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The Transition Times

HELPING YOU NAVIGATE CHANGE

How to get the most out of this issue



There's a lot of information here and you may not need all of it right now. However, we encourage you to keep this as a handy resource.

The information is divided into sections corresponding to the stages of interaction with a patient.

Whether you read all of it, or just the sections you relate most to, we hope you come away with new ideas and renewed confidence in your abilities to really get to know and help your patients.

The communication issue

This month marks the launch of the RxA/ACP sponsored public awareness campaign. The campaign broadcasts the wide scope of pharmacist services and encourages patients to develop a relationship with a pharmacist. Are you prepared to build those relationships?

The key to developing and maintaining relationships is good communication. Effective pharmacist-patient communication goes beyond the simple sharing of facts. Pharmacists must use effective listening strategies and show empathy for the patient. The result will be more productive patient counseling, greater compliance, and improved patient satisfaction and health.

Just as athletes routinely practice basic skills, we too must continually practice



communication skills or they risk getting out of shape pretty quickly. Whether it has been a while since your pharmacy communications classes, or you would like to learn new approaches to familiar situations, we hope you find "news you can use."



Before you do anything else... answer these two questions:

- 1. How do I really want to practice pharmacy?**
- 2. What am I willing to do to make that vision of my practice a reality?**

Until you know the answers to these questions, all the tips in the world won't make a difference. The busy-ness of your days and crises of the moment will sweep away your good intentions unless you have clearly defined goals and a plan to keep you on track.

To formulate your goals and plan, consider "What is my commitment to my patients? What gives me the most satisfaction in my workday?" If you feel pressured for time, ask, "What changes

could I make to give me 30 seconds more with each patient?" In just 30 seconds, you can introduce yourself by name, make eye contact with the patient, ask a focused question that elicits a specific response, and listen attentively. All of those actions will help you establish better patient relationships. If even that will take too much time, ask "Which 25% of my patients would benefit most from 30 more seconds of attention?" and start focusing on them.

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How important is communication?

Words are, of course, the most powerful drug used by mankind.
– Rudyard Kipling

Effective communication is critical. Pharmacists, particularly those in community practice, “are often the last health professionals to see a patient before the latter embarks on self-treatment. Thus, they have an important role in reinforcing and clarifying previously presented information, explaining and justifying procedures, offering suggestions, providing reassurance and responding to patients’ questions.”¹

Researchers have found² that high communication performance results in higher patient satisfaction scores, higher perceptions of quality, higher levels of

trust, and behavioral intention scores that reflect a greater willingness to use and recommend the pharmacist.

Cautionary tales: the research

Patients desire a relationship with their pharmacist, but need help to get the conversation started.

Patients seek a close relationship with a knowledgeable and respectful community pharmacist and also report an interest in engaging in informed decision-making, including discussions regarding medication options, side effects, and concerns about rising medication costs. Yet **few report feeling comfortable initiating such discussions**, due to either not being able to identify the pharmacist or a sense that the pharmacist was too busy to talk with them.³

A 2006 American Pharmaceutical Association (APhA) survey found that nearly two of every three people (65%) filling a prescription for the first time were likely to ask their pharmacist a

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- 1. higher patient satisfaction scores,**
- 2. higher perceptions of quality,**
- 3. higher levels of trust, and**
- 4. behavioral intention scores that reflect a greater willingness to use and recommend the pharmacist.**



The two words “information” and “communication” are often used interchangeably, but they signify quite different things. Information is giving out; communication is getting through.”
– Sydney J. Harris

question. At the same time, however, officials at the pharmacy group were distressed to learn that **personal relations between pharmacists and patients appear to be suffering.**⁴

Only 20% of the consumers polled for the 2006 survey said that they are on a first-name basis with their pharmacist. This finding is a source of concern for APhA because “previous pharmacy consumer surveys have found that **patients who know their pharmacist by name are much more likely to seek advice.**”

Finally, in 2007 the Canadian Council on Learning reported that **60% of adult Canadians lack the capacity to obtain, understand and act upon health information** and services and to make appropriate health decisions on their own.

