Case Studies in Patient Communication

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Delivering Quality Pharmaceutical Care

Techniques for Communicating Successfully with Patients

Delivering quality pharmaceutical care requires both strong technical and people skills. While all pharmacists are well versed in the technical aspects of the profession, many are not well prepared regarding interpersonal communication within the clinical context. In contemporary pharmacy practice, good communication skills are critical for achieving optimal patient outcomes and increasing pharmacists' satisfaction with their professional roles. This whitepaper, adapted from AccessMedicine,[1] offers tips and advice for symptom assessment and medication consultations as well as open-ended questions pharmacists can use to improve patient retention of critical information.

The Importance of Asking Open-Ended Questions in Healthcare Settings

One of the most important techniques to effectively communicate with patients is the primary use of open-ended questions. Open-ended questions are ones that start with *who*, *what*, *where*, *when*, *why*, and *how*. Closed-ended questions can be answered with either a simple yes or no answer and start with *can*, *do*, *did*, *are*, *would*, or *could*.

Open-ended questions have numerous advantages compared with closed-ended questions. They markedly increase the comprehensiveness and accuracy of patient responses compared with closed-ended questions. Open-ended questions help readily identify patients with special needs requiring interventions, including patients with cognitive impairment, hearing loss, or lack of fluency in English or other primary language. Closed-ended questions allow patients with special needs to go undetected by hiding behind their yes or no answers. Open-ended questions minimize the need for the professional to speak, maximizing opportunities for listening for patient understanding and symptom-defining answers. Finally, they force the patient to answer with something other than yes or no, encouraging dialogue or further conversation with the patient. Closed-ended questions are perceived by patients as discouraging further response and are used to bring closure to conversations. Whether collecting information regarding a patient's symptoms or verifying that patients understand how to take their medication during medication counseling, the use of open-ended questions is the most effective communication technique.

Basic Medication Consultation Skills

Consultation on prescription medication use is a fundamental and important activity of the pharmacist and is mandated by both state and federal law/regulation.[2] The primary goal of traditional methods of medication counseling is to provide information: the pharmacist "tells" and the patient "listens." Pharmacists may try and check for patient understanding by asking ineffective closed-ended questions such as, "Do you understand?" or "Do you have any questions?" This traditional approach never verifies that the patient understands how to properly use his or her medication, which can lead to poor outcomes. Given the low level of patient health literacy in the United States, reliance on written patient handouts may also lead to a similar level of poor patient outcomes.[3] Using a modification of the effective educational approach, the "teach back" method, the Indian Health Service Pharmacy program developed a needs-based interactive medication counseling technique, *with the goal of verifying patient understanding*.

Using open-ended questions to initiate dialogue negates the disadvantages of the traditional lecture format. Retention of information is superior because patients forget 90% of *what you tell them* within 60 minutes, but they remember nearly 90% of *what they said* 24 hours later.[4] Using open-ended questions helps temporarily refocus the patient's attention, preventing the tendency to multitask and lose focus after 45–60 seconds. Finally, the consultation is quicker, and you maintain the patient's attention span because you are not repeating boring facts the patient already knows.

Two sets of open-ended questions are used in the consultation. One is for new prescriptions (*prime questions*), and the other is for refill prescriptions (*show-and-tell questions*), as shown in the **table** below. These open-ended questions make the patient an active participant in the learning process. They provide an organized approach to ascertain what the patient already knows about the medication. Using a systematic approach has been associated with improved recall of prescription instructions.[5] The pharmacist can praise the patient for correct information recalled, clarify points misunderstood, and add new information as 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 next.

Open the Consultation

When the patient is called for counseling, introduce yourself by name and state the purpose of the consultation. Next, verify the patient's identity, either by asking for identification or at least by asking, "And you are …?" If the patient is non-English speaking, hard of hearing, or otherwise unable to provide his or her name, or answers inappropriately to a question, you have identified a barrier in the consultation that must be overcome before discussing the medication.

