American Association of Colleges of Pharmacy

A Handbook for Teaching

Courses in Pharmacy Communications

Edited by

Heidi M. Anderson-Harper

Donna H. Berardo

Barbara A. Adamcik

Monina R. Lahoz

Sponsored by the Section of Social and Administrative Sciences

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1992-1994 Resource Development Committee of the Section of Social and Administrative Sciences:

Heidi M. Anderson-Harper (Auburn University), Chair
Donna H. Berardo (University of Florida)
Barbara A. Adamcik (Idaho State University)
Monina R. Lahoz (Medical University of South Carolina)

This document is not intended to represent the "official position" of the American Association of Colleges of Pharmacy. Instead, it is a medium by which colleagues may communicate with each other to improve the teaching of pharmacy administration courses on the undergraduate and graduate levels.

Acknowledgments

This volume represents a syllabi set for colleagues to use in improving their courses. Most of these materials were solicited through the hard work of the Resource Development Committee of the Section of Social and Administrative Sciences. The members of the committee (listed on the title page) contacted various individuals who volunteered their course materials for this project. We have edited material only by condensing information (i.e., leaving out entire lecture notes) for consistency. For more information on any particular lecture, individuals should contact the person who developed that set of materials. To that end, we have included the affiliation of each author.

We would like to thank Taki May-Sasser in the Department of Pharmacy Care Systems at Auburn University for her valuable assistance in compiling the material.

Note to Instructors

Due to copyright laws we are unable to include some of the supplements (such as readings) for some of the contents of this book. Where possible we have provided a complete citation of the published copyrighted information so that you can locate this material yourself. If you have questions about any of the material you can also contact the instructor who provided the information. Addresses and phone numbers of all contributors may be found in a section near the back of this book.

If you adapt or use material from this book in your classroom we ask that you give proper recognition to the contributors who have generously provided the information.

COURSES IN PHARMACY COMMUNICATIONS

TABLE OF CONTENTS

Syllabi Sets

INTERPERSONAL COMMUNICATIONS IN PHARMACY PRACTICE
PPRA 417 - SPRING 1992
Barbara Adamcik, Ph.D.

INSTRUCTOR: Barbara Adamcik, Ph.D., Associate Professor of Pharmacy Administration.
236-2309 (office), 237-6034 (home);
Room 313, College of Pharmacy

OFFICE HOURS: 11:00 - 12:00 Tuesday & Thursday or by appointment

SCHEDULE: Lecture: 1:00 - 2:30 pm Tuesday
Lab: 2:00 - 3:30 pm Wednesday or Thursday (this may change)

REQUIRED TEXTS: Communication Skills in Pharmacy Practice: A Practical Guide for Students and Practitioners (2nd Edition) - Tindall, Beardsley and Kimberlin

Patient Interviewing: The Human Dimension - Reiser and Schroder

Empathy," "Nonverbal Communication," "Self-Assurance in Pharmacy Practice" - all three booklets will be available from the instructor.

OTHER READINGS: Additional readings will be assigned throughout the semester; a limited number of copies will be available for checkout.

ATTENDANCE: A major portion of this course involves experiential activity. Therefore, **REGULAR ATTENDANCE IS REQUIRED.** Excessive, unexcused absences may result in lowering of class grade by one letter.

COURSE OBJECTIVES:

1. To provide the student with an opportunity to assess his/her strengths and weaknesses in effective, professional inter-personal communication, and to provide applied professional experiences to improve communication skills.
2. To introduce the student to the basic concepts of communication theory as they apply to the practice of pharmacy.
3. To provide the student with the opportunity to examine critical issues in health care communications.

GRADING: Grading will follow standard percentages:

90-100 A	2 Exams = 50% of final grade
80-89 B	Lab Grade = 50% "
70-79 C	
60-69 D	
< 60 F	

ASSIGNMENTS: NOTE - All assigned readings in texts and handouts are to be COMPLETED by the date they appear in the course outline and schedule. Please come to class prepared!

COURSE OBJECTIVES:

1. Self-assessment of own level of communication apprehension, shyness, and personality type.

2. Discuss the three areas of communication: syntactics, semantics, pragmatics.

3. Discuss the communications model; describe the major elements in the model.

4. Discuss the five axioms of human communications.

5. Discuss the four major components of nonverbal communications: kinesics, proxemics, paralinguistics, and environmental factors.

6. Discuss the major conveyors of nonverbal cues.

7. Analyze the verbal and nonverbal components of an interpersonal interaction.

8. Differentiate the three uses of nonverbal behavior: (a) prediction, (b) interpretation, and (c) alteration of interactions with others.

9. Demonstrate the ability to use nonverbal means to send messages as well as to interpret the messages of others.

10. Describe how awareness of nonverbal behavior can make a person a more sensitive interpreter of another's message and a more effective sender of one's own message.

11. Identify physical barriers to communication that are typically present in community pharmacies and hospital rooms. Suggest methods to improve communication with patients in these settings.

12. Describe the development and role of culturally defined nonverbal behavior "rules."

13. Identify some elements of nonverbal behavior that may develop in intercultural

communication. Analyze a situation in which understanding was not achieved because of cultural differences.

14. Discuss the three major dimensions of nonverbal communications and the metaphors which represent these dimensions.

15. Discuss the three types of double-edged messages.

16. Define empathy, and describe the behavioral and attitudinal components of empathic listening and response.

17. Discuss the major communication skills for which empathy is a cornerstone.

18. Describe the importance of empathy in professional practice.

19. Identify empathic and non-empathic behavior in given situations and analyze the effects of this behavior on the people involved.

20. Descriptively analyze your own habitual styles of interpersonal communications and your orientation toward the personal dimension of pharmacy practice.

21. Analyze and interpret the effect on the communications process of the psychological aspects of illness and the experience of being a patient.

22. Formulate and produce responses to given statements and situations that communicate accurate, empathic listening. Detect and label surface and underlying feelings conveyed in these statements/situations, and reflect your understanding of these feelings in an appropriate response.

23. Discuss the 10 major styles of listening and discuss the effectiveness of each, and the likely reaction of the other person to each style.

24. Discuss the major differences between a monologue and a dialogue in communicating information to another person.

25. Discuss the importance of effective feedback in communicating with patients.

26. Discuss the major criteria for assertive communication.

27. Define the three major characteristic styles of interacting: aggressiveness, passivity, assertiveness.

28. Discuss ways to recognize these three response styles.

29. Define an EAR (empathic, assertive response).

30. Discuss the major myths concerning assertiveness.

31. Describe major techniques to be used in dealing with an aggressive person.

32. Describe the anger cycle.

33. Discuss the types of anger that may be displayed by a patient.

34. Discuss ways to deal with your own anger.

35. Discuss ways to deal with another person's anger.

36. Discuss ways to resolve interpersonal conflict.

37. Discuss the relationship between anger and depression.

38. Discuss the problem of noncompliance with medication and/or treatment recommendations.

39. Describe some of the major correlates of noncompliance.

40. Discuss the role of persuasion in compliance.

41. Discuss the cognitive dissonance model of compliance.

42. Discuss techniques you can use in your practice to increase patients' compliance.

43. Describe the essential components of the clinician-patient relationship.

44. Contrast the two major interview models: directive and nondirective. Discuss appropriate conditions for each type of interviewing.

45. Delineate the basic techniques for an effective interview.

46. Describe the components of a mental status exam.

47. Discuss common psychological reactions of patients to illness, and discuss ways to deal with these reactions.

48. Discuss common disruptive responses to the interviewer, such as the silent patient, the over-talkative patient, the seductive patient or the angry patient, and discuss appropriate ways to deal with these situations.

49. Describe and distinguish between grief, bereavement and anticipatory grief.

50. Describe five or more patient responses which may indicate pathological bereavement.

51. Briefly characterize the responses of dying persons to their impending death as described by Kubler-Ross.

52. Describe four or more fears commonly experienced by dying persons.

53. Discuss pharmacological therapy, and a rationale for use of drugs, in the management of dying patients and their families.

54. Discuss six findings which indicate the need for evaluation of suicidal risk.

55. Discuss physical symptoms often exhibited by a person who is depressed.

56. Describe the mental status findings typical of an individual who is potentially suicidal.

57. Discuss the demographic factors, physiological status, psychological status, and cognitive status of persons at increased risk for suicide.

58. Discuss the pharmacist's role in caring for persons who are depressed, suicidal, grieving, or dying.

IF TIME PERMITS, SOME OF THE FOLLOWING OBJECTIVES WILL BE INCLUDED:

59. Discuss styles of leadership. Evaluate your own personal style, and discuss how your style might benefit or hamper development of your management skills in pharmacy.

60. Discuss the formal and informal dimensions of communications in the organizational setting.

61. Compare appropriate strategies for conducting the major types of interviews in organizations, such as employment interviews, performance evaluation interviews, disciplinary and counseling interviews, and exit interviews.

62. Discuss why employment interviewing is complicated and potentially problematic.

63. Describe the "problem-solving" approach to employment interviewing.

64. Discuss the four major question areas on which you should focus your attention when conducting an employment interview.

65. Discuss the types of roles do individuals play in small groups.

66. Name and define several types of small groups commonly encountered in organizational settings.

67. Compare and contrast status and power, both in terms of definitions and effects upon

human communication behavior.

68. Discuss the five bases of power, and the combinations of power you perceive to be most common, most effective, and least effective.

69. Compare the following types of group meetings that commonly occur in the organizational setting: autocratic meeting, consultative meeting, democratic meeting, and Laissez faire meeting.

70. Discuss some ways in which conflict can be good for an organization and some ways in which conflict can be bad for an organization.

71. Describe common types of role conflict found in the health care setting.

72. Discuss the four perspectives which must be considered in selecting a topic for a public speech or presentation to the community as part of your practice.

73. Prepare and present a 15-30 minute health education lecture, discussion or informal in-service to be delivered to the community or the nurses at the local hospital or nursing home.

74. Prepare a technical report, drug monograph or drug information newsletter for distribution to other health care professionals (physicians, nurses, etc.).

COURSE OUTLINE & SCHEDULE (SUBJECT TO CHANGE)

DATE	TOPIC(S): LECTURES & LABS	READINGS	TEXT & OTHER
1/8-9	Labs Orientation to Class, ice-breakers Self-assessment; people types		Miller
1/14	Lec Introduction to principles of communication	T-Ch 1-2	Lively Chartier
	Labs Self-assessment (cont.)		Andrews/Baird
1/21	Lec Nonverbal communication	T-Ch 3	"Nonverbal"
	Labs Videotape, exercises - NV Comm.		
1/28	Lec nonverbal communications Empathy	R-Ch 1-2	Schnapper
	Labs Exercises - NV Comm. (cont.)		
2/4	Lec Empathy: Videotape (parts I & II)	T-Ch 4-6	"Empathy"
	Labs Exercises - Empathy		
2/11	Lec Empathy: Videotape (parts III & IV)	R-Ch 3-4	Hanson
	Labs Exercises - Empathy		Lawrence
2/18	Lec **FIRST MIDTERM EXAM**		
	Labs Exercises - Active Listening		
2/25	Lec Assertiveness	T-Ch 7	"Self-assurance"
	Labs Videotape, exercises - Assertiveness		Kelly
3/3	Lec Patient Interviewing	T-Ch 9	Reeder, Smith, Worthen
	Labs Self-Assurance (cont.d)	R-Ch 5-6	
3/10	Lec Patient interviewing (cont.d)	T-Ch 8, 10	Enelow & Swisher
	Labs Videotape - Interpersonal Communication patient videotapes	R-Ch 7-8	
3/17	Lec **SPRING BREAK - NO CLASS**		
	Lab " "		
3/24	Lec Compliance	T-Ch 11-12	Handout
	Labs Patient videotapes		

3/31	Lec	Counseling the Culturally Different	Dec 83 articles
	Labs	Trigger tapes	R-Ch 9-10 Western J. Med.
4/7	Lec	Anger and Depression	Jones & Banet
	Labs	Role playing	
4/14	Lec	Grief and Terminal Illness; Suicide	Johnson, et al.
	Labs	Role playing	
4/21	Lec	**MIDTERM EXAM 2**	
	Labs	Role playing	
4/28	Lec	Communication in the Organizational Setting	TBA
	Labs	Role playing	
5/5	Lec	Communication in the Organizational Setting (cont'd)	TBA
	Labs	Role playing	

5/14 TUES.: FINAL EXAM: 10:10 - 12:40 AM

LECTURE OUTLINE

PPRA 417
SPRING 92
DR. ADAMCIK

INTERPERSONAL COMMUNICATION

LECTURE 1: ORIENTATION TO THE CLASS
1/7/92

A. Review Syllabus

B. Rationale for the course (answer to "Why do we have to take this course?")

C. Ice Breaking Exercises
   1. demonstrating competence
   2. coping styles
   3. drawing

LAB 1: SELF-ASSESSMENT

A. Desire for communication

B. Communication Apprehension

C. People Types

D. Problem Solving

E. Johari Window

LECTURE 2: INTRODUCTION TO THE PRINCIPLES OF COMMUNICATION
1/14/92

A. Study of human communication divided into 3 areas:
   1. syntactics
   2. semantics
   3. pragmatics

B. Communications Model(s)
   1. not linear; communications is a closed loop
   2. elements of model:
      a. the sender
      b. the message itself
      c. the receiver
      d. feedback

e. interference

3. messages generated from outside; meaning generated from inside

C. Axioms of human communication
   1. One cannot NOT communicate.
   2. Every communication has a content and a relationship aspect such that the latter classifies the former and is therefore a meta-communication.
   3. The nature of a relationship is contingent upon the punctuation of the communicational sequences between the communicants.
   4. Human beings communicate both digitally and analogically; digital language has a highly complex and powerful logical syntax but lacks adequate semantics in the field of relationships, while analogic language possesses the semantics but has no adequate syntax for the unambiguous definition of the nature of relationships.
   5. All communicational interchanges are either symmetrical or complementary, depending on whether they are based on equality or difference.

D. Application-oriented model of communication (handout)

   1. description of the model
   2. key skills and behavioral objectives for each step
   3. key concepts - definitions
   4. in class examples of use of model in pharmacy practice

E. Key concepts and terms in interpersonal communication theory (handout)

LAB 2: SELF-AWARENESS (continued)

A. Results of class self-assessments

B. 4 Temperaments (handout)

C. Awareness Wheel (handout)

D. Incomplete and incongruent self-awareness

E. Classroom exercises - rounds

F. Homework assignment - favorite fairy tale/children's story

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LECTURE 3: NON-VERBAL COMMUNICATION
1/21/92

A. Introduction: some comments
   1. verbal vs. non-verbal communication
   2. up to 93% of all that we communicate is attributable to non-verbal sources; spoken word

accounts for < 10% of message

3. Non-verbal communication is unique for 2 reasons:
   a. it mirrors our innermost thoughts and feelings
   b. it is difficult to "fake"
4. children are not taught how to communicate non-verbally
5. non-verbal messages may have more than one interpretation
6. when verbal and non-verbal messages conflict, the non-verbal message will usually be the most accurate

B. Components of non-verbal communication
   1. kinesics
      a. key components:
         - open posture
         - facial expression
         - eye contact
   2. proxemics
   3. paralinguistics (outweigh words themselves 5-fold)
      a. timing of words in relation to breathing:
         - angry patient - speaks at beginning of expiration
         - depressed " - speaks at very end of expiration
         - anxious " - speaks during inspiration
         - stressed " - may use more than normal amount of fillers like "uh" and "ah"
   4. environmental factors

C. Conveyors of non-verbal cues
   1. sight
   2. sound
   3. touch
   4. smell and taste
   5. space and objects
      a. Hall identified conversation space categories:
         - intimate: 0-18 in.
         - casual-personal: 1.5-4 ft.
         - social-consultative: 4-12 ft.
         - public: 12 ft. to limits of hearing
   6. time
   7. vocal cues (account for up to 1/3 of the non-verbal part of a message)
      a. may indicate: yielding, requesting, maintaining, denying
      b. Knapp - identified vocal cues that indicate turn-taking:
         - turn yielding: higher or lower pitch at end of a comment, or silence
         - turn requesting: audible inspiration of breath and vocalizations during the pause of the other person
         - turn maintaining: changing volume and rate when turn requesting cues are perceived, and filling pause with sounds
         - turn denying: silence and slower-than-normal reinforcement for the other person's comment

8. body type
9. the face

D. Dimensions of Nonverbal Communication
   1. Osgood developed 3-dimensional scheme to describe verbal concepts
      a. evaluative dimension (bad --> good; unpleasant --> pleasant)
      b. potency dimension (small --> large; weak --> strong, etc.)
      c. activity dimension (passive --> active; slow --> fast, etc.)
      d. examples:
         - "earthquake" low on a., high on b., moderate on c.
         - "baldness" low on a., low on b., low on c.
         - "envy" low on a., low to med on b., low to med on c.
   2. Mehrabian (Ref.: Silent Messages) took Osgood's ideas and developed slightly different terms for these dimensions to describe nonverbal behavior.
      a. liking or positiveness (rather than evaluative) dimension
      b. dominance or status (vs. potency) dimension
      c. responsiveness (vs. activity) dimension
      d. example of facial expressions:
         - "disdain" moderate dislike, high dominance, low response
         - "happiness" low dislike, low dominance, high responsive
   3. Mehrabian developed metaphors to represent the codes used to translate feelings into behavior, or to infer feelings from another person's behavior; i.e. the metaphors = codes to express location on these three dimensions of feelings:
      a. the immediacy metaphor/proxemic metaphor
      b. the power/fearlessness metaphor
      c. the responsiveness metaphor

E. The Double-Edged Message
   1. incongruity between the verbal and nonverbal messages
      a. sarcasm
      b. opposite of sarcasm
   2. total feeling tone of a message
      (100%) = 7% verbal message + 30% vocal feeling + 55% facial feeling

   3. inconsistent messages
      a. mixed feelings
      b. cultural prohibition
      c. persuasion
      d. double-blind

HOMEWORK: READ PAGES 1-20 IN THE NONVERBAL COMMUNICATION BOOKLET

LAB 3: NON-VERBAL COMMUNICATION

A. videotape

B. discussion

C. homework: exercises #13 & #14 in booklet

LECTURE 4: EMPATHY AND ACTIVE LISTENING
1/28/92

A. Empathy = the ability to "put yourself in somebody else's shoes" and to convey to that person that you understand them
   1. empathy is the "cornerstone" for a wide range of skills:
      a. assertiveness
      b. information gathering
      c. interviewing
      d. counseling
      e. education
   2. empathy is associated with:
      a. positive change and growth
      b. effective conflict resolution
      c. greater cooperation
   3. however defined, empathy includes 3 aspects:
      a. establishing a safe, non-threatening communication "climate"
      b. accurately perceiving both the verbal and nonverbal messages
      c. responding so as to communicate that perception and understanding
   4. for a pharmacist, empathy promotes patient:
      a. autonomy
      b. dignity
      c. understanding
   5. aspects of empathy
      a. facilitating
         - attending
         - accepting
         - encouraging self-description
      b. perceiving
         - identification and labeling of feelings
         - paying attention to nonverbal cues
         - becoming aware of your own personal biases and distortions
      c. responding
         - restating and reflecting feelings
         - focusing (i.e. responding selectively)
         - verbalizing implied meanings and asking for clarification

B. Styles of Listening

   1. styles most likely to be effective in communicating empathy:

   a. understanding and focusing
2. styles occasionally effective in communicating empathy:
   b. quizzing and probing
   c. analyzing, interpreting, diagnosing
   d. advising
   e. placating and reassuring
3. styles rarely effective in communicating empathy:
   f. judging and evaluating
   g. generalizing
   h. challenging
   i. warning or threatening
   j. distracting

C. Feedback
1. effectively giving and receiving feedback implies:
   a. caring
   b. trusting
   c. acceptance
   d. openness
   e. a concern for the needs of others
2. feedback = verbal or nonverbal process whereby person lets others know his/her perceptions and feelings about the other's behavior (and vice versa)
3. types of feedback
   a. direct vs. indirect
   b. description vs. interpretation of behavior
   c. non-evaluative vs. evaluative
   d. specific vs. general
   e. freedom of choice vs. pressure to change
   f. immediate vs. delayed

D. Information Sharing: Monologue vs. Dialogue
1. monologue
2. dialogue
3. distortion of monologue message:
   a. leveling
   b. sharpening
   c. assimilation

E. Empathy Scale (handout)

F. HOMEWORK: READ PAGES 1-34 IN THE EMPATHY BOOKLET

LAB 4: NONVERBAL COMMUNICATION (cont.)

A. Small group exercises and discussion

LECTURE 5: EMPATHY (continued)
2/4/92

Videotape - Parts I & II
Discussion

LAB 5: EMPATHY EXERCISES FOR PARTS I & II

LECTURE 6: EMPATHY (cont.)
2/11/92

Videotape - Parts III & IV
Discussion

LAB 6: EMPATHY EXERCISES FOR PARTS III & IV

LECTURE 7: EXAM 1
2/18/92

LAB 7: ACTIVE LISTENING

A. Videotapes - Interpersonal Communication in the Hospital Setting

B. Active Listening Exercises

LECTURE 8: ASSERTIVENESS
2/25/92

A. Assertiveness, Aggression, Passivity - what's the difference?

   Three response styles:
   1. Assertiveness
   2. Aggressiveness
   3. Passiveness (nonassertion)

B. Recognizing these response styles:
   1. type of emotion experienced
   2. nonverbal behavior displayed
   3. verbal language used

C. Function vs. dysfunctional response styles

D. Myths re. Assertiveness

E. EAR response (empathic assertive response)

F. Characteristics of nonassertive, assertive and aggressive problem solving (handout)

G. Protective assertive skills (When all else fails!)
   1. broken record
   2. time-out
   3. flipping
   4. repeating back
   5. negative assertion
   6. fogging
   7. negative inquiry
   8. anger disarming/anger starvation
   9. reversal
   10. clipping

H. HOMEWORK: READ CHAPTERS 1-3 IN THE SELF-ASSURANCE BOOKLET

LAB 8: SELF-ASSURANCE

A. Videotape - Self-Assurance

B. Exercises

LECTURE 9: PATIENT INTERVIEWING
3/3/92

A. The Clinician-Patient Relationship
   1. trust
   2. confidence
   3. autonomy
   4. continuity
   5. flexibility

B. Interview Models
   1. directive
   2. nondirective
   3. atmosphere of the interview
   4. basic techniques
      - opening
      - use of silence
      - tracking
      - facilitation
      - confrontation

- questioning
- support & reassurance
- nonverbal communication

C. Obtaining Specific Information
1. questioning
2. avoiding bias
3. developing a line of inquiry
4. mental status exam

D. Emotional and Behavioral Responses to Illness and to the Interviewer
1. psychological reactions to illness
   - anxiety
   - depression
   - denial
   - projection
2. responses to the interviewer
   - silent patient
   - over-talkative patient
   - seductive patient
   - angry patient

LAB 9: TO BE ANNOUNCED

LECTURE 10: PATIENT INTERVIEWING (cont.d)
3/10/92

LAB 10: COMPARISON OF INTERVIEWING STYLES

A. Tape 1 - Mark Gill with Mrs. Woodard
Tape 2 - Dwane Lawrence with Mrs. Woodard

B. Discussion

WEEK 11: HAVE A GREAT SPRING BREAK!

LECTURE 12: COMPLIANCE; CROSS-CULTURAL BELIEFS
3/24/92

LAB 12: TO BE ANNOUNCED

LECTURE 13: COUNSELING THE CULTURALLY DIFFERENT
3/31/92

LAB 13: TRIGGER TAPES

LECTURE 14: ANGER AND DEPRESSION
4/7/92

A. Introduction to Anger
   1. What it is
   2. What causes this emotion

B. Anger and Threat

C. The Anger Cycle
   1. perceived threat
   2. resentment
   3. expectations
   4. assessment of the situation

D. Resentment and Expectations

E. Maladaptive Expressions of Anger
   1. guilt
   2. displacement
   3. violence

F. Dealing with your own anger
   1. owning anger
   2. calibrating the response
   3. diagnosing the threat
   4. sharing the perceived threat
   5. forgiveness

G. Dealing with another person's anger
   1. affirm the other's feelings
   2. acknowledge your own defensiveness
   3. clarify and diagnose
   4. renegotiate the relationship

H. The angry patient
   1. situational anger

2. displaced anger
3. internal process anger
4. characterological anger
5. disguised anger
    a. complaining
    b. controlling
    c. demanding

F. The relationship between anger and depression
    1. feelings of: powerlessness, helplessness, hopelessness
    2. unmet needs for: security, self-esteem, nurture/caring

LAB 14: ROLE PLAYING

A. Videotapes

B. Discussion

LECTURE 15: GRIEF AND TERMINAL ILLNESS; SUICIDE
4/14/92

A. Grief and Terminal Illness
    1. Grief and Bereavement
    2. Common Responses of Dying Patients
    3. Fears of Dying patients
    4. Therapeutic Interventions
    5. Stages of Adaptation (Kubler-Ross)
    6. Approaching the Dying Patient
    7. Class Discussion

B. Suicide
    1. Prevalence
    2. Indications for Further Evaluation
    3. Mental Status Exam Findings of Depression
    4. Assessment of Suicidal Risk
    5. Interventions
    6. Community Resources
    7. Your Responsibility
    8. Class Discussion

LAB 15: ROLE PLAYING

LECTURE 16: EXAM 2
4/21/92

LAB 16: ROLE PLAYING

LECTURE 17-18 INTERACTION WITH OTHER HEALTH PROFESSIONALS;
4/28-5/5/92 COMMUNICATION IN THE ORGANIZATIONAL SETTING

A. Communications in Organizations

B. Interviewing and Being Interviewed

C. Small Group Communications

D. Managing Conflict in Organizations

E. Public Communication

LAB 17 & 18: ROLE PLAYING

COMMUNICATION SKILL
BUILDING TOOLS
SPRING 1994
Robert S. Beardsley, Ph.D.

Attached are a variety of tools that we use in communication skill building. These skill building exercises are first introduced in the Introduction to Pharmacy Education, Practice and Science course which is taught for the first three weeks of the curriculum. These skills are reinforced in a variety of courses and practice experiences.

I. Outline for Introduction to Communication
(Given in the introduction course)

Lectures

Session 1

1. Importance of communication in pharmaceutical care
2. Definition of interpersonal communication
3. Process and self awareness
4. Importance of perception in communication
5. Nonverbal aspects of communication
6. Description of exercises/assignments
   1) Evaluation of role playing
   2) Students are required to keep a log of positive and negative communication experiences. They will discuss their perceived strengths and weaknesses in communication during Workshop 2. Each student is to write a summary paragraphs (2 or 3) about their experiences. Writing style evaluated by faculty - 10 points.
   3) Students will also write a summary paragraphs about their experience as a patient (M&M). Writing style evaluated by faculty - 10 points each
   4) Impromptu speaking skills - Evaluated during Workshop 3 - 10 points
   5) Oral reports - "Why I came to Pharmacy" - Evaluated in Workshop 4 - 10 pts; written report graded - 10 pts
   6) In addition, students will be asked to evaluate the barriers to communication during their visit to a pharmacy practice site later on in the semester. They will be asked to list the various barriers to patient-pharmacist communication in that site and list possible suggestions for minimizing those barriers. They will turn in this assignment at a later time along with the other material related to the site visit.

Session 2

1. Facilitators/Barriers to communication in health care settings
2. Strategies to overcoming barriers
3. Techniques to improve communication

Session 3

1. Becoming a patient - social/behavior aspects
2. Responding to patients as individuals

Session 4

1. Effective listening
2. Techniques to handle difficult situations
3. Assertiveness
4. Cultural diversity and communication
5. Special populations

Session 5

1. Communicating in small or large groups
2. Techniques in communicating with other health care providers

Session 6

1. Discussion of lessons learned from the workshops
2. Clarification of material
3. Additional material as needed

Content of Communication Workshops

Workshop 1 - 90 minutes

1. Introduction
   Ice breaker: in pairs, students will discuss where they did their prepharmacy work, experience in pharmacy practice, past experiences working with people, comments on admission process, etc.; then students will introduce their partner to the group

2. Outline content/philosophy of workshop

3. Describe assignments

4. Role play situations
   Students will be assigned certain situations to role play in groups of three (triads): patient, pharmacy, and observer. Situations will be general rather than contain pharmacy content

5. Critique of situations - no grade assigned
   Using the Patient Counseling evaluation form, the observer will critique the students counseling skills. After role playing, the group leader will facilitate a discussion on the

positive and negative aspects of the counseling situation. Typically the facilitator asks 2-3 observers to report back what happened in their triad.