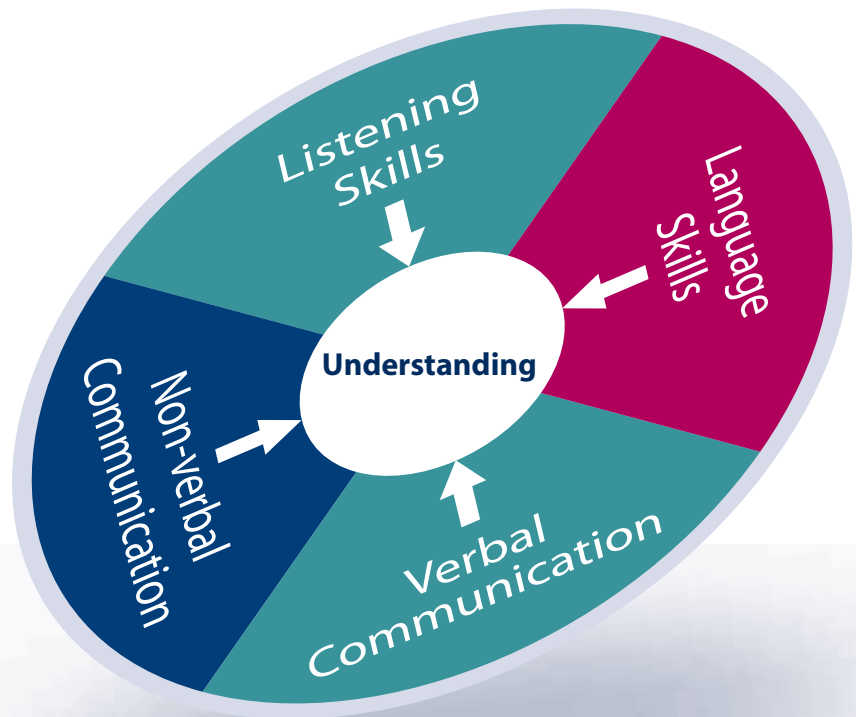
Crowded pharmacies, rushed pharmacy staff, low literacy, cultural differences, embarrassment, and many other factors can be barriers preventing patients from asking the questions they want, and need, answers to. The following pages offer tips for overcoming those barriers.

What are communication skills?

Effective communication

is an essential part of building and maintaining good relationships. It is comprised of many skills that help people to understand and learn from each other, develop alternate perspectives, and meet each others’ needs.

Communication is not just what we say, but how we say it, where we say it, and, sometimes most importantly, what we choose not to say.



Communication skills

are verbal and non-verbal words, phrases, voice tones, facial expressions, gestures, and body language that you use in the interaction between you and another person.

Verbal communication

is the ability to explain and present your ideas in clear English, to diverse audiences. This includes the ability to tailor your delivery to a given audience, using appropriate styles and approaches, and an understanding of the importance of non-verbal cues in oral communication. Oral communication requires the background skills of presenting, audience awareness, critical listening, and body language.

Non-verbal communication

is the ability to enhance the expression of ideas and concepts without the use of coherent labels, through the use of body

language, gestures, facial expressions and tone of voice, and also the use of pictures, icons, and symbols. Non-verbal communication requires background skills such as audience awareness, personal presentation, and body language.⁵

So, communication is much more than just the words you choose. Given the increased complexity of pharmacist-physician and pharmacist-patient interactions, the changing modes of health care, and the ideal role of the pharmacist as part of an integrated care team, accurate and clear communication is crucial.

Starting the conversation

As with any time you meet someone new, there is the potential for the “start of a beautiful friendship” or an encounter both of you may want to forget. What can you do to make the first meeting a success?

Make sure the patient is talking more than you are!

Although you are the medication expert, your job is not to tell the patient everything you know. Rather, it is to establish their level of knowledge and perceptions and then give them only the information they can really use.

