision only out of the left eye, and that she had insomnia “since the day I was born.”
- ✓ Answers to further questions suggested that her symptoms probably were not related to her drug therapy.
- ✓ Knowledge of each drug's side effect profile and the disease state symptoms is essential in determining if the symptom is a drug-related adverse effect.

- ✓ Onset of the symptom is very important to ascertain.
- ✓ If the symptom began or worsened after starting a new medication, then it is more likely that the problem is drug related.

BASIC MEDICATION CONSULTATION

- ✓ Consultation on medication use is one of the pharmacist's most important activities, whether in a community pharmacy, clinic, or institutional site.
- ✓ The traditional method of consultation involved providing information: The pharmacist “told” and the patient “listened.”
- ✓ There was little true dialog because the pharmacist often asked closed-ended questions such as “Do you understand?” or “Do you have any questions?”
- ✓ Such closed-ended questions tend to restrict the flow of information.
- ✓ When the pharmacist merely provides information, there is no opportunity to ascertain what the patient knows or thinks about the medication.
- ✓ The pharmacist-patient consultation techniques developed by the Indian Health Service three decades ago, and further refined in collaboration with colleagues around the country, teach an interactive method of consultation that seeks to verify what the patient knows about using the medication and fill in the gaps with only the most basic information when needed.
- ✓ Research shows that people forget 90% of what they hear within 60 minutes of hearing it.
- ✓ Any counseling technique that is based on the pharmacist speaking most of the time will be ineffective in promoting patient understanding because patients almost immediately forget what they hear.
- ✓ If the patient is an active participant in the process, he or she will learn more.
- ✓ Engaging patient participation in the exchange entails the use of specific, open-ended questions that seek to determine what the patient already knows about the medication; then the practitioner provides new information to the patient and summarizes at the end of the consultation.

BASIC MEDICATION CONSULTATION SKILLS: THE PRIME QUESTION TECHNIQUE

- ✓ The interactive technique for consulting on medications consists of two sets of open-ended questions.
- ✓ One set is for a new prescription (prime questions), and the other is for refill prescription consultation (show-and-tell questions), as shown in Table.
- ✓ Using these questions makes counseling an interactive process that engages the patient, thereby making him or her an active participant.
- ✓ The questions provide an organized approach to ascertain what the patient already knows about the medication.
- ✓ Such a systematic approach is associated with improved recall of prescription instructions.
- ✓ The pharmacist can praise the patient for information correctly recalled, clarify points misunderstood, and add new information when needed.
- ✓ It spares the pharmacist from repeating information already known by the patient, which is an inefficient use of time.
- ✓ The steps in the consultation process are described in detail here.

MEDICATION CONSULTATION SKILLS	
Prime Questions for New Prescriptions	Related Probes
What did your doctor tell you the medication is for?	What were you told the medication is for?
(Name and purpose of medication)	What symptom is it supposed to help?
	What is it supposed to do?
How did your doctor tell you to take the medication?	How were you told to take the medication?
(Dose, dose frequency, duration, storage techniques for use)	How much? How often?
	What does three times a day mean to you?
	What did your doctor say to do when you miss a dose?
What did your doctor tell you to expect?	What were you told to expect?
(Expected outcomes and what to do if they don't occur)	What good effects are you supposed to notice?
(Possible untoward effects and what to do if they occur)	What bad effects did the doctor say to watch for?
	What bad effects did the doctor say to watch for?
Show-and-Tell Questions for Refill Prescriptions	Related Probes
What are you taking this medication for?	How is your medication working?
How do you take it?	How many of these did you take yesterday?
What kind of problems are you having with this medication?	What bad effects have you noticed from taking this medication?