Workshop 2 - 120 minutes

1. Discuss experiences with both communication log book and with taking prescription (M&Ms). Each student will discuss their communication experiences since keeping their log. Hopefully they will reveal insights about the communication process. Each student will also discuss their experiences being a patient taking an M&M medication.

2. Role playing in challenging situations

Students will break into triads to role play more difficult situations.

3. Role playing situations with health care providers

Students will role play situations involving physicians, nurses, and other health care professionals.

4. Turn in written summarizes of communication log and M&M prescription experience - evaluated by faculty using Writing Style Evaluation Form.

Workshop 3 - 120 minutes

1. Discussion of lessons learned through workshops

Facilitator will ask for general comments about what students have learned in the communication unit. Any new insights, problems, concerns, etc.

2. Impromptu speaking exercises

Each student will be asked to speak in an impromptu style on a subject chosen at random from a list of topics. Each student will have 1-2 minutes to discuss their topic. Members of the audience will have 2-3 minutes to ask questions or to provide comments. Students will be evaluated by both faculty and 3 students using the evaluation form on certain characteristics, such as clarity, logic, and conciseness of their response.

3. Summary

Facilitator and students should provide summary statements about the experience. What things were learned, etc?

Workshop 4 - 120 minutes

1. Oral reports - "Why I Came to Pharmacy"

Each student will make a report on their essay "Why I Chose Pharmacy". Students will be evaluated by both faculty and 3 students using the evaluation form on certain characteristics, such as clarity, logic, and conciseness of their response.

2. Summary of experiences

Facilitator and students will summarize the experience of presenting in front of a small group. Each student should write down at least 3 things they learned from this experience.

3. Hand in written report "Why I Came to Pharmacy".

This report will be graded by faculty using the Writing Evaluation Form on certain characteristics, such as grammar, syntax, clarity of thought, logic, and conciseness of their report.

WRITING STYLE EVALUATION FORM

Author: _____ Date: _____

Evaluator: _____ Subject: _____

Each area is scored on a five-point scale: (1=unacceptable, 5=superior; NA=not applicable)

Area	**Score**	**Comments**
Organization of remarks (transition, logical flow of thought)		
Directness (getting to the point)		
Clarity (appropriate terms, easy to understand)		
Content (accurate)		
Grammar (syntax, spelling)		

Additional comments:

PROFESSIONAL COMMUNICATION I
PCS 471
SYLLABUS
Bruce A. Berger, R.Ph., Ph.D. and Bill G. Felkey, M.S.

NOTE TO INSTRUCTORS:

Dr. Berger and Mr. Felkey have designed a comprehensive course packet to be used in this course, but due to the length of the document it has not been included here. If you would like a copy of this packet, please contact the instructors at the address listed in the back of this book.

COURSE PHILOSOPHY AND OBJECTIVES

Over 250,000 patients will die this year as a result of some problem with their drug therapy. Millions will be harmed by either inappropriate drug therapy or noncompliance with the treatment regimen. According to the American Pharmaceutical Association, ***"THE MISSION OF PHARMACY PRACTICE IS TO SERVE SOCIETY AS THE PROFESSION RESPONSIBLE FOR THE APPROPRIATE USE OF MEDICATIONS, DEVICES AND SERVICES TO ACHIEVE OPTIMAL THERAPEUTIC OUTCOMES."*** Therefore, it is the pharmacist's responsibility to make sure that patients are not harmed by their drug therapy. Pharmacists are in a key position to evaluate the appropriateness of drug therapy and improve patient compliance with appropriate treatment regimens. The ability to do so requires both an understanding of why drug defaulting occurs and the communication skills needed to interact with patients so that problems may be identified and resolved. The intent of this course is to address both of these important issues by actively, rather than passively, involving the student in the course. It should be pointed out that it is not the intent of this course to make practicing psychologists out of students. However, certain interventions and methods of responding have been "borrowed" from the fields of psychology and communication, where appropriate, in order to increase the probability that compliance will occur. And unfortunately, that's the best that can be done. We simply cannot guarantee compliance. We can be somewhat certain, however, that if these skills/strategies are not employed, compliance with medication regimens will be greatly compromised.

This course will help you develop effective methods for developing positive, therapeutic relationships with patients through the application of communication skills (empathy, assertiveness training, effective listening, etc.) and other behavioral interventions. In addition, a major focus of the course will be on the organization and provision of drug information to the patient and follow-up care. This course was developed to help students to internalize a wide variety of communication skills and intervention strategies in order to reduce drug-related patient morbidity. We firmly believe that through active participation in this course, this goal may be accomplished.

In order to make this class as interesting as possible, we need your help. We need you to participate as much as possible to make the lecture sessions more than just a lecture. You can assist us by coming to class prepared to discuss and apply the reading assigned for that class day. As you know, you are responsible for all readings and concepts presented in the lecture and laboratory portions of the course.

OBJECTIVES

Given the knowledge and competencies gained in PCS 471, the student will:

1. Use and develop communication skills and intervention strategies to assess drug therapy and improve patient adherence with appropriate medication regimens.

2. Use and understand specific communication language and skills which will facilitate effective patient communication.

3. Understand how feelings, values and perceptions enter into expectations and behavior.

4. Recognize patient problems and the feelings associated with them, rather than just the "facts" and situational variables.

REQUIRED READING

_ Course packet at the GNU's Room

GRADING

Grading in this course will derive from a quiz on the course packet, a midterm exam, a final exam, two patient counseling activities, and a written paper. A description of these activities follows:

DESCRIPTION OF ACTIVITIES

1) **Quiz Covering Kinko Materials** - this quiz will be given on **Wednesday, April 7th**. The quiz will be worth **10%** of your grade.

1) **Midterm and Final Exam**

The midterm and final exam will EACH be worth **20%** of your grade. The final will be comprehensive. Seventy percent of the final will cover material after the first midterm.

2) **Patient Counseling Activity**

You will be paired with another person in the class. Each of you will have a role as both a patient and a pharmacist. You will play each of these roles twice. Each of you must purchase two VHS (120 minute) videotapes. Each of you will be assigned two drugs and two patient roles. In the pharmacist role you are responsible for becoming totally familiar with the drugs you have been assigned. Where there are multiple indications for a drug, we will tell you which indication to become familiar with. In the patient role you have two jobs: 1) to take your role seriously; and 2) to provide your partner with feedback (both positive and negative) about how (s)he did as your pharmacist. You will be evaluated on both pharmacist roles and both patient roles. **In total, these activities will be worth 30 percent of your grade.**

The USPDI will be an excellent source of patient and drug information. It is available in the LRC.

By week 4 of the class you will turn in your tape of your first patient counseling activity. By week 8 of the class you will turn in your second tape.

Specifics of taping - at a taping session, you will either be playing a pharmacist or a patient. If you are the pharmacist, you are to thoroughly counsel your patient on his/her medication. After you are done, your patient (partner) will provide feedback on how you did. **The videotape must be left running at all times**. That is, during the taping of the role play and the feedback. After the pharmacist is given feedback by his/her partner, the pharmacist can decide whether or not to repeat the role playing activity again. If the pharmacist wants to re-do the role play, then the patient will once again provide feedback after the re-do. The pharmacist may then repeat this again, if so desired. Eventually, each student in the class must turn in a "final performance" as a pharmacist by the fifth week and another final performance by the 9th week. It is up to you to identify which "take" of your pharmacist performance you want to be evaluated. ***The tape turned in must be set at the desired "take." Failure to do so means that the instructors will look at the first available take.*** **EACH TAPING SESSION SHALL NOT EXCEED 30 MINUTES!!! FAILURE TO FOLLOW ANY OF THE ABOVE GUIDELINES WILL RESULT IN A 10 POINT GRADE REDUCTION FOR EACH VIOLATION.**

A patient counseling checklist and explanation form may be found at the back of this syllabus. It will be used to evaluate your patient counseling!

3) **Paper** - The paper to be submitted MUST be typed and will be a MINIMUM of 7 double-spaced pages in length. **It is due by week 6's lecture. The paper is worth 20 percent of your grade.** It must contain a bibliography with at LEAST three references. At least one reference must be a journal article. NEWSWEEK IS NOT A JOURNAL. It is a magazine. **A complete copy of this journal article must be turned in with your paper. PLEASE NOTE: THE JOURNAL ARTICLE MUST BE AT LEAST THREE FULL PAGES IN LENGTH. IF YOU HAVE ANY QUESTIONS ABOUT THIS, PLEASE CHECK WITH ONE OF THE INSTRUCTORS.** The paper must be appropriately referenced. Violating any of these rules will result in a 10% reduction in your score for EACH violation. Topics for this paper may come from the content of the course (lecture and lab) and must be related to communication and/or psychology as applied pharmacy practice. Some topics are listed outside of Dr. Berger's office. Once a topic is chosen, it may not be changed without permission of the instructor. Students may not choose a topic once it is selected by another student. A 10% grade reduction will result for topics changed without permission.

NOTE: ONE POINT WILL BE DEDUCTED FOR EACH SPELLING ERROR, GRAMMATICAL ERROR AND TYPO! WE ARE VERY SERIOUS ABOUT THIS! IN ADDITION, MARGINS AT THE TOP AND BOTTOM OF THE PAGE ARE TO BE NO GREATER THAN ONE INCH. MARGINS AT THE SIDES OF THE PAGE ARE TO BE NO GREATER THAN ONE INCH. FONTS MUST BE OF REASONABLE SIZE (e.g.

Courier 10 or 12 cpi or Universal 10 or 12 pt). FAILURE TO FOLLOW THESE REQUIREMENTS WILL RESULT IN A 10% REDUCTION IN YOUR SCORE. SEE THE PAPER CHECKLIST THAT FOLLOWS!!!

IMPORTANT DATES

April 5	Quiz on course packet
April 20, 21	First videotape due
April 26	Midterm Exam
May 3	Paper due
May 18, 19	Second videotape due
June 6	Final Exam (1:00-3:30p)

CHECKLIST FOR PCS 471 PAPER

10% Reduction (-10 points) for Each Deficiency Listed Below:

_____7 *Full* Double-Spaced Pages are present
_____Bibliography of at least 3 references is present
_____One reference is a journal article
_____Copy of the complete journal article is present with paper
_____Content of paper is related to Communication &/or Psychology as applied to Pharmacy Practice
_____ Topic was okayed by Dr. Berger or Mr. Felkey
_____ Margins are no greater than 1 inch
_____ Font is Reasonable size (e.g. Courier or Universal 10 or 12 pt)

Other

_____ Quality of Content (up to -20 points)
_____ Style & Organization (up to -10 points)

1 point Reduction (-1 point) for Each Editing Deficiency Listed Below:

_____ Spelling Errors **Tally**

_____ Grammatical Errors **Tally**
Awkward, Nonsense Sentences
(NOTE: The same grammatical error committed several times throughout the paper will only be counted off once.)

_____ Typographical Errors **Tally**

_____ Inappropriate referencing in paper **Tally**
(-1 point for each referencing error)

Comments:

Berger & Felkey

LABORATORY

You are expected to attend lab each week it is held. The laboratory section will be used for direct application of skills identified in the lecture part of the course. Students will participate in role playing situations and general discussions in the lab.

GRADING

The following scale will be used for this course. The scale could be adjusted downward, but will not be raised.

GRADE	**Range** (Percent)
A	90-100
B	80-89
C	70-79
D	60-69
F	59 or below

NOTE: YOU MAY HAVE ANY PROJECT (paper or videotape) REGRADED. To have a project regraded a student must turn in a sheet of paper identifying why they believe a regrade is necessary. Specifics areas where the student believes too many points have been deducted or not enough points were given must be identified. This must be legible. THE ENTIRE PROJECT WILL BE REGRADED BY ONE OF THE COURSE INSTRUCTORS. YOU WILL THEN BE ASSIGNED THE NEW GRADE (whether it be higher or lower).

Office Hours

Like you, we are busy. We want to take the time to talk to you when you have questions or problems. If you just drop in, we may be busy with other things at that moment and could not give you the attention you may want. To remedy this we ask you to please make an appointment to see either of us. You may drop by if you choose, and if we can see you right then we will make every effort to do so. However, we may ask you to schedule an appointment at that time. We hope you will understand.

READINGS FOR PCS 471 - You are expected to read the entire course packet by the next lecture. You will have a quiz on this material on that day.

COUNSELING EVALUATION FORM

1.	**Introduces self**	1
2.	**Identifies patient or the patient's agent.**	1
3.	**Asks if patient has time to discuss medicine.**	1
4.	**Explains the purpose/importance of the counseling session.**	4
5.	**Asks the patient what the physician told him/her about the drug and what it is treating. What does the patient know or understand about the disease. Use any available patient profile information.**	5
6.	**Asks about and addresses any concerns of the patient prior to information provision.**	4
7.	**Responds with appropriate empathy, listening, attention to concerns. Uses these skills throughout the counseling session.**	15
8.	**Tells the patient the name and indication of the medication.**	2
9.	**Tells the patient the dosage regimen.**	2
10.	**Asks patient if he/she will have a problem taking the medication as prescribed.**	2
11.	**Tailors the medication regimen to the patient's daily routine.**	5
12.	**Exlains how long it will take for the drug to show an effect.**	3
13.	**Tells the patient how long he/she might be on the medication.**	2
14.	**Tells the patient when he/she is due back for a refill.**	2
15.	**Emphasizes the benefits of the medication and supports the drug <u>before</u> talking about side effects.**	5
16.	**Discusses major side effects of the drug and whether they will go away in time. Discusses how to manage the side effect or what to do if the side effect does not go away and it becomes intolerable.**	5
17.	**Points out that additional <u>rare</u> (emphasizes this to patient) side effects are listed in the information sheet (to be given to the patient at the end of the counseling session). Encourages patient to call if he/she has any concerns about these.**	3
18.	**Uses written information to support counseling.**	2
19.	**Discusses precautions (activities to avoid, etc.).**	2
20.	**Discusses beneficial activities (e.g. exercise, decreased salt intake, diet)**	2
21.	**Discusses drug-drug, drug-food, drug-disease interactions.**	2
22.	**Discusses storage recommendations, ancillary instructions (shake well, refrigerate, etc.)**	3
23.	**Explains to the patient in precise terms what to do if he/she misses a dose.**	5
24.	**Checks for understanding by asking the patient to repeat back key information (drug name, side effects, missed doses, etc.).**	5
25.	**Rechecks for any additional concerns or questions.**	2
26.	**Tells patient to always check medicine before leaving pharmacy.**	2
27.	**Uses appropriate language throughout counseling session**	3
28.	**Maintains control of the counseling session.**	2
29.	**Provides accurate information.**	5
30.	**Organizes the information in an appropriate manner.**	3

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Table 1. PATIENT COUNSELING CHECKLIST*

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1. **Pharmacist introduces self**

   It is important for patients to know that they are talking to the pharmacist. They may be reluctant to ask questions or express concerns if they believe that the person they are talking to is a technician. Pharmacists should greet the patient, extend their hand, and state their name.

2. **Identifies patient or the patient's agent.**

   Pharmacists need to know to whom they are talking. If they are talking to the patient directly, then information that is communicated is less likely to be confused or distorted than if the pharmacist is talking to the patient's agent. In third party communication, written information becomes even more important than when directly communicating with the patient. Pharmacists may need to call patients if they feel that the information truly needs to be communicated directly to them.

3. **Asks if patient has time to discuss medicine.**

   If patients do not have time to listen to the information that needs to be provided then the information will be ineffective. Either written information needs to be employed and/or the patient needs to be contacted at a time convenient to the patient.

4. **Explains the purpose/importance of the counseling session.**

   People listen and learn more effectively when they are given reasons for what is being asked of them. For example, patients are less likely to take tetracycline with food or daily products if they are given a reason why these items are to be avoided (that is, decreased absorption and therefore effectiveness of the drug). It is especially important to tell patients why the counseling session will be important from *their* perspective; what's in it for them.

5. **Asks the patient what the physician told him/her about the drug and what it is treating. What does the patient know or understand about the disease. Use any available patient profile information.**

   Generally speaking, in any effective counseling session, the patient should talk more than the health care provider (HCP). The purpose of the counseling session is to insure that patients leave the pharmacy with knowledge about the proper use of the medication. It really doesn't matter whether the patient gets this information from the pharmacist or physician. Therefore, pharmacists should find out what the patient already knows about the drug and condition before providing the patient with a litany of information. There is no reason for the pharmacist to go over information that the patient already has mastered. Accurate information that the patient supplies should be supported and praised. Inaccurate information needs to be corrected and information that is omitted should be added.

6. **Asks the patient if he/she has any concerns prior to information provision.**

Many patients have concerns about the drug(s) they are about to take or the condition the doctor is treating. Often, they will not vocalize these concerns unless they are asked. It is important to address these concerns immediately with as much understanding as possible. It is not appropriate or useful to tell the patient you will cover the concern later in the counseling session. Until the concern is addressed the patient will not hear the information provided. The pharmacist should make every effort to understand the concerns of the patient and treat the concerns with the attention they deserve. The patient would not have brought them up if they weren't important to the patient. If the patient has a concern that is not addressed appropriately, any information that follows will not be internalized.

7. Responds with appropriate empathy, listening, attention to concerns. Uses these skills throughout the counseling session.

These skills are absolutely essential to an effective counseling session. The literature on patient compliance identifies the relationship between the patient and practitioner as a key variable in predicting compliance with treatment regimens. Patients need to see health care providers as competent, trustworthy and someone who cares about what happens to them. These skills are effective tools for communicating caring. Listening and empathy require hard work because they require that pharmacists hear what patients have to say without judgment. That is, they do not compare the patient to other patients. They accept patients and their concerns as uniquely important and make no attempt to minimize these concerns.

8. Tells the patient the name, indication and route of administration of the medication.

Telling patients the name of the medication helps them to get used to identifying their medication. This is especially important in the case of an emergency (child ingesting, overdose, etc.). Saying the indication reinforces the diagnosis and confidence in the appropriateness of the therapy. While the route of administration often seems obvious, experienced pharmacists have numerous documented cases of patients taking a medication by the wrong route of administration. It should not be assumed that printing this information on the label will cover these points. Many patients cannot read and those who can read often don't.

9. Tells the patient the dosage regimen.

Again, many patients cannot read, therefore, it is important that they be told the dosage regimen. Even patients who can read should be told in order to either reinforce what the doctor told them or to inform them for the first time.

10. Asks patient if he/she will have a problem taking the medication as prescribed.

After patients are told the dosage regimen, pharmacists should assess if the patient will have any problems taking the medication as prescribed. This is an important question that is seldom asked by any HCP. Yet, research shows that the complexity of the dosage regimen can very much affect compliance and hence, outcomes. In fact, once a day dosing generally achieves rates of compliance of greater than 80 percent while four times a day dosing falls off to below

40 percent.[1] This has significant implications for the pharmacist. The total cost of care needs to be considered, not just the cost of the drug. Serious noncompliance as a consequence of more complex dosage regimens may result in hospitalization of the patient. Certainly, this cost will be far greater than a change in drug therapy that improves adherence. Pharmacists should make every attempt to resolve problems related to the dosage regimen either through tailoring (see below) or by working with the physician in changing the medication to a less complicated dosing schedule.

11. Tailors the medication regimen to the patient's daily routine.

Any assistance the pharmacist can give the patient in connecting the taking of a dose of medication with a daily routine will enhance compliance. This could include identifying when the patient wakes up and goes to bed; which meals the patient eats, etc. It should not be assumed that patients eat three meals per day. To be most effective the pharmacists should ask patients about their daily routines rather than suggesting routines that the patient may not be comfortable with.

12. Explains how long it will take for the drug to show an effect.

Patients need to know how long it will take before they see an effect from the medication. Noncompliance may occur when patients believe the medication is not working. They may then cease taking the medication because they were not told that the onset of action is longer than they expected or they may take too much medication because they believe one dose did not work.

13. Tells the patient how long he/she might be on the medication.

Patients need to have a reasonable expectation of how long they will be on the medication. This helps the patient to get into a "mind set" of compliance. It also helps to eliminate unrealistic expectations. Moreover, it gives patients a chance to express concerns about the length of treatment.

14. Tells the patient when he/she is due back for a refill (and number of refills).

Again, giving patients this information assists in planning and goal setting for the patient. Patients need to plan to be compliant. This information may also be given in the form of a verbal contract. The pharmacist could say, "Mrs. Jones, the doctor has given you a thirty day supply. Therefore, I'll see you on June 30th. See you then?" By doing this, the patient knows when to come back in and in case the patient hasn't thought of it can now tell you if that will be a problem so that alternative plans can be made.

15. Emphasizes the benefits of the medication and supports the drug before talking about side effects.

While patients need to know about the major side effects of the medication they will be taking, pharmacists should make every effort to support the chosen therapy and tell patients about the

benefits of the treatment before they discuss side effects. This not only helps to put side effects in perspective, it helps the patient have confidence in the therapy. Lack of confidence in the chosen therapy results in a higher incidence of noncompliance.

16. Discusses major side effects of the drug and whether they will go away in time. Discusses how to manage the side effect or what to do if the side effect does not go away and it becomes intolerable.

Patients need to be aware of side effects so that they know what to do if they get them and so that they do not end up going to another doctor to have a side effect treated that of which they were unaware. Pharmacists often say that they don't tell patients side effects because if they did, the patient wouldn't take the medication. First of all, no studies have ever confirmed this belief. Second, consumers are demanding more information. Only informed patients can act autonomously. If the side effects are serious enough, the patient *ought* to question why the medication is being prescribed. Moreover, through effective counseling the pharmacist should put side effects in their proper perspective so that patients truly understand the extent of the risk they are taking by using the medication. Withholding important information from the patient may be unethical. It is possible that some patients will not want to know any side effects and some will want to know all possible side effects. Generally speaking, patients know better than health care practitioners what is in their best interest, therefore, pharmacists must develop a flexible approach to the dissemination of information. Information leaflets are an excellent way to provide patients with additional information.

Patients should be told whether the side effects will go away in time and if so, what is a reasonable period of time. The more specific you can be, the better. Are there steps the patient can take to prevent, alleviate or manage the side effects? What should they do if they don't go away? All of these issues need to be addressed.

17. Points out that additional rare (emphasizes this to patient) side effects are listed in the information sheet (to be given to the patient at the end of the counseling session). Encourages patient to call if he/she has any concerns about these.

This item is self-explanatory.

18. Uses written information to support counseling where appropriate.

For literate patients, written information has been shown to add to verbal instruction. It gives the patient tangible information to refer to in case of forgetting. In addition, it can be used to promote more effective counseling. Written information may be given to patients to look over while their prescription is being filled. In this way, patients can ask better questions and the pharmacist will do less talking. This has the added benefit of occupying the patient to make the waiting time more tolerable.

19. Discusses precautions (activities to avoid, etc.).

It should not be assumed that the physician has discussed this with the patient. Rather than

assuming that the patient does or does not know, the patient should be asked if the physician has discussed this subject.

20. Discusses beneficial activities (e.g. exercise, decreased salt intake, diet, self-monitoring, etc.)

The same reasoning applies here as in item 19.

21. Discusses drug-drug, drug-food, drug-disease interactions.

Patients generally are not aware of other medications, foods or diseases that may interfere with the drug they are taking or the condition for which they are being treated. Therefore, this information is essential to prevent drug-related problems. For example, a patient with high blood pressure should be told to ask the pharmacist before taking any medicines for coughs or colds. The patient should be told why these precautions are necessary.

22. Discusses storage recommendations, ancillary instructions (shake well, refrigerate, etc.)

Most patients still store their medications in medicine cabinets in the bathroom; probably the worst place in the house to keep medicine because of heat and humidity. Therefore, in addition to general storage recommendations for all medicines, specific storage recommendations (refrigeration, etc.) and ancillary instructions must be made clear to the patient.

23. Explains to the patient in precise terms what to do if he/she misses a dose.

Before patients leave the pharmacy it should be clear to them what they should do if they miss a dose. The instructions should be as specific as possible. Actual times of day and specific examples should be used to make this clear. The patient should then be asked, for example, "What will you do if it is three o'clock in the afternoon and you realize you have missed your noon dose?" The point is that the only way you can assess whether patients understand is by asking them to repeat back the information. If you ask them if they understand, patients will generally say yes, even when they may not understand.

24. Checks for understanding by asking the patient to repeat back key information (drug name, side effects, missed doses, etc.).

To fully assess whether the patient understands the dosage regimen, it is suggested that you say the following: " Mrs. Jones, sometimes I can be a little confusing when I give out information. Just to be sure I was clear, could you tell me again how you are going to take your medication?" The same would be done with side effects, missed doses, storage conditions, etc. To better control the time this takes a fill in the blank approach might be taken; "Mrs. Jones, what time will you take your first dose?" Using this method, correct answers can be praised and incorrect information can simply be corrected. Praising has been shown to reinforce compliance.

25. Rechecks for any additional concerns or questions.

The counseling session may have raised additional questions or concerns. Particularly, if the patient trusts the pharmacist, these questions or concerns will surface and need to be addressed before the patient leaves the pharmacy. As before, the pharmacist should ask if there are any additional questions or concerns and listen respectfully and carefully to what the patient has to say.

26. Advises patients to always check their medicine before they leave the pharmacy.

This not only helps to familiarize patients with their medicine, it makes them a partner in helping to make sure that an error has not been made or that an error is detected before the medicine is ingested. It is recommended that the pharmacist say the following, "Please always check your medicine before you leave the pharmacy. If you have any questions or problems about the way it looks, please notify me. I don't intend to make any mistakes, but it's good to be cautious. You are the final check." By doing this you are re-emphasizing this is a partnership in which the patient also has responsibilities.

27. Uses appropriate language throughout the counseling session.

This item is relatively self-explanatory. On occasion, pharmacists use language that is unnecessarily confusing (e.g. say hypertension rather than high blood pressure; g.i., instead of gastrointestinal or stomach). Many patients will not say they are confusing because they do not want to appear to be stupid. Pharmacists who are sensitive to the nonverbal communication of the patient will often notice this confusion and say, "Have I said something that has confused or concerned you?" Any efforts that may be made to use language that is simple and understandable will promote compliance.

28. Maintains control of the counseling session.

A great deal of information needs to be covered in order to counsel the patient effectively. Concerns take time to address. However, all attempts should be made to reduce superfluous conversation on the part of the patient and pharmacist to a minimum. There certainly is a place for "small talk" to get into the counseling session, but it needs to be brief and simply serve the purpose of breaking the ice.

29. Provides accurate information.

Self-explanatory

30. Organizes the information in an appropriate manner.

This checklist is an attempt to organize the information in an appropriate manner. Generally speaking, the most important information should be provided at the beginning of the counseling session and then repeated again at the end. In addition, support of the drug should precede side effects.

* **It is assumed that before the pharmacist counsels the patient, an assessment of the appropriateness of the drug therapy will be made.**

[1] Ciszewski, P., "Cost containment in the pharmacy," *Managed Care Update*, 1 (1992) pp 6-11, 14.

HEALTH COMMUNICATION: THEORY AND TECHNIQUE
PHARMACY 732-622 PROSEMINAR
SPRING 1994
Betty Chewning, Ph.D. and Larry Boh, R.Ph., M.S.

Block 4: March 21 - May 11, 1994; Mondays, Wednesdays 1:20 pm - 3:15 pm

Co-Instructors:

Betty Chewning, Ph.D.
School of Pharmacy
Rm. 3150 Chamberlin
x3-4878

Larry Boh, R.Ph., M.S.
School of Pharmacy
Rm. 5217 Chamberlin
x3-7287

Course Goals:

1) To increase pharmacy students' understanding and ability to apply communication theory and techniques in their interactions with clients and other health care providers.
2) To increase the students' ability to assess needs, plan and implement health communication programs.

Course Description:

This course builds on current communication research, theory, and clinical practice to help students:

1) Refine their skills in assessing client needs for information,
2) Apply communication concepts and techniques to inform and influence others, and
3) Plan how health communication can fit realistically into pharmacy practice. Barriers as well as incentives to health communication will be addressed to help students assess their practice from a systems perspective and develop strategies to develop successful health communication programs in the future. Communication with the public through the media and legislature will also be addressed.

Students in the course are expected to do weekly readings, written exercises, group class presentations, and work on a Community Outreach Project (COP). Two types of assignments will be expected during the course.

1) **Pharmacy Practice Assignments:** For the pharmacy practice assignments, you will gather specific types of information about pharmacy practice to assist planning patient education programs. You will observe and interview community pharmacists regarding patient education and their resources needed to carry out this aspect of their role.
2) **Community Outreach Project (COP):** The second type of assignment will involve an ongoing project throughout the semester. In addition to reading current theory and literature on health communication process and program development, students will be assigned to a group of five students to apply their skills in their Community Outreach Project(s) (COPs). Teams will report on questions and progress through ongoing reports

to the class. Each team will write a paper on their consultation process and products at the end of the course. Individual students will be assigned specific sections of the group paper to write.

