

Communication Skills

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Goal

To present an overview of communication skills in pharmacy practice that will enhance the pharmacist's ability to develop professional relationships with their patients, co-workers and other healthcare providers to optimize health care.

Learning objectives

Upon completion of this program, the participant will be able to:

1. Demonstrate interactive communication techniques including open-ended questions, reflective responses, nonverbal communication, active listening and verifying understanding;
2. Identify psychological, environmental and functional barriers to effective communication; and
3. Describe strategies to overcome these barriers.

INTRODUCTION

Communication has become the buzzword for healthcare professionals, in part due to the overwhelming reports of medication misuse. According to a report by the Department of Health and Human Services in the United States, 48 percent of the U.S. population and 55 percent of the elderly fail to comply in some way with their medication regimens.⁸ In another study, 32 percent of patients did not refill their medications as instructed by their physicians.² Researchers suggest that every second or third person that receives a prescription will be likely to use it incorrectly.

Studies show that the role of the pharmacist is a key. A study in Memphis, Tennessee, USA, reported compliance rates of 84.7 percent for patients receiving a high level of information about an antibiotic medication, compared with 63 percent for those who received less information.⁸

With increasing reports of side effects, drug interactions and errors in medication use, it's clear that there is a strong need for good communication skills in pharmacy practice. Moreover, good communication skills can strengthen interactions with peers and coworkers as well as with patients and other healthcare professionals. Benefits of good communication skills are listed in Tables 1 and 2.

Table 1

Benefits of consultation to the patient¹

1. Reduced errors in using medication
2. Reduced noncompliance
3. Reduced adverse drug reactions
4. Reassurance that a medication is safe and effective
5. Additional explanations about their illness
6. Referral for assistance with non-drug related situations (e.g. family planning and emotional problems)
7. Assistance with self-care
8. Reduction in healthcare costs to the individual, government and society

Table 2

Benefits of consultation to the pharmacist¹

1. Legal protection, since pharmacists may be held accountable for injury resulting from insufficient information provided to the patient
2. Maintenance of professional status as a part of the healthcare team
3. Increased job satisfaction
4. An added service to attract customers and an aid in market competition
5. Reduced job stress (pharmacist gains the patient's trust and cooperation)
6. Increased revenue through payment for counseling services and reduced loss resulting from unfilled or unrefilled prescriptions

INTERACTIVE COMMUNICATION SKILLS

Communication is the transfer of information meaningful to those involved.² The challenge is that the sender generates the intended message and its meaning is translated by the receiver and the message, whether it is verbal or written, is not always translated to mean what was originally intended.

The nature of communication can be explained as follows. Each person exists in their own world, defined by their personal history and concepts of self and others. As two people interact, each interprets messages in a way that is consistent with his or her world² and responds based on these interpretations. This can often lead to misunderstandings.

Interactive communication is a process that facilitates a dialogue to provide multiple opportunities to accurately interpret meaning and respond appropriately. An interactive model is similar to a discussion rather than a lecture. For example, using an interactive model, a patient may be asked what they know about their medications. As the patient describes aspects of his or her medication therapy, the pharmacist can then respond to fill in knowledge gaps, correct misinformation and verify patient understanding, thus eliminating or minimizing misunderstandings. Interactive communications are effective for many interpersonal situations, but are especially useful when working with patients to assure appropriate use of medications.

One approach that illustrates interactive communication is the helping model. The helping model (Anderson, TP) is a patient-centered approach. It is in contrast to the medical model, a more traditional approach in which the healthcare provider is active and the patient is passive (Table 3). In the medical model the patient answers questions and follows directions.

Table 6
Reflective (empathic) responses²
I gather that ...
Sounds like you're ...
You seem to be saying ...
So you believe ...
It seems like you ...
You appear to be feeling ...

In the helping model the patient talks and the pharmacist assists the patient with exploring the problem and possible solutions. The helping model facilitates a discussion between the pharmacist and the patient and allows the pharmacist to gather more information to improve therapeutic outcomes.

Interactive communication requires five key elements: open-ended questions; awareness of nonverbal cues; active listening; reflective responses; and verification of understanding.

Open-ended questions

A key component of interactive communication is using open-ended questions.

- Open-ended questions are questions that start with **who**, **what**, **where**, **when**, **how** and **why** and require more than a **yes/no** response. These questions encourage disclosure of information.
- Closed-ended questions and leading/restrictive questions elicit yes/no responses and limit the information sought from the receiver. These types of questions should be avoided. Following are some comparisons.