➤ **Open the Consultation**

- ✓ When the prescription is ready and the patient is called for counseling, establish rapport by introducing yourself by name and stating the purpose of the consultation.
- ✓ Verify the patient's identity by asking for identification or at least asking, "And you are?" after you identify yourself.
- ✓ If the patient does not speak English, has difficulty hearing, or otherwise cannot answer, you must overcome this barrier before discussing the medication.
- ✓ If time and help permit and a private space is available, suggest that the consultation be conducted there and move to that area.
- ✓ This will be important for patients who have hearing problems or those wanting extra privacy.
- ✓ Sit facing the patient and maintain the appropriate interpersonal distance (1.5–2 feet) during the consultation.

➤ **Conduct the Counseling Session**

- ✓ Begin by asking the prime questions if the prescription is new or the show-and-tell questions for a refill prescription.
- ✓ If the patient is able to tell you what the medication is for, you may choose to probe further or move to the next question.
- ✓ Probing further may be helpful when the patient answers in broad or vague terms.
- ✓ An example would be the patient receiving a β -blocker who tells you the medication is for "my heart."

- ✓ You may want to ask in an open-ended fashion, “What is it supposed to do for your heart?”
- ✓ Avoid asking “Is it for chest pains?” or similar closed-ended questions because you may alarm the patient by your suggestions and you might waste time if multiple questions are needed.
- ✓ If the patient does not know what the medication is for or asks, “Don't you know?” you should then ask why he or she visited the physician.
- ✓ The patient may describe symptoms of a condition known to be treatable with the medication in question.
- ✓ If so, indicate which symptoms the medication will help.
- ✓ If the patient is totally unaware, a referral back to the physician is indicated, lest the pharmacist judge in error the indication for the medication.
- ✓ After verifying that the patient knows what the medication is for, ask the second prime question.
- ✓ Often, patients are unaware of the dosage instructions or say, “It's on the label, isn't it?”
- ✓ Be aware of the optimal dosing instructions; the patient may respond correctly “twice a day,” but you may need to advise on exact timing or indicate whether to take the drug with meals.
- ✓ Other questions to include under the second prime question are how long to take the medication, exactly how much or how often to take as-needed medications, what to do when a dose is missed, and how to store the medication.
- ✓ When possible, rather than providing facts, ask the patient, “What did the doctor say about how long to take this medication?” or “What will you do if you miss a dose?”
- ✓ Remember, asking a question of the patient prompts his or her attention, whereas talking at the patient is passive and the patient may not listen.
- ✓ Think of the counseling session as an opportunity to find out what the patient knows rather than a place to showcase your knowledge.
- ✓ Keep the information you provide brief and to the point, limited to filling in the gaps and providing extra knowledge needed to ensure proper medication use.
- ✓ After reviewing information about how to take the medication, proceed to the third prime question.
- ✓ Often patients have been told little about expected beneficial effects or potential unwanted effects.
- ✓ Other questions subsumed under the third prime question relate to how the patient will know if the medication is working, what precautions to take while taking the medication, and what to do if the medication does not work.
- ✓ If the patient's answer notes expected beneficial effects, follow up by asking, “What side effects were you warned about?” to determine his or her knowledge of potential side effects.
- ✓ If the patient is unaware of adverse drug effects, mention the most common and the rare, but potentially serious adverse effects and what to do if they occur.
- ✓ Research shows that patients want information about their medications, especially adverse effects, and that providing such information does not lead to the development of those reactions in most cases.