Grading:

30% weekly assignments; 20% group discussion; 20% group participation in consultation project; 30% final group paper on the Community Outreach Project.

Required Reading:

William N. Tindall, Beardsley, R.A., Kimberlin, C.L. "Communication Skills In Pharmacy Practice: A Practical Guide For Students and Practitioners", 2nd ed., Lea & Febiger, Philadelphia (1989), available at University Bookstore.

Martha Lear Heartsounds, Simon and Shuster: New York, pp 11-32; 241-275.

Wisconsin Pharmacist, Dec 1992, pp 4-13; January 1993, pp 5-11.

Readings on Consultation With Elderly (To Be Distributed In Class).

C L A S S S C H E D U L E

FIRST WEEK **- MONDAY, MARCH 21:**

- Course Introduction; Needs Assessment Survey; Community Outreach Project and Pharmacy Practice Assignments; Nominal/Group - Barriers for Pharmacist Patient Education; Assessing Needs/Opportunities For Programs (Chewning).
- Choose Projects.
- Community Outreach Projects group time to: select contact person, exchange schedules, names and telephone numbers, write questions for first interview with Community Outreach Project (COP).
- Introduce Scenarios for Assignment #1.

WEDNESDAY, MARCH 23:

- Patient Compliance (Chewning).
- Meeting time with Community Outreach Project Staff.

SECOND WEEK **- WEDNESDAY, APRIL 6:**

- **Wisconsin Pharmacist, Jan 1993, pp 5-11;** OBRA Update: Implications For Pharmacist Monitoring and Consultation (Wiederholt).
- Setting Priorities; Defining Objectives; Evaluating Programs (Chewning).
- Class discussion on comparison of pharmacies regarding their OTC medication.
- Introduce pharmacy environment observation Assignment #4.

Assignment #1 due: Class discussion/paper on comparison of pharmacies regarding their OTC medication education.

THIRD WEEK **- MONDAY, APRIL 11:**

- Chapters 1-3, Tindall et al; Principles and Elements of Interpersonal Communication Perceptual Communication; Nonverbal Communication in Pharmacy; Pharmaceutical Care (Boh)
- COP small group time to work.

WEDNESDAY, APRIL 13:

- Using the Computer to Support Patient Education Efforts Guest Speaker: Mike Pitterle.
- **Wisconsin Pharmacist, Dec 1992, pp 4-13;** Chapters 6-7, Tindall et al; Pharmaceutical Care;
- Chapters 4-5, Tindall et al; Barriers in Communication; Listening and Empathic

Responding (Boh).
- Small group presentations of Assignment #2.
- Introduce interview protocol for Assignment #5 and assign two pharmacists to interview.

Assignment #2 due: Small group presentation of information and written report to be gathered at the first meeting with the Community Outreach Project site. COP group and paper reports on needs identified, project objectives, resources needed, materials you will develop/order, publicity, budget, allocation of responsibilities within group, coordination with site and/or external agencies, other).

***FOURTH WEEK* - MONDAY, APRIL 18**:

- Chapters 8-9, Tindall et al; Compliance, AIDS and The Patient Interview/Counseling For Compliance (Boh).
- Teaching Low Literacy Patients; Patient Education Resources; Group Education Presentations (Chewning).

WEDNESDAY, APRIL 20

- Academic Detailing (Boh).
- Counseling the Angry or Frightened Patient (Boh)

***FIFTH WEEK* - MONDAY, APRIL 25**

- Patient Education About Sensitive Issues Given Your Layout and Time Constraints: The WSA Example Guest Speaker: Richard Kilmer, pharmacist
- Class discussion on implications of pharmacy layout, drawing upon assignment #3.

Assignment #3 due: Class discussion/checklist on implications of pharmacy layout, resources, staffing, patterns for patient education.

WEDNESDAY, APRIL 27

- Counseling in Challenging Situations. Guest Speaker: Connie Kraus.
- Class discussion/paper on interviews with two community pharmacists regarding their references, patient education resources, interprofessional communication.

Assignment #4 due: Class discussion on interviews with two community pharmacists.

***SIXTH WEEK* - MONDAY, MAY 2**

- Chapter 11, Tindall et al; Ethics in Pharmacy Communication (Boh)
- Patient Perspectives on Side Effects/ Consultation (Chewning, Boh)
- COP work time.

WEDNESDAY, MAY 4

- Chapter 10, Tindall et al & readings given in class; Counseling The Elderly. Guest Speaker: Shelly Gray.
- Martha Lear Heartsounds, pp 11-32; 241-275; The Client Perspective (Chewning).
- Class discussion of interviews with clients.

Assignment #5 due: Class discussion of interviews with clients about perceptions of pharmacists.

SEVENTH WEEK **- MONDAY, MAY 9**

- Communication With Other Professionals (Collaboration vs Conflict); Key Issues In Planning Education Programs Guest Speaker: Pam Ploetz.
- Counseling Situations (Boh, Chewning)
- COP Group Time

WEDNESDAY, MAY 11

- Final Class Presentations on Community Outreach Projects.
- Course Evaluation.

Assignment #6 due - FINAL COP PAPERS.

ASSIGNMENT SCHEDULE

Assignment #1 Due Wednesday, April 6: Complete the checklist and notes describing the over-the-counter medication patient education of two pharmacies. Use the scenarios and checklist distributed in class to structure your observations of the two pharmacies. Class will discuss this on Wednesday, April 6

Assignment #2 Due Wednesday, April 13: After meeting with your COP contact, identify program needs, opportunities. (Note: This may require more than one meeting at the site, so start early. Prior to your meeting, list the questions you intend to ask and any documents you will ask them for. The list of planned versus actual questions should be attached to your report.) Prepare written summary and group presentation of: identified program needs; strategies for further assessment and/or plans for intervention; objectives of proposed intervention/describe intervention; resources/materials you need to order or develop (patient materials, PR materials, compliance aids, etc.); budget; people resources needed; program evaluation questions you will address and how (include formative evaluation, short-term impact evaluation, and proposed measures); who is doing what in your group to pull intervention off; coordination needed with staff at the project site or external agencies. One paper per COP group should be handed in. Please indicate who wrote each section of the paper.

Assignment #3 Due Monday, April 25: Visit and compare the patient education environment of two community pharmacies (HMO based or independent) in terms of their physical layout, staffing pattern, patient education brochures or posters, and staff time (technical and professional) with patients for patient education. Use the checklist distributed in class. If you wish to use the pharmacies visited in Assignment #2, you may do so. Hand in your checklists.

Assignment #4 Due Wednesday, April 27: With one classmate conduct an interview with two community pharmacists. We will assign people in class. Call ahead to schedule a convenient time for the pharmacist. Be prepared for class discussion and presentation.

a) What are the resources (references and materials) that the pharmacist uses for him/herself in practice and for patient education? Identify the types of compliance aids used by the pharmacist's patients and the extent to which the pharmacist knows whether/what patients do to enhance their compliance. What types of patient medication errors do they believe are most common?
b) How do they handle their interprofessional communication? What are examples of difficult communication situations with other professionals and with patients? How do they handle these situations?
c) Realistically, where does patient education fit into their practice?

Assignment #5 Due Wednesday, May 4: Interview three people not in the pharmacy field about what a pharmacist does (use the checklist provided in class in addition to your questions if you would like to add some.)
Be prepared for class discussion April 26.

Assignment #6 Due Wednesday, May 11: Hand in a group paper on your consultation project.

Each group member should be responsible for writing specific sections of the paper. This paper will be given to your COP contact for their review. Include the following in the paper:

1. Executive Summary (2 pages at most)
2. Background on the project.
3. Needs/opportunity identified.
4. Any assessment conducted beyond initial talk with contact.
5. Objectives of intervention.
6. Publicity strategies.
7. Description of intervention.
8. Resources you used (patient materials, PR materials, compliance aids, etc.)
9. Coordination required with the site/external groups
10. Roles of your group members
11. Budget
12. Other resources used (space, what staff/student time was required for the intervention/for preparation).
13. Evaluation (How well did you reach target audience; how adequate were basic resources including time, space, staffing, materials; how well did you achieve your goals.)
14. What would you do the same, what would you do differently next time?
15. Recommendations to the community organization you worked with.

PHARMACY 428
COMMUNICATION AND PATIENT EDUCATION SKILLS FOR PHARMACISTS
FALL TERM, 1992
Caroline Gaither, Ph.D. and Frank J. Ascione, Ph.D.

DAY	TIME	LOCATION
Monday	1:10-2:00 PM	3554 CC Little
Wednesday	12:00-5:00 PM	2544 CC Little, OR 3554 CC Little, OR Learning Resource Center/ Taubman Medical Library

INSTRUCTORS

Caroline Gaither, Ph.D., 2553 CC Little (phone: 764-6234)
Frank J. Ascione, Ph.D.

I. Course Description

The overall focus of this pass-fail course is on the theory and practice of communication in the pharmacy setting. Instruction will be directed toward improving basic communication skills in professional relationships with patients, pharmacist colleagues, or other health practitioners.

II. Major Objectives

A. Development/Refinement of Basic Communication Skills

1. Understanding of the fundamental aspects of interpersonal communication: empathy, nonverbal behavior, assertiveness, dealing with conflict, probing for relevant information, and effective listening.

2. Assessment of student's current communication skills and awareness of ways to improve those skills.

3. Sensitivity to the patient's viewpoint in the communication process and awareness of strategies to minimize patient misconceptions.

B. Improving Medication Compliance Behavior

1. Understanding the problems associated with patient medication compliance behavior.

2. Examination of the role of the pharmacist in patient medication compliance behavior.

3. Insight into the various techniques used to effectively provide information to patients.

C. Understanding Conflict and Collaboration

1. Understanding the place of basic communication skills in addressing conflicts among health care professionals (e.g., pharmacist-pharmacist, or pharmacist-physician).

2. Awareness of the types of conflict management (i.e., competition, accommodation, avoiding, collaboration, compromise) and their effectiveness.

3. Sensitivity to the characteristics of social relationships associated with conflicts (e.g., power, competition, participation in decision making, need for consensus, regulations, etc.

III. Class Lectures

Class lectures will provide the background necessary to improve communication skills in pharmacy practice. The lecture content will include specific strategies to reduce patient noncompliance and improve medication taking behavior. The lectures will also include an overview of the communication process, particularly two-person communication with the goal of solving problems, collaborating, and resolving conflicts.

IV. Communication Skills Laboratory

The communication skills laboratory has two purposes. One objective is to provide a forum for students to discuss issues raised in class lectures and in the required readings. The second objective is to give the students an opportunity to refine and develop their communication skills. Attendance at the laboratory is mandatory.

As indicated in the class schedule, the student will be required to complete one videotaped role playing performance along with a critique of the performance. Two non-videotaped role playing exercises will also be performed in class. In addition, activities involving the analysis of empathy and nonverbal behavior, preparation of written medication information, and gathering medication information are included in the laboratory sessions.

VI. Reading Assignments

Readings will be distributed in class or held on reserve at Taubman.

VII. Take Home Exercises

Six take-home exercises will be assigned to the students. These exercises will cover material presented in the lectures and laboratory sessions devoted to the role of the pharmacist in compliance behavior, strategies used to improve compliance behavior, empathy and nonverbal communication, assertiveness and conflict resolution.

VIII. This course is based on the pass-fail system of grading. Thus, a student must "pass" a series of tasks in order to successfully complete the course. There will be 500 points allocated to the different efforts. Each task along with its point allocation is listed below.

Take home exercises	250 points
Video performance	100 points
Video critique	100 points
Role playing exercise #1	25 points
Role playing exercise #2	25 points

Students are expected to receive a score of 70% or better to pass each task. They also need to obtain at least 375 points (75%) to pass the course.

Schedule of Topics

WEEK	DATE	LECTURE	DATE	LABORATORY
1	9/14	Introduction	9/16	Introduction[1]
2	9/21	Improving Compliance Behavior	9/23	Empathy and nonverbal communication: Overview[2]
3	9/28	Improving Compliance Behavior[3]	9/30	Improving Compliance Behavior[3]
4	10/5	Improving Compliance Behavior	10/7	Information Gathering[2]
5	10/12	Improving Compliance Behavior	10/14	Preparing Written Information[2]
6	10/19	Improving Compliance Behavior	10/21	Empathy and non-verbal Communication: Critique[2]
7	10/26	Improving Compliance Behavior	10/28	Role Playing:Pharmacist-Patient Interactions[4]
8	11/2	Video Demo	11/4	Video Performance[5]
9	11/9	Improving Compliance Behavior	11/11	Conflict Resolution[3]
10	11/16	Conflict Resolution	11/18	Video Critique[6]
11	11/23	Conflict Resolution	11/25	Conflict Resolution[3]
12	11/30	Conflict Resolution	12/2	Conflict Resolution[3]
13	12/7	Open: TBA	12/9	Role Playing: Conflict Resolution[4]

Footnotes

Because of the variety of activities planned for the laboratory sessions of communications course, the time and location of the sessions differ on a weekly basis. Students who have existing conflicts for anytime from 12 noon to 6 PM on Wednesdays throughout the semester should contact the course instructors immediately. Attendance is mandatory for all sessions. Students without excused absences may be penalized. The general time and room assignments are described in the footnotes. Your specific time and room assignment will be announced in class and/or posted outside Dr. Gaither's office.

1. The class will be divided into four groups (A,B,C,D).

   Group A will meet from 12:10-1:00 PM
   Group B will meet from 1:10-2:00 PM
   Group C will meet from 2:10-3:00 PM
   Group D will meet from 3:10-4:00 PM

   All sessions will be held in room 2544 CC Little.

2. Groups A and B will meet from 12:10-2:30 PM
   Groups C and D will meet from 2:40-5:00 PM

   Both sessions will be held in 2544 CC Little.

3. All students will meet in 3554 CC Little for a lecture-discussion session, from 12:10-1:00 PM.

4. Group A will meet from 12:10-2:30 PM in room 2544 CC Little
   Group B will meet from 12:10-2:30 PM in the Learning Resource Center at the Taubman Medical Library (specific room TBA)
   Group C will meet from 2:40-5:00 PM in room 2544 CC Little
   Group D will meet from 2:40-5:00 PM in the Learn Resource Center at the Taubman Medical Library (specific room TBA)

5. Students will be assigned to a 10 minute time slot for the video session. The time slots will be allocated for the period from 12 noon to 6 PM. The videotaping sessions will be in the Learning Resource Center at Taubman Medical Library. Students who have potential time conflicts should notify the instructor immediately.

6. Small groups of students will be assigned to critique their videotapes. Each group will be given a 2 hour time period from 12 noon to 6 PM to critique the tapes. The critique will occur at the Learning Resource Center.

P428 (1992)

CONFLICT MANAGEMENT ALTERNATIVES

I. Assertiveness

1. Definitions and characteristics

a. Verbal and nonverbal behaviors

b. Empathic and self-expressive

c. Assertive, passive, aggressive

2. Theoretical and historical foundations

a. National Training Laboratory (post WWII)

b. Gibb on supportive and defensive climates (1961)

c. Rogers on therapy (a helping relationship built on empathy, in which patients solve their own problems) (1961)

3. Emotional and cognitive barriers.

4. Techniques for handling criticism, saying "No," etc. (Manuel Smith, 1975)

a. Fogging

b. Broken record

c. Negative inquiry/assertive inquiry

d. Negative assertion

e. Delaying your response

5. Giving negative feedback in a supportive way

II. Sending Three-Part Assertive Messages

1. General characteristics of assertion messages (taking care of your turf; firmness without domination; offering no solution; empathic, listening skills as basis for assertion).

2. Specific techniques of sending three-part assertion messages

   a. When you [describe behavior non-judgmentally]

   b. I feel [disclose your feelings]

   c. Because [clarify tangible effect on your life]

3. Avoiding roadblocks/barriers to communication

4. After asserting: The Push-Push Back Phenomenon

   a. Assertion message is the "push"

   b. Defensive response is the "push back"

   c. The six point checklist

      1. Prepare in writing

      2. Sending

      3. Silence

      4. Reflective listening

      5. Recycle steps 2,3,4, persistently

5. Other asserting styles and techniques

6. Focus on the "solution"

III. Emotional Conflicts

1. Emotional conflict/personality conflict/relationship conflict

   a. Non-realistic conflict

   b. Realistic conflict

2. Constructive technique for emotional conflict

   a. Respect

   b. Reflect (...until you experience the other side)

c. State your views (Carl Rogers method: Speak for yourself only after you have restated the other person's feelings and ideas to that person's satisfaction)

3. Additional verbal methods in emotional conflict to foster understanding and to promote fair fighting for agreeing to disagree:

a. "You believe...I believe..."

b. "You value...I value..."

4. Connecting "emotional conflict" resolution skills to collaborative problem solving: after emotional components are resolved and positions are mutually understood, you can work more effectively on the substantive issues.

IV. Conflict and Problem Solving

1. What is conflict?

a. From conflict to resolution: problem solving

-definition of conflict

-3 ways: dominate
compromise
collaboration/problem-solving/negotiation

b. Pharmacy conflicts: resources, time, values

2. How can conflict be positive or productive?

a. Not to prevent but to manage and direct conflict

b. Conflict as stimulus to thinking (Dewey, 1910)

-data; feedback; energizing; active learning

-animal and human research; harvard business review

c. Distinctions and definitions

-content

-relational (often surface when discussing content)

-procedures (means)

-substantive (goals)

3. Is there a science or "theory" of conflict?

   a. Game Theory using moves and pay-offs

   b. "Process" theory postulating steps or flow charts

      -antecedent conditions leading to conflict:

         competition
         ambiguous roles
         job specialization
         rules
         prior conflicts unresolved
         (researchable questions)

      -perception/cognition and feeling aspects
         emotional conflict - skills to manage

      -"manifest behaviors"
         assertiveness, etc., skills

      -types of conflict resolution or suppression

      -aftermath

4. What are the strategies to suppress or resolve conflicts?

   a. Win-lose, lose-lose, win-win

   b. Win-lose & lose-lose: common elements

   c. Compromise & win-win: differences

   d. Win-win as problem-solving (or collaboration)

      -characteristics

      -approach

      -5 steps (a la Dewey)

      -how to "do" these steps, as elements of communication?
         listening skills
         empathy

supportive environment
non-judgmental evaluations, i.e., without raising defensiveness

-critical thinking?

5. Do individuals have different styles as a "fixed" element of personality? How much variation by situations?

   a. Effectiveness in 2 dimensions

      -asserting, one's own concerns

      -cooperating, concern for others

   b. 5 styles mapped across the 2 dimensions

      -avoid or compete

      -collaborate or accommodate

      -compromise

   c. Choice of styles for situations

      -when is problem solving/collaboration best?

6. How to be an effective collaborator (or problem solver)?

   a. Historical terms: critical inquiry, problem solving, negotiations (1980's), "win-win or no deal" (1990's)

   b. 6 step method for problem solving:

      -discover needs (not solutions)

      -brainstorming: rules and guidelines

      -select/check consequences

      -plan who does what/when

      -implement

      -evaluate process and outcomes (and how you feel)

   c. List of common pitfalls, and relationship to skills of empathy, reflective listening,

asserting, handling strong feelings; also, the principle of participation, of "mutuality," (just as in patient counseling); rapport.

7. Childhood experiences

   a. Lots of early experience in inefficient resolutions and styles (win-lose) makes "bad habits" feel more natural, and the more efficient styles feel awkward.

   b. Sherif "experiment" (involving children) illuminates conditions that favor cooperation, friendliness, cessation of negative conflict (destructive behavior).

      -To work on goals one group cannot attain on its own builds inter-group cooperation

      -New leaders required

8. Sherif's "superordinate goals" and fitting it all together
   -Similar to "needs assessment" stage?
   -Similarities to "supportive environment"?
   -Similar to "hard on issues/soft on people"?
   -Find that common need, and build a Sherif-type situation

PHR 131L - PHARMACY ADMINISTRATION II
RECITATIONS--SPRING 1993
Ken Lawson, Ph.D.

Course Coordinator: Ken Lawson, Ph.D.
Office: Phr. 3.209
Office Hours: Tuesday and Thursday 2PM - 3PM or by appointment
Teaching Assistants: Bethany Boyd, R.Ph.
David Goodloe, R.Ph.
T.A. Offices (Phone): Phr. 2.216 (Boyd) (471-5605)
Phr. 2.212 (Goodloe) (471-5605)

PHR 131L uses a recitation format whereby the goal of each class session is to promote group activities that will maximize communications among students in the class. This course provides a forum for students to learn from each other using a format that fosters two-way communication rather than the one-way communication found in the typical classroom lecture format. Given this overall purpose for the course, the teaching assistants' primary responsibilities are to facilitate student discussion and keep the discussion focused on the particular topic. Bethany and David, both graduate students in Pharmacy Administration, also will provide background information as needed, and will draw upon their practice experiences to add to the relevance of the discussions.

Grading System

Because of the emphasis on small-group communications in the course and the learning atmosphere we hope to create, the evaluation of each student's performance will be more subjective than you have been used to in previous pharmacy courses. However, please be aware that much time and effort has gone into developing a grading system that we think results in each student being evaluated fairly. Grades will not be awarded in a haphazard manner at the end of the semester; rather, they will be based upon numerous entries the teaching assistants will have for each student in their grade books.

Points will be allocated as follows:

Group Presentation			40
Presentation itself	[20]		
Content	[10]		
Your participation	[10]		
Group Project (Pharmacy Newsletter)			20
Layout/Format/Design	[5]		
Content	[5]		
Form	[5]		
Your participation	[5]		
Participation and Attentiveness During Class		30	
Punctuality in Attendance			10
	Total		**100**

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Letter grades will be assigned according to the following scale:

A	90 points or more
B	80 - 89 points
C	70 - 79 points
D	65 - 69 points
F	Less than 65 points

Group Project

At the first recitation session, you will be assigned randomly to a group with three or four other students. The assigned activity for this group is to develop and prepare a 2-page pharmacy newsletter. Your newsletter may be hospital oriented with a target audience of hospital personnel, or it may be community oriented with a target audience of current or potential patients. You are encouraged to be creative (but professional) with layout, format, and content. This is a writing component activity; therefore, it will be evaluated for form (grammar, spelling, punctuation, sentence structure) and content. Details regarding this assignment will be given in class by your TA.

After completion of the newsletter, each member of the group will rate each of the other members of the group regarding his/her contributions to the preparation of the newsletter. Those ratings will be tallied and the total will represent the 5-point Participation portion of the 20-point Group Project grade. **This project is due at the beginning of class during the week of March 8 - March 11.**

Group Presentations

Also at the first recitation session, you will be assigned randomly to a different group with three or four other students. Your group will select a topic from a list of topics to be provided in class. Your group's presentation will be given the date listed in the attached Schedule of Activities for the semester. Each presentation will be approximately 40 minutes in length and again, creativity is encouraged. Further details regarding the format of these presentations will be given in class by your TA. Following each presentation, the TA will ask questions for the group as well as the entire class to answer.

After each presentation, each member of the presenting group will rate each of the other members of the group regarding his/her contributions to the preparation of the presentation. Those ratings will be tallied and the total will represent the 10-point Participation portion of the 40-point Group Presentation grade. Presentation dates for each group are shown on the attached Schedule of Activities.

Participation and Attentiveness

The 30 points for participation during the semester will be assigned by the TA using the

following guideline: Each student will start the semester with 20 points. If you contribute positively during the semester, you will receive up to 10 additional points. If you make little or no contributions during the semester, you will end up with 20 points. During the week of 3/1 - 3/4 you will be given a preliminary evaluation of your participation up to that time in the semester. We do not anticipate any student receiving less than 20 points for class participation and attentiveness. We have tried to address topics that should be of interest to anyone desiring to practice pharmacy, and our goal is to promote active discussions involving everyone in the class.

Among the things that will be included in your participation grade are:

* Do you make an effort to participate in the discussion?
* Are the points you make relevant to the topic being discussed?
* Is there a willingness to consider the views of other people in the class even if they differ from your own?
* Do you listen to what others in the class have to say or are you "day dreaming," reading a newspaper, or studying for another course during the recitation class?
* Are you willing to respectfully challenge what other students are saying?
* Are you able to provide a rationale for positions you take on issues?
* Do you build on what already has been said during the discussion, and move the level of discussion forward?
* Do you avoid dominating the discussion by allowing (encouraging) others in the class to be involved?
* Do you show respect for your classmates, or are you distracting to those around you?

Class Attendance

Because this class meets only once a week, and because the value you will obtain from the course will come from class discussions and not from any type of lecture notes you can copy from other students, **you will be expected to attend every week.** This means being in the room when the class is scheduled to begin. Up to 10 points can be lost for continual tardiness. **NOTE: Your final course grade will be dropped one letter grade for each week you are absent.** Of course, allowances will be made for verifiable serious illnesses and family emergencies, but Dr. Lawson must be notified at the time and not after your recitation session has already met. Also, you will not be allowed to attend another recitation session if you miss your scheduled session because that would not be fair to those students who do not have a later session to attend.

PHR 131L - Spring 1993
Schedule of Activities

1/25 - 1/28	Course Introduction
	Formation of groups for pharmacy newsletter group project
	Formation of groups and topic selections for group presentations (see listing of possible topics on separate sheet)
	Introductory exercise
2/1 - 2/4	Rationing Health Care: How do we make the hard choices?
2/8 - 2/11	Communication Trigger Tapes Focusing on Empathy: How to improve interpersonal communications)
2/15 - 2/18	Ethics in Pharmacy Practice: How do I know what to do?
2/22 - 2/25	Civil Law and Pharmacy Malpractice: Theory and Case Studies
3/1 - 3/4	Communicating with Terminally Ill Patients: How do I know what to say?
3/8 - 3/11	Current and Future Issues for Pharmacy **Pharmacy Newsletter Group Project Due**
3/15 - 3/18	Spring Break (no 131L class meetings)
3/22 - 3/25	No 131L class meetings because of APhA Annual Meeting
3/29 - 4/1	**Group 1 Presentation**
4/5 - 4/8	**Group 2 Presentation**
4/12 - 4/15	**Group 3 Presentation**
4/19 - 4/22	**Group 4 Presentation**
4/26 - 4/29	Preparing for Job Interviews
5/3 - 5/6	Instructor/Course Evaluations and Discussion

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PHARMACY ADMINISTRATION (PHAR 230)
PROFESSIONAL ASPECTS OF PHARMACY PRACTICE
(PHARMACY COMMUNICATION AND HUMAN RESOURCES MANAGEMENT)
SPRING 1993
Suresh Madhavan, M.B.A., Ph.D.

9:30 to 10:45 am Tuesdays and Thursdays

COURSE BACKGROUND AND PHILOSOPHY

PHAR 230 - Professional Aspects of Pharmacy Practice, is a two unit course and the second of a two course sequence in pharmacy management. **PHAR 229** - Managerial Aspects of Pharmacy Practice, the first of the two course sequence, provided an indepth understanding of various issues relating to management of finance, an important resource for making pharmacy services feasible, and operational management theory and techniques. **PHAR 230** is designed to provide pharmacy students an understanding of: (1) communication theory and interpersonal behavior as they relate to interaction with patients and other health care professionals (Unit One); and, (2) human resources management as it relates to managing, motivating, and leading pharmacy personnel (Unit Two).

Lecture, case study, and discussion formats will be used to present basic communication and human resources management theory and techniques. Since, much of the course content can be better expanded in a smaller, practice-oriented setting, a laboratory section has been incorporated in the course. This once a week, small group session will provide the students an opportunity to apply and practice concepts learned from lectures.

Unit One - Pharmacy Communication

This portion of the course will focus primarily on pharmacist-patient communication. Specific unit objectives are to:

1) Gain insight into the causes of and problems associated with patient noncompliance with prescribed treatment regimens.

2) Understand the factors influencing the patient's perceptions of the pharmacist and the relationship of these perceptions to his/her ability to influence behavior.

3) Acquire knowledge of and practice in using techniques for effective communication of information necessary for patient compliance.

4) Acquire knowledge of and practice in using interview and counseling techniques which enhance the pharmacist's role as a health care professional.

5) Understand the role of assertiveness and team approach in communication with other health care professionals for better patient health care.

Unit Two - Human Resources Management

The second part of the course will introduce students to the principles of management and to selected aspects of human resources management as they apply to managing pharmacy personnel in various environments. Specific unit objectives are to:

1) Make students aware of the basic principles of management and their guidelines for effective practice.