Create a “safe” space for conversation

This does not refer to a physical space (although that’s important too), but an atmosphere in which patients feel comfortable and free to talk about or listen to any topic, no matter how sensitive it may be. Empathetic listening, open body language, “mirroring” and paraphrasing are some techniques you can use to create safe conversational spaces. Phrases such as “I have two minutes right now and I want to make sure this medication is the best fit for you. What questions do you have?” also make the patient feel important and at ease, while setting a conversational time boundary that fits your schedule.

I’ve never learned anything while I was talking.
– Larry King

Use language that encourages dialogue

The way in which a question is asked, both the tone and the words, determines how it will be answered. Make sure you get focused, insightful responses by using open-ended questions and a pattern of questioning that logically guides the patient. The following examples offer patterns that may work for you.

If the patient is coming to you with a new prescription, ask:⁶

- What did your doctor tell you the medication is for?
- How did the doctor tell you to take it?
- What did the doctor tell you to expect?

These open-ended questions work because they:

- are non-threatening to patients;
- frame patients as being active authorities over their own health; and
- allow you to assess how knowledgeable patients are about their condition and medication. This will help you know what type of counseling patients require.

Other examples of open-ended questions include:

- What can I do for you?
- How can I help?
- Tell me what’s going on?

Caution: Although “How are you?” is open-ended, it is so ambiguous that it rarely yields useful information. Try a more focused question for better results.

If a patient comes to you for a refill, you can use another series of open-ended questions to assess the patient’s knowledge and correct any compliance issues. Try:

- What do you take the medication for?
- How do you take it?
- What kind of problems are you having? or What effects are you noticing?

The problem with communication ... is the illusion that it has been accomplished.
– George Bernard Shaw



Conducting better patient interviews

Many elements combine to form a successful patient interview: creating an atmosphere of trust and comfort, asking the right questions in a way that gets the responses you need, really listening to the answers, and being prepared if you need to deliver negative news. The tips in this next section will help you with all of these elements so that both you and the patient get the most from your time together.

Asking the right questions takes as much skill as giving the right answers.

– Robert Half

Steps of a successful interview

1. Greet the patient and introduce yourself by name. Remember that patients who know their pharmacist's name are more likely to seek advice.
2. Explain the interview process.
3. If not already there, direct the patient to the consultation area.
4. Explain why you need to collect the information, what you will do with it, and that it will be treated confidentially. Let them know they will be an active participant and that the quality of their input impacts the quality of the decisions made. Full information makes for effective solutions.
5. Indicate how long the interview will last.
6. Pay attention to body language – yours and theirs.
7. Ask questions and practice active listening.
8. Communicate at an appropriate educational level and avoid medical jargon. Consider using non-verbal aids such as diagrams, brochures, or objects to help the patient understand.

A good listener is not only popular everywhere, but after a while he gets to know something.

– Wilson Mizner

How to be a good listener

Good listening skills help us get along with others and work better at our jobs. People who listen save time and seem smarter and more understanding.⁷ Listening is hard because so many things fight for our attention. The speaker and the listener must both work hard when communicating to make sure each one gets the message.

Have one conversation at a time

Listening to two things at one time means you can't hear or think about either one.

Let others finish talking

To listen well, you must stop talking. Don't interrupt or put words in the other person's mouth.

Make eye contact

Be sure to look the speaker in the face most of the time, especially look at her/his eyes. If you forget to make eye contact, the speaker may think you are bored, withdrawn, or simply not listening. Also be culturally sensitive: some individuals may be uncomfortable with too much direct eye contact.

continued

Take a listening position

Sit or stand in a comfortable position with your body aimed in the general area where the speaker is. Be aware of other non-verbals: placement of arms, leaning forward when necessary, head nodding, degree of personal space, smiling.

Don't be turned off by how others talk

Try to listen to what a person says and not how he or she says it. It is easier to listen to some people than others; make the effort for everyone.

Make sure you heard right

If you didn't hear or don't understand what someone said, have them say it again. Ask them to explain it. Paraphrase, using questions such as:

- What I hear you saying is ...
- In other words ...
- So basically how you felt was ...
- What happened was ...
- Sounds like you're feeling ...