- ✓ Recent work on communicating about risk, in this case risk of drug reactions, suggests a four-quadrant model in which each quadrant requires specific communication skills.
- ✓ The quadrants are shown having a combination of high or low probability of occurrence with high or low magnitude.
- ✓ An example of high probability and high magnitude would be the common and severe toxicities of cancer chemotherapy.
- ✓ Use empathic communication in discussing the risks of therapy in this case.
- ✓ High probability and low magnitude is exemplified by gastric complaints from erythromycin.
- ✓ Many commonly prescribed medications have common, bothersome, but not serious side effects.
- ✓ Useful communication skills include providing information about how the medication will work, why it is a good therapy, and how to manage expected side effects. In the third quadrant, where there is low probability but high magnitude (e.g., stroke with an oral contraceptive), careful assessment of the patient's perceptions about the possible side effects is needed.
- ✓ Be aware of how the patient's perceptions may differ from your own. When discussing serious potential adverse effects, some patients may hear "This is unlikely to happen" and tune out the specifics about the toxicity.
- ✓ Therefore, ask the patient for feedback on the discussion of toxicity. In the fourth case, the low probability and low magnitude of risk may be associated with a perception that the medication may have little value to the patient.
- ✓ Again, heavy-handed tactics to convince, scare, or otherwise threaten the patient are not effective.
- ✓ Questioning patients to determine their view of the possible benefits of taking the medication is needed.
- ✓ Follow with comments to match the patient's assessment. For example, when a patient says, "Well, I could get an allergic reaction from this," the issue of the adverse effect is first and foremost in their mind, whereas the pharmacist may think, "I've never seen anyone allergic to this."
- ✓ Respond to, but don't minimize, the patient's concern.
- ✓ Rather than trying to convince the patient that no one becomes allergic to it, the pharmacist could say "Yes, that's possible."
- ✓ Which do you think is worse: putting up with the pain or taking a chance on the medication?" This brings into the open the discussion of the risks and benefits of treatment.
- ✓ If the pharmacist can effectively explain the potential benefits, the patient may decide to try the medication.
- ✓ At times, the authors have found it useful to contract with the patient (e.g., "Mr. Jones, we've discussed the good and bad about taking this medicine, and I know you still have concerns about side effects. I really think this medicine is best for you. Would you be willing to try it for a week and I will check in with you after a few days to see how things are going?") More often than not, the anticipated adverse effects do not appear.

- ✓ Using effective consultation skills to address adverse reactions sets the stage for better patient compliance.
- ✓ However, the mere act of taking a medication when one is not used to doing so poses a problem for compliance.
- ✓ After asking the prime questions, use a universal statement to address compliance.
- ✓ A universal statement describes the situation for a group, then narrows down to focus on the individual (e.g., “Mrs. Green, a lot of patients have trouble fitting a time for taking medications into their daily schedule. What problems do you foresee in taking this?”)
- ✓ It may be necessary to probe daily habits and suggest a way to tie taking medication into a particular activity.
- ✓ For instance, if the patient always makes coffee in the morning, having the medication nearby may be a sufficient reminder to promote compliance.
- ✓ A partnership approach is an effective way to address compliance issues.
- **Close the Consultation**
 - ✓ Most consultations are a combination of the patient knowing some information and the pharmacist providing additional information as the prime questions are reviewed.
 - ✓ For this reason, it is important to close the consultation with the final verification.
 - ✓ Think of the final verification as asking the patient to play back everything he or she has learned to check that the information is complete and accurate.
 - ✓ Say to the patient, “Just to make sure I didn't leave anything out, and please go over with me how you are going to use the medication.”
 - ✓ Although the language seems bulky, if the question were phrased “Just to make sure you've got this ...” the patient may feel embarrassed if he or she does not recall important facts.
 - ✓ At this point, the patient should describe correct use of the medication. Any errors can be corrected and any omissions clarified.
 - ✓ Then, ask the patient if there is anything else he or she needs, and offer help as needed.
 - ✓ A similar process is used for refill prescriptions.
 - ✓ The show-and-tell questions verify patient understanding of proper use of chronic medications or medications that the patient has used in the past.
 - ✓ The pharmacist begins the process by showing the medication to the patient (i.e., opening the bottle and displaying the contents).
 - ✓ Then the patient tells the pharmacist how he or she uses the medication by answering the questions shown in Table.
 - ✓ Note that the doctor is omitted as a reference because the patient should have been counseled properly before this and should have all the information needed for proper medication usage.
 - ✓ The show-and-tell technique allows the pharmacist to detect problems with compliance or unwanted drug effects.
 - ✓ If the patient answers the second question (how the medication is taken) incorrectly, the patient may be noncompliant or the physician may have changed the dose.
 - ✓ The pharmacist must further define the reason for the discrepancy.