2) Develop students' ability to select, train, motivate, and reward personnel for efficient and effective delivery of pharmacy services.

3) Demonstrate how management theory, and personnel management concepts and skills can be applied in pharmacy practice.

4) Encourage students to develop logical and analytical approaches to problem solving and decision making.

5) Create in students an appreciation of how the successful application of basic management principles and human resource handling skills in pharmacy practice can enhance and expand the professional role of the pharmacist.

Laboratory work

The laboratory section of the PHAR 230 course is designed to give students the opportunity to work in groups to practice and train in various communication exercises. This practical section of the course is expected to add to student learning of the basic principles of pharmacy communications (Unit one) and human resources management (Unit two) taught in class lectures. Students are expected to work individually or in groups on various communication exercises. Specific exercises in the lab will include:

1) Students will counsel each other on commonly prescribed drugs and receive peer feedback. Good communication skills and proper drug knowledge are emphasized.

2) Videotaping students counseling an instructor with written feedback provided.

3) Accurate knowledge and counseling of novel drug dosage forms, medical devices, and non-drug products including patches, inhalers, ointments, injections, and contraceptives.

4) Simplifying complicated drug regimens, use of PPIs and other methods to increase compliance.

5) Information gathering and interviewing patients for drug histories and other health information.

REQUIRED TEXT:

PHAR 230 COURSE MANUAL, prepared by the instructors and available prior to the beginning of each unit through ASP.

SUPPLEMENTAL MATERIALS:

Handouts will be distributed whenever necessary. Some materials may be kept on reserve in the Health Sciences Center library.

REFERENCE TEXTS:

COMMUNICATION SKILLS IN PHARMACY PRACTICE: A PRACTICAL GUIDE FOR STUDENTS AND PRACTITIONERS by William M. Tindall, Robert S. Beardsley, Carole L. Kimberlin. Lea & Febiger Ltd.

PRINCIPLES AND METHODS OF PHARMACY MANAGEMENT by Harry A. Smith, Third Edition, Lea & Febiger Ltd.

MANAGING - A CONTEMPORARY INTRODUCTION by Joseph L. Massie and John Douglas, Second or later edition, Prentice-Hall Inc.

EXAMINATIONS:

There will be two class examinations, one at the end of each unit. The examinations will be a blend of multiple choice questions, short answer questions, and mini-case studies. Emphasis will be more on application of knowledge than on regurgitation of memorized materials. Students must include problem solving and decision making for better understanding in their learning strategy.

QUIZZES AND WRITTEN ASSIGNMENTS:

Quizzes and in-class assignments will be given to evaluate students' understanding and progress at the discretion of the instructor. The written assignments are intended to facilitate learning by giving students opportunities to practice the concepts discussed in the class room. Quizzes may be announced or unannounced. No makeups will be given for missed quizzes. Students with unexcused absences will receive zero points.

ATTENDANCE AND CLASS PARTICIPATION:

Active participation in class discussions and completion of in-class activities is expected as is regular attendance. Excused absences occur when a student presents the instructor with written verification of personal illness, university business or family crisis. No other categories are considered excused. Students will lose credit for participation and any other activities occurring during unexcused absences. Irregular attendance and/or lack of participation will be considered grounds for grade reduction.

Madhavan

GRADING:

	Percent of Total Points	**Course Grade**	
Lecture Unit One	100	90 - 100	A
Lecture Unit Two	100	80 - 89	B
Laboratory (Reduced from		70 - 79	C
150 points awarded)	100	60 - 69	D
Quizzes (p.r.n.)	++	Below 60	F
and other assignments			
Total	300(+) points		

COURSE COORDINATOR: Suresh Madhavan, MBA, PhD

COURSE INSTRUCTORS:

Unit One	Laboratory Coordinator	Unit Two
Joan Gorham, PhD	Karen Winans, RPh	Suresh Madhavan, PhD
Associate Professor	Graduate Student	Assistant Professor
Communications Dept.	Behavioral & Admin.	Behavioral & Admin.
Armstrong Hall	Pharmacy	Pharmacy
Office - 130	Office - G-135 HSN	Office - 1129 HSN
Tel. 293-3905	Tel. 293-5101 (*64)	Tel. 293-5101 (*33)

Office Hours - To be announced

GRADUATE ASSISTANTS:

Prasanna Gore, Ambarish Ambegaonkar, and Krithika Venkataraman
Office - G-135 Health Sciences Center North
Mail box in Room 1133 (Seminar room)
Office Hours - To be announced

COURSE SCHEDULE

1/8 General introduction--all instructors

1/10 ****Why pharmacy exercise (**need handout**)****
Importance of Communication Skills
The State of Noncompliance
The Costs of Noncompliance
Assessing Noncompliance
Predicting Noncompliance

1/15 Profile of Noncompliance (Schering Lab Study)
****Exercise on assumptions****
Interpretation of Prescription Instructions By Patients

1/17 Problems in Retention
Improving Retention
Role of Interactants
Pharmacist's Three Basic Tools of Communication
****Perceptual Modality "Test"****

1/22 Results of study on multi-channel redundancy
****Pull: Limitations/weaknesses in study design****
Legal Issues: Professional Liability

1/24 ****Paper due: Consumer Interview****
Process in groups and report conclusions/insights

1/29 But is This My Responsibility? (SCA data)

1/29 Perceptions of the Pharmacist
****PRCA (**need handout**)**** complete, score, discuss, collect****
Discuss Comm App studies

1/31 Nonverbal Cues and Impression Management
Privacy Study

2/5 Compliance and "The Other One-Third"

2/7 Special Concerns in Dealing With the Elderly
****Exercise from Case Example****

2/12 APhA Survey: Willingness to Pay
Patient Interviews: Barriers to Communication
****Exercise: Group pull--generate barriers****
Constructing and Using Probes

2/14 Listening/Listening and Empathic Responding

2/19 Drug Utilization Review
Dealing With Physicians: Assertiveness
****Exercise: Frame fully assertive responses (in text)****

2/12 EXAM

2/26
& 28 Final taping for lab uses lecture time slots

PHARMACY 230
PROFESSIONAL ASPECTS OF PHARMACY PRACTICE
Spring 1993
Dr. Suresh Madhavan
UNIT TWO
Human Resources Management

DAY	TOPIC	READING
1. Tues. March 9	Marketing Professional Services Dr. Vijit Chinburapa	1) Marketing and the Pharmacy Profession 2) The Ingredients of a Successful Marketing Plan
2. Thurs. March 11	Marketing (continued) Dr. Vijit Chinburapa	- " -
3. Tues. March 25	"Career Planning, Hospital Pharmacy Practice and ASHP" Eric Anderson, R.Ph., Director, Student Affairs Department, ASHP	
4. Thurs. March 30	Computers in Pharmacy Dr. Vijit Chinburapa	Pharmacy Computer Systems
5. Thurs. April 1	What is Management?	
6. Tues. April 6	Third Party Programs and Chain Pharmacy Practice Janice Meikle, VP - Thrift Drug Co.	
7. Thurs. April 8	Functions of Management: Planning and Organizing	Supervisor's Role and Functions
8. Tues. April 13	Functions of Management: Directing and Controlling	- " -
9. Thurs. April 15	Theories of Motivation	Motivating Pharmacy Employees
10. Tues. April 20	D. Stephen Crawford, R.Ph. Pharmacy Consultant, Pharm-C. Inc.	
11. Thurs. April 22	Motivation (continued)	
12. Tues. April 27	Performance Evaluation	1) Employee Monitoring and Appraisal 2) Developing Performance Appraisal Systems
13. Thurs. April 29	Review	

Madhavan

PHARMACY 230 LAB

TIME AND PLACE: Monday or Wednesday - 9:30 to 11:30 a.m.
Lab session - Room 2038
Videotaping - Room 1129

INSTRUCTORS: Karen Winans (Lab Instructor and Coordinator)

Office: G-135 Prasanna Gore
293-5101 Ext. 64 Ambarish Ambegaonkar
Krithika Venkataraman

COURSE OBJECTIVES

This course will begin the development of your communication knowledge and skills necessary for the provision of pharmaceutical care to patients.

Upon completing this lab session of this course, the student should be aware of the communication skills that improve the pharmacist-patient relationship and should be able to apply those skills toward the improvement of therapeutic outcomes through positively affecting compliance and assisting the patient in management of his/her therapy.

More specifically, the student should be able to:

(1) Discuss the role of counseling in the provision of pharmaceutical care

(2) Discuss the concept of trust in the pharmacist-patient relationship

(3) Discuss the differences between information provision and counseling in terms of their definitions, the techniques and skills required, and the pharmacist's role

(4) Discuss the costs of noncompliance and communication skills that pharmacists may employ that may lower these costs via increased compliance

(5) Distinguish between nonassertive, assertive, and aggressive responses

(6) Discuss issues related to pharmacists' communication with the geriatric, pediatric, terminally ill, speech and/or hearing impaired, mentally ill, chronically ill, illiterate patient; with the OTC purchaser; and with a patient's care giver

(7) Demonstrate interviewing proficiency and communication skills in video-taped pharmacist-patient exchanges involving drugs and devices

(8) Identify, explain, and use assertive responses such as:

a)	broken record	d)	fogging	g)	workable compromise
b)	follow-up	e)	negative assertion		
c)	self-disclosure	f)	negative inquiry		

(9) Define and discuss conflict, reasons for conflicts, and use of problem-solving techniques in finding solutions

(10) Become self-learners so as to provide for life-time professional growth

LAB FORMAT

Attendance is mandatory and students may not switch between sections without instructor approval. Absence without prior approval shall result in points lost from total grade.

Students will be responsible for knowing the basic counseling information (provided in the packet) one would provide to a patient for twenty-six (26) commonly prescribed drugs or devices.

Students will incorporate the drug information with communication information from lecture and lab into role-plays, videotapings, and written assignments designed to give the student counseling practice.

ASSIGNMENTS

The first written assignment will provide students with scenarios which will require students to discuss possible patient and drug related factors and, using problem-solving skills, develop an effective communication strategy for obtaining specific therapeutic outcomes.

The second assignment will require students to form groups, each of which will choose a topic for inclusion in a class notebook. The resulting notebook will provide each student information the class feels would be of practical use to the newly graduated pharmacist.

Role-plays will take place weekly. Scenarios developed by the instructor(s) will provide students the opportunity to develop communication skills and techniques.

Three videotapings for each student will be submitted for grading. Each session will take place outside of class and will last no longer than 15 minutes. Students are expected to arrive 5 minutes early to prepare. Because punctuality is essential to smooth operation of the sessions, 3 points will be lost for each minute late. Sign-ups will be on a first-come, first-serve basis 1 week prior to taping with times available coordinated to "open" times for lab assistants and students. Karen, Prasanna, and Ambarish will conduct the tapings. Student may not change times without instructor approval. Students shall look professional and dress appropriately for tapings.

Additional times will be made available for students to practice with the video-tape running. Students are strongly encouraged to practice in groups of two to four and to evaluate one another.

GRADING: Laboratory is approximately 33-1/3% of the total course grade.

Videotape I	20 points
Videotape II	30 points
Videotape III	50 points
Written Assignment	25 points
Notebook	25 points
TOTAL POINTS	150 points

PHAR 230
LEARNING OBJECTIVES FOR FINAL EXAM
Unit II - Human Resources Management
Dr. Suresh Madhavan

Below are learning objectives that you should be able to complete satisfactorily after preparing for the Final Exam.

NOTE: You are also responsible for the materials and readings covered by Dr. Chinburapa.

I. Introduction to Management:

1. Identify characteristics that distinguish managers from technicians.
2. Recognize the different definitions of "management".
3. Define or explain in your own words the term management.
4. Distinguish between administrators and managers.
5. List the four functions of managers and explain in your own words what they mean (or if described be able to recognize the function).

II. Planning:

1. Recall potential advantages and disadvantages of planning.
2. Given one step in the planning process, be able to recall the next step that should follow.
3. Differentiate between short range and long range planning and the appropriate "tactical" and "strategic" planning.
4. Explain how planning at a specified level of management differs from planning at higher or lower levels of management.
5. When given a description of a budget, classify it as a "flexible" or "fixed" budget.
6. Distinguish between policy, rule, creed, procedure, or principle.
7. Recognize the characteristics of good policies.

III. Organizing:

1. Contrast formal and informal organization.
2. Recall the reasons for the development of a formal organization.
3. Recall the components of an organization chart.
4. Recognize shortcomings of an organization chart.
5. Differentiate between authority, responsibility, delegation and accountability.
6. Contrast influence, power, and authority in terms of broadness of each concept.
7. Differentiate between descriptions of line, staff, or functional authority.
8. Recall descriptions of each of the traditional principles of organization.
9. Given a management situation, properly identify the situation as illustrative of a violation of one of the traditional principles of organization.

IV. Directing:

1. Distinguish effective communication from other communication.
2. Contrast formal and emergent communication networks.
3. Differentiate lateral, informal, and grapevine communication channels.
4. Distinguish between verbal and non-verbal communication.

V. Controlling:

1. Recognize appropriate and inappropriate descriptions of the control process in the management context.
2. Be aware of the relationship between control and other management functions.
3. Define and contrast closed and open loop feed back systems.
4. Recall the four essentials of the control system and what each element entails.
5. Be aware of the different applications of the control process in finance, merchandising, production, and sales.
6. Be aware of the role of MBO as a control system in managing human resources. (See Handout, pages 63 to 66.)

VI. Motivation:

1. Give reasons why good employee relations are important.
2. Describe three personality types exhibited by employees and the typical on-the-job behavior exhibited by each.
3. Contrast management styles, work personalities with types of rewards (extrinsic or intrinsic).
4. Recall the needs identified by Maslow and their relative position in his hierarchy of needs.
5. When given specific job factors or reward, be able to classify them as "hygiene factors" or "motivational factor".
6. When given a description of a situation in pharmacy management, be able to offer alternative analyses of motivation problem and suggestions for solving the problems using specific motivation theories.
7. Recognize characteristics of hygiene factors and motivational factors as described in Herzberg's two factor theory of motivation.
8. Differentiate between traits that are common to Theory X managers and those that are common to Theory Y managers.
9. Recall the relationship between motivation and performance.
10. Explain Vroom's Expectancy theory and how it speaks of the need for managers to have credibility when they propose rewards to employees.
11. Be aware of the application of the various theories to pharmacy employees as described by Sara White and Joyce Generali in "Motivating Pharmacy Employees".

VII. Performance Evaluation (Also Read "Developing Performance Appraisal System", By: Steven Ross)

1. Be able to identify the different reasons why performance evaluation is desirable in an organization both from the organization and employee points of view.
2. Be able to identify the goals of a good performance evaluation system.
3. Recognize the pitfalls of putting a performance evaluation system into practice.
4. Be able to point out the merits and demerits of having different people (e.g. peers, subordinates, etc.) do performance evaluation.
5. Compare the different performance evaluation methods discussed in class (including MBO).
6. List the different problems associated with performance evaluations.
7. Compare the terms job analysis, job description, and job specification. (See Handout, pages 71 to 72.)
8. Be aware of the role of performance standards as the basis of an appraisal system. ("Developing Performance Appraisal Systems", By: Steven Ross).

PROFESSIONAL COMMUNICATIONS
PHA4742
SPRING 1993
Paul L. Ranelli, Ph.D. and Carole L. Kimberlin, Ph.D.

Instructors

Paul L. Ranelli, Ph.D
Assistant Professor
Pharmacy Health Care Administration
Office P104A

Carole L. Kimberlin, Ph.D.
Associate Professor
Pharmacy Health Care Administration
Office P106

Office Telecommunications

TEL 904.392.5270
FAX 904.392.7782
TDD 800.955.8771

Office Hours

Drs. Ranelli & Kimberlin
Tuesday, 10:40-11:30 AM, Period 4
Tuesday, 1:55-2:45 PM, Period 7
or by appointment

Lecture Meetings (PHA4742)

Two hours per week
Tuesday 8:30-10:25 AM
Periods 2 & 3, C1-9 Communicore

Credits Two

Lab Meetings (PHA4742L)

Two hours per week; 6 sections;
Tuesday, Wednesday, or Thursday, 3:00-4:55 PM, Periods 8 & 9,
CG69 or CG89, Communicore

Credits One

Lecture Assistants or Lab Instructors

Ms. Michelle Assa, Office P107
Ms. Sherri Aversa, Office P107
Mr. David Gettman, Office P104
Mr. Dan Halberg, Office P107
Dr. Carole Kimberlin, Office P106
Mr. Max Lemberger, Office TBA
Ms. Lynda McKenzie, Office TBA

Check with your lab instructor for office hours and the best way for you to communicate with her or him.

Helpful Hint: Keep a separate folder or notebook for all laboratory materials.

Description and Goals for 4742

Your pharmacy studies and later occupation can become more meaningful through the communication perspective that is presented in this course. Specific course topics are discussed within the framework of two themes: patient-centered communication and colleague-centered communication.

The lecture goals are to offer the following:

- Insight on the health and medication-information needs of patients;
- Foster an understanding of the communication dynamics between patients, pharmacists, other health professionals, and staff; and
- Offer exposure to counseling and interviewing patients on medication-related issues through examples.

Reading and lecture material are selected from various areas of study, including pharmacy, other health professions, sociology, and social psychology.

Lecture Objectives

1. Identify the responsibility pharmacists have to communicate to patients about therapeutic goals using pharmaceutical care.

2. Compare the social and psychological aspects of illness that patients and pharmacists often experience and the decisions that are communicated regarding drug use.

   a. Identify typical, normal, emotional reactions to illness.
   b. Describe appropriate ways of responding in crisis and noncrisis situations.
   c. Explain the value of a health-related book to pharmacists and patients by writing a critical book review.

3. Communicate effectively with patients, other health professionals, and staff.

   a. Identify and understand empathy.
   b. Describe positive and negative verbal and nonverbal behavior in encounters.
   c. Match communication receiver's needs with intervention styles.
   d. Describe ways to conflict in the relationship.

4. Understand the communication tasks involved in providing care to patients.

   a. Discuss disease and medication-taking information from patients or other sources that helps assess therapy.

   b. Recall how to assess patient understanding and knowledge about medications taken.

   c. Describe ways patients relate to the medications they take.

   d. Recount potential problems with medication use, such as inappropriate use, adverse reactions, or lack of effectiveness that may interfere with communication.

e. Evaluate causes of appropriate or inappropriate use of medications, including overtreatment or undertreatment that have an impact on the communication process.

f. Describe intervention strategies to correct problems with use, such as providing specific information on medications, tailoring medication schedules, teach self-monitoring techniques, suggest changes to prescribers, or use of compliance aids.

g. Understand the importance of documenting actions taken.

5. Describe ethical dilemmas faced routinely by pharmacists in communicating about medication therapies.

6. Synthesize the responsible provision of drug therapy, the achievement of definite patient outcomes, and the improvement in a patient's quality of life with a plan to enhance communication about medication-taking activities for patients and other providers in you future practice.

Testing and Evaluation for Lecture: Based on points

Method	Percent	Points	Grading (Percentage)
Exam 1	25%	125 points	A 91-100
Exam 2	25%	125 points	B+ 86-90
Exam 3	35%	175 points	B 81-85
Book review	15%	75 points	C+ 76-80
			C 70-75
TOTAL	**100%**	**500 points**	D+ 66-69
			D 60-65
			E < 60

Class policies and participation

Please come to lecture prepared. This means you are up-to-date on all reading assignments.

Please note that no make-up examinations are given except under extreme circumstances and at the discretion of Dr. Ranelli. If an extreme circumstance arises, you must give notice to Dr. Ranelli prior to an exam or a make-up will not be offered.

Students who wish to discuss a graded exam or assignment must contact the professor within **one week** after grades are posted or assignments returned. Faculty and assistants are not required to retain graded or grading materials for more than forty-five days beyond the end of the semester.

CHEATING AND PLAGIARISM. Any use of resources other than your own recollection and reasoning ability on an exam or assignment is cheating. Plagiarism, a form of cheating, occurs when another person's work is used without attribution or when it is copied without attribution. If a student cheats or plagiarizes she or he will fail the course. All incidents will be reported to the Associate Dean for Student Affairs and procedures regarding academic dishonesty will be enforced.

Highlights of testing and evaluation methods for lecture

EXAMINATIONS. Exams are a combination of multiple choice, matching, short answer, or true-false. *The final exam will be comprehensive, meaning it will cover the entire semester.* Grades for exams are posted by partial social security number (last four digits). If you prefer not to have your grade posted, please notify Dr. Ranelli. Sample questions are attached.

BOOK REVIEW. Selecting an alternative to a classroom text is a insightful way for students and faculty to view communication principles presented in the course. A fictional or nonfictional account offers such an opportunity . This semester's book is The 36-Hour Day. The book review is due by the end of **lecture** in C1-9 on 30 March, Week 12. *Note: Late paper arrivals receive zero points.* Detailed instructions, grading criteria, and a sample are attached.

Required reading
[available in Health Center Bookstore; MKBP at The Florida Bookstore, Vol I or II; one copy of each on library reserve]

Northouse PG, Northouse LL. 1992. Health Communication. Norwalk CT: Appleton & Lange. Abbreviated in syllabus as **NN**.

Tindall WN, Beardsley RS, Kimberlin CL. 1989. Communication Skills in Pharmacy Practice (2d Ed) Phila: Lea&Febiger. **TBK**.

McKenzie LC, Kimberlin CL, Berardo DH, Pendergast JF. 1990. Pharmacists' care of elderly patients. [Primer]. **MKBP**.

Mace NL, Rabins PV. 1991. The 36-Hour Day. Baltimore: Johns Hopkins. Abbreviated in syllabus as **MR**.

****FREE Handout****National Council on Patient Information and Education (NCPIE). 1992. Talk about prescriptions month. **NCPIE**.

Lecture Schedule and Syllabus

Date	Topic	Lecturer	Readings & Reminders
5 Jan, Week 1	Introduction Empathy	Dr. Ranelli and Dr. Kimberlin	Preface of NN & TBK; TBK5; MR
12 Jan, Week 2	Pharmaceutical care and communication	Dr. Ranelli	NN3; TBK2; MR
19 Jan, Week 3	Preparing oral presentations Interviewing and assessment	Ms. Deborah Klapp and Dr. Ranelli	NN4; TBK3; MR
26 Jan, Week 4	Interviewing and assessment	Dr. Ranelli	NN5; TBK8; MR
2 Feb, Week 5	Patient education Counseling strategies	Dr. Ranelli	TBK4; MR
9 Feb, Week 6	**Exam One** Patient education and motivation	**Exam One** Dr. Ranelli	**Exam One** MR; MKBP
16 Feb, Week 7	Elderly Early course evaluation	Dr. Kimberlin	NN1; NN2; MKBP; MR
23 Feb, Week 8	Depression and suicide	Dr. Kimberlin	TBK9; MKBP; MR
2 Mar, Week 9	Death and dying	Dr. Kimberlin	NN6; TBK10; MR
8-12 MAR	SPRING BREAK	SPRING BREAK	SPRING BREAK
16 Mar, Week 10	Risk management and documentation	Dr. Brushwood	NN8; MR
23 Mar, Week 11	Ethics issues	Dr. Ray Moseley Community Medicine	TBK11; MR

30 Mar, Week 12	**Exam Two** Book review discussion	**Exam Two** Dr. Ranelli	**Exam Two** **Book Review Due**
6 Apr, Week 13	Physician and pharmacist relationships	Dr. Segal	NN7; TBK6
13 Apr, Week 14	Assertiveness and conflict resolution	Dr. Segal	TBK7; NCPIE
20 Apr, Week 15	Contemporary issues Field research	Dr. Ranelli	TBK1; TBK12; NCPIE
25 Apr-1May, Finals	**Comprehensive, Exam Three**	**Comprehensive, Exam Three**	**Comprehensive, Exam Three**

SAMPLE EXAMINATION ITEMS
Professional Communications (PHA4742)

T Dying is a psychosocial event in addition to a biological event.

T With aging, say Tindall, Beardsley, and Kimberlin, the ability to process new information on prescriptions tends to be slower.

E Which one of the following special problems must the chronically ill face?

a. Preventive behaviors require an acceptance on the part of the patient of the identity of a chronically ill person
b. The chronically ill person must come to value the control of symptoms and the control of the progress of the disease
c. Attempting to estimate what the future may bring to help the chronically ill person manage the disease
d. a and c
e. a, b, and c

B Which of the following is an open-ended question?

a. "Are you taking your blood pressure medicine?"
b. "How have you been taking your blood pressure medicine?"
c. "Do you have any difficulty remembering your blood pressure medication?"
d. "Does your blood pressure medication bother you in any way?"
e. "Do you have any blood pressure medicine left?"

D After reading Tindall, Beardsley, and Kimberlin, which one of the following describes the reduced ability to understand what others are saying and to express oneself?

a. Dyslexia.
b. Chorea.
c. Dyscartheria.
d. Aphasia.
e. Bulbar palsy.

C According to the Northouse and Northouse text, every message has two dimensions. What are these two dimensions?

a. Complimentary and symmetrical.
b. Parallel and symmetrical.
c. Content and relationship.
d. Control and reference.
e. Reward and stewardship.

E Targeting your communication efforts with those in need is one way to enhance cooperation with medication regimens. Studies have shown consistently that lack of cooperation with medical advice is most common with:

a. Women over 65 years of age.
b. Children using pediatric medications.
c. Patients who attend large multi-specialty clinics.
d. Teenage men.
e. None of the above.

Dr. Dominic Sortez, pharmacist, was concerned about his questioning style. He was trying to decide which one of the following questions would be most helpful: "Does the medicine make you drowsy?" or "How does the medicine make you feel?" Briefly, what advice would you give him about these question types?

The first question is closed or restrictive. The second question is open or expansive. A closed question can be useful depending on what has preceded it. However, a greater concern with the first question is that it is an example of a leading question. Leading questions direct patients to specific answers. Even though the answer you get may be "correct", it is better to give patients a chance to express themselves on how they feel. Therefore, I would suggest to Dr. Sortez that he try the "how" question, the second of the two.

Ms. Celeste Quirk, a local pharmacist, was reading the 1992 Talk About Prescriptions newspaper and planning guide from NCPIE that you, her pharmacy student intern, gave her during October's Talk About Prescriptions Month. She was surprised to see the change in hypertension compliance figures reported in two bar graphs from national studies. She remarked, "These graphs could help me communicate more efficiently with my patients who have high blood pressure." What did she see?

B The number of patients who were unaware of their disease _____ in 1982-84 from 1971-72.

a. Increased.
b. Decreased.

A The number of patients using medications _____ in 1982-84 from 1971-72.

a. Increased.
b. Decreased.

A The number of patients "under control" displayed in the graphs _____ in 1982-84 from 1971-72.

a. Increased.
b. Decreased.

Ms. Quirk then challenged you. She said, "Now that we have looked at these graphs, **how** will this information help us communicate more efficiently with our patients who have high blood pressure?" What response would you have for your preceptor?

[THINK OF AN ANSWER].

COMMUNICATIONS LABS
PHA 4742L
SPRING 1993
Carole L. Kimberlin, Ph.D. and Paul L. Ranelli, Ph.D.

8th & 9th Periods -- Tues, Wed, or Thurs
Rooms CG-69 and CG-89
Coordinator: Dr. Carole Kimberlin
Office: P-106, 392-5270
Office hours: 4th and 7th periods Tues, or by appointment

LABORATORY INSTRUCTORS

Sherri Aversa	office, P-107	Carole Kimberlin	office, P-106
Michelle Assa	office, P-107	Max Lemberger	office, P-104
Dan Halberg	office, P-107	Lynda McKenzie	office, P-104
David Gettman	office, P-104		

Telephone for all instructors: 392-5270

OBJECTIVES

1. When interacting with a patient, the pharmacist/pharmacy student will be able to establish an effective, helping relationship with the patient. In order to do this, the pharmacist must be able to communicate effectively with the patient by being able to:

   A. Understand and express empathy for patient concerns.

   B. Understand the effects of nonverbal communication in patient-pharmacist encounters.

   C. Resolve conflicts that arise in patient-pharmacist relationships.

2. When encountering a patient in professional practice, the pharmacist/pharmacy student will be able to:

   A. Obtain information from the patient and other sources that will help the pharmacist assess the patient's therapy.

   B. Obtain information on medications the patient takes.

   C. Assess patient understanding/knowledge of the use of these medications.

   D. Assess the way (schedule, dose, etc.) that these medications are taken by the patient.

E. Assess potential problems with medications that patients can report on (i.e., inappropriate use, adverse reactions, lack of adequate response).

F. Evaluate the causes of problems with inappropriate use (i.e., misunderstandings of drugs and schedules, inconvenient scheduling, interfering beliefs or misconceptions of therapy, perceptions that therapy is not effective, experience of adverse reactions, inability to afford medications, etc.).