Scenario one

Closed-ended:

"Ahmad, how was your day at the college?"

"Fine"

Leading/restrictive:

"Ahmad, you had a good day at the college, didn't you?"

"Yes."

Open-ended:

"Ahmad, what did you do at the college today?"

"We learned some cool stuff about computers and pharmacy in the DPIC."

Scenario two

Closed-ended:

"Abdulrahman, do you understand our new pharmacy work flow?"

"Yes."

Leading/restrictive:

"Abdulrahman, yesterday we talked about our new plan to improve work flow between the pharmacists and technicians. You don't have any questions do you?"

"No."

Open-ended:

"Abdulrahman, what are your thoughts on our new work flow and how it will affect our process in the pharmacy?"

Scenario three

Closed-ended:

"Do you know how to take your medication?"

"Yes."

Leading/restrictive:

"You're familiar with your medications, aren't you?"

"Yes."

Open-ended:

"What did the doctor tell you about taking the medications?"

Is it always wrong to use closed-ended questions? No. There are certainly situations in which the focus and narrowness of a closed-ended question is appropriate. For example, "Have you checked to see if your child has a temperature?" In fact, closed-ended questions are often mixed in with open-ended questions to clarify the information presented through open-ended questions. However, **most people have a tendency to ask more closed or leading/restrictive than open questions.** Effective communicators draw people out through the frequent use of open-ended questions.

Nonverbal cues

Appropriate nonverbal cues are also critical for effective communication. Behavioral scientists have reported that 55 percent to 95 percent of our communication is nonverbal.¹² Facial expressions, body posture, gestures, tone of voice and use of eye contact are all forms of nonverbal communication.²

Skilled use of our nonverbal communication can make the difference between successful interactive dialogues and frustrating nonproductive encounters. What we say and how we say it must have the same meaning. When nonverbal cues are inconsistent with the words spoken, people tend to believe the nonverbal message.

A pharmacist who attempts to provide counseling or discuss a scheduling conflict with a coworker without appropriate eye contact or body language is likely to be unsuccessful in convincing the other person of their interest in that person's problem or concern. Tables 4a and 4b identify some of the critical positive and negative nonverbal cues.

These lists represent a good working model for interactions with most people. However, there are likely to be some exceptions. Variations in cultural or age group may be accompanied by variations in interpretation of nonverbal cues.

For example, for some cultures, appropriate nonverbal communications may involve very little eye contact and a relatively large amount of personal space between them and the other person. Look for cues in the other person's nonverbal communication while you are interacting with them. Consider the variations you may have to employ to communicate effectively with the individuals you encounter.

Active listening

When we think of communication skills, we usually think of skills relating to the manner in which we speak. However, equally important, and perhaps more difficult to learn, is the ability to listen well. Studies show that most people are not good listeners. In pharmacy practice environments, listening skill may be further challenged by the perception or reality of little time and by the attitudes of the listener and/or the speaker.

Pharmacists tend to be busy people. However, whether interacting with a patient or a coworker, if the pharmacist is preoccupied with other issues or tasks he or she is not likely to be fully listening. The consequences include the loss of information being conveyed and, importantly, the potential for the speaker to feel that they and their concerns are unimportant and not worth the pharmacist's interest or time. This may impact the potential for future communications and interactions with the pharmacist.

The following are specific habits that may interfere with an individual's ability to listen. Also listed are recommendations for improving one's listening ability.

- ① **Trying to do two or more things at once.** This lack of attention comes across as a lack of interest in the other person and what they are saying to you.
Solution: Get rid of distractions.
- ② **Jumping to conclusions** before a person has completed his or her message. The result is you only hear part of what was said. *Solution:* Stop talking, you can't listen if you are talking.

Table 4a

Appropriate nonverbal cues¹

- Friendly and smiling facial expressions
- Varied eye contact (consistent, but not startling)
- Professional appearance
- Relaxed, warm and comfortable gestures
- Attentive body posture (slightly leaning forward)
- Appropriate personal space (18-48 inches)
- Varied voice rate and volume to keep the other individual interested, however, a high-pitched voice should be avoided

Table 4b

Distracting nonverbal cues¹

- Lack of eye contact may indicate little confidence or interest
- Insufficient spatial distance (causing discomfort)
- Unfavorable tone of voice (can upset people and create an unintended meaning)
- Slouching or weight shifted to one side (may indicate lack of interest)
- Messy work environment

- ③ **Communicating stereotypes** that you have internalized. *Solution:* React to the information, not the person.
- ④ **Faking interest in what is being discussed.** *Solution:* Use good eye contact, this will help you concentrate.
- ⑤ **Judging the individual** based upon his or her appearance or condition. *Solution:* Focus on content, nonverbal cues and the manner in which something is said.