- ✓ The second show-and-tell question also allows the pharmacist to ask the patient to demonstrate use of an inhaler or injectable or how to measure liquid doses to ensure proper usage.
- ✓ Some pharmacists have difficulty asking the third question (on side effects), fearing that they may arouse suspicion in the patient.
- ✓ However, research discounts this notion.
- ✓ If potential adverse effects were discussed when the patient was counseled initially, it seems natural, and certainly relevant, to ask the patient about adverse effects at the refill visit.
- ✓ If new symptoms are present, explore this further using the key symptom questions. Clinical judgment will dictate if the problem is medication related and how it should be managed.

BARRIERS TO THE CONSULTATION

- ✓ The clinical skills just described are easily applied when there are few or no barriers in communication between patient and pharmacist.
- ✓ In reality, there are often obstacles to overcome in the environment or within the pharmacist or patient.
- ✓ Examples of problems in the pharmacy environment include lack of privacy, interruptions, high workload, and insufficient staff.
- ✓ Barriers within the pharmacist include lack of desire or skills to adequately counsel patients, stereotyping patients and problems, and personal stress.
- ✓ The structured approach for obtaining a medication history, symptom interviewing, and medication counseling can be likened to knowing the road on which one is traveling.
- ✓ Unforeseen events happen on every path.
- ✓ During the clinical encounter, unforeseen issues may arise at any time.
- ✓ Just as one must remove or negotiate around obstacles on the highway, the pharmacist must recognize and manage barriers during the encounter if the consultation is to reach the desired end.
- ✓ Patient-related barriers can be categorized into two types: functional and emotional.
- ✓ **Functional barriers** include problems with hearing and vision, which make it difficult for the patient to absorb information during the consultation.
- ✓ Language barriers and illiteracy are formidable obstacles to proper consultation.
- ✓ Recognizing these usually is not difficult because the signs of poor vision are easy to observe.
- ✓ Likewise, language problems become apparent early in the consultation. Strategies specific to each barrier are needed.
- ✓ For instance, moving to a quiet area, repeating information, and asking feedback of the patient are important when hearing is a problem.
- ✓ Giving clear verbal instructions and using large-type print materials are helpful when the patient has vision difficulties.
- ✓ Using translators and picture diagrams and involving English-speaking caregivers are important when language problems exist.
- ✓ Many functional barriers are permanent.
- ✓ **Emotional barriers** may be long-standing if mental illness is involved; however, many emotional barriers are transitory, but have a profound impact on the consultation.