G. Plan appropriate intervention strategies with patients to correct problems with use (i.e., provide information on medications, tailor medication schedules, develop cues to taking medications, teach self-monitoring procedures, teach use of compliance aids, identify means of obtaining financial assistance, refer to appropriate providers of care, recommend changes to prescribers, etc.).

H. Assess potential problems with inappropriate or suboptimal therapy with data gathered from patients and other sources which require interventions with prescribers (i.e., drug-drug interactions, inappropriate duplication of therapy, inappropriate or suboptimal choice of drug, inappropriate duration of therapy, etc.).

I. Plan appropriate intervention strategies with prescribers to correct problems with therapy (i.e., recommend changes to prescriber, refer patients to providers, etc.).

3. In providing information and advice to patients on appropriate medication use, the pharmacist/ pharmacy student will:

A. Identify relevant information that must be understood by patients if they are to make informed decisions about medication use and be able to use medications appropriately and safely.

B. Apply patient education techniques to help ensure that information is provided in an understandable, logical way.

C. Work with patients to arrive at a schedule of use that will meet regimen requirements and that the patient feels able to manage. Simplifying regimen requirements as much as possible and establishing reciprocity in patient care decisions is important.

D. Teach techniques to help manage medication regimen demands.

E. Establish a process to regularly evaluate a patient's informational needs and provide this information on a routine basis.

SCHEDULE

Lab #	Date	Topic
1	Jan 5-7	Orientation Discussion and scheduling of self-instructional activities for Lab #2 and #3
2	Jan 12-14	Self-instructional activity--no lab meeting
3	Jan 19-21	Self-instructional activity--no lab meeting
4	Jan 26-28	Patient assessment. Post-test on self-instructional material
5	Feb 2-4	Patient interviewing
6	Feb 9-11	Patient education **Assignment due:** Interviews with members of lay public/pharmacy patrons
7	Feb 16-18	Empathy
8	Feb 23-25	Empathy Midcourse evaluation **Assignment due:** Videotape of patient education exercise and self-evaluation of tape
9	March 2-4	Community Education
	SPRING BREAK, MARCH 8-12	
10	March 16-18	Videotaping Individual appointments No lab meeting
11	March 23-25	Videotaping Individual appointments No lab meeting
12	March 30-Apr 1	Self/peer assessments of videotaped interviews. Meet in small groups of 3-4

		people. No scheduled lab meetings
13	April 6-8	MD consultation **Assignment due:** Videotape and self-assessment paper and peer evaluation forms due
14	April 13-15	Review of selected videotaped patient interviews Course evaluations **Assignment due:** MD consult letter
15	April 20-22	Review of selected videotapes

GRADING

Assignment		% of grade	Due	Information
1.	Post-test on self-instructional material	10%	Week 4	In-class test
2.	Interviews with lay public	10%	Week 6	Typed, 1 page
3.	Patient education practice videotape along with evaluation forms	5%	Week 8	Tape, partner and self evaluation forms and 1-page evaluation
4.	Instructor grading of practice videotape	15%	Week 9	12-item form (attached)
5.	Self-assessment of videotaped interview with "patient"	15%	Week 13	(1) Typed, 2-page self-assessment paper, (2) Peer evaluation forms, (3) Videotape
6.	Consult letter to	10%	Week 14	Typed, 1 page

	physician			
7.	Instructor grade on videotaped interviews	35%	Week 15	12-item form

ALL ASSIGNMENTS MUST BE COMPLETED IN ORDER TO RECEIVE A PASSING GRADE IN THE CLASS

GRADING SCALE

A	91-100	C	70-75
B+	86-90	D+	66-69
B	81-85	D	60-65
C+	76-80	E	< 60

ATTENDANCE

The labs require participation on the part of all students and a willingness to work together and help each other. Because you cannot participate if you are not in lab, attendance is **required**. We also want the groups to remain constant throughout the semester, so will **not** allow students to attend other lab sections during the semester. However, people do get sick or must be out of town. Notify the instructor as soon as possible that a lab must be missed. If you **must** miss a class, you will be responsible for presenting to the instructor a written plan to make up the lab activity, and have this approved by the instructor. If the activity includes a patient role play, you must arrange with someone else to play the role of the patient and must submit an audiotape of the role play. If the assignment involves group discussion, you must arrange to do this with friends and submit a tape. If it involves giving a presentation in front of a group, you must arrange an audience (5 or more people) and audiotape your speech along with group discussion evaluating the presentation.

For unexcused absences, your grade will be dropped a letter grade for each absence. In other words, for one absence, the highest grade you could obtain would be B+, for two absences the highest grade would be B, and so on.

LAB PREPARATION/ASSIGNMENT

A. Self-instructional learning: January 11-January 21 (Approximately 2 hrs): Test, January 26-28. See attached insert, alternative assignment.

You will complete a self-instructional computer/videodisc program on basic communication skills. Instructions for using the equipment are attached. The equipment is set up in the Health Sciences library and the videodisc can be checked out from the Media Reserve Desk. The equipment is set up in the southwest corner of room C2-11

(the Media Study Center). This room is open Monday-Thursday, 8:30 a.m.- midnight, Friday and Saturday, 8:30 a.m.- 5:00 p.m., and Sunday, 2:00 p.m.- midnight. There are three stations that can be used but only one person at a time can use them. The computer will automatically record your ID number, each instructional program you access, the item responses you choose in the instructional programs, the responses you select on the tests, etc. Each videodisc program has patient cases for the instructional programs as well as two "tests." You will not be graded on your performance on these videodisc tests but we do ask that you do your best in answering the test questions. We will check computer records to verify that the programs and tests have been completed. In addition, a post-test on the material will be given in the labs, January 26-28, which will be graded. The exam will be multiple choice and short answer and will cover information conveyed in the self-instructional material. It will take approximately 20 minutes to complete.

B. Interviews with lay public/pharmacy patrons: Due February 9-11

Interview separately at least four people not in the pharmacy field (or related to a pharmacist) about what a pharmacist does. Use the items provided on the attached survey form in addition to any further questions you would like to ask. Type or computer-print a one-page report (please submit two copies) describing your findings and hand this report in along with your completed survey forms.

C. Patient education: Due February 23-25

Please choose a partner who will play your "patient." This has to be another student in the class. Tell the "patient" that he or she has been newly diagnosed as having one of the following: ulcers, high blood pressure, or epilepsy. This patient is not new to your pharmacy, has no allergies, has complete information on the profile (age, weight, etc.) and only sporadic prescriptions for antibiotics (the last being filled over a year ago). The patient will present to you a prescription for one of the drugs listed (see attached list; you choose which one to match a patient diagnosis). Each patient should be asked to include at least one other drug he/she is taking. Then conduct and or videotape a 5-minute patient consultation on that drug. If you wish to redo the tape before submitting it to the instructor, please do so. The tape will be due at the beginning of your lab sessions the week of February 23-25. However, the tape you turn in will be the one evaluated and will not be redone after the assignment is due. You and the "patient" must listen/view each other's consultation and fill out the "Patient Education Evaluation Form" (attached). You will then each type up a one-page self-assessment of your consultation. The grade on the self-assessments will depend on the specificity of your critique of your own consult. The more realistically critical you are, the more specific points and techniques you note as either positives or negatives, the more points you note on things you forgot to do that would improve your consultation, the better the self-assessment will be viewed.

Videotape equipment is available and set up in CG-56. You can go there at any time and videotape your consultation (this will serve as good practice for the required videotaped

interview described in Section D below). For those who have camcorders, you are welcome to use those.

Prescription Labels:

Axid 150 MG	1 BID	#60	Refills = 1
Minipress 1 MG Administer 1st dose at bedtime.	1 TID	#90	Refills = 2
Phenobarbital 100 MG Avoid alcohol	1 BID	#90	Refills = 2

D. Videotaping: March 16-April 2/Self-assessments of videotape: April 6-8

We will be posting schedules for individual videotaping sessions March 16-April 2. You will be assigned a time and a room number (many assignments will be during regular lab hours, so please do not plan other activities during your lab times for those weeks). Bring your own videotape (please use a blank tape) to the appointment. When you are scheduled, go into the room with the camera set up and you will be given a patient profile (the patient profile will be one of the five profiles on an attached sheet).

The patient name and demographic information will be presented at that time. You must then do a patient consultation which incorporates both interviewing and patient education techniques. The purpose of the interview is not to do a complete medication history because the patient is not new to the pharmacy and the pharmacists always take complete medication histories on new patients. However, you are a new pharmacist here and do not know this patient well. The data gathering you do during the consultation is for the purpose of: (1) making sure the information from the patient profile is complete and up to date, (2) assessing patient understanding of the new drug therapy, and (3) uncovering possible problems (and causes of problems) in drug use. The rest of the time will be spent educating the patient about the new treatment.

You will be assigned to work in groups of 3-4 to evaluate each other's interviews before the tapes are turned in to the instructor for grading. Since it is difficult to schedule times to meet, the labs of March 30-April 1 will not meet as a class but you are urged to use that time to review the tapes. Evaluation forms (see attached) will be given to each person to fill out for each interviewer. These forms will be given to the interviewer and handed in to the instructor April 6-8. Also due on April 6-8 is a two-page critique of your own interview, including a summary of strengths, weaknesses, and plans for how you could improve.

E. Physician Consultant Letter: Due April 13-15

Read the patient case study on a form attached. Prepare a one-page, single-spaced typewritten or computer-generated letter to the patient's physician with recommendations that would improve this patient's therapeutic outcomes, including improved quality of life.

ACADEMIC HONESTY

Any use of resources other than your own recollection and reasoning ability on assignment is cheating. Reporting on work conducted that you did not actually do is also cheating. Plagiarism, another form of cheating, occurs when another person's work is used without attribution or when it is copied without attribution. If a student cheats or plagiarizes, she or he will fail the course. All incidents will be reported to the Associate Dean for Student Affairs and procedures regarding academic dishonesty will be enforced.

LAB PREPARATION/ASSIGNMENT

a. Self-instructional learning: January 11-January 21 (Approximately 2 hrs):
Test, January 26-28

You will complete the self-instructional section on basic communication skills. This will consist of viewing the following videotapes: "Empathy: Person-to-Person and "Pharmacist-to-Patient" Consultation Program: An Interactive Approach to Verify Patient Understanding" which are on reserve at the Health Sciences Library. The Empathy tape has three parts--please watch all three parts--please watch all three sections. You may view videotapes individually or with two or three people. The videotape players and earphones are set up on carts on the first floor of the library or in room C2-11 (Media Study Center). After completion of the videotapes, please check out the videodisc from the Media Reserve Desk and complete only the two tests for each of the three units (patient interviewing/assessment, physician consultation, and patient counseling). Instructions for using videodisc equipment are attached. The videodisc equipment is also available in the library in the southwest corner of C2-11. The computer to the videodisc will record all programs assessed as well as your responses according to your social security number. You will not be graded on your performance on the tests but we do request that you do your best to choose the best answers while taking the test. We will check the computer records to make sure the tests have been completed. Only one person can use this equipment at a time (there are three sets of equipment). You will be tested over information on only the videotapes ("Empathy" and "Pharmacist-patient Consultation Program") in the labs, January 26-28. This test will be graded. The exam will be multiple choice and short answer and will cover information conveyed in the self-instructional material. It will take approximately 20 minutes to complete.

COUNSELING AND COMMUNICATIONS
121 HSAD
SPRING SEMESTER 1993
Quentin Srnka, Pharm.D.

Classes: 11:00 AM - 11:50 AM Thursdays; A303 GEB

Recitations: 1:00 PM - 3:50 PM Mondays; Class, A302 GEB; Section I, A313 GEB; Section II, A314 GEB; Section III A315 GEB; Section IV, A316 GEB.

Semester Hours Credit: 2(1-3) Semester Hours Credit

Instructors: Dr. Quentin Srnka, 112 Mooney, Phone 528-6035; Dr. Michael Ryan, 104 Mooney, Phone 528-6035

References: Photocopies, reprints, and other materials will be utilized as a reference source in lieu of a text. Some materials will be provided to students, while others *may* be available on reserve in the UT Library.

Course Goals: This course is designed to provide students with an introduction to the study of interpersonal relationships, patient counseling, and communications as they relate to human behavior and pharmacy practice.

Weight of Course Components for Determination of Average:

Examinations (2 @ 10%)	20%	
Drug Product Quizzes (2 @ 5%)	10%	
Preparation and Participation		10%
Consumer Education Unit		20%
Self-Care/OTC Drug Product Consultation		20%
Patient Prescription Counseling		20%
Total		100%

Correlation of Average with Final Grade for Course:

A	95 - 100%	**C+**	77 - 79%
A-	90 - 94%	**C**	74 - 76%
B+	87 - 89%	**C-**	70 - 73%
B	84 - 86%	**D**	65 - 69%
B-	80 - 83%	**F**	<65%

Didactic Attendance: Attendance in didactic (one-hour class) sessions is not required. However, it will not be possible to obtain all points based on "preparation and participation" if class absences or tardies occur. Attendance will be taken. To help ensure preparation for class,

unannounced quizzes over assigned readings *may* be given during class periods.

Recitation Attendance: Attendance in recitations **is required**. For each recitation missed in excess of one, two (2) points will be subtracted from the student's overall average for the course. Unannounced quizzes over assigned readings *may* be given during recitations.

Tentative Schedule · 121 HSAD · Spring Semester, 1993

01/07 – Thursday (class)

Counseling and Communications in Contemporary Pharmacy Practice

Objectives: to understand the importance and need for the pharmacist's counseling and communications role as related to the quality of health care delivery; to examine the term *pharmaceutical care* and relate it to counseling and communications in community based and institutional pharmacy practice.

Reading Assignment: Hepler, CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. *American Journal of Pharmaceutical Education*, 1989; Vol. 53 (Winter Supplement): 8S-13S.

Reading Assignment: Ferrell, JF, Jr. New Regulations Effective in Early 1993. *Tennessee Pharmacist*, 1992; Vol. 28: 8.

01/11 – Monday (recitation)

Course overview

Review of Hepler/Strand paper on pharmaceutical care

01/14 – Thursday (class)

Guest speaker: Walter L. Fitzgerald, B.S.Ph., M.S., J.D.
Ethical and Legal Considerations of Counseling and Failing to Counsel, Part I

Objective: to discuss state-of-the-art counseling; to describe ethical and legal ramifications of counseling or failing to counsel.

01/18 – Monday (Holiday: M. L. King, Jr. Birthday)

01/21 – Thursday (class)

Guest speaker: Walter L. Fitzgerald, B.S.Ph., M.S., J.D.
Ethical and Legal Considerations of Counseling and Failing to Counsel, Part II

Objective: to discuss state-of-the-art counseling; to describe ethical and legal ramifications of counseling or failing to counsel.

01/25 – Monday (recitation)

Class discussion on OBRA 90, counseling, and failing to counsel

Assignment: Field trip to pharmacies.

01/28 – Thursday (class - on your own)

Field trip to two area pharmacies to observe counseling/communications

Objective: to assess the perceived quality and quantity of patient counseling and communications in Memphis-area chain and independent community pharmacies.

Note: Sixteen (16) section leaders will meet with Dr. Ryan in A303 GEB (rather than participate in field trip) with the objective of planning for practice sessions on 2/08, 2/15, 2/22, and 3/1.

02/01 – Monday (recitation)

Report on field trips to Memphis-area pharmacies

02/04 – Thursday (class)

Self-Care Counseling and Nonprescription Drug Products, Part I

Objectives: to describe the nature of patron requests for nonprescription drug products, suggest questions that should be asked prior to recommending products, and instances when nondrug therapy or referral is indicated.

02/08 – Monday (recitation)

Drug Product Quiz #1

Self-Care Counseling Practice, Part I

02/11 – Thursday (class)

Self-Care Counseling and Nonprescription Drug Products, Part II

Objectives: to describe the nature of patron requests for nonprescription drug products, suggest questions that should be asked prior to recommending products, and instances when nondrug therapy or referral is indicated.

02/15 – Monday (recitation)

Self-Care Counseling Practice, Part II

02/18 – Thursday (class)

How to Counsel Patrons on Use of Prescription Drug Products, Part I

Objective: to describe and discuss format, elements, and execution of effective counseling of patrons who obtain prescription medicines.

02/22 – Monday (recitation)

Drug product quiz #2

Patient Prescription Counseling Practice, Part I

02/25 – Thursday (class)

How to Counsel Patrons on Use of Prescription Drug Products, Part II

Objective: to describe and discuss format, elements, and execution of effective counseling of patrons who obtain prescription medicines.

03/01 – Monday (recitation)

Patient Prescription Counseling Practice, Part II

03/04 – Thursday (class)

Guest community and hospital pharmacist panel

How I Manage Time and Communication Barriers When Counseling Patients

Objectives: to describe and discuss time management and barriers to counseling and communication from the viewpoint of the practitioner.

03/08 – Monday (recitation)

Video Examination: Self-Care Counseling/Nonprescription Drug Products (Sections I, II)

03/11 – Thursday (class)

Examination #1

03/15 – Monday (Spring Break!)

03/18 – Thursday (Spring Break!)

03/22 – Monday (A.Ph.A. Annual Meeting, Dallas, Texas)

03/25 – Thursday (class)

How to Overcome Problems Associated with Language and Abstractions

Objectives: to discuss communications problems associated with the nature of language; to recognize and list examples of pharmacy-related abstractions; to suggest ways to avoid problems that occur due to the nature of language and our tendency to use abstractions in communications.

03/29 – Monday (recitation)

Video Examination: Self-Care Counseling/Nonprescription Drug Products (Sections III, IV)

04/01 – Thursday (class)

How to Overcome Problems Associated with Interpersonal Conflict

Objectives: to define, identify, and suggest strategies for dealing with interpersonal conflict.

04/05 – Monday (recitation)

Oral Presentation of Consumer Education Units (all Sections)

04/08

How to be Assertive in Patient Counseling and Communications

Objectives: to recognize the need for assertive behavior; to suggest techniques that can help the pharmacist appear to be more assertive.

04/12 – Monday (recitation)

Oral Presentation of Consumer Education Units (all Sections)

04/15 – Thursday (class)

How to Document Patient Counseling Encounters

Objectives: to discuss the benefits related to written documentation of patient counseling encounters; to describe documentation methods.

04/19 – Monday (recitation)

Video Examination: Patient Prescription Counseling
(Sections III, IV)

04/22 – Thursday (class)

OPEN - To Be Announced

04/26 – Monday (recitation)

Video Examination: Patient Prescription Counseling
(Sections I, II)

04/28 – Thursday (class)

Examination #2

Counseling and Communications · 121 HSAD · Spring Semester, 1993

Popular Branded Prescription Drug Products

1. Amoxil (Beecham)
2. Lanoxin (Burroughs Wellcome)
3. Zantac (Glaxo)
4. Premarin (Ayerst)
5. Xanax (Upjohn)
6. Dyazide (SKF)
7. Cardizem (Marion Merrell Dow
8. Ceclor (Lilly)
9. Seldane (Marion Merrell Dow)

Popular Nonprescription Drug Products Used For Pain, Fever, and/or Inflammation

1. aspirin
2. Anacin
3. Tylenol, acetaminophen
4. Bufferin
5. Advil, Motrin IB, Nuprin, ibuprofen
6. Percogesic
7. Ascriptin
8. Aspercreme, Mobisyl
9. Sine-Aid
10. Goody's

For each of drug product, student should know:

1. active ingredients (generic names; therapeutic classification)
2. indications for ingredients (when to use; usually > one)
3. contraindications for ingredients (when *not* to use; usually > one)
4. dosage forms available
5. frequently experienced adverse effects
6. cautions/precautions
7. use in children; use in the elderly
8. dosage(s)
9. cost (per day of therapy relative to similar products for "medium" size)
10. pharmaceutical manufacturer or distributor

Drug product quiz #1 will cover nonprescription drug products.

Drug product quiz #2 will cover prescription drug products.

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Active-Learning Assignments

COMMUNICATION SKILL
BUILDING TOOLS
ROLE PLAYING EXERCISE
Robert S. Beardsley, Ph.D.

Instructions to Role Playing Facilitator

The purpose of these scenarios is to simulate pharmacist-patient interactions in pharmacy settings. This allows students to practice counseling patients and provides both self assessment and constructive evaluation by a third party. The following process should be used:

1. Divide the group into triads. If two people are remaining, have them work in pairs. If one person remains, split one triad and make two pairs.

2. Explain the following "ground rules":

a. Each scenario involves a pharmacist, patient and observer.
b. The pharmacist and patient should "immerse" themselves into their respective roles as much as possible trying to concentrate and to simulate actual practice as best they can. Try to keep in role (no nervous laughter or wise comments).
c. These situations will focus on communication skills rather than content. There are no trick or hidden problems. Also the assessment should focus on how things were said and not what was said.
d. Participants will rotate roles and will eventually play all three parts.
e. Each situation should take between 30 seconds to 2 minutes.
f. The observer is very important. This person should position him/herself within hearing range, but not to close to the pharmacist/patient. The observer should focus on communication skills used during the scenario and should offer comments at the completion of the situation.
g. The scripts only provide a framework to work within; the patient may ad lib as much as possible while still keeping the intent of the situation.

3. Separate the triads as much as possible to avoid distracts, use other rooms if possible.

4. Distribute the scenarios and allow the group to read their respective roles.

5. Have them start whenever they are ready; they should end within 2 minutes.

6. After the scenario has been played out, the evaluation phase can take place within the triad or when all groups reconvene. The pharmacist should be allowed to speak first and provide a self assessment and then the observer should make his/her comments. The patient may also wish to comment.

7. After the evaluation is complete, the group should be given another scenario; and after rotating roles, should start the new scenario.

8. The entire group can be reconvened after they have finished each scenario, a few situations, or all the scenarios. It depends on the room and also how much they are "getting into the roles." If one group is having trouble, the facilitator might want the personally observe what is going on.

9. After the group is reconvened, ask them what they learned from the process and have them return the scenarios so that they can be reused.

PATIENT COUNSELING EVALUATION FORM

Pharmacist: _____ **Date: _____**

Evaluator: _____ **Situation: _____**

Each area is scored on a five-point scale: (1=unacceptable, 5=superior; NA=not applicable)

Area	Score	Comments
Identifies self and purpose of session		
Listens effectively		
Displays empathy		
Assesses patient's prior knowledge and understanding of situation/drug		
Displays appropriate nonverbals		
Uses appropriate terminology		
Maintains control and direction		
Presents facts and concepts in logical order		
Conveys complete and accurate information		
Additional comments:		

SMALL GROUP DISCUSSION
EVALUATION FORM

Presenter: _____Date: _____

Evaluator: _____Subject: _____

Each area is scored on a five-point scale: (1=unacceptable, 5=superior; NA=not applicable)

Area	**Score**	**Comments**
Introduction (stated goals, set direction, outlined material)		
Organization (well-prepared, smooth transition from topic to topic)		
Content (accurate, understood material, thoroughness)		
Communication skills (spoke clearly, appropriate terminology, nonverbal communication)		
Used discussion aids well (AV equipment, blackboards)		
Group dynamics (handled questions, encouraged participation)		
Closing (summarized session, drew appropriate conclusions)		
Additional comments:		

COMMUNICATION SKILL
BUILDING TOOLS
IMPROMTU SPEECH ACTIVITY
Robert S. Beardsley, Ph.D.

Impromptu Speech Topic List

Students are randomly assigned a topic which they must discuss for 1-2 minutes. They are evaluated using the attached form

A number of the pharmacy organizations are lobbying for federal legislation making robbery of a pharmacy a federal crime with minimum sentences for those convicted. What is your response to this position?

Several states have initiated pharmacy prescribing laws allowing pharmacists to prescribe in certain situations. Do you agree with this approach?

In recent years, more women are entering the health professions, including pharmacy. How do you think this trend will effect the practice of pharmacy?

A pharmacist was arrested for substituting generic products for brand name products in Medicaid prescriptions. He stated that the State was not paying him enough to make ends meet; that if he didn't do it, he would go out of business. How do you feel about this situation?

A new rule is pending that would prohibit pharmacy technicians (assistants) from performing tasks typically done by pharmacists such as typing labels, counting medications, affixing labels and giving it to patients. How do you feel about these rules?

Recently, legislation is pending to allow nurse practitioners and physician assistants to prescribe medications without the supervision of a physician. Argue your point of view on this issue.

Recently, the FDA has released several drugs from prescription status to OTC status. What is the impact on the practice of medicine and on drug use by consumers?

During a PEP rotation, you notice that your preceptor is breaking the law by filling brand name prescriptions with generic products and charging the brand name price. What would you do in this situation?

An elderly patient comes in during the summer and has just been stung by a bee (she is allergic to bee stings). What would you do?

A group of pharmacists are trying to start a union and have asked you to join. What would your response be?

Describe your position on mandatory continuing education for pharmacists and provide reasons to support your position.

List the steps you would follow in a pharmacy to improve elderly patient compliance with chronic medications.

Do you view television OTC advertising as accurate and unbiased advertising? Defend your viewpoint.

What is your opinion about legalizing marijuana and delta - 9 - tetrahydrocannabinol (THC) for certain medical situations?

Do you feel prospective pharmacists being considered for a position should be required to take a polygraph test? Argue your point of view on this issue.

Do you feel pharmacy students should be tested for HIV? Argue your point of view on this issue.

Should the School of Pharmacy adopt an honor code system where students would identify other students who are cheating? Argue your point of view on this issue.

Should grades in pharmacy school be given on a pass/fail basis rather than A, B, C, D, E? Argue your point of view on this issue.

Should prospective pharmacy applicants be required to work in a pharmacy before applying to the school? Argue your point of view on this issue.

Do you think the school should discontinue the use of the PCAT exam as part of the admissions process? Argue your point of view on this issue.

Do you think pharmacists should get involved with assisting terminally ill patients in suicide attempts? Argue your point of view on this issue.

Do you feel that the U.S. needs a national healthcare plan that would cover everyone and be paid by the federal government? Argue your point of view on this issue.

How would you change the school's admission process?

Should pharmacists become involved with programs which distribute condoms in Maryland high schools? Argue your point of view on this issue.

Should pharmacists sell cigarettes in their pharmacies? Argue your point of view on this issue.

Should physicians be allowed to own pharmacies? Argue your point of view on this issue.

Should pharmacists become involved with programs which distribute needles to heroin and cocaine addicts? Argue your point of view on this issue.

Should laws be passed which require pharmacists to talk with each patient when they receive a new prescription? Argue your point of view on this issue.

Beardsley

Should pharmacists sell liquor in their pharmacies? Argue your point of view on this issue.

Should addicting drugs, such as heroin or cocaine, be legalized and be made available on prescription only as they are in England and other countries? Argue your point of view on this issue.

Should the selling of condoms be limited to pharmacies only? Argue your point of view on this issue.

Impromptu Evaluation Form

Presenter: _____ Date: _____

Evaluator: _____ Subject: _____

Each area is scored on a five-point scale: (1=unacceptable, 5=superior; NA=not applicable)

Area	**Score**	**Comments**
Organization of remarks (logical progression, conciseness)		
Content (accurate)		
Communication skills (spoke clearly, nonverbal communication)		

Additional comments:

HEALTH COMMUNICATION: THEORY AND TECHNIQUE
PHARMACY 732-622 PROSEMINAR
SCENARIO EXERCISES
Betty Chewning, Ph.D. and Larry Boh, R.Ph., M.S.

CASE # 1 *You are a female patient who just read information about osteoporosis and are very concerned since you do not want to develop fractures when you get older. You approach the pharmacy counter and indicate you are interested in OTC products to prevent osteoporosis. You ask where the products are located. After looking at the products for 10 minutes (if no one assists you), please seek out the first available individual (i.e., clerk or pharmacist). YOU DO NOT NEED TO PURCHASE THE PRODUCT!!*

Questions to Ask:

1. What product do they recommend for preventing osteoporosis?
2. Should I take calcium?
3. How much calcium?
4. Which product do you recommend and why?
5. How much of the product do I need to take?
6. Do I need to take a multivitamin also?
7. Are there any problems when taking this medication?
8. Can I also get calcium from dairy products?
9. Is it as good to get calcium from dairy products?
10. How much dairy food do you need to eat to obtain necessary amount?

CASE # 2 *You are a patient who has been having some pain in your right knee for the past day after falling from your bike. You approach the pharmacy counter and indicate you are interested OTC products to relieve pain. You ask where the products are located. After looking at the products for 10 minutes (if no one assists you), please seek out the first available individual (i.e., clerk or pharmacist). YOU DO NOT NEED TO PURCHASE THE PRODUCT!!*

Questions to Ask:

1. What product do they recommend for the knee pain?
2. Why do they recommend this product?
3. How much should I take?
4. How long should I take it for?
5. Are there any problems when taking this medication?