There are additional skills that can be used to enhance listening. These include **paraphrasing, clarifying, summarizing** and **feedback** (Table 5).

- **Paraphrasing** allows you (the listener) to convey back to the sender the message, and allows the sender to know that the receiver is listening. This technique encourages a dialogue.
- **Clarifying** provides opportunities to comprehend what is being said by helping the listener or receiver to understand the message.
- **Summarizing** assesses whether you accurately understand the information that you heard and enables you to verify that you process the information from the sender correctly.

Table 5

Phrases and questions that facilitate listening²

Paraphrasing:

- Are you saying that ... ?
- Do I understand you to mean ... ?
- What I've heard so far ... ?
- Let me tell you what I am understanding ...
- What I hear you say is ...

Clarifying:

- What do you mean by ... ?
- How do you know ... ?
- What do you mean ... ?
- I don't understand what you mean ... ?

Summarizing:

- Would an example of that be ... ?
- Is that like when ... ?
- As you've described it ... ?

Active feedback:

- I see.
- Un huh.
- No, I don't feel that way, but tell me why you do.
- Yes, that's how I've found it to be.

Reflective responses

Reflective responses (Table 6) reflect back to the sender the receiver's understanding of both the content of what was said and the feelings that were expressed. A major advantage of these responses is that they allow an individual to be empathic without having to agree. As with active listening responses, they enable the receiver to check for the level of understanding of the information delivered from the sender. Reflective responses are useful in pharmacy practice settings because they are a powerful tool in establishing rapport with patients, other pharmacy personnel and other healthcare providers.

Table 6
Reflective (empathic) responses²
I gather that ...
Sounds like you're ...
You seem to be saying ...
So you believe ...
It seems like you ...
You appear to be feeling ...

Below are some examples.

Scenario one

Patient: "I don't understand my doctor. Sometimes he seems interested in me and other times I feel like a number. I should really take the time to find another doctor."

Pharmacist: "What I'm hearing you say is that you don't know what to expect."

Scenario two

Patient: "I'm just not sure about this medicine."

Pharmacist: Imagine a reflective response you could use. Then compare it to the examples.

Suggested responses: "It seems that you are concerned about your prescriptions,"

or "You appear to be feeling unsure about your prescription."

As demonstrated here, reflective responses allow us to be empathic, communicate in a non-judgmental manner, and accept the patient's feelings or concerns. Using reflective responses sends a message of concern and acceptance, helping the patient to become less anxious and more open to discussion.

Sometimes it is difficult to formulate an empathic response.¹ For example, we may say, "I know how you feel" and then receive an angry "no you don't" or "how could you possibly understand?" While the intention behind "I know how

you feel" may be good, it changes the focus of the conversation to the listener's feelings rather than reflecting the message from the speaker. A better choice would be, "You sound angry about having to take this medication." Below are some additional types of responses (based on scenario four) that again, while well intended, are not reflective and may interfere with rather than facilitate effective communication.

- "Mr. Kamal, don't worry. Dr. Salem knows what he is doing." (**Judging**. This does not acknowledge the person's feelings and may be interpreted as saying that their feelings are wrong).
- "If you're not happy about your care, you should seek a second opinion." (**Advising**. Again, does not acknowledge the person's feelings.)
- "Have you been taking your medications as you should?" (**Questioning**. May imply mistrust, that the problems is being caused by the speaker's actions)
- "Everyone feels that way. They need to do something about the healthcare system." (**Deflecting**. May leave the person feeling like their feelings are unimportant.)

These responses are less desirable than reflective responses because they may inhibit dialogue and may interfere with the ability to focus on the real issues of concern. Reflective responses encourage further dialogue. Responses such as, "It sounds like you are unhappy with your health care," facilitate further discussion.

Verification of understanding

Verifying understanding prevents misunderstandings. It is an important skill in the communication process because it is a checkpoint for communication. This process involves asking the receiver to state back the message that was sent by the sender and enables confirmation of what a person knows ... not what we think they know. This tool confirms that the sender's message was translated as intended.