- ✓ Emotional barriers are common in everyday interactions, including pharmacist-patient communication.
- ✓ When improperly handled, they contribute to further aggravation, breakdown of communication, and thus inhibit effective consultation.
- ✓ Patients may directly or indirectly express anger, hostility, sadness, depression, fear, anxiety, and embarrassment during consultation with the pharmacist.
- ✓ They may also give the attitude of a “know-it-all,” be suspicious of medications, or seem unmotivated or uninterested.
- ✓ Some of these barriers are momentary, such as the frustration experienced when the prescription cannot be filled because the medication is unavailable.
- ✓ The patient with a chronic pain syndrome may have a varying interest level because he or she is uncomfortable or in pain.
- ✓ The attitude of the patient who “knows” all about his or her medications probably will not change in time.
- ✓ This patient needs understanding and a nonjudgmental attitude to maintain an open dialog for consultation.
- ✓ Emotional barriers can be difficult to discern.
- ✓ Most patients will not say, “I’m angry and frustrated about feeling so ill” or “I’m upset that my doctor didn’t spend that much time with me.”
- ✓ Instead, their feelings surface in statements such as “I don’t know why it takes all day to put a few pills in the bottle!” and “I don’t know why I have to take this stupid medicine.”
- ✓ Unfortunately, we usually respond to the content of the message (e.g., “I’ll have this ready for you as soon as I can”) and in doing so overlook the opportunity to respond to the issues behind the statement, which affect the encounter and, more importantly, the patient’s decision to comply with therapy.
- ✓ At the beginning of this chapter, several nonverbal and verbal clues were mentioned that suggest different emotional tones (e.g., pounding fists associated with anger).
- ✓ It takes patience and practice to listen beyond the words.
- ✓ The first step is to notice these nonverbal and verbal clues, identify the feeling state they represent, and respond with a reflecting or empathic statement.
- ✓ To the patient in the second example, the pharmacist might use the reflective response such as, “Sounds like you’ve been frustrated with other things you’ve tried,” rather than “This is a good medicine, Joe, and I really think it will help.”
- ✓ Recall that a statement such as this can occur at any time in the consultation and that this barrier of frustration should be dealt with before the consultation is closed.
- ✓ Embarrassment is a factor when vaginal preparations, condom use, and similar topics are the subject of the consultation.
- ✓ Again, observe for signs of embarrassment, such as averted gaze or fidgeting, and respond with “This can be hard to talk about, but we need to discuss it.”
- ✓ Be matter-of-fact, move to a private space, and speak in a normal tone of voice to alleviate the embarrassment.
- ✓ Additional strategies can be found in other references.
- ✓ Once these barriers are removed, consultation can proceed, with both parties devoting attention to the primary issues of drug therapy and usage rather than to any interpersonal difficulties.