Use of a private space is required for patients who have hearing problems or those needing extra privacy, such as patients receiving vaginal creams or those with AIDS. Sit facing the patient, and maintain the appropriate interpersonal distance (1.5–2 ft) during the consultation.

Conduct the Counseling Session for New Prescriptions

Begin by asking the *prime questions* if the prescription is a new one. The *prime questions* are a series of three structured questions that probe the patient's understanding of proper medication use. If the patient knows the answer to a question, the pharmacist moves on to the next question. If there are gaps in the patient's understanding, the pharmacist "fills in the gap" by providing the missing information before moving on to the next prime question. If the patient is able to tell you what the medication is for (the first question), move to the next question. If the patient does not know what the medication is for, or if the patient says, "Don't you know?" you should ask why the patient visited the physician. The patient may describe symptoms

Indian Health Service Medication Counseling Technique

Prime questions

1. What did your doctor tell you the medication is for?
   or
   What were you told the medication is for?
   What problem or symptom is it supposed to help?
   What is it supposed to do?
2. How did your doctor tell you to take the medication?
   or
   How were you told to take the medication?
   How often did your doctor say to take it?
   How much are you supposed to take?
   What did your doctor say to do when you miss a dose?
   How did your doctor tell you to use it?
   What does three times a day mean to you?
3. What did your doctor tell you to expect?
   or
   What were you told to expect?
   What good effects are you supposed to expect?
   What bad effects did your doctor tell you to watch for?
   What should you do if a bad reaction occurs or if the medication does not work?

Show-and-tell questions

1. What do you take the medication for?
2. How do you take it?
3. What kind of problems are you having?

of a condition known to be treatable with the medication in question.

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 indicate, "It's on the label, isn't it?" Be aware of the optimal dosing instructions because the patient may correctly respond "twice a day," but you may need to ask about exact timing, or whether to take the drug with meals. Other questions to include under the second prime question are related to the following areas of concern: (a) how long to take the medication; (b) exactly how much or how often to take the medication when it is prescribed as needed; (c) what to do when a dose is missed; and (d) how to store the medication. Rather than providing facts, consider asking the patient, "What did the doctor say about how long to take this medication?" or "What will you do if you miss a dose?" Asking a question of the patient prompts the patient's attention, whereas "telling" the information is less effective, and the patient may not listen as well. Keep the information you provide brief and to the point.

After verifying patient understanding about how to take the medication, proceed to the third

prime question. This question verifies that the patient understands the beneficial effects that are expected and what to do if the medication does not work. In addition, the question verifies the patient's understanding of potential common and uncommon (but serious) adverse effects plus what to do if a bad effect occurs.

For example, for angiotensin-converting enzyme (ACE) inhibitors, the pharmacist should warn about mild cough (talk with your physician) and any sudden swelling in the face, mouth, or tongue (get to an emergency room), which may represent the uncommon but potentially serious adverse effect of angioedema. 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.[6] If the patient does not know a specific item of information, first probe with focused open-ended question such as "What side effects were you warned about?" or "What were you told to do if that happened?" before "filling in the gaps."

The manner in which the consultation is closed is extremely important. Most consultations are a combination of the patient knowing some information and the pharmacist "filling in the gaps" by providing additional information as the prime questions are reviewed. Because of this, it is important to close the consultation with the *final verification*. Think of the final verification as asking the patient to "play back" everything learned so the pharmacist can verify that the patient's understanding is complete and accurate. Say to the patient, "Just to make sure I didn't leave anything out, please go over with me how you are going to use the medication." Avoid saying "Just to make sure you've got this ..." because 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 assistance as required.

Contemporary pharmacy practice is changing at a very rapid pace. Pharmaceutical care, which focuses on the outcomes of drug therapy, is the founding principle for today's practitioners. The delivery of quality pharmaceutical care involves excellent communication skills. For more techniques, try AccessPharmacy for free.

References

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