In a pharmacist-patient interaction, verifying understanding confirms that the patient has received the information necessary to take his or her medication(s) properly. Verifying understanding can be achieved as discussed earlier by asking open-ended questions. For example, "Just to make sure I've discussed everything, can you tell me how you are going to take your medication?"

The manner in which the questions are phrased is important. Remember, active communication skills foster a discussion in which both parties participate. Asking a questions using phrases such as, "Now tell me how you are going to take your medication." are likely to be perceived more as a pop quiz than as part of a discussion and may make the patient feel uncomfortable or angry.

Effective communication is a dynamic process that requires using a wide variety of skills. Those discussed in this program include use of open-ended questions, nonverbal cues, listening skills, reflective responses and verifying understanding. How do we learn to put all of this together? We must practice, practice, practice and practice. And it is important to keep in mind that, while good communication skills are a professional responsibility when interacting with patients, they are also beneficial in our interactions with our coworkers, families and friends.

The challenges inherent in the communication task mean that mistakes will be made. Fortunately there is almost always an opportunity to correct a mistake or follow up in a manner that can enhance the communication process.

It is also important to understand that several barriers to effective communication may exist. Some of these may be in our control and steps should be taken to minimize or eliminate them. Others may be out of our control and require us to adapt our communication styles or techniques.

PSYCHOLOGICAL BARRIERS

Psychological barriers can be extremely challenging because they often involve emotion which may interfere with the ability to think and listen. In community pharmacy practice the key psychological barriers are associated with the beliefs, attitudes and behaviors of pharmacists and support staff, patients and other healthcare providers.

To be effective in the communication process, a pharmacist must have a high level of confidence. Some don't. This may be due to a variety of factors including anxiety based on previous encounters, beliefs that they were not born with good communication skills, or being unsure of what to expect.

The pharmacist's perception of her or his role will also have a significant impact on the quality of communication. Pharmacists who perceive their role as one of dispensing a product rather than providing care for people will be less likely to interact with patients. Perceptions that the pharmacist is not an active member of the healthcare team may lead the pharmacist to take a less active role in contacting physicians and other healthcare providers regarding patients' care. Moreover, the various stresses of pharmacy practice and time constraints may lead pharmacists to think that there is not enough time to communicate or to communicate effectively.

Good communication skills are not something that we are born with. It's important for pharmacists to know that interactive communication skills are acquired through time and repeated practice. Communication skills require ongoing refinement, if only because no two encounters will be exactly alike. The pharmacist must value interaction with others and take advantage of opportunities to improve his or her skills. Fortunately, life is full of such opportunities. Each interaction, whether with coworkers, patients, or family members, offers the opportunity to practice communication skills and strengthen interactions with others.

Communication is also not an all or nothing experience. A pharmacist seeking to improve his or her communication skill might begin by focusing on one aspect such as facial expression or use of reflecting responses, setting a goal of using that skill in each interaction and observing the impact.

Patient challenges in community pharmacy practice also exist. They may be rooted in fear, anger or embarrassment. Sometimes a combination of the two or three of these may exist, or other factors may be involved. In many cases an underlying cause of anger is fear. Perhaps the patient has just been diagnosed with a condition for which they will need medication all their life or they're upset about waiting a long time for their prescriptions. Perhaps the person feels embarrassed about their condition or is angry that they got talked into picking up a prescription for another member of the family.

All of these scenarios and more could result in a challenging pharmacist-patient interaction. It is critical that the pharmacist establish rapport and work to eliminate these barriers quickly, so as to be able to communicate effectively and provide the necessary care. This is important not only for the immediate interaction, but also as providing the basis for future interactions.

Reflective responses, discussed above, can be a key tool in establishing rapport with distressed patients and customers. Reflective responses inherently acknowledge the person's feelings, provide clues regarding their concerns, facilitate an interactive dialogue, and focus on the speaker's concerns. Following are some examples of how a pharmacist might use reflective responses to diminish barriers.

Patient: "You told me that my prescription would be ready in 20 minutes. It's been almost an hour! All you have to do is put it in the bottle!"

Pharmacist: "I can see that this upsets you. Let me see what I can do to help." Notice that the pharmacist did not get distracted by the issue of whether or not all that needs to be done is to "put it in the bottle" and stayed focused on the patient's concern which was the amount of time it was taking.