Additional background that is not volunteered unless requested:

- About three years ago, you developed an allergy to aspirin that manifested itself as shortness of breath and a rash, but have not had any reoccurrence since that time.
- You have not seen a physician for the knee problem. You have an ulcer for which you take Zantac 150 mg at HS.

Record the Responses

Use back of this page to write more notes.

1. What information did they request of you as the patient?

2. What product did they recommend (brand vs generic)? ___brand ___generic

3. What dose or amount did they recommend? ___dose ___amount

4. Why did they recommend that particular product?

5. What were their comments regarding the problems you should be aware of when taking this medication?

6. Did they refer you to a physician?

   What was their reaction when you told them of your:

   - allergy

   - ulcer

Site Demographics

1. What time of day was it?
2. Were they busy?
3. Did a clerk or pharmacist answer your questions?
4. Estimate age of pharmacist?
5. Was the pharmacist male or female?
6. How many minutes did they spend with you?
7. Was it done in private of could everyone in the store hear?
8. Did they listen to your concerns or just provide information?
9. Type of pharmacy: Chain _____ Independent _____

HEALTH COMMUNICATION: THEORY AND TECHNIQUE
PHARMACY 732-622 PROSEMINAR
STUDY OF A PHARMACY/PHARMACIST INTERVIEW
Betty Chewning, Ph.D. and Larry Boh, R.Ph., M.S.

PHARMACY CHARACTERISTICS
Please circle your answers where indicated - Thank you.

Type of Pharmacy: Chain Independent Other _____

Time of Day: _____ AM PM Day of Week: _____

1) Physical Layout of Pharmacy:

a) Prescription Counter Location - FRONT BACK SIDE

i) Describe ratio of dispensing/counseling area to rest of store -

b) Location of OTC Products - FRONT BACK SIDE

i) Which OTCs are located *behind* dispensing counter -

ii) Which OTCs are located *near* dispensing counter -

iii) Which OTCs are located *away* from dispensing counter -

c) Counseling Location (describe briefly) -

d) Noise Level - HIGH MODERATE LOW

e) Pharmacist Located Where? (describe briefly, i.e., on platform, can be seen, etc.) -

f) Placement of Cash Register -

g) Lighting in Store

h) Describe Pharmacy Environment - CLEAN DUSTY PLANTS WARM
COLD STERILE OTHER_____

I) Patient Education Materials - POSTERS PAMPHLETS OTHER_____

J) Mirrors and/or Security Cameras -

2. RPh and/or Technicians:

   a) Number of RPh(s) _____ Number of Technician(s) _____
   b) Name tags for RPh(s) - YES NO
   c) Name tags for Technician(s) YES NO
   d) Age of RPh(s) _____ Age of Technician(s) _____
   e) RPh(s) dress - _____
   f) Number of customers in store - _____
   g) Time it takes to acknowledge your presence - _____

PHARMACIST INTERVIEW - COMPARISON AND CONTRAST

1. What resources do you use or consult for patient education?

2. Do you feel you know when compliance is a problem and if yes, why?

3. How often do you help patients with compliance issues? What do patients find most helpful?

4. What patient medication questions are the most common?

5. What patient medication errors are most common?

6. How often do you talk with prescribers about therapeutic controversies and how do you discuss prescribing errors with a prescriber?

7. What questions are prescribers most likely to ask you?

8. What prescriber errors are most common?

9. Do you have an example of a difficult communication with another health professional? How would you advise someone to handle that type of situation?

10. Do you think patients want information?

11. Do you feel patients listen to you?

12. When you graduated and started your job, how well did you think you were prepared for the job?

13. Do you have any patient education resources you like and use in your store? If YES, what?

HEALTH COMMUNICATION: THEORY AND TECHNIQUE
PHARMACY 732-622 PROSEMINAR
CONSUMER INTERVIEW
Betty Chewning, Ph.D. and Larry Boh, R.Ph., M.S.

1) What do pharmacists do after you give them the prescription at the pharmacy?

2) What do you think is the most important thing pharmacists do?

3) How would you feel about a pharmacist keeping a patient record at the pharmacy?

   a) What information do you think should be in it?

   How many times do you go to a pharmacy for medicine during the year? _____

5) How many different pharmacies do you go to for medicine during the year? _____
   a) IF ANSWERED "ONE", ASK: How long have you been going there? _____
   b) What is the pharmacy's name and/or location?_____

6) How often this past year, did you get medicine from a/an:

   ___Independently owned pharmacy (private neighborhood pharmacy)
   ___Chain pharmacy (Walgreen, Shopko, K-Mart, Thrift, etc.)
   ___Pharmacy located inside a grocery store
   ___Mail order pharmacy
   ___Other (please describe)

7) What factors affect your choice of a pharmacy?

8) How long do pharmacists go to school after high school?

9) What would you most want the pharmacists to explain about a new prescription medication?

10) What do you most want to know from a pharmacist when you get a non-prescription medicine from a pharmacy?

11) Has a pharmacist ever made a special impression on you? ____YES ____NO
If YES, ASK: How and why?

12) Do you ohave any ideas as to why people don't ask pharmacists more questions about their medicines?

13) Do you have any advice as to what pharmacists might do differently?

14) Age: 18-25 26-35 36-44 45-60 60+

15) MALE FEMALE

PHARMACY 428
COMMUNICATION AND PATIENT EDUCATION SKILLS FOR PHARMACISTS
Caroline Gaither, Ph.D. and Frank Ascione, Ph.D.

Assignment #1
Assertiveness and Conflict Resolution:
Laboratory Session
12/9/92

A. Role Playing Exercises in 3-Part Assertive Messages and Push-Push Back.

EXERCISE ONE

Situation: I am a hospital staff pharmacist. The pharmacist on the infectious disease service is not answering his/her pager promptly.

When you...

I feel...

Because...

(Push Back:)

(Reflective Listening:)

(Recycle the 3-Part Message:)

EXERCISE TWO

Keep in pairs, but reverse roles so that a new person "Plays" pharmacist.

Situation: A physician is giving patients out-of-date prices for medications, then sends them to my pharmacy. The patients are unpleasantly surprised because my prices are higher than they expect.

Role play, and then record your dialogue on the attached sheet.

B. Role playing exercise in handling emotional conflicts.

Review the following situation and complete the activities described below.

Robin Smith, benefits manager for a major employer in town, and long-time friend Pharmacist Pat Jones are attending a three-day conference on the changing economics of health care. Other attendees for this conference include selected pharmacy students, pharmacist, benefits managers and physicians.

On the first day of the conference, Robin sees Pat during a coffee break and strides briskly over to speak. pat is talking with a pharmacy student when Robin interrupts them with a sarcastic remark about the refreshments.

The conversation turns to the conference itself, and then to the role of the pharmacist. Robin says, "Pharmacy seems like the easiest job to mechanize out of existence. I see darn-few pharmacists who talk to patients. The more I think about it, mail-order pharmacy service is the best way to save money on drug costs."

Pat replies, "It concerns me that you feel this way. I talk to and couonsel my patients all the time. So do the other pharmacists at my store. We try to expand our role to more than just dispensing medication."

"You must work at a unique place," says Robin with a harsh laugh. "I believe that any expanded role for pharmacists will cost more money than it is worth." Robin points at Pat, and says, "It won't fly in today's economy."

Pat notices that Robin is standing rigidly now, and Robin's voice is getting louder. Nodding toward the student, Pat calmly says to Robin, "I am looking forward to hearing these issues discussed here at the conference."

Robin throws his/her napkin down on a table and says angrily, "I'm so sick of this! In the real world, pharmacists seem content to hide in the pharmacy! If you are waiting for us to pay you guys for any so-called expanded services, you will have a long wait!"

Pat would like to respond. Pat has heard similar arguments before, and feels very strongly that pharmacists have a unique and significant role to play in patient care.

Analyze the above situation from the point of view of an assertive pharmacist in Pat's position.

a. What might be a typical passive response by Pat to this situation? Include verbal and nonverbal behavior.

b. What might be a typical aggressive response by Pat to this situation? Include verbal and nonverbal behavior.

c. Assume that this is an emotional conflict involving differences in values. What techniques should Pat have in mind when continuing the conversation? What qualities should his/her response have, and what pitfalls should be avoided?

EXERCISE TWO

Form groups of two.

Role play a continuation of this scene, with one person playing Pat the pharmacist and the other playing Robin the benefits manager.

Your role playing should include exchanges of "you believe...I believe" statements, reflective listening, and other aspects of fair fighting or agreeing to disagree in emotional conflicts.

After five to ten minutes, discuss what happened in the role playing, including which techniques and behaviors you employed.

WORKSHEET

Scenario:

When you

I feel

Because

(Push Back:)

(Reflective Listening:)

(Push Back:)

(Reflective Listening:)

Recycle the 3-Part Message

Pharmacy 428

Assignment #2
The Listening Exercise

TIME: about 20 minutes
Form groups of two.

Spend a few minutes preparing an anecdote from your work experience (in pharmacy, if possible). Think of an encounter that raises issues of interpersonal skills and communication. Describe the event as concretely and with as much detail as you can. Include the "positive" or "negative" feelings of your experience. Describe the factors that, in your opinion affected the quality of the communication, such as (a) your own behavior; (b) the other person's behavior; and (c) the physical environment in which you were trying to communicate.

One person begins as speaker, and the other as listener. Switch roles, so that each person has a chance at each role.

The speaker's task is to speak for four or five minutes. The listener's task is to listen as carefully as he or she can; and, once the speaker is finished, the listener must repeat back to the speaker what he or she heard, including the facts and details, and the speaker's apparent attitudes and feelings toward those facts. The speaker then gives the listener feedback; this part of the exercise is finished only when the speaker is satisfied that both the facts and the feelings in the anecdote have been accurately described by the listener.

PHARMACY COMMUNICATIONS
25-800-500
EXERCISES
Raymond Jang, Ph.D.

Ref:Nirenberg, Jesse S. Breaking Through to Each Other: Creative Persuasion on the Job and in the Home (Harper & Row: NY). 1976.

PERSUASION DEFINED

Persuasion is the conscious process of attempting to verbally influence another to change attitudes, motives, values or behavior.

Nirenburg has described an effective way to persuade based on cooperative discussion and thoughtfully constructed statements to collect information and to inform the other person of our interests. (Ref.) We are so anxious to persuade that we create our own barriers. We tend to lose each other in conversation because we don't listen to each other. Instead, we rehearse, anticipate and get lost in our headlong rush to impress our point of view on the other person. We would be more persuasive if we demonstrated empathy, learned to motivate the other person to listen, quantified intangibles, prevented misunderstanding, probed for premises, asked the right questions, fed in our ideas in a palatable manner and learned to cope with the other's emotions.

LOGIC OF PERSUASION

We cannot exert lasting influence on others by ramming our point-of-view down their throats. As self-respecting persons with independent wills we would resent anyone who attempted that approach. The basis of persuasion is to show the other person that your way is better and that it would be in their interest to accept your ideas. To accomplish this goal we must learn to motivate the other party to listen, expect objections, find out the reasoning (premises) behind any objections, be sufficiently patient to exhaust all objections, suggest a plausible approach, and finally, get commitment to the agreed upon plan. To obtain cooperation we must provide logical arguments in support of our position, conduct this discussion in an appropriate emotional climate (nonthreatening, but exciting) and appear knowledgeable and trustworthy. In short, this cooperative kind of persuasion appeals to both the person's emotions and rationality. It does so in an accepting atmosphere.

POINTS TO CONSIDER IN PERSUASION

When two persons disagree, a number of fundamental points should be considered before we embark on an attempt to persuade.

1. CLOSURE: We should expect people to demand quick closure. It is human nature when

approached by another individual to wonder, "What is the point?, What are you getting at? What does this person want?" Everyone wants us to come quickly to the point. If we want to be persuasive, then, we should help them achieve immediate closure by supplying an opening statement that points out the end-benefit that is being sought. This statement motivates the other to continue listening.

2. ASSUMPTIONS: We tend to think we can control how others see our presentations. We also think we know why they are not agreeing with us. We make assumptions. Our interpretations of the reasons why others act as they do are highly colored by assumptions which can be quite wrong. For example, we often mistakenly assume that the other party is tuned in, thinking, will interpret the words I speak with the identical meaning, his preconceptions and personal wishes are not interfering, and he accepts what I am saying as truth. None of the foregoing is automatically achieved. Consequently, we should plan to test our assumptions and ask questions to draw out the reasoning behind the other persons objections. Since we expect to encounter objections as a normal course of events, we should plan to do two things. First we should explore each objection fully to get at the real reason and/or expose the weak basis of the objection. Spontaneous objections are a mixture of hard information, assumptions, preconceptions, emotions, inhibiting mental sets and past beliefs and prejudices. These are often an irrational basis for objecting. Our goal is help the person examine and discover that the objection is irrational and the real reason for objecting isn't known. Second, we should hear out (exhaust) all objections.

3. SMALL AMOUNTS, REPEATED. People are busy and they get saturated easily. We should limit the amount of information presented to what is crucial. We should also expect to have to repeat to compensate for mental fatigue and drift.

4. QUESTION TO GET INVOLVEMENT. We wish the other person to be actively involved in the process. Asking questions makes them react to our input. They then reveal the basis for their thinking and we get them talking. This makes them think out loud. If we listen attentively it should be possible to determine their needs. Hopefully armed with this knowledge we can construct a solution that they will agree to.

COMPETITION VS COOPERATION

Addressing the foregoing points enables us to take a competitive situation, "I win/you lose" or "you've won and I lost", and make it one in which both parties demonstrate respect for each other and a sincere desire to work out the best possible outcome. Each side achieves something and a "win/win" result occurs.

Let us next discuss 3 kinds of persuasive statements, that are used in this cooperative approach to persuasion. The statements are constructed in specific ways to address the discussion points just covered. Presentation of these statements is not intended to suggest that their use in an unthinking mechanical way for persuasion is desirable. They are described in detail because, like the moves of chess, they provide a set of rules that can be varied to elegantly meet a challenge.

EXAMPLE OF THE THREE PERSUASIVE STATEMENTS IN USE:

Reconsider the case described in an earlier example involving the pharmacist who unloaded frustrations on customers and coworkers. Let's assume that the manager's goal is to convince this pharmacist to stop aggravating customers.

> THE MOTIVATING OPEN: An initial statement designed to make the other side want to pursue discussion of our proposition. We present the end-benefit, the suggested action and intermediate benefits. We also ask for a reaction. This statement satisfies the need for closure and gets right to the point, it reveals our interests and gets active involvement.

An example of a MOTIVATING OPENING statement is:

"Sam, our pharmacy's profitability and growth depends substantially on having a prescription department with good repeat business. [END BENEFIT] If you and I can serve our customers in a way that is satisfying to them and does not cause them to be aggravated [SUGGESTED ACTION], we would continue to maintain the high percentage of refills and thus achieve the goal of repeat business. [INTERMEDIATE BENEFIT] Would you agree that this goal is important to our future?" [CLARIFYING QUESTION].

SAM'S OBJECTION:

You're saying I'm not satisfying our customers and I'm saying, there is no way I can take the time [OBJECTION] to be smiling and talking when we're doing the prescription volume we've been seeing for the last 8 months. I don't see how you can expect us to "satisfy" these people. They're on third party and don't even know what benefits they're eligible for. It takes precious time and I resent it."

> THE DRAW-OUT: A statement used each time an objection is raised. Its purpose is to find out the other person's reasons for objecting. It consists of : (a) an acknowledgement of the possible veracity of the objection, (b) our question as to why the person feels that way, and (c) the reason why we ask the question. As long as there are objections we should counter with a draw-out. It demonstrates our interest in the other's point of view, and more importantly provides us with data for our persuasive efforts.

An example of a statement to DRAW-OUT these objections is: "We do get busy [ACKNOWLEDGMENT], but, I'm wondering what you mean by "satisfy". [QUESTIONING PREMISE] Perhaps if you explained I could see your point better. [REASON FOR QUESTION]"

SAM'S RESPONSE:

"When we have 10-20 prescriptions waiting, about 8 people in line, the telephone ringing off the

hook, clerks asking me to okay overrings and approve checks, I don't have a second to waste. You want me to chit-chat then, I'm sorry, I've got to keep my priorities straight.

THESE OBJECTIONS NEED FURTHER DRAWING OUT:

"You're quite right, we have a good Rx volume and at times its all we can do to get them processed. I agree that we don't want chit-chat then, and that's not what I'm asking you to do when we are busy. I'm worried about angry outbursts. Would you agree that the customers react very strongly when you unleash your temper? [QUESTION] Can you tell me specifically how an angry outburst helps us save time. [QUESTION] Can we work out a solution that doesn't take a great deal of time but would increase satisfaction of the customers? [REASON FOR QUESTION] If there's some way to arrive at a less antagonistic atmosphere, I'd appreciate it."

SAM'S RESPONSE

"I've got to concentrate on what I'm doing, I don't need constant interruptions. I'm the one that is liable if something goes out of here wrong. As long as I'm faced with that, that's what I'm going to look at, nothing else. If I let them distract me, you'd have problems too."

CONTINUE DRAWING OUT

"You do want to keep you mind on your work to avoid errors. [ACKNOWLEDGMENT]. What if I could keep your work error free and show you how to deal with the people. Would you be willing to listen and give the method a try? [QUESTION] Talking about it would help us both to get a clearer picture on possibilities." [REASON FOR THE QUESTION].

SAM'S RESPONSE:

"As long as I don't need to give-up my concentration. The only way I can survive the stress and pressure is to really focus on the dispensing. How can I protect my error rate and satisfy all these people?"

SAM'S QUESTION DESERVES A FEED-IN RESPONSE.

> THE FEED-IN: When the other party asks a question it is signal that they are somewhat receptive. The question should be answered directly, and succinctly. The answer should be followed by a brief elaboration on the reasoning for the answer. We then ask a question to find how the other person reacts to our reasoning.

"By reducing the stress our system seems to generate. There is a stress management technique that works well and that is easy to use. [FEED-IN] This increases our control regardless of how many people, telephones and other demands are going on. Perhaps you've noticed that when you

feel relaxed and in control its easier to relate to the customers so they're satisfied. [ELABORATION] Do you think we could study this procedure and give the process an honest trial? [ASKING FOR FEEDBACK]"

"It sounds too good to be true, I'd have to hear more about what's involved before promising anything."

SUMMARY

A Motivating Opening statement is intended to provide quick closure and capture attention to start the discussion. It is not intended to win acceptance of our whole proposal. Discussion continues with each objection being met by a Drawing Out statement that acknowledges the objection and probes to understand the premise behind it. As objections are discussed and understood we actively seek to provide information to questions by using Feed-In statements. To clinch the agreement we ask the other person for their reaction to our proposal.

25-800-500
Pharmacy Communications
Persuasive Statements

NOTE TO INTSTRUCTORS:

Dr. Jang refers to "Reading 9" in this assignment. This reading is actually a compilation of a few sections from:

Pharmacotherapy: A Pathophysiologic Approach, 1st Edition. Edited by Joseph T. DiPiro, et. al. NY: Elsevier, 1989.

Dr. Jang makes a handout for his students that includes a photocopy of the following excerpts:

1. Chapter 10 on hypertension, only the sections on clinical presentation and natural course.
2. Chapter 54 on diabetes mellitus, only the section on complications (macrovascular and microvascular).
3. Chapter 60, on rheumatoid arthritis, only the sections clinical presentation, joint involvement, and treatment.

Exercise:

For each of the medical conditions described below, identify the long-term consequences of failing to treat the condition. Express those undesirable consequences in terms that a lay-person would understand. Write **Motivating Opening** statements to begin persuading a noncompliant patient to adhere to their medication regimens. Assume that the person with essential hypertension is to take diltiazem (Cardizem SR) 60 mg bid. The person with diabetes is to take glyburide (Micronase) 5 mg bid. The person with rheumatoid arthritis is on piroxicam (Feldene) 20 mg qd.

1. Hypertension:

Motivating Open: Write the words you would speak to the patient as illustrated in Reading #9.

END BENEFIT:

SUGGESTED ACTION:

INTERMEDIATE BENEFITS:

QUESTION FOR REACTION:

Jang

2. Diabetes mellitus:

END BENEFIT:

SUGGESTED ACTION:

INTERMEDIATE BENEFITS:

QUESTION FOR REACTION:

3. Rheumatoid arthritis:
END BENEFIT:

SUGGESTED ACTION:

INTERMEDIATE BENEFITS:

QUESTION FOR REACTION:

DRAW-OUT STATEMENTS: For each of the objections presented below write a Draw-Out statement in accordance to Reading #9. You can assume any one of the three patient conditions presented (Hypertensive, Diabetic, Arthritic person). Again, write the words you would be speaking if you could actually talk to the person.

Objection 1. "Great! One more medicine to add to my collection!"

ACKNOWLEDGEMENT:

WHY QUESTION:

REASON FOR ASKING:

Objection 2. "I feel like I'm falling apart. First my arthritis, now this."

ACKNOWLEDGEMENT:

WHY QUESTION:

REASON FOR ASKING:

Objection 3. "It just doesn't make sense. I've been healthy all my life, now this."

ACKNOWLEDGEMENT:

WHY QUESTION:

REASON FOR ASKING:

Objection 4. "I'm not overweight, how can I have high blood pressure?"

ACKNOWLEDGEMENT:

WHY QUESTION:

REASON FOR ASKING:

Objection 5. "They said at the clinic, I'm only ten units over the normal limit. Is it really that serious enough for me to put some drug in me everyday?"

ACKNOWLEDGEMENT:

WHY QUESTION:

REASON FOR ASKING:

FEED-IN STATEMENTS. Assume that you get the following questions from your non-compliant patient after exhausting all objections. Write a Feed-In statement, using the words you would speak to the patient.

Hypertensive: "So what am I supposed to do with this Cardizem?"

SUGGESTION:

ELABORATION:

PATIENT'S REACTION:

Person with diabetes: "How should I take this Micronase?"

SUGGESTION:

ELABORATION:

PATIENT'S REACTION:

Person with arthritis: "Will this Feldene make a difference?"

SUGGESTION:

ELABORATION:

PATIENT'S REACTION:

PHARMACY COMMUNICATIONS
25-800-500
EXERCISES
Raymond Jang, Ph.D.

Material adapted from Gerard Egan, The Skilled Helper (Brooks/Cole: Monterey, CA) 1975.

EXERCISE 24: The practice of primary-level empathy in everyday life

If the communication of accurate empathy is to become a part of your natural communication style, you will have to practice it outside formal training sessions. That is, it must become part of your everyday communication style or it will tend to lack genuineness in helping situations. Practicing empathy "out there" is a relatively simple process.

1. Bullmer (1975) suggests that empathy is not a normative response in everyday conversations. Find this out for yourself. Observe everyday conversations. Count how many times in any given conversation empathy is used as a response.

2. Next try to observe how often you use empathy as part of your normal style. In the beginning, don't try to increase the number of times you use empathy in day-to-day conversations. Merely observe your usual behavior. What kind of response do you use fairly frequently?

3. Begin to increase the number of times you use accurate empathy. Be as natural as possible. Do not overwhelm others with this response; rather try to incorporate it gradually into your style. You will probably discover that there are quite a few opportunities for using empathy without being phony. Keep some sort of record of how often you use empathy in any given conversation.

4. Observe the impact your use of empathy has on others. Don't set out to use others for the purpose of experimentation, but, as you gradually increase your use of this communication skill naturally, try to see how it influences your conversations. What impact does it have on you? What impact does it have on others?

A. The Feelings and Emotions Component of Empathy

EXERCISE 16: Expanding your facility in naming feelings and emotions

Feelings and emotions can be identified in a variety of ways:

* by single words:

  I feel good.
  I'm depressed.
  I feel abandoned.
  I'm delighted.
  I feel trapped.
  I'm angry.

* by different kinds of phrases:

  I'm sitting on top of the world.
  I feel down in the dumps.
  I feel left in the lurch.
  I feel tip top.
  My back's up against the wall.
  I'm really steaming.

* by what is implied in a behavioral statement (what action I feel like taking):

  I feel like giving up. (implied emotion: despair)
  I feel like hugging you. (implied emotion: joy)
  I feel like smashing him in the face. (implied emotion: severe anger)
  Now that it's over, I feel like dancing in the streets. (implied emotion: relief)

* by what is implied in experiences that are revealed:

  I feel I'm being dumped on. (implied feeling: anger)
  I feel I'm being stereotyped. (implied feeling: resentment)
  I feel I'm first on her list. (implied feeling: joy)
  I feel I'm going to get it this time. (implied feeling: fear)

Note here that the implication could be spelled out:

  I feel angry because I'm being dumped on.
  I resent the fact that I'm being stereotyped.
  I feel great because I believe I'm first on her list.
  I feel apprehensive because I think I'm going to get it this time.

A number of situations involving different kinds of feelings and emotions are listed below. Picture yourself talking to this person and you are asked to express them in the ways just described. Here is an example.

Write as if you are talking to the person to reflect their feelings.

1. Joy. This person is about to go to her daughter's graduation from college.

2. Anger. This woman has just had her purse stolen.

3. Anxiety. This person is waiting the results of medical tests.

4. Shame, embarrassment. People have just found out that this person has a criminal record.

5. Defeated. This person has just lost a custody case for her children.

6. Confusion. Someone has just told this person that she loves him but that she doesn't want to spend any time with him.

7. Guilt, regret. This person has been unfair to his children.

25-800-500
Pharmacy Communications Laboratory

Exercises in Primary-Level Accurate Empathy

As you know from your review of the text material on primary-level accurate empathy, this skill is useful both in (1) establishing and developing a good working relationship with your client and (2) as a way of helping the client explore his or her problem situation more thoroughly.

The basic formula for primary-level accurate empathy is:

"You feel. . . . "--here indicate the right family of emotion and the right intensity. . .

"because. . . "--here indicate the experiences and/or behaviors that give rise to the feelings.

An example.

* You feel hurt because she left without calling you (an experience).
* You feel annoyed with yourself because you didn't do anything about it (a behavior).
* You feel guilty because she put her pride aside and asked you directly for help and you didn't even answer her (experience and behavior).

1. Man, 40, talking about his invalid mother: "I know she's using her present illness to control me. How could a 'good' son refuse any of her requests at a time like this? (He pounds his fist on the arm of his chair.) But it's all part of a pattern. She's used one thing or another to control me all my life. If I let things go on like this, she'll make me feel responsible for her death!"

Formula:

Your own words:

4. Woman, 73, in the hospital with a broken hip: "When you get old, you have to expect things like this to happen. It could have been much worse. When I lie here, I keep thinking of the people in the world who are a lot worse off than I am. I'm not a complainer. Oh, I'm not saying that this is fun or that the people in this place give you the best service--who does these days?--but it's a good thing that these hospitals exist."

Formula:

Your own words:

5. A woman, 63, in a hospital dying of cancer, talking to a member of the pastoral counseling staff: "I can understand it from my children, but not from my husband. I know I'm dying. But

he comes here with a brave smile every day, hiding what he feels. We never talk about my dying. I know he's trying to protect me, but it's so unreal. I don't tell him that his constant cheerfulness and refusal to talk about my sickness are actually painful to me. (She shakes her head.) I'm being careful of him!"

Feelings:

Relevant experience:

Relevant behavior:

7. Man, 35, who has not been feeling well talking to a friend of his who is a nurse: "I'm going into the hospital tomorrow for some tests. I think they suspect an ulcer. (He fidgets.) But nobody has told me exactly what kind of tests. I'm supposed to take these enemas and not eat anything after supper this evening. I've heard rumors about these kinds of tests, but I'm not really sure what they're like."

Formula:

Your own words:

8. A man, 64, who has been told that he has terminal cancer, speaking to a medical resident: "Why me? Why me? I'm not even that old! And I don't smoke or anything like that. (He begins to cry.) Look at me. I thought I had some guts. I'm just a slobbering mess. Oh God, why terminal? What are these next months going to be like? (Pause, he stops crying.) What would you care! I'm just a failure to you guys."

Formula:

Your own words:

PHR 131L - PHARMACY ADMINISTRATION II

Pharmacy Administration Division
The University of Texas at Austin
Ken Lawson, Ph.D., R.Ph.

PURPOSE

The purpose of this newsletter is to provide further detail regarding the 2-page PHR 131L Pharmacy Newsletter Group Project.

SUGGESTIONS

First, your group should decide whether you want your newsletter to be hospital- or community-pharmacy oriented.