FORMS OF COUNSELLING

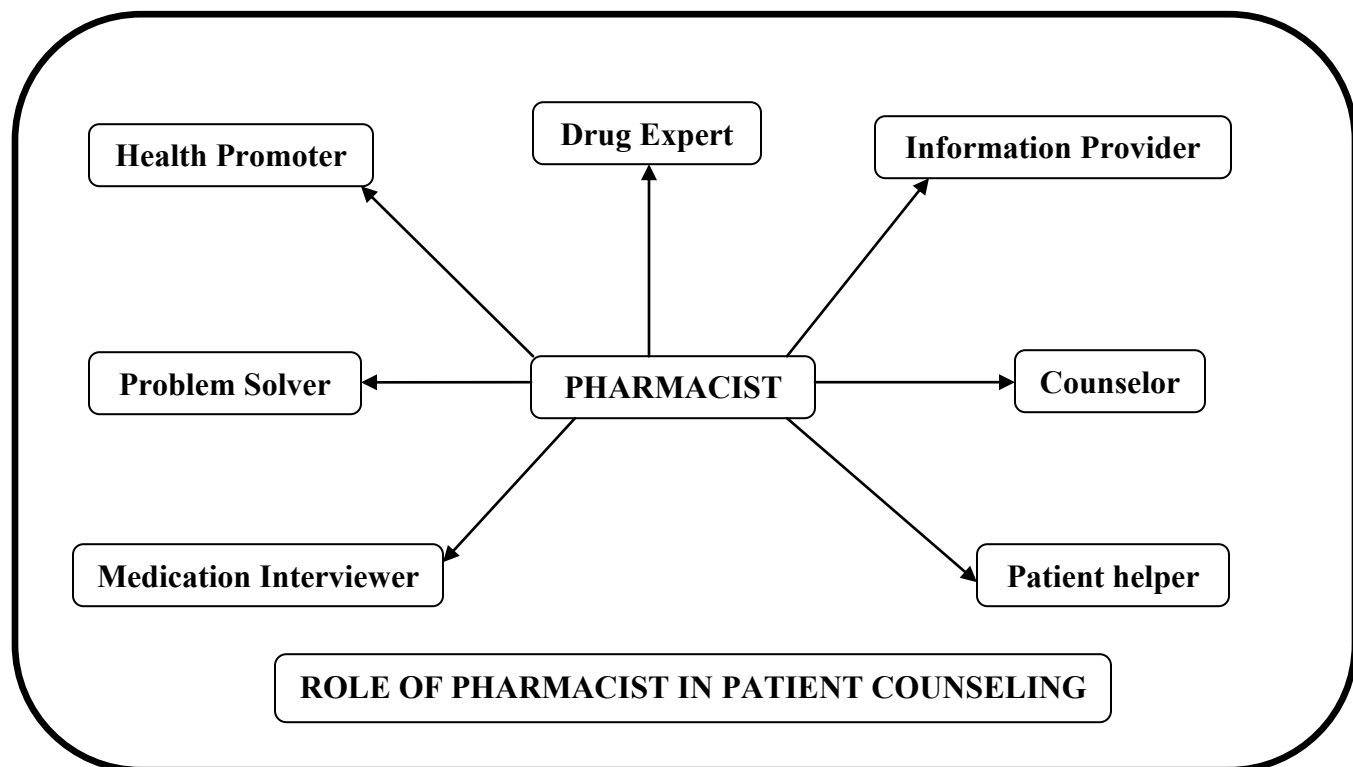
- ✓ Patient counseling could be practiced through different forms like:
- **FACE-TO-FACE WITH WRITTEN INFORMATION**
 - This is the best counseling form.
 - It is time counseling and requires facilities like separate private room, drug information service, problem solving resources and trained pharmacist.
 - If all these resources are present counseling can be completed within 5 minutes.
- **PROVIDE WRITTEN INFORMATION ONLY**
 - This may be in the form of notes attached to the receipts or may be printed literature.
 - For this patient should be literate, preferred language should be local, simple to understand to patients.
 - Many times this method has negative impact since many side effects and adverse effects are written without satisfactory explanation of frequency or severity.
 - Many times written information is not likely to meet requirement of patient since it is not specific.
- **BRIEF FACE TO FACE**
 - This is the fastest communication and counseling form which requires high competency of pharmacist regarding medicines he sells.
 - Most important and critical information can be given if patient knows the basic of treatment.
- **USE OF PICTURE AND DEMONSTRATIONS**
 - Many times patients are unable to understand the verbal communication which is too much technical, complex and medical technology oriented.
 - Use of illustration, picture or demonstration can solve this problem.
 - Different route of drug administration or especially by rectal route, vaginal route, nasal route can be successfully illustrated by anatomical drawing or sketches by pharmacist.
 - This will improve the communication tremendously.
 - Other material include literature, charts, memory aid, diagrams, magazine and news paper, articles, take home booklets, educational sheets, audiovisual aid etc.
 - In India where so many languages are practiced and also illiteracy is high these pictures are useful.
 - Pharmacist can demonstrate new procedures especially for new drug delivery systems, how to instill eye drops, how to instill nasal sprays, etc.
 - Ideal examples is nasal inhalation doses or devices such as glucometers, a step by step demonstration followed by patient showing that they learned the procedure will work extremely well.

PHARMACIST'S ROLE IN PATIENT COUNSELING

- ✓ The importance of Pharmacy is not new to healthcare system.
- ✓ A well organized Pharmacy practice goes a long way to ensure quality patient healthcare.
- ✓ The role of the pharmacist is very vital in this regard.
- ✓ A pharmacist's first job while being to dispense the medication to the patients and make sure that he/she takes absolute attention to give the dosage instructions to the patient, the role goes well beyond dispensing.
- ✓ We call it "patient counseling".