Patient: "I went to the doctor for a routine check-up and she tells me that I've got diabetes! Now I've got to take pills for the rest of my life. What's next? I never should have gone to the doctor. I don't know anything about diabetes!"

Pharmacist: "It sounds like this came as a big surprise and that you would like some more information on diabetes and what it means for you."

Barriers exist in communicating with coworkers and other healthcare professionals as well. These may include past experiences, frustrations relating to the work environment or issues relating to status and authority. Issues of power and autonomy may arise when pharmacists make recommendations, patients have a negative outcome, or pharmacists detect an error relating to physician prescribing.¹

In a survey of pharmacist-patient relationships, physicians applauded the checks for accuracy in medication therapies, and the professionalism and competency demonstrated by pharmacists. However, they also disliked the pharmacists recommending products and saw this as pharmacists stepping on their "turf."¹

Lack of adequate communication between healthcare professionals is also a potential barrier to good communication. In survey responses physicians did not identify community pharmacists as a possible source of information about medications, however they did indicate they would seek information from hospital pharmacists.

Issues relating to lack of privacy and interruptions are evident in many healthcare environments, including community pharmacies. In an environment with little privacy communication skills become especially important as a difficult interaction with one person is likely to be overheard by others, potentially effecting those individuals' expectations for how they will be treated.

Reliance on telephone conversations, either between the pharmacist and the patient or the pharmacist and the physician, also poses certain challenges. Many components of non-verbal communication are either muted or lost in telephone conversations. This increases the potential for misunderstandings. Additionally, in a busy environment, giving in to the temptation to engage in a second task, such as data entry, while participating in a telephone conversation diminishes the amount of attention being given to the telephone conversation and the person with whom you are trying to communicate.

Following are recommendations for strengthening interactions with coworkers and other healthcare professionals.

1. Provide a high level of service to other healthcare professionals.

- a. Answer questions in a timely manner.
- b. Alert them to warnings of interactions and medication misuse.
- c. Suggest alternatives rather than one recommendation.
- d. Monitor treatment and give feedback.
- e. Provide documentation to health professionals showing that pharmacists are providing care.

2. Promote pharmacy services:

- a. Let others know what you have to offer.
- b. Be personable.

3. Listen and empathize with peers:

- a. Let them know that their concerns will be addressed.
- b. Take appropriate steps and ask questions to solve problems.

4. Be assertive.

5. Resolve conflicts.

- a. Give factual information in a clear and concise manner.
- b. Avoid criticism of others.
- c. Be flexible.
- d. Use feedback to verify your understanding and the understanding of others.

6. Enhance telephone communications:

- a. Be prepared and prompt.
- b. Begin with a friendly greeting.
- c. Avoid distractions and interruptions.
- d. Check for understanding.

Good communication skills including active listening, reflective responses and nonverbal cues, are also important when interacting with peers and coworkers. Effective relationships among employees in pharmacy practice take time and patience. Following are some guidelines offered by Sepinwell²¹ for assuring good relationships between pharmacy personnel.

- * Rules should be established and consistently applied.
- * Mistakes should be admitted.
- * All employees should be involved in planning and decision making.
- * Comparisons and favoritism should be avoided.
- * Praise is equally important as criticism.
- * Kindness and consideration should be observed.
- * Appropriate expression of feelings should be encouraged.

ENVIRONMENTAL BARRIERS

Ringling telephones, label printing, noisy cash registers, elevated work areas, Plexiglas, people talking in the background and lack of privacy are all barriers to interactive communication in a community pharmacy. They may lead patients to feel that the pharmacists are not accessible or not interested in providing answers to their questions. Many community pharmacies are designing or redesigning their pharmacy area to diminish or eliminate environmental barriers.

Pharmacists should be conscious of the strengths and limitations of their environment and take steps to maximize the effectiveness of patient interactions. While it is desirable to have a quiet and at least somewhat private area for pharmacist-patient discussions, simply turning away from obstacles and distractions and facing the patient can be very helpful. Individuals entering patient information into a computer should remember to occasionally look up to establish eye contact with the patient while obtaining the information needed.

Consideration should be given to the patients and their needs while their prescriptions are being filled. The use of a sitting area gives patients a place to wait and minimizes their tendency to congregate around the pharmacy counter. A clearly communicated cuing system that facilitate taking each person in turn enables the pharmacists or technician to assist each patient in turn, may increase customer patience and eliminates the need to cluster around the pharmacy counter.