Next, you should decide on information to include in your newsletter based on objectives you have established for it. Listed below are some items to consider:

- ☞ drug & health information
- ☞ pharmacy service information
- ☞ new products and services
- ☞ promotion of special events
- ☞ personal interest stories
- ☞ editorials about issues of interest (but remember who your audience is)

Other items may be appropriate as well. Decide how your group will divide responsibilities. Remember that photographs or art will add variety to your newsletter and they may have promotional value, in addition. However, they are not mandatory for this project. Creativity is encouraged for both format and content.

EXAMPLE

On the back is a copy of a newsletter found in *Promoting Yourself and Your Pharmacy Practice* published by Upjohn. This is only one example. You may use other formats or follow other examples.

Remember that this is a writing component exercise. Your newsletter will be evaluated for:

1) format, layout, and design
2) content
3) form (spelling, punctuation, and sentence structure)
4) your participation

You may want to use a slightly smaller font than I have used in this newsletter."
However, don't use such a small font that it is difficult to read.

Your newsletter should be two pages in length. (Front and back of one page counts as two pages.)

BE CREATIVE!

Finally, be sure that your drug and health information is truthful, and that you cite authoritative sources for that information to avoid libel or copyright problems. (You can use the citation style used above for the example.)

Note: The "newsletter" you are reading is not necessarily a good example for you to follow.

PROFESSIONAL COMMUNICATIONS
PHA4742
BOOK REVIEW GUIDELINES
Paul L. Ranelli, Ph.D. and Carole L. Kimberlin, Ph.D.

You are asked to write a critical book review of The 36-Hour Day by Nancy L. Mace and Peter V. Rabins as one of the course requirements. *Book reviews are due in lecture on the date printed on the syllabus.* Specific guidelines and limits are as follows:

Two double-spaced, typewritten or computer-printed pages, 1-inch margins, use of a standard pitch and font (good examples are Courier 10 or Prestige Elite 12), stapled in the upper left corner, and no plastic report covers (they get lost). Please hand in two (2) copies of your review. One copy will be graded and returned, the second copy is for a course file.

Communication comes in verbal or nonverbal forms and is transmitted orally, in writing, through body movements or expressions, or through pictures or symbols. The book review exercise highlights the written form of communication and oral discussion in a large group.

Writing is one way to communicate ideas or information to other health providers or patients. A critical analysis or review of a book on a health or medical topic, intended for the general public, health professional, or both, guides the reader in evaluating how the book, when read, would help them in their daily life or in their practice.

A critical review also stimulates discussion among peers and patients. The reviews are the basis of class discussion on **30 March** where you will have an opportunity to state your views orally and hear and react to the views of others.

Here are organizational tips to remember in writing your review.
(From: Dawe CW and Dorman EA. 1987 One to One: Resources for Conference-Centered Writing, 3rd ed. Little, Brown: 1987, 210.)

Try to give the reader a broad understanding of the work as well as your evaluation. Finally, arrange your report in this fashion (the point allocation for 4742 is in italics):

1. An introduction that presents the title, author's name, type of work, general intent, and your attitude. *4 points*
2. An overview that acquaints readers [for example, pharmacists and patients] with the whole work. *9 points*
3. Several paragraphs that examine specific aspects of the work. *25 points*
4. An evaluation that focuses on the work's strengths and weaknesses. *25 points*
5. A conclusion that identifies the potential reader, renames the author and title, reflects the opening and evaluation. *4 points*
6. Remember mechanics. *8 points*

Your book review should address the five guidelines with attention paid to guideline six: Mechanics, including organization, grammar, appearance, and spelling. Since the book review is relatively short (two pages), do not use subheadings as a way to move from one point to the next. Smooth transitions should do the trick.

Here are several questions to help you prepare for the oral discussion, in class, of The 36-Hour Day.

- What physical object or person in the book comes to mind?
- How would you describe some action you recall?
- What line of prose or dialogue comes to mind?
- At what point did you get involved in the book?
- Where were you surprised?
- Was there any place where you were annoyed?
- What do you sense the authors are saying to us and to other readers?•What are the authors writing (or saying) about the meaning of communication and patient care.

Here is an example of a critical review of computer software that covers well the guidelines for a written review: N Engl J Med 1987;317(24Sep):842-3.

PROFESSIONAL COMMUNICATIONS
PHA 4742L
PHARMACY PATRON INTERVIEWING PROJECT
Paul L. Ranelli, Ph.D. and Carole L. Kimberlin, Ph.D.

INTERVIEW separately four (4) people not in the pharmacy field about what a pharmacist does. Use the items on the survey form provided in addition to your own questions if you would like. Type or computer-print a one-page report describing you findings and hand in your completed survey forms.

I would like to know how people view pharmacists so that I can help patients use their pharmacists well. Would you please take a few minutes and answer several questions? Your opinions are very important to me and other pharmacy students. **Thank you!**

1. Below are a few questions about what your pharmacist does each time you bring in a prescription to be filled. Please indicate whether each statement is true, false or you don't know. (It's very helpful if you would circle ? anytime you are unsure.)

Circle "T" for true, circle "F" for false and "?" for don't know.

		TRUE	FALSE	DON'T KNOW
a)	The pharmacist always keeps a patient record of your prescriptions and allergies.	T	F	?
b)	A pharmacist checks your prescription against possible allergies only if you or your doctor request it.	T	F	?
c)	A pharmacist always checks your record to see if your prescription might interact with your other prescriptions	T	F	?
d)	The pharmacist is required by state law to provide you with appropriate consultation every time a new or refill prescription is dispensed.	T	F	?

e) If the pharmacist finds a problem with your prescription, he or she calls your doctor. T F ?

f) The pharmacist is legally responsible that the information on the label of your bottle is correct. T F ?

2. How many years do pharmacists go to college after high school?_____years.

3. What questions do you most want your pharmacist to answer when you get a new prescription?

   a.

   b.

   c.

4. Do you have different questions you'd like to ask the pharmacist when you get a prescription refilled?

   _____YES _____NO

   a) IF YES, what questions would you most like answered?

5. Some people ask their pharmacist questions, but many do not. Can you help me understand why people might not ask the pharmacist their questions? Please be frank with me. It will help me a lot.

6. About how many times have you received prescription medicine at a pharmacy in the past six months?

   __0 times __1-2 times __3-4 times __5+ times

7. What age range do you fall in? __18-40 __41-65 __66 or older

What other suggestions or comments do you have?

Interviewer/Student Name
Social Security Number

PROFESSIONAL COMMUNICATIONS
PHA 4742L
PHYSICIAN-PHARMACIST COMMUNICATION (LETTER)
Paul L. Ranelli, Ph.D. and Carole L. Kimberlin, Ph.D.

Laboratory Assignment Prepared by Ms. Lynda McKenzie

Instructions

You will be given a patient case in lab. Prepare a one-page, single spaced typewritten or computer-generated **LETTER** to the patient's physician with recommendations that would improve this patient's quality of life.

Please do not use the Drug Information Service (DIS) for assistance. A DIS does not exist in your community.

Arrange your letter in this fashion:

1. Identify the problem.
2. Define the optimal therapeutic outcome.
3. Determine appropriate alternatives.
4. Choose an optimal solution and tailor it to the patient's needs.
5. Create an appropriate monitoring plan.
6. Cite references in your letter to support recommendations. Use appropriate and consistent referencing style (check medical or pharmacy journal articles to use as models).

Be as specific as possible. Present the problem and provide facts to support it. Always suggest a solution, and if possible provide an alternative or set of alternatives.

Write the recommendations as though you were the physician writing a prescription that results from your recommendation.

> For example, do not only write or recommend "patient needs erythromycin". Be more specific with therapy suggestions such as how much erythromycin, how many times a day to take it, and for how long. If therapy needs to be discontinued, explain how it should be discontinued. For example, should therapy be tapered off or discontinued immediately?

Support you recommendations with at least two references.

COUNSELING AND COMMUNICATIONS
121 HSAD
OBSERVING COUNSELING AND COMMUNICATIONS
Quentin Srnka, Pharm.D.

Student Report · Pharmacy Field Trip
Examination of Counseling and Communications

Name:_____

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Type: _____

Date of Visit: _____ Time In: _____ Time Out: _____

Counseling Observed: _____

_____

_____

_____

_____

Other Pharmacist Communications Observed: _____

_____

_____

_____

Staff Communications Observed: _____

_____

_____

(Additional information may be placed on the back of this sheet.)

COUNSELING AND COMMUNICATIONS
121 HSAD
WRITTEN CONSUMER EDUCATION AND ORAL PRESENTATION
Quentin Srnka, Pharm.D.

Evaluation of Oral Presentation and Written Consumer Education Unit

Name:_____ **Date:**_____

Section (circle one)**: I II III IV**

Presentation Title:_____

_____

Evaluation of Oral Presentation of Consumer Education Unit
(10 point maximum)

Evaluated By:_____

☐ Audience Considered

☐ Appropriate Dress

☐ Informative

☐ Interesting

Evaluation of Written Consumer Education Unit
(10 point maximum)

Evaluated By:_____

☐ Met Deadline

☐ Title Page

☐ Biographical Sketch

☐ Content Outline

☐ References

Suggestions on Preparation of Written Consumer Education Unit and Delivery of Oral Presentation

The purpose of this exercise is to improve the student's ability to obtain and authoritative health-information and to communicate that information to a hypothetical consumer group. This assignment consists of two parts which are graded independently. A written consumer education unit (not a manuscript) contains the information that the student assimilates. An oral presentation is made from the information contained in the written unit.

Research is the most important part of your assignment. You must become very familiar with the health-related subject on which you plan to speak.

Where you will obtain *authoritative* information?

- OTC drugs and minor, self-limited health problems – *Handbook of Non-prescription Drugs.*
- Health problems (not treatment) – *Cecil-Loeb Textbook of Medicine* or *Harrison's Textbook of Internal Medicine*
- Prescription drug products – *Physicians Desk Reference* (may be difficult to read/understand); *PDR* contains essentially the same information as package inserts that come with drug products
- Treatment of health problems – journal articles (ask reference librarian for assistance)
- Other – not-for-profit organizations (e.g., American Cancer Society)
- Other – representatives of pharmaceutical companies
- Other - consumer-oriented books (caution: authoritative?)

Who is your audience? Make your presentation accordingly.

Be organized. Prepare an outline for your presentation and as you do you research.

Be likeable. Consider warmness, stories, humor.

Dress appropriately.

Would a demonstration help your presentation?

Would visual aids help your presentation?

Srnka

What will you turn in as part of your written consumer education unit?

1. A title page that contains your biographical sketch (one paragraph that assumes you are a pharmacist and describes your practice and your educational and, perhaps, family background.

2. A *detailed* content outline of your presentation. This outline will take the place of a manuscript and must contain facts, figures, etc. The reader should be able to understand your topic after reading your outline. For example, a line of your outline might read "12 percent of females are affected" rather than "incidence of females affected."

3. A copy of your handout, if used.

4. A list of references you actually used in development of your presentation.

Will your written consumer education unit be typed or word processed? Yes.

Will I lose points for messiness, typographical errors, misspelled words, not following instructions, and/or not turning in my assignment on time? Yes.

When should I begin working on these assignments? Immediately – quality research cannot be performed by most students in a few days. Remember that there are few reading assignments in this course and that preparation of these assignments is a major part of the course.

How will these two assignments be evaluated? Please see attachment.

What health-related topic can I use? You can use any topic that is approved by your instructor and which is not used by any other student in your section. Choose a topic that is of interest to you and about which you would like to learn more.

Srnka

M E M O R A N D U M

Date:

From:

To: Dr. Quentin Srnka

Re: Topic for Consumer Education Unit

I request approval to prepare a consumer education on the topic:

My oral presentation will be presented to this hypothetical group:

If this topic is not approved, I request that this alternate topic be approved:

My oral presentation of this alternative topic would be presented to this hypothetical group:

Case Studies

PROFESSIONAL COMMUNICATION I
PCS 471
CASE STUDIES
Bruce A. Berger, R.Ph., Ph.D. and Bill G. Felkey, M.S.

CASE 1 - Made in Heaven

Doug Johnson and Sue Conroy were high school sweethearts. When they both decided to attend Auburn University they just knew that being able to spend time together away from their parents would be wonderful and that their relationship would be even better than before.

For the first year they were at Auburn it appeared as if their hopes and expectations were confirmed. Outside of class, they were inseparable. All of their friends thought they were the perfect couple. It seemed inevitable that they would eventually marry.

One evening they were eating supper at Doug's apartment. Doug had been exceptionally quiet that night. Sue had noticed that he didn't greet her with his normal enthusiasm when she came over. She asked him about it, but he said that he thought he may be coming down with something and felt wiped out.

This went on for over a week. Doug insisted that he did not want to see a doctor because it was just a cold and he really could not afford a prescription. During this time he and Sue did not see each other quite as often because he "didn't want to give her whatever he had." Despite his somewhat indifferent behavior around her, Sue noticed that he had all sorts of energy around everyone else. When she told him of her observation he snapped at her and accused her of spying on him and being hypersensitive and paranoid.

Finally after two weeks of this, Sue couldn't take it anymore. She waited for Doug outside one of his classes where he couldn't avoid her, and told him she needed to talk. They walked over to the concourse and sat down.

"Something's wrong. You're avoiding me and I don't know why. Have I done something wrong?," Sue said.

"I told you. I've had this cold."

Sue interrupted angrily, "Stop saying that! You don't have a cold!"

Doug replied, "Quit yelling at me. Everyone's staring. They can hear you. I'm not going to have you embarrass me." He stood up and started to walk away.

Sue, "Wait...can't you just come back and sit down?"

"Not if you're going to yell at me."

"What about all of the times you've snapped at me lately and I had to put up with it," she said.

"You deserved that. All you've done for two weeks is nag me when you know I haven't felt well."

"That's not it at all!," she said as she became angry again.

"That's it---I'm not going to let you make a scene. I'm outta here!" This time she let him go.

Discuss what has happened up until this point. What should be done next? What would you suggest they do to make sure this "scene" doesn't occur again? What do **you** think the problem is? Based upon what your group decides what the problem is, what do you suggest should be done. Be prepared to justify your decision.

CASE 2

Carole Stanton was very upset about the grade she received on her first writing assignment in freshman English. She was used to getting A's, so when her paper came back with a score of 72 and a letter grade of C-, she was shocked. This assignment was worth 20% of her grade and between going to the library, copying articles, writing it up, several rewrites, and word-processing it, she had spent at least 20 hours on this assignment. She believed she deserved better. The professor had marked her down for spelling errors, grammar errors and organization. The summary comments said that the content was very good, but because of all of the other problems with the paper, it received a 72.

Carole was telling her friend Alice about how upset she was. "I just can't believe this. This is supposed to be a paper to demonstrate that we know how to research a topic and she hits me with these spelling, grammar, and organization deductions. I mean its only our first paper. You know what, the professor's not even a professor -- she's some GTA and only has a master's degree, so what does she know anyway?"

Alice replied, "It sounds liked you got jerked around pretty bad. I wouldn't put up with it... especially from someone who's not even a real professor. Why don't you go let her have it?"

"I don't know -- it probably wouldn't do any good. She'll probably give me all these excuses and I'll still be stuck with this grade. You know how course instructors are."

"Yeah," said Alice, "but maybe if enough people bugged her she'd know she can't get away with this stuff. Even if you don't get your grade changed, at least you'll be able to give her a piece of your mind. I wouldn't put up with it!"

"I don't know. I'll think about it. I still don't think it'll do any good."

Alice, "It's your life."

- What should Carole do?
- What other information do you need?
- What do you think of the advice Alice gave her? Was it helpful?
- What do you think of Carole's rationale about the "professor" only having a master's degree?

CASE 3

Carole decided to go see the instructor who graded her paper. She was quite upset when she got to her office. She knocked on the door to Stephanie Locke's office and a voice from inside said, "Come in."

Carole entered and introduced herself. She explained that she was in Ms. Locke's freshman English course, Carole said, "I'm really upset about the grade I received on this paper. I spent a lot of time on it and I just think my grade doesn't reflect that."

Ms. Locke calmly responded, "I can see that you are upset. I only have about five minutes right now, so rather than trying to discuss this in a rush, here's what I'd like to do. Why don't you write down on a slip of paper where you believe you deserve more points -- you can also write directly on the paper. Also write down why you should receive more points. Please write clearly so I can read it. After you've done that and turned the paper in, I'll look at it and we'll schedule a time when we can talk about it without being interrupted or rushed."

"I already know where the problem is... You took off too many points for grammar, spelling and organization, " said Carole.

"Well, if that is the case, I will be happy to reconsider, but I do need you to clearly point out those areas of the paper where you feel you were treated unfairly or where you don't understand why points were taken off, " said Ms. Locke.

To which Carole responded, "I don't think I should have to write all this stuff out. It's like you took off too many points and now I have to do more work."

"Carole, this will mean that you will have to do some more work, so will I. I want to be fair and that's the only way I know how. I do have to stop here because I have other things I need to get done."

"In other words, this isn't as important," said Carole.

"If you want me to regrade your paper, please write down your questions and concerns as I have requested."

"Well, I don't know if it'll do any good... Bye, " said Carole abruptly.

"See you in class tomorrow, Carole," said Ms. Locke.

- What should Carole do?
- Was she treated fairly by Ms. Locke?
- Do you think Ms. Locke was being honest when she said she had only 5 minutes?
- What do you think of Carole's communication/behavior?
- Was Ms. Locke empathic?
- Any suggestions?

Case 4

Kristin Talbot made her way to Dr. Kerwin's office as quickly as she could. She was hoping that he was in. He always seemed so approachable in class, so maybe he could help her. When she reached his office in the College of Business the door was partially closed. She knocked and Dr. Kerwin said, "Come in."

"Hi, I'm Kristin Talbot," she said nervously. "I'm in your intro to org behavior class. I'm a student in the College of Business."

"Did you and I have an appointment, Kristin?"

"No Dr. Kerwin. I hope I'm not bothering you. I'm kind of having a problem and I needed someone to talk to. If you're busy right now, I understand. I can come back some other time." By now Kristin was visibly upset.

"Why don't you come in and sit down, Kristin," he said as he pointed to a chair. "Would you prefer me to close the door?" She nodded yes.

"Would you like to tell me about what's troubling you?"

"Well, last night a bunch of friends and I went over to Pizza Hut to eat supper. We were sitting there eating when three guys walked in. My friend Shannon knew two of them and they sat at the table next to ours. They all seemed really nice. One guy named, Garrett, Shannon knew real well and another guy, James, she knew because he was friends with Garrett. Anyway, I started to talk to James and he said seemed real nice. He asked me what I was doing after we finished eating and I told him I needed to study. He said he did too and wondered if I might want to go to the library with him to do some studying. It's not really like me to do this, but since Shannon knew him and it was just for studying, I said ok. He was really cute," she said as her voice could barely be heard.

At this point Kristin became very quiet and would not look at Dr. Kerwin.

"Are you ok?," Dr. Kerwin asked.

"I know I shouldn't have done that. I know what you must think of me."

"Kristin, would you like to continue?"

"I guess....well, we agreed to meet at the library in 30 minutes. He was already waiting when I got there. He took my book bag from me and said, 'Come on, I know a real quiet place to study.' He took me to a small room on the fourth floor where no one was around. I never even knew the room was there. I took out my books and my class notes and started to read. After a few minutes, he started to ask me about what I was reading. I told him briefly and then started to study again. A few minutes later he interrupted again. I told him that I really needed to get some studying done because I had a few exams coming up. He got real quiet like he got his feelings hurt. I told him that I was sorry and that I didn't mean to hurt his feelings. He looked at me kind of angry and just said, 'Forget it.' After about fifteen minutes he started picking up his books and notes and said, 'This place is like a morgue. I'm going back to my apartment to study. Do you wanna come with? No one else is there.' I repeated that I really needed to study and that I wouldn't feel comfortable going back to his apartment with him. 'Don't you trust me,' he said. I told him it wasn't that, it was just that I needed to study and didn't know him that well. 'Well, what do you think's gonna happen, anyway?,' he said sarcastically. I told him I didn't know, but that I wanted to just stay at the library. He then asked me why I agreed to meet him in the first place and I told him that I enjoyed talking to him and that studying seemed like a good idea. He just shook his head and said, 'Yeah, right. You women just kill me. You come on to a guy and as soon as we want to get to know you better, you back off. Well, I'm not gonna play you're

game...I'm leaving.' He grabbed his book bag and started to leave. I just sat there kind of shocked. I guess I deserved that. I shouldn't have gone to the library with him when I just met him that night. I guess it did seem like a come on. I picked up my books and decided to go home and study. When I got outside to my car he was waiting there. I said hi and he just started to stare at me. I asked him what was wrong and he said, 'Why don't you just admit that you wanted more than just studying?' I didn't know what to say. At that point he grabbed me and tried to kiss me. I told him to stop and then he became violent. I screamed and he pushed me against my car and ran off." Kristin stopped and started to cry.

"I'm sorry," she said. "I hate to cry in front of you like this. I just couldn't tell anyone else. Shannon's my best friend and she's friends with Garrett and James. I couldn't tell my parents. They'd go ballistic on me. I just hate to cry like this. It feels awful."

"No, no...that's ok, it's ok for you to cry here. I understand," said Dr. Kerwin gently.

"I guess I better go. I need to leave now," said Kristin nervously as she jumped up and left Dr. Kerwin's office. Dr. Kerwin just sat in his chair stunned and feeling helpless.

- What should Kristin do?
- What should Dr. Kerwin do?
- Did Kristin "lead James on?"
- Did she deserve how she was treated?
- Why did she get up and leave Dr. Kerwin's office so abruptly?
- How would you change what has happened if you could change it?

CASE 5

Edgar Jones turned 70 with great difficulty. It just didn't seem right to be this old, this soon. He could still remember being twenty. Where had the time gone he would think.

He also did not like having arthritis and high blood pressure and, as he would constantly complain to anyone who would listen, "All the pills that went with it." With the passing of his wife two years ago and both of his children married with children of their own, he lived alone.

Bob Estes had been the owner of Estes Pharmacy for twenty years. For ten years before that he worked in an independent pharmacy saving his money so he could own his own pharmacy. He was well-liked in the community and had competed quite well with the chains because of his personalized services.

As soon as Bob Estes saw Edgar Jones walk in the front door, he got knots in his stomach. He called Edgar his PITA, his complaint machine. From the moment Edgar walked in the door he started to complain. If it wasn't about the weather, it was about his arthritis, or his high blood pressure or how expensive "those damn pills are." Edgar lived several houses down the street from Bob and every time Bob did any face lifting to his house or yard, Edgar would be in the pharmacy telling Bob that he should send him a thank you note "for the new paint job, what with all the money you charge me for those damn pills." This would irk Bob to no end. There were many times when he wished Edgar would take his business elsewhere.

As he usually did, on this particular day, Bob sent Teresa out to see "What the old coot wants this time." One could never be sure since Edgar refused to call in advance for refills. If he did that he wouldn't be able to complain about how long it took. Sometimes he just came in to complain and didn't buy anything. None of this bothered Teresa. She seemed totally unruffled by Edgar. This always astounded Bob. Especially since she was only eighteen. In fact, he would sometimes say to her, "Why do you always greet him like you're so happy to see him?" and to Bob's amazement, Teresa would always answer, "Because I am happy to see him," at which point Bob would roll his eyes and continue working.

"Hi, Mr. Jones. What can we do for you today," Teresa said.

"I need my damn pills!"

"Which ones, Mr Jones?" Edgar also <u>never</u> brought his bottles in.

"Both of them. That way Bob can really stick it to me. He'll probably add a new room to the house next week." Edgar said this loud enough so that Bob could hear it. It had its intended effect. Bob mumbled something, failed to look up and just kept working.

After the prescriptions were filled, Bob knew he had waited as long as he could. It was time to face the executioner... he had to go talk to Edgar. Long before OBRA '90 and all the talk about patient counseling, Bob had vowed to talk to each patient about his or her prescription. Even if this meant just asking if they were doing o.k. for patients with refills or on chronic medicine.

"Well, Mr. Jones..."

"Edgar... how many times do I have to tell you to call me Edgar," Edgar said abruptly.

"Mr. Jones, you know I've told you I prefer to call my patients Mr. or Mrs. or Miss."

"Yeah, that's what you say each time, " Edgar replied.

"Any way, Mr. Jones, I noticed that you're seven days late on your Cardizem SR. You know you need to take that every day or you won't control your blood pressure."

"What's that matter? Not getting my money soon enough?," snapped Edgar.

"Mr. Jones, I can't make you take your blood pressure medicine properly. But, I do feel it's

important to remind you."

"So how much you gonna stick me for this time?" Bob sighed deeply. He knew this was coming. No matter what he said, Edgar would complain about how expensive it was, needle Bob about a new edition to the house and then take his medicine to the front register and pay for it there and complain some more.

Bob would always end up feeling a combination of helpless, angry and defensive.

- What are your thoughts about this situation?
- What options are available to Bob?
- How is Bob and Edgar's communication contributing to the situation?
- Suggest a strategy for change. Rewrite a realistic dialogue between Bob and Edgar that incorporates this change.
- What about Teresa?

Case 6 - Bill Johnson

Note to Instructors:

Dr. Berger and Mr. Felkey provide students with excerpted information from the U.S. Pharmacopeial Convention, Inc.'s Leaflet Diskette. They give the students section regarding: 1) Adrenergic Bronchodialators (Inhalation), 2) Xanthine Bronchodialators (Oral), 3) Calcium Channel Blockers, 4) Corticosteroids (Oral), and 5) Erythromycins (Oral).

Chief Complaint Cough, wheezing

History of Present Illness

43 year old, white male with a 3-4 day history of cough, increased sputum production and generally "feels very tired and bad". He also reports some intermittent shortness of breath, followed by coughing and wheezing episodes. This has started recently following an out of town visit to relatives. He reports that the asthma was probably brought on by his father's smoking and his mother's cat.

Mr. Johnson thinks he may have some fever but he has not taken his temperature. The doctor's nurse took it and didn't tell him what the number was.

Past Medical History

Asthma: 12 years

Hypertension: 5 years

Allergies: equine serum of tetanus
pollen
animal dander

Profiled Medications

Ventolin (albuterol) 2 puffs as needed up to every 6 hours

Theo Dur 300mg bid

Calan SR 240 mg qd

New Medications

Prednisone 20 bid #14

Berger & Felkey

Ery Tab 500 mg qid #40

Situation

You've graduated and opened a CarePoint Pharmacy. You are being paid for cognitive services in your pharmacy. Mr. Johnson is a newly enrolled patient in your service program. In this case you will be required to establish a database by taking a patient history. You will then use the process of pharmaceutical care to organize any needed interventions, counseling, organization of the full regimen, monitoring, and follow up for his case. The instructors will supply you access to the physician and help with drug information needed while you work with the patient.

Here are some questions to consider:

What would you do differently from what is done in a traditional community practice so that you can establish an effective therapeutic relationship with this patient?

What do we need to know about this patient (holistically) to make informed decisions? (hint: look at history form enclosed)

Do we know all of this patient's drug related problems? What are they? (chronic, acute, drug caused, compliance)

What are some possible outcomes desired for each problem identified? (e.g. asthma episode free, decreased sick days, hypertension controlled)

What should be changed in the therapy? What will you say when you call the doctor? Is the new and old therapy the best for this patient? How will you know? (best drug, dose, formulation, regimen, schedule?)

How can we monitor to know that the desired outcome(s) was achieved and/or equip the patient to know when we should be contacted about adverse effects?

How will you implement the counseling, monitoring and follow up?

How do you modify the use of the counseling checklist when you have multiple drugs to consider?

PHARMACY 428
COMMUNICATION AND PATIENT EDUCATION SKILLS FOR PHARMACISTS
Caroline Gaither, Ph.D. and Frank J. Ascione, Ph.D.

Case #1
Empathy and Non-Verbal Communication

The case and questions on the following pages are intended to identify student understanding of the concepts of empathic responding and non-verbal communication. Your responses should be in sentences and paragraphs (not in outline form). The entire assignment should be no longer than 2 pages double-spaced typed or 3 pages double-spaced written. The most appropriate responses will be specific, detailed and concise. The student should give a response that represents the concepts discussed in class and in the readings. In most cases, a variety of responses may be correct. The exercise is worth 40 points. The exercise and this sheet, with a signed honor pledge, are due in the instructor's mailbox by noon on Wednesday, October 7.

Place your name on this cover sheet only. Write only your student identification number on the exercise. The exercise will be returned October 14.

Student Name (print):_____

Student ID #: _____

HONOR PLEDGE

I have neither given nor received aid on this exercise.