Know what the other person wants

Ask yourself, "Why are we talking? Is what they have to say important?" Attempt to put yourself in the other person's shoes in terms of trying to understand how they feel, while also not becoming consumed with their difficulties. Incorporate your own self-care so that you do not burn out.

Watch body language

Body language is a person's gestures, tone of voice, body posture, and facial expressions. It may say more than words.

Listen to what the other person DOESN'T say

People don't like difficult situations. They may not look at you, use unnatural words, or pause a lot. Ask questions to help them express their full thoughts.

Don't let "red flag" or "hot button" words throw you

Some words can upset us. This stops us from listening. When you hear things that make you angry or upset, try to listen anyway.

Blocks to listening⁸

The speaker's control of the message

A two-way flow of information keeps listeners focused and involved. Sometimes the speaker's control of the message is too rigid and this blocks a two-way flow. Examples: lecturing, advice giving, reprimanding.

Assumptions

Assumptions are often not accurate and they certainly prevent the listener from focusing on what's being said. If you're assuming, you're not listening.

Silent counter-arguments

Listeners who find themselves challenged by what they hear may begin formulating their own counter-arguments while the message is still en route. The listener, though still apparently listening, has shifted focus to refuting what the speaker has "mistakenly" said.

Distractions

Other things in the environment, in your own mind, and other stimuli get in the way to truly attending to what another person is saying.

Interruptions

In our haste to share our own ideas, we cut others off. This conveys to the speaker that you do not value what they have to say.

We have two ears and one mouth so that we can listen twice as much as we speak.

– Epictetus



The greatest compliment that was ever paid me was when someone asked me what I thought, and attended to my answer.

– Henry David Thoreau

Tell me and I'll forget. Show me and I'll remember. Involve me and I'll understand.

– Confucius

Most conversations are simply monologues delivered in the presence of a witness.

– Margaret Miller



Improving patient counselling

The key to effective patient counselling is giving the appropriate information at the appropriate time in the appropriate way. Easy, right?

Unfortunately, pharmacy degrees don't automatically bestow psychic powers. You can't know how much the patient knows or how willing they are to receive new information. Therefore, you need tools to uncover the information.

In addition to open-ended questions, active listening, and technology such as electronic health records, there are techniques you can use to get more thorough answers to your questions and greater acceptance of your suggestions.

Eliciting patient input

One practical technique for eliciting questions and providing information is in the elicit-provide-elicite model.⁹

- Elicit what the patient does/does not want to know.

- Provide information.

Be neutral. Do not use "you." Instead use phrases such as "Other people find ..." or "What happens to some is ..."

- Elicit the patient's reaction. Now use the word "You."

For example, "What do you make of this?"

This technique will help you set the patient at ease, assess their knowledge, and gauge their readiness for change and/or new information.

continued

Dealing with patients' emotions and behaviour ¹⁰

Communication becomes more difficult when stress, worry, illness, and emotions are thrown into the mix. Knowing how to diffuse emotions can help you get to the root of problems more easily and can make reaching an agreeable resolution easier for you and your patients.

Confirming patient understanding

After you have collected the information, charted a plan, and counseled the patient on a prescription, confirm that they understand the directions. You can do this by saying, "Just to make sure I didn't leave anything out, please tell me how you are going to take your medication." When you listen to the patient describe the process in their own words, you will be able to hear if they truly understand.

Note that asking close-ended questions such as "Do you understand?" or "Any questions?" will not yield the same results. An embarrassed or timid patient may answer "yes" even if they don't really understand.