In pharmacies where the pharmacist is elevated, he or she should be willing to come out from behind the work area and interact with or assist the patient. This enables the pharmacist and patient to be at eye level and also communicates that the pharmacist is accessible, listening and focused on them.

While some pharmacists feel that they don't have time to practice many of the skills and techniques described above, research suggests that these practices actually save time. When patients aren't counseled properly or communications are ineffective, additional time is required to clarify information with the patient and/or physician. Medication misuse may also result and require additional time to address.

FUNCTIONAL BARRIERS

Functional barriers deal primarily with patient characteristics such as vision and hearing impairments, language differences, low literacy and comprehension difficulties. Several techniques can be used to assist these patients (table 7).

Table 7	
Tools to address functional barriers	
Reduced vision	Different size bottles or vials Variety of dosage forms Large type
Reduced hearing	Counsel where less noisy Talk slowly and clearly Flash cards or brochures Sign language
Limited English	Computer software programs that provide translations Pictograms Relative or friend to interpret
Low literacy	Encourage to call with questions Provide instructions orally Pictograms to reinforce oral instructions

Many of these may be difficult to detect. People with hearing or vision impairment may not wear their hearing aids or glasses/contacts. Some may be unaware of their hearing impairment as they can "hear" but may have difficulty distinguishing some sounds, which can lead to misunderstanding words.

Low literacy can be especially challenging. People with low literacy may be highly intelligent and have a degree of success in their careers. They have spent a life-time living with low literacy and are often very skillful at accomplishing task without exposing their low reading and writing skills. Moreover, few are total non-readers. They may use their ability to read some things to mask their inability to understand more complex reading tasks (such

as patient information inserts). It is important to be aware and sensitive to these individuals. Your goal should be to provide them as much information as possible in a manner that they can utilize without embarrassing them.

There are several techniques that a pharmacist can use to reduce functional barriers. Dispensing medication in different size vials may be helpful to a person with reduced vision or one who has a number of prescriptions and has trouble remembering what to take when. If available, the use of different dosage forms (capsule vs. tablet) may also help a patient identify and use their medications properly. Large print typing or typing on a yellow background may also be helpful to those with reduced vision.

For those with hearing impairments, care should be taken to communicate with them in as quiet a place as possible, as background noise often interferes with their ability to hear a person's voice. This may be especially true for a person wearing a hearing aid, which amplifies all sounds. Visual cues, such as flash cards, information in patient brochures provided by manufacturers, or pictograms may also be helpful. Developing a habit of speaking clearly and slowly is also important.

Pictograms illustrate what, when and how a patient should take medication and are available commercially. While they can be very useful, they do not substitute for interaction with the patient. Pictograms are most effectively used when the pharmacist points out each pictogram and reviews its meaning with the patient.

Individuals with limited Arabic language skills pose an increasing challenge for the healthcare community. Many of the techniques described above may be helpful when communicating with these individuals. These techniques should be used to reinforce interaction with the patient or his/her family. There are also software programs available that may be helpful.

SUMMARY

Interactive communications in health care is the foundation for positive therapeutic outcomes. An interactive approach to communications is a process that involves the pharmacist's ability to find meaning, respond reflectively and to assess understanding. It involves being aware of communication barriers and finding ways to reduce them. It requires listening and developing an awareness of your own nonverbal messages and detecting those in others. The techniques discussed in this continuing education program help build and maintain professional relationships with patients, coworkers and peers.

Practice Points

It is also important to understand that several barriers to effective communication may exist.

Suggestions for pharmacists to increase communication:

1. Ask open-ended questions. Open-ended questions are questions that start with who, what, where, when, how and why and require more than a yes/no response.
2. Attend to non-verbal cues. Facial expressions, body posture, gestures, tone of voice and eye contact are all forms of nonverbal communication.
3. Consider what your non-verbal communication is telling others. Talking to one person while looking at someone or something else is distracting and may be detracting from the words you are saying.
4. Listen. Avoid distractions that interfere with your ability to actively listen.
5. Use paraphrasing, clarifying, summarizing and feedback to verify that what you heard is what the other person was saying.
6. Remember that communication is a skill, not an inborn trait. Set your goals for improvement and practice them with family, friends, colleagues, and customers.
7. Be sensitive to barriers that may be impacting the effectiveness of communication.

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