- ✓ Patient counseling improves the quality of life of the patients who are suffering from different or multiple ailments like Diabetes, Hypertension, Hyperlipidemia, Osteoporosis, Psychiatric disorders etc.
- ✓ A pharmacist is the first person for patients to seek advice from on many common medical conditions that they have.
- ✓ Be it simple headache, common cold or cramps in the abdomen, a pharmacist is the first choice and it is economical too for patients.
- ✓ Instead of paying a hefty fee to a doctor, people generally seek the advice of a professional pharmacist.
- ✓ He should be trustworthy, compassionate, affordable and available to be called a medical messiah.
- ✓ He should be a good judge to determine as to when a patient having seemingly ordinary medical conditions should seek the doctor's advice.
- ✓ This is very vital to prevent the condition of the patient becoming complicated.
- ✓ Patients with multiple ailments have to take different types of medications at different times during the day and sometimes the time of taking medicines fall concurrently.
- ✓ This poses a real challenge or threat to a patient if not guided properly by the pharmacist.
- ✓ This can prevent drug interaction.
- ✓ This interaction can cause the variation of the serum level of these medicines leading to hazardous effect to the patients.
- ✓ For example Barbiturates, Antidepressants, are potent enzyme inducers which means that they induce the liver enzyme activity and thus increase metabolism of the medicines taken concurrently with them. The result is increased and rapid excretion of the concurrently taken medicine from the patient's body and hence reduced efficacy. In this case the patient might need increased dose of such medications or their medical condition may get uncontrolled.
- ✓ On the other hand we have drugs that inhibit the metabolism of other medications by inhibiting the liver enzymes. The result is slowed down metabolism of such medicines and increased serum levels and hence increased pharmacological activity of the concurrently taken medicine and the resulting drug toxicity. Antifungal drugs are a good example of enzyme inhibitors.
- ✓ Patient may need dose adjustment to counter such hazardous effect.
- ✓ Such occurrences may go unnoticed and pharmacist counseling can close these loopholes.
- ✓ Elderly patients with multiple ailments who are on multiple medications may also be benefitted by pharmacist counseling.
- ✓ For diabetic patients a pharmacist can educate the patients about the proper use of Insulin and a Glucometer. Pharmacist can take the medical history of the patient and the details of the medicines taken by him.
- ✓ Then guide the patient as to how to take the medicines correctly and whether any medicines prescribed to him by the doctor are interacting with each other or whether the dosage of any medicines taken by him need to be adjusted.
- ✓ Diabetic patients suffer from oral thrush, skin dryness, and burning sensation especially lower limbs.
- ✓ A pharmacist is in better position to guide the patient to take care of the oral hygiene and impress the importance of maintaining a good oral hygiene.

- ✓ He can suggest the patient to visit a Dentist for better dental care to prevent complications.
- ✓ The Pharmacist can recommend some topical over the counter (OTC) applications to combat dryness and burning sensation of the skin.
- ✓ These simple but important tips to the patient prove to be of great relief.
- ✓ Smoking certainly poses a risk to the patients since tobacco smoke interacts with the active ingredients of certain medicines through pharmacodynamic or pharmacokinetic mechanisms that may result in decreased therapeutic efficacy of various medicines like oral contraceptives, benzodiazepines and some cardiovascular drugs like beta blockers etc.
- ✓ This is particularly important for those patients who have existing medical history of cardiac problems like severe angina, congestive heart failure, stroke, severe arrhythmias, uncontrolled hypertension, gastric ulcers, and in pregnant women.
- ✓ A pharmacist can guide the patients through various nonpharmacological methods along with some OTC products available in the Pharmacies to help them quit smoking.
- ✓ They can also encourage them to see some counseling centers for smoking cessation.
- ✓ To sum it up, pharmacist counseling is a very important subject that needs to be encouraged organized and incorporated into the overall pharmacy practice for the benefit of the people.