Emotion/behaviour	Recommended reaction
Denial: questioning diagnosis and information provided	<ul style="list-style-type: none"> ■ Empathize, listen ■ Repeat information that patient may not have absorbed due to shock ■ Provide additional information ■ Reassure (avoid false reassurance)
Anger: blaming, questioning, feeling helpless, complaining	<ul style="list-style-type: none"> ■ Listen: let the patient vent, then try to find source of anger ■ Do not return anger ■ Empathize
Depression: silent, crying, grieving	<ul style="list-style-type: none"> ■ Listen ■ Empathize ■ Help patient focus on what can be done
Bargaining: confused, trying to weigh options	<ul style="list-style-type: none"> ■ Listen ■ Provide information ■ Provide decision-making tools
Acceptance of situation: calm and resigned	<ul style="list-style-type: none"> ■ Allow privacy ■ Empathize ■ Offer to help keep comfortable
Lonely	<ul style="list-style-type: none"> ■ Allow time to talk ■ Refer to support groups
Disoriented, abstract behaviours	<ul style="list-style-type: none"> ■ Listen ■ Avoid trying to reason ■ Contact family/care givers ■ Refer to support group or treatment

Lisa's #1 communication tip



Avoid asking: "Any questions?"

In our society, "any" is associated with "none", as in, "I don't have any bananas." When patients hear "Do you have any questions?" it subconsciously triggers a blocking mechanism. Instead of perceiving an invitation to share information, patients interpret this phrase as a signal that the conversation is done.

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Communicating negative information¹¹

Emotions often run high when actions have resulted in negative consequences.

Whether it is an adverse drug reaction or a mishandling of information, the way you handle a negative incident with the patient will have far-reaching repercussions.

How things are said – the tone of voice, the words used, the attitude and approach of the pharmacist – are all important for health professionals to attend to when communicating with others about unsatisfactory situations. The following are some communication techniques and suggested dialogue.

Be prepared

Know the details of what happened, consider factors that led to the incident, and know what your options are to remedy the situation.

Deal with and understand personal emotions

Panic, fear, embarrassment, anger are all emotions experienced by parties involved in a negative incident. Make a conscious effort to breathe deeply and focus on the individuals not the outcomes.

Choose words carefully

Words are powerful. Avoid “trigger” words and questions that tend to raise emotions or lead to further questions or concerns.

Use helping words and words of agreement as much as possible. This can include phrases such as: “You’re right, this shouldn’t have happened.”

“That may be, and ...” “It may seem that way, and ...” “I’m as concerned about this as you.”

- Focus on the patient. The patient is the injured party and the health professional’s personal concerns are secondary, even if the instinct may be for self-protection.
- Be aware of non-verbal language. Portray confidence and caring through positive body language such as standing erect, nodding when listening to the patient, keeping the voice low.
- Before asking questions and verifying that an incident has occurred, empathize with the patient’s feelings.
- Deal with anger appropriately. Allow expressions of anger but do not take it personally. Empathize and acknowledge the anger.
- Reassure the patient. Reassure that the situation will be handled appropriately, that this is not a usual occurrence and that you’re genuinely concerned.
- Avoid leading questions or blaming.
- Do not ascribe blame or make excuses.
- Explain what will be done.
- Follow-up. Provide information on how you fixed the problem (e.g., new policy, results of an investigation) and offer further apology and thanks.

They may forget what you said, but they will never forget how you made them feel.

– Carl W. Buechner



Kind words can be short and easy to speak, but their echoes are truly endless.
– Mother Teresa of Calcutta

Instead of ...	try ...	Why?
but	and, however	“But” negates what was just said: “I’m sorry about this, but I’ll check into it.”
starting questions with “why”	Is there a reason ...	Questions starting with “why” can make people feel defensive.
error, mistake	medication incident or adverse medication event	Some people believe that the words “error” and “mistake” should not be used as these words are loaded with blame and can trigger an emotional response as such as anger or fear, as well as give the impression that one individual is to blame and should be punished.
problem	issue, question, situation	Problem has a negative connotation

Communication resources for pharmacists

Communication resources abound. The following represent just a small sampling of pharmacist-specific offerings available in Alberta.

Continuing Education and Training

- A distance-learning course, *Direct Patient Care: A Curriculum for Learning*, from the Canadian Society of Hospital Pharmacists includes material on improving pharmacist-patient relationships. www.cshp.ca
- Canadian Management Centre offers many programs that focus on communication and interpersonal skills, including dynamic listening skills, assertiveness training, communication excellence for frontline staff and fundamentals of emotional intelligence. www.cmctraining.org
- WorldWideLearn is an online education directory. It offers communications, customer service and teamwork building courses for a general audience, as well as many CE lessons on clinical subjects for pharmacists. www.worldwidelearn.com
- Pharmacy Gateway, home of *Pharmacy Practice* and *Pharmacy Post*, offers a wide range of online CE programs. All CE lessons for pharmacists are approved by CCCEP. www.pharmacygateway.ca
- *Treating Patients with C.A.R.E.* is a communications skills program developed by the Institute for Healthcare Communication (IHC) that can be used with all staff who have contact with patients - from maintenance, housekeeping and reception staff to clinicians. The program is delivered by local facilitators, supported by the Health Quality Council of Alberta (HQCA). Over 25 qualified individuals are now delivering the hands-on workshop in Alberta. www.hqca.ca
- The ReLATE/ReSPOND Toolkit assists health care professionals by outlining communication strategies to build positive patient-provider relations, including how to establish rapport and respect the perspective of patients and

families while providing and explaining information in an empathetic way. It can be obtained upon request from the HQCA. www.hqca.ca

- Toastmasters International is a non-profit organization that hosts clubs across Canada to help members improve their communication and leadership skills. www.toastmasters.org

Publications/Articles

- *10 Steps to Customer Satisfaction* is a 20-page supplement published by *Drug Store News*. It offers in-depth information on how to improve customer relationships. You can download the report at www.pharmacysatisfaction.com
- *Success Skills: Working Effectively with People* by U.S.-based pharmacy leadership coach Sara White, offers pharmacy-specific advice on improving relationships with superiors, subordinates, peers, and other healthcare providers. www.ajhp.org/cgi/content/full/64/21/2221
- *Influencing Prescribing Through Effective Communication Skills* by Shaun F. Young and Andrea K. Macleod and published in the *American Journal of Health-System Pharmacy* focuses on how pharmacists can communicate their evidence-based knowledge to healthcare providers effectively. www.medscape.com/viewarticle/518685

Books

- *Communication Skills for Pharmacists* (Bruce Berger, APhA Publications) provides practical advice on building relationships.
- *Communication Skills in Pharmacy Practice* (William Tindall, Robert Beardsley and Carole Kimberlin, Lippincott Williams & Wilkins) presents communication concepts, theories and skills as well as sample dialogues and practical exercises for applying the material.
- *Handbook of Communication Skills* (Owen Hargie, editor, Routledge) details both the theory and practice of communication skills. It has received widespread recognition as the key text in the field of interpersonal communication, bringing together the scholarship of notable writers from Europe, the USA and Australia.
- *Pharmacists Talking with Patients: A Guide to Patient Counseling* (Melanie Rantucci, Lippincott Williams & Wilkins), written by a Canadian pharmacist, outlines ways to incorporate effective patient counselling into pharmacy practice and shares ways to develop strong counselling techniques.
- *Interpersonal Communication in Pharmaceutical Care* (Helen Meldrum, Haworth Press) details the essential interpersonal skills needed in pharmacy practice.





Recognizing the new practice leaders

Congratulations to the pharmacists who have received authorization for additional prescribing and administering drugs by injection!

The ranks have doubled since we introduced our first fifteen additionally authorized prescribers. Joining with the initial group of successful pilot participants are fifteen more pharmacists who stepped forward to advance their practice and the service they offer their patients. These new leaders in the profession are:

- Alison Alleyne - Red Deer
- Nyanza Austin-Bishop - Calgary
- Jennifer Bonnetta - Calgary
- Cynthia Brocklebank - Calgary
- Anita Brown - Okotoks
- Yoko Dozono - Calgary
- Michelle Foisy - Edmonton
- Cindy Jones - Athabasca
- Jason Kmet - Calgary
- Christal Lacombe - Calgary
- William Leung - Sherwood Park
- Michelle MacDonald - Airdrie
- Darsey Milford - Bellevue
- Ann Thompson - Edmonton
- Anita Warnick - Calgary

We would also like to congratulate the 87 pharmacists who have received their authorization to administer drugs by injection. Their dedication to advancing the profession and providing their patients the utmost care is admirable.