- ✓ Topics that pharmacists need to address with patients include, but are not limited to the following
 - Name and description of the medication
 - Route of administration
 - Dose
 - Dosage form

- Duration of drug therapy
- Special direction and precautions for preparation of drugs
- Administration and use by the patient
- Common severe side effects/adverse effects
- Interactions and therapeutics contraindications that may be encountered (including their avoidance and the action required if they occur)
- Techniques for self-monitoring drug therapy
- Proper storage
- Refill information
- Appropriate action in case of a missed dose

QUALITIES OF A SUCCESSFUL COUNSELLING PHARMACIST

- ✓ One should not expect that the one who enters in to the practice of patient counseling he/she will be a successful counselor right from the first day.
- ✓ A pharmacist needs to develop skills to practice patient counseling.
- ✓ The basic requirement is positive frame of mind.
- ✓ This concept is yet to get acceptance by general public in our country, therefore to make it successful the pharmacists will have to take lot efforts.
- ✓ A pharmacist must first think about himself/herself like, what are his/her strong areas and what are his/her weak points?
- ✓ In today's professional status where do we stand to cope up with expectations as patient counselor?
- ✓ What skills are required to be developed?
- ✓ Which are the areas in which we need training? Etc
- ✓ Following are the general guidelines for becoming successful patient counselor
- **VALUE YOUR OWN VALUES AND PRIORITIES**
 - Patient counseling is responsibility of the pharmacy profession toward society.
 - It does not speak about monetary gains but it makes you to gain faith of the pharmacy patients.
 - One must think on this.
 - As a pharmacist what are my priorities and how do I value the social commitments?
 - Once the pharmacist gives importance to patient counseling it becomes a professional priority for himself/herself, and it adds up to his/her human value and will definitely improve the status in the society.
- **EVALUATE YOUR BARRIERS**
 - All those possible barriers may not be existing with everyone but there is need to identify the barriers existing with individuals.
 - It may be difficult to identify and evaluate barriers for self.
 - In such situation one can always seek help of experts and remove obstacles.
- **ARRANGE FOR COUNSELLING AIDS**
 - Once the idea of patient counseling is conceived, pharmacist must start for arranging counseling aids.
 - These include books on pharmacology, Toxicology, Drug interactions.
 - Drugs law books, Subscriptions for Drug information publications, visual aids (Posters) etc.

- Group discussions, active participation in health camps, meeting with health professionals also helps in acquiring knowledge required for patient counseling.
- **PREPARE FOR EACH COUNSELLING SESSIONS**
 - Any pharmacist should not project himself/herself as an expert in patient counseling merely by gathering information.
 - The practice of patient counseling requires skill.
 - The time required to acquire the patient expertise will vary from person to person.
 - Therefore it becomes necessary to prepare for patient counseling with patient or his/her representatives in advance.
 - There are certain guidelines one can follow:
 - Fix up appointment convenient to patient. [Pharmacist must have idea about what is the need of patient.]
 - With the help of counseling aids prepare a tailor made session.
 - Once information is gathered for the session, pharmacist must practice for the session [pre-counseling session.]
 - Progressively enter into patient counseling session with patient or his/her representative.
- **LASTLY ONE MUST DO “SELF EVALUATION”**
 - Success of patient counseling process can be judged from the response by the patient or his/her representative.
 - But pharmacist must also evaluate himself/herself whether patient counseling process is in right direction.
 - One of the ways for self evaluation is to have audio or video recording of the session and finding out weakness in any particular area by oneself.
 - Satisfactory provision of information by pharmacist to all the queries raised by the patient or his/her representative results into success of an attempt.
 - Constant addition to knowledge and improvement in handling patient counseling session are important factors.
- **CONCLUDING STEPS**
 - As the pharmacist progressively develops skills for patient counseling there is also need to develop skill for summing up each session.
 - Patient counseling can be concluded as per following steps.
 - Pharmacist must verify that patient or his/her representative has understood the discussions. This is to be judged from feedback and reciprocating response from the patient.
 - The exchange of information must be restricted to topic of discussion and must leave opportunity to ask final question by the patient. (All doubt are cleared)
 - Each and every session must end with emphasis on certain key information points of the discussion and same should be acknowledged by the patient.
 - The pharmacist must help patient to plan for ‘Follow up’.