References

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- 3 Excerpts from Aug. 19, 2007 news release, "Health care disparities start at the local pharmacy, study shows", University of California, San Francisco website (<http://pub.ucsf.edu/news/services/releases/200708152/>)
- 4 *Pharmacy Times*, Dec. 2006
- 5 Adapted from "How to Improve My Communication Skills", OSCE home website, (<http://www.oscehome.com/Communication-Skills.html>)
- 6 Questions in this article were adapted from: McDonough, Randy P., Bennett, Marialice S., "Improving Communication Skills of Pharmacy Students Through Effective Precepting", *Am J Pharm Educ.* 70(3): 58, June 15, 2006
- 7 Material adapted from the University of Nebraska Cooperative Extension and the Nebraska Health and Human Services System document "Educational materials to support Employment First" (<http://extension.unl.edu/welfare/listener.htm>)
- 8 Texas Women's University, Counseling Centre (www.twu.edu/o-sl/counseling/SelfHelp026.html)
- 9 Rollnick, S., Mason, P., Butler, C., *Health behavior change: A guide for practitioners*, Churchill Livingstone, New York, 1999
- 10 Excerpted from Rantucci, Melanie, *Counselling special patient groups*, (www.pharmacygateway.ca/pdfs/2004/08/NovoCE_Aug.pdf)
- 11 Adapted from Rantucci, Melanie, Stewart, Ian, Stewart, Christine, *Focus on Safe Medication Practices*, Lippincott, Williams and Wilkins, 2007.

“But there’s no time!”

If we wait for the moment when everything, absolutely everything, is ready, we shall never begin.
– Ivan Turgenev



There never is, and there never will be, enough time to do everything you want. That being said, it’s amazing how time can be found for priorities. It brings to mind the classic time management demonstration:

- Start with a bucket, some large stones (enough to fill the bucket), some small stones, some sand and water.
- Put the large stones in the bucket – is it full? Not yet.
- Put the small stones in around the big rocks – is it full? Not yet.
- Put the sand in and give it a shake – is it full? Still no.
- Put the water in. Now it’s full.
- The point: unless you put the large stones in first, you won’t get them in at all.

You have to decide what the “large stones” will be in your practice. What comes first? There is no denying that many current practice models and incentive programs are designed to encourage high volume dispensing instead of high pharmaceutical care and we know change won’t happen overnight. However, nothing changes if there is no demand for change.

Practice evolution is inevitable. The current model under which most pharmacists work is disappearing. The status quo is not satisfactory or sustainable. The dispensing function is being centralized and/or

automated, pharmacy technicians will soon be playing a larger role, the health system can’t/won’t pay for inefficient use of professionals, pharmacists are not receiving the professional recognition or job satisfaction possible, and patients are not getting as much benefit as they could from pharmacists’ skills. Something has got to change – and it is.

The Alberta Pharmacy Practice Models Initiative (PPMI), introduced by RxA, is exploring new ways for pharmacists to use their clinical skills (www.rxa.ca/ppmi). The scope of practice has expanded to include prescribing and injections, opening up whole new areas of patient care. Pharmacy graduates are entering the workforce with new skills and expectations for the delivery of care. Future possibilities will be limited only by apathy or an unwillingness to step up to the new opportunities.

Start small: the changes don’t have to be monumental.

The best way to predict the future is to create it.
– Peter Drucker

Now it’s up to you:
Will you make things happen, watch things happen, or ask, “What happened?”

5 things you can do right now

You can incorporate the following five communication practices to improve communication with your patients right now. Each tip takes only seconds, but yield sizable benefits.

- 1 Introduce yourself by name to each patient (see page 3 for why this is important).
- 2 Make eye contact with each patient (see page 5).
- 3 Ask focused, open-ended questions (see page 4).
- 4 Take a listening position (see page 6).
- 5 Be prepared to diffuse emotions (see page 8).