Signed: _____

Scenario:

Mrs. Contario is a regular customer at Jons Pharmacy. She is 68 years old and takes medications for high blood pressure and high cholesterol. She has a chronic back problem for which she has taken a variety of prescription medications. She rarely says more than "hello" to Mr. Jons, the pharmacist, when she picks up her prescriptions. Today she comes into the pharmacy and stands back and waits until all the customers ahead of her are gone.

As she approaches the counter, she glances around and says to the clerk, "May I speak to the pharmacist if he is not too busy?"

The clerk tells Mr. Jons that Mrs. Contario wants to speak to him.

Mr. Jons, who is busy filling a prescription, looks quickly up towards Mrs. Contario and calls out, "May I help you?"

To this response, Mrs. Contario puts her handkerchief back in her purse leans over and quietly replies, "I hate to bother you, I usually ask my daughter about my medications. (Pause) She is a nurse. She is very ill and I hate to bother her, but I really need to know about this new prescription.

"When I went in to see my doctor today, he asked me if I was depressed and I specifically told him that I was not depressed. He preceded to write this prescription. Here it is.

"I don't take any medications without asking my daughter, but I don't want to bother her since she's just had her operation. (Sigh) He told me to take it and I don't know what it is. Can you help me?"

After hesitating a moment, Mr. Jons walks over to the counter. Without looking directly at Mrs. Contario, he takes the prescription and walks a few steps away towards his reference collection. He sees that the prescription is for an antidepressant that has recently gotten a lot of bad press in the local newspapers.

Mr. Jons pushes up the sleeves of his white jacket and walks back to the counter in front of Mrs. Contario. He begins to straighten the display rack that is next to the cash register. Looking down at the display rack, he says to Mrs. Contario, "Your prescription is for serotonin uptake inhibitor which can be used for depression."

Mrs. Contario drops her purse on the counter (which knocks against the display that Mr. Jons was straightening) and says, "I told that doctor I wasn't depressed! He is crazy! Isn't this the drug that has a lot of bad side effects? Give me that prescription back, I don't want to get it filled!"

1. Looking at the entire case, describe and interpret the non-verbal messages of Mrs. Contario and Mr. Jons.

2. Looking at the entire case, how would an empathic pharmacist establish a supportive climate with Mrs. Contario? Be specific in your response by contrasting Mr. Jons's behavior with behavior that would contribute to a supportive climate.

3. What should an empathic pharmacist do or say in response when Mrs. Contario said, "I told that doctor I wasn't depressed! He is crazy! Isn't this the drug that has a lot of bad side effects? Give me that prescription back, I don't want to get it filled!" Include verbal and non-verbal behavior.

Pharmacy 428 (1992)

Case #2
Improving Compliance Behavior (Part I):
Overview of Patient Counseling

The case and questions on the following pages are intended to identify student understanding of patient medication taking behavior, the role of the pharmacist and trends in improving patient compliance. Your responses should be in sentences and paragraphs (not in outline form). The entire assignment should be no longer than 3 pages double-spaced typed or 4 pages double-spaced written. The most appropriate responses will be specific, detailed and concise. The student should give a response that represents the concepts discussed in class and in the assigned readings. In most cases, a variety of responses may be correct. The exercise is worth 45 points. The exercise and this sheet, with a signed honor pledge, are due in Dr. Gaither's mailbox in Room 1028 by noon (12 pm) on Monday October 12, 1992.

Place your name on this cover sheet only. Write only your student identification number on the exercise. The exercise will be returned October 19, 1991.

Student Name (print): _____

Student ID #: _____

HONOR PLEDGE

I have neither given nor received aid on this exercise.

Signed: _____

Scenario:

Pat Johnson, a pharmacist at Wacko Pharmacy would like to institute a patient counseling service at Wacko's and approaches the owner of Wacko's, Jo Baker, with the idea.

Pat: "Jo, I would like us to institute a counseling program here at Wacko's."

Jo: "That sounds like an interesting idea, but I have only a vague idea what that means or how this service would work. Exactly what you are talking about? You know we are very busy here and I am not sure that the other pharmacists will be as excited as you are about patient counseling."

Pat knows that in order for Jo and the other pharmacists to agree to a patient counseling program, they will need to have some understanding of patient medication taking behavior. He also knows that the program must be effective in improving patient outcomes (i.e. increasing knowledge, medication compliance, etc.) and be significantly different from the normal counselling activities that occur when dispensing medication. Pat decides to ask you to help him convince Jo.

Assignment:

Using information from the class, handouts and readings give Pat your best advice by answering each of the questions below. Please be specific as possible in your responses.

1. What information concerning patient medication taking behavior should be given to Jo and the other employees so they understand the need for a patient counseling program?

2. Describe both the general features of a patient counseling program and the specific activities to be included in the program. Be sure to justify your choice of components.

3. What barriers may the pharmacists face when implementing the program? How should each of these barriers be addressed?

4. Should the pharmacy charge an extra fee to each patient for this service? Will patients be willing to pay for this service? State the reasons for your opinions?

Pharmacy 428 (1992)

Case #3
Preparing Written Information

The exercise on the following page is intended to identify student understanding of the general factors that should be used in designing medication information sheets. Your responses should be placed with this cover sheet in Dr. Gaither's (1028 Pharmacy) mailbox by 3 PM on Wednesday, October 21st. Late submissions may be subject to a penalty.

Place your name on this cover sheet only. Write only your student identification number on the exercise. The exercise is worth 40 points.

Student Name (print):_____

Student ID #:_____

HONOR PLEDGE

I have neither given nor received aid on this exercise.

Signed:_____

Case Discussion and Assignment for Exercise #3

The Medical Director of the outpatient clinic in which you provide clinical services wishes to establish a program in which selected patients receive written information. The sheets will be used to supplement the oral counseling provided by the pharmacist and the physician.

One of the sheets you are asked to prepare is for the drug didanosine (ddI), or Videx. The information needed to prepare the sheets is in the USP-DI.

The sheet must be typewritten. The design of the medication information sheet should be based primarily on the principles discussed in the laboratory session. However, students may also wish to refer to the booklet entitled, "How to Write Medication Information for Consumers" by Dolinsky, et al, which is on reserve at the Taubman Medical Library.

Case # 4
Providing Information Orally

The case and questions on the following pages are intended to identify student understanding of the general skills needed to provide information orally. Your responses should be placed with this cover sheet in Dr. Gaither's mailbox by 3 PM on Wednesday, October 28th. Late submissions may be subject to a penalty.

Place your name on this cover sheet only. Write only your student identification number on the exercise. The exercise is worth 40 points

Student Name (print): _____

Student ID #: _____

HONOR PLEDGE

I have neither given nor received aid on this exercise.

Signed: _____

Scenario:

Jack Taylor, a 28 year old lawyer was diagnosed with acquired immunodeficiency syndrome (AIDS) approximately six months ago. Since that time he has been asymptomatic and continues to practice law in his father's law firm. He has been taking Zidovudine (Retrovir, AZT), 1 capsule (100 mg) every 4 hours while awake, to help prevent the complications of the disease. Recently, Jack has started to experience severe headaches, muscle soreness, nausea and has had trouble sleeping.

Jack's physician has decided that the Zidovudine is probably the cause of the above problems and decides to prescribe didanosine (Videx, DDI), a new drug approved for use in patient that can not tolerate Zidovudine. The prescription is written for 2 tablets (200 mg) every 12 hours. His physician has given Jack enough tablets for 1 month, and has instructed him to schedule another appointment with him once he has used all of the didanosine.

Jack brings the new prescription to your pharmacy and you ask him questions regarding his lifestyle and medication taking behavior. The following information is obtained:

a. He awakens at 6:30 am and starts work at 8 am after a 20 minute drive on the expressway. His breakfast consists of cereal, toast, coffee, and orange juice.

b. Jack's lunch hour varies depending on his case load. However, he tries to eat between 12 noon and 2 pm.

c. He arrives home at various hours, ranging from 6 pm to 9 pm. He will often dine out with clients or "grab a quick snack" before coming home.

d. He usually prepares for sleep around 11:30 pm after watching the evening news.

e. His social activities include attending a play or concert at least once a week, and jogging, when he feels up to it.

f. He has taken acetaminophen for his headaches and muscle soreness because he believes he is "allergic" to aspirin. (Note: upon further questioning you decide that his "allergy" appears to be a GI intolerance).

g. He is currently suffering from a lower respiratory tract infection and has been taking ciprofloxacin (Cipro) 500 mg twice daily with meals
He is on his fourth day of a 14 day schedule and takes his doses at 7 am and around 7 pm. He admits to occasionally missing a evening dose when he gets home late. When this happens, he usually takes two doses the next morning.

Case Questions

You plan to counsel Jack for about 5 minutes. Your strategy will involve three main sections: a beginning, a main part and an ending. You plan to fulfill the objectives of each section as described in class.

Answer the following questions about the counseling session. Information about Didanosine can be obtained from the attached handout. Information about the other medications the patient is taking can be obtained from USP-DI (volumes I and II) available at the reference desk at Taubman Medical Library.

The answers should be brief (one or two paragraphs/response) specific, relevant to the patient's situation and understandable. You are allowed to state certain assumptions about information not present in the description of the case.

Beginning of the Session

1. What questions should you ask the patient to ensure that the medication information already described in the case background is gathered properly?
   Describe each question in a statement format.

2. What additional medication questions, if any, would you ask at this point in the session?
   Describe each question in a statement format.

3. Are there any other non-medication questions you would ask at this point in the session? If so, describe each question in a statement format.

Main part of the session: The information provided in this section should include the full statement format described in figures 1 and 2 (pgs. 10 and 11) and Table 2 (pg. 3) of part II of the lectures on providing information orally. The appropriate amount of information should be provided in an efficient, understandable, and timely manner.

4. What statements would you tell the patient regarding the identification and purpose of didanosine? How would you relate that information to his past medication use?

5. List the type of questions you would use to gain the appropriate information about the patient's lifestyle. Describe each questions in a statement format.

6. What information would you provide Jack regarding the proper dose schedule for didanosine and his other medications? Include dose times in your recommendations.

7. Recognize that he patient admits to missing some doses of his antibiotic, what advice would you give him about missing doses of didanosine.

8. Assume that you are limited to discussing orally just two different side effects with Jack.

Which two would you select? Why? What information would you provide? Describe the information provided to the patient in statement format.

9. Assume that you are limited to discussing orally just two different precautions or contraindications with Jack. Which two would you select? Why? What information would you provide? Describe the information provided to the patient in statement format.

10. Is there any additional information about Didanosine that you wish to tell the patient during this section of the counseling session? Keep in mind the problem of "information overload." Describe the information in statement format.

11. Would you recommend that this patient use a reminder aid? Why or why not? If so, what type of reminder aid?

End of Session

12. Describe in statement format your summary of the important information that you will give to Jack at the end of the session.

13. What specific question(s) will you use to ask the patient for feedback to ensure his understanding of the information you have provided?

14. Will you use written information during the session? Why or why not? If written information is used, at what times during the session will you refer the patient to the written information?

15. What are the important general behaviors that you should engage in throughout the counseling session?

Case # 5
Assertiveness

The three cases and questions on the following pages are intended to identify student understanding of the concepts of assertiveness. You are to choose **one** of the following three cases in which to respond. Your response should be in sentences and paragraphs (not in outline form). The entire assignment should be no longer than 2 pages double-spaced typed or 3 pages double-spaced written. The most appropriate responses will be specific, detailed and concise. The student should give a response that represents the concepts discussed in class and in the assigned readings. In most cases, a variety of responses may be correct. The exercise is worth 40 points. The exercise and this sheet, with a signed honor pledge, are due in Dr. Gaither's **mailbox** by noon (12 PM) on Monday, November 30. Five percent will be deducted for each late day.

Place your name on this cover sheet only. Write only your student identification number on the exercise. The exercise will be returned on December 7.

Student Name (print):_____

Student ID #:_____

HONOR PLEDGE

I have neither given nor received aid on this exercise.

Signed: _____

Case A

It was an exceptionally busy day in Drugs-R-Us Pharmacy. The pharmacy technician called in sick, which made things even worse. Ms. Lane, the pharmacist, asked Sally - a clerk who normally doesn't work in the pharmacy - to receive incoming prescriptions and run the cash register. As the day went on, the waiting time for a prescription grew from 15 minutes to 1 hour.

Ms. Lane said to Sally, "Please tell the patients that they may want to do something other than sit and wait for their prescription, since it is going to take approximately 1 hour."

Sally did as instructed and most patients decided to leave or walk around the store while their prescriptions were being filled . Therefore, the area surrounding the pharmacy was not congested with customers. The time was a few minutes before 6 PM.

Mrs. Scott - an occasional customer - approaches the counter with her two small children.

Mrs. Scott says to Sally, "I need this antibiotic right away. It is for my daughter's earache."

Sally replies, "I am sorry. It will take about one hour to get it filled."

Ms. Lane looks up briefly as Sally is making her reply. Mrs. Scott looks directly at Ms. Lane and says coldly, "Can't you people do anything fast! A one hour wait for prescriptions is ridiculous!"

"There isn't even anyone waiting (Mrs. Scott points at the waiting area). You must be totally incompetent if it is going to take you 1 hour to fill my prescription!"

Analyze the above situation from the point of view of an assertive pharmacist.

a. What might be a typical passive response by Ms. Lane to this situation? Your answer should include verbal and nonverbal behavior.

b. What might be a typical aggressive response by Ms. Lane to this situation? Your answer should include verbal and nonverbal behavior.

c. Describe some assertive, techniques of responding by Ms. Lane in this situation: What qualities would be assertive responses have, and what pitfalls would have to be avoided in Ms. Lane's attempt to respond assertively?

d. Write several assertive responses for Ms. Lane, indicating what she says, how she says it, and at what points in the "case" she responds to Mrs. Scott.

Case B

Mrs. Amanda King, staff pharmacist at General Hospital, is asked to answer a telephone call that has just been received by the pharmacy.

Mrs. King picks up the telephone and says, "Hello, this is Amanda King, the pharmacist. How may I help you?"

"This is Nancy, head nurse on the sixth floor. Where is Mr. Paget's cimetidine? We need to give it immediately. I need to have it stat."

Amanda knows that Mr. Paget's cimetidine should be in the cart since she remembers checking it earlier that day. She asks Nancy, "Did you check the cart yourself? It should be there."

Nancy replies, "Of course I checked the cart! Otherwise, I would not be calling you. Please bring it up now!"

Amanda hears a click on the other end of the phone. She says to one of the other pharmacists, "I am really tired of nurses calling for medications that are not needed right away. We could just as easily send it up in the next cart exchange. This the third time this week Nancy has called. I am going up to the sixth floor to deliver this medication and check the cart myself."

Amanda looks up Mr. Paget's record to get the appropriate dose of cimetidine. Once she has the appropriate dose, Amanda proceeds to the sixth floor. She sees Nancy at the medication cart and approaches her with the dose of cimetidine.

Amanda says, "Here's Mr. Paget's cimetidine." Nancy opens the drawer, and they see a dose of cimetidine next to a nitroglycerin patch.

Nancy looks up at Amanda and says, "I guess I didn't look well enough."

Amanda is furious that the nasty phone call and her trip to the sixth floor were unnecessary.

Analyze the above situation from the point of view of an assertive pharmacist.

a. What might be a typical passive response by Amanda to this situation? Your answer should include verbal and nonverbal behavior.

b. What might be a typical aggressive response by Amanda to this situation? Your answer should include verbal and nonverbal behavior.

c. On her way up to the sixth floor, Amanda has decided that a three-part assertive message to Nancy is appropriate. What qualities would this three-part message have, and what pitfalls would have to be avoided in Amanda's attempt to be assertive in this way.

d. Write a three-part assertive message for Amanda. Also, briefly describe your reasoning for

each of the three parts.

Case C

David Smith, benefits manager for a major employer in town, and long-time friend of Pharmacist Bob Jones are attending a three-day conference on the changing economics of health care. Other attendees for this conference include selected pharmacy students, pharmacists, benefits managers and physicians.

On the first day of the conference, David sees Bob during a coffee break and strides briskly over to speak with him. Bob is talking with a pharmacy student when David interrupts them with a sarcastic remark about the refreshments.

The conversations turns to the conference itself, and then to the role of the pharmacist. David says, "Pharmacy seems like the easiest job to mechanize out of existence. I see darn-few pharmacists to talk to patients. The more I think about it, mail-order pharmacy service is the best way to save money on drug costs."

Bob replies, "It concerns me that you feel this way. I talk to and counsel my patients all the time. So do the other pharmacists at my store. We try to expand our role to more than just dispensing medication."

You must work at a unique place," says David with a harsh laugh. "I believe that any expanded role for pharmacists will cost more money than it is worth." David points his finger at Bob. "It won't fly in today's economy."

Bob notices that David is standing rigidly now and his voice is getting louder. Nodding toward the student, Bob calmly says to David, "I am looking forward to hearing these issues discussed here at the conference."

David slams his coffee cup down on a table and says angrily, "I'm sick of this! In the real world, pharmacists seem content to hide in the pharmacy! If you are waiting for us to pay you guys for any so-called expanded services, you will have a long wait!"

Bob would like to respond. He has heard similar arguments before, and feels very strongly that pharmacists have a unique and significant role to play in patient care.

Analyze the above situation from the point of view of an assertive pharmacist.

a. What might be a typical passive response by Bob to this situation? Your answer should include verbal and nonverbal behavior.

b. What might be a typical aggressive response by Bob to this situation? Your answer should include verbal and nonverbal behavior.

c. Assume that this is an emotional conflict involving differences in values. What techniques should Bob have in mind as he tries to continue the conversation? What qualities should his response have, and what pitfalls should his response avoid?

Gaither & Ascione

d. Write a set of "You believe ...I believe" statements from the pharmacist to the benefits manager.

Pharmacy 428 (1992)

Case #6
Problem Solving

The case and questions on the following pages are intended to identify student understanding of the concepts of problem solving. Your response should be in sentences and paragraphs (not in outline form). The entire assignment should be no longer than 2 pages double-spaced typed or 3 pages double-spaced written. The most appropriate responses will be specific, detailed and concise. The student should give a response that represents the concepts discussed in class and in the assigned readings. In most cases, a variety of responses may be correct. The exercise is worth 45 points. The exercise and this sheet, with a signed honor pledge, are due in Dr. Gaither's mailbox by noon (12 PM) on Monday, December 7. Five percent will be deducted for each late day.

Place your name on this cover sheet only. Write only your student identification number on the exercise. The exercise will be returned on December 14.

Student Name (print):_____

Student ID #:_____

HONOR PLEDGE

I have neither given or received aid on this exercise.

Signed:_____

Scenario:

Two top-level hospital administrators are on an executive committee charged with deciding how to spend a substantial gift of money which the donating agency has designated generally for "improved services."

Each of these administrators has independently produced an elaborate ten page proposal for the committee's consideration.

Administrator A proposes improvements in hardware and software for the computer management of hospital information. Administrator B proposes expanding out-patient services and clinical buildings.

Each proposal seems to fit the broad specifications of the donor. Each would use up all the money.

1. Of the five styles of conflict interaction (described by Filley and by Folger and Poole, and others), compare and contrast a compromise-oriented approach with a collaborative (or problem solving) approach to the situation above. Focus your response on the techniques and general orientation of committee members who are problem solvers as opposed to those who are compromisers.

2. Describe how the 6-step problem solving method could best be applied by the committee to the conflict between the proposals of Administrator A and Administrator B.

What are the goals of this course?

What can the instructors do to help you reach your goals?

What are the best possible outcomes for you from this course?

What are the worst possible outcomes for you from this course?

Assume you are going to consult a counselor for a personal matter. Your goal in counseling will be to explore yourself in depth, learning more about yourself and in the process revealing deep personal information. Take a few moments to write down what qualities you desire in the person to whom you are going to reveal private and intimate material.

Case #7
Communication Skills Laboratory:
Videotape

Pharmacy 428 (Fall, 1992)

Purpose

The videotaping exercise will focus on the student's skill at organizing and delivering medication information to patients. Emphasis will be placed on the type of information provided, the order of information delivered, and how the session is organized. Basic communication skills such as empathic behavior, nonverbal communication and self-assurance will be assessed but will be of secondary importance.

Description

A specific case described in Appendix A will be assigned to each student. The student will play the pharmacist and will be asked to engage in a role playing exercise with the laboratory instructor who will act as the patient. During the role playing skit, the pharmacist will be expected to provide medication information to the patient and to exhibit appropriate verbal and nonverbal communication skills.

As noted, emphasis will be placed on the delivery of medication information.

Each role playing session should be designed not to exceed 5 minutes. Each session will be videotaped for later review by the course instructor and the class. Students shall be assigned a specific time during the laboratory period in which they are expected to engage in the role playing exercise (see Appendix B). Students should plan to arrive early (at least 10 minutes before their session) and should be wearing their white laboratory coats. Individuals who miss their appointment without prior approval of the course instructor will be given a failing grade, penalized points, and asked to make up the exercise at a later date. Students who cannot make their assigned times must contact the course instructor immediately.

Preparation

The assigned case in Appendix A should be examined prior to the role playing session in order to prepare and organize the type of information needed for the presentation. The student will be required to submit a written plan to the course instructor prior to the videotaping. The outline for the written plan is described in Appendix F and it is due at the time of videotaping. Students will not be able to refer to any notes during the role playing session. Late submissions are subject to a penalty. Accurate information should be obtained from the 1992 version of USP-DI (Volumes I and II) available at Taubman Medical Library.

The student should also refer to the prescription labels written for each case (see Appendix C) in order to familiarize themselves with the information that will be on the container to be used during the videotape. Students will be given the prescription container and medication information sheet just prior to the videotape session and will be expected to refer to it during the session. A sample label and sheet will also be posted outside the videotape room.

Emotional messages that may be given by the patient should be assessed prior to the role playing session. A general plan to describe and deal with the patient's emotional state should also be discussed.

Assessment

Students will be assessed on their behavior during the role playing session in two ways. The course instructor will review each tape privately and fill in an evaluation form which will be give to the student. In addition, small groups of students will meet, review their tapes, and submit a written report to the course instructor. (Note: a later handout will describe the report more specifically). The assigned time for each group is in Appendix D.

The assessment will focus primarily on the three phases of providing information to patients which is described in Appendix E-1. However, the completeness of the written presentation plan, empathic behavior, self-assurance, and nonverbal communication will also be examined. The last three components are described in Appendix E-2.

The course instructor's evaluation of the student's role playing exercise and the group critique of the video performances are worth 100 points each, and the student must be awarded a minimum of 70 points on each task in order to successfully complete these assignments. Students who do not achieve the minimum score on either effort may be asked to redo it at a later date. The score received on the re-done exercise will be averaged with the first score.

Appendix A

Case Scenarios for Videotape

CASE 1:

Robert(a) Anderson is a 69 year old retired banker who was found to have blood pressure of 184/96 mm Hg on a routine physical examination. After 12 weeks of therapy on hydrochlorothiazide, his(her) blood pressure was 165/92 mm Hg and the patient complained of muscle weakness. The patient's profile revealed that besides an occasional antibiotic, no other chronic medications have been prescribed. The physicians decided to add Vasotec 5 mg (Enalapril) daily for 1 month (#30) on a trial basis.

CASE 2:

Jean Sampleton is a 47 year old computer analyst who has developed Carpal Tunnel syndrome in his/her wrists from many years of typing. A fellow worker recommended that he/she try Mineral Ice and Advil which relieved some of the pain, but unfortunately his/her symptoms continue to worsen. In addition, your review of his/her profile indicates that 3 months earlier Jean had completed an 8 week course of Zantac (Ranitidine) 150 mg twice daily for treatment of a small peptic ulcer. Jean finally visited his/her family physician, Dr. Wilson, who prescribed Motrin 600 (Ibuprofen) mg four times daily for two weeks (#56). Jean was instructed to notify Dr. Wilson after the two week trial period of his/her symptoms did not improve.

CASE 3:

Pat Churchill, a 55 year old parking meter enforcement officer, brings in a prescription for Amoxicillin 250 mg three times daily for 10 days (#30). The patient has a urinary tract infection that is causing considerable discomfort. The patient had an allergic reaction (rash) to Bactrim during the previous year.

APPENDIX B

Videotaping Schedule
(Wednesday, November 4, 1992)

	3909 Learning Resource Center	3917 Learning Resource Center	
Time	**Student**	**Student**	**Case**
Noon	Rummel, Lisa	Weidig, Denise	1
12:10 pm	Wong, Patty	Fulton, Gretta	1
12:20 pm	Moore, Thea	Behm, Dena	1
12:30 pm	Mamdani, Muhammad	Dieckmann, Kevin	2
12:40 pm	Greenwood, Jennifer	Muniz, Omaris	2
12:50 pm	McCreadie, Scott	Livingston, Jeff	2
1:15 pm	Cammet, Kellie	Yarrington, Carol	3
1:25 pm	Merchant, Kimberly	Yeung, Cathy	3
1:35 pm	Nguyen, Chieu	Tiesler, Kristin	3
1:45 pm	Van Eyk, Scott	Wages, Lee	1
1:55 pm	Huang, Mike	Querijero, Valery	1
2:05 pm	Poppelreiter, Michelle	Jarvis, Kevin	1
2:30 pm	Lowden, Kathleen	DelaFuente, Marilyn	2
2:40 pm	Bonnema, Scott	Lee, Lai-Ming	2
2:50 pm	Matthews, Josselyn	Frens, Jeremy	2
3:00 pm	Callahan, Brian	Peracha, Sana	3
3:10 pm	Huser, Cherise	Porter, Charlene	3
3:20 pm	Bogaudo, Holly	Anderson, Stephany	3
3:45 pm	Waise, Jeff	Hui, Nancy	1
3:55 pm	Hoppe, Heather	Crady, Janelle	1
4:05 pm	Acosta, Lynn	Reed, Sue	1
4:15 pm	Pi, Judy	Bogaudo, Rob	2
4:25 pm	Townsend, Otto	Monem, Ari	2

4:35 pm	Painchaud, Chris	VanHorn, Christine	2
4:45 pm	Maul, Lori		2

APPENDIX C
Prescription Labels for Videotaping

Shown below are labels which will be attached to the prescription containers to be used in the videotaping sessions. While the students do not need to follow the information provided on the labels exactly, they should use the container as one of the sources of information for the videotape. In addition, the students can provide information (especially dosing information) more specifically than what is described on the label.

CASE #1

911852 Dr. Smith
ANDERSON, ROBERT(A)

TAKE ONE TABLET DAILY

30 VASOTEC 5MG TABLET MJ
REFILL: 0 BK 10/21/92

CASE #2

911852 Dr. Smith
SAMPLETON, JEAN

TAKE ONE TABLET FOUR
TIMES DAILY FOR 14 DAYS

(Take with FOOD)

56 MOTRIN 600MG TABLET UJ
REFILL: 0 BK 10/21/92

CASE #3

911854 Dr. Smith
CHURCH, PAT

TAKE ONE CAPSULE THREE
TIMES DAILY FOR 10 DAYS

(Finish medication unless
otherwise directed by
prescriber)

30 AMOXICILLIN 250MG CAPSULE WC
REFILL: 0 BK 10/21/92

APPENDIX E-2

Additional Communication Behavior to be Assessed

While the provision of useful medication information is the primary objective, assessment of student behavior will include the use of effective nonverbal messages, empathic behavior and self-assurance. Each area to be assessed is described briefly below.

Nonverbal Communication. The appropriate nonverbal communication techniques involve the use of facial expressions that include direct eye contact and a friendly image. Body movement should be directed toward creating psychological privacy for the patient and emphasizing important points through the use of the hands or other parts of the body. The pharmacist's voice should consist of a even tone with proper pacing and emphasis on important information. Expressions such as "uh" or "you know" that interrupt the flow of thought that should be avoided because they can be intensely irritating to listeners.

Empathic Behavior. One of the principal methods to facilitate patient expression is to engage in attentive behavior. This involves facing the patient, direct eye contact, nodding of the head, and leaning over for psychological privacy. Patient self-description can also be encouraged through pauses and with phrases such as "I see", or "um-hm". Equally important is the proper perception of the patient's concerns and responding in a manner that recognizes those concerns. The best response is the proper identification of the patient's feeling and the expression of understanding of his or her needs. A reassuring response to the patient is also appropriate. Less successful responses are placating, advising and probing, or challenging the patient.

Self-Assurance. Professional self-assurance is demonstrated by the pharmacist's ability to control the counseling session, to respond confidently to patient questions, and to effectively deal with patient conflict. Techniques for controlling a counseling session include starting over when lost or asking questions of the patient to assess the effectiveness of your efforts. Confident responses to questions involve specific answers which take into account the special concerns of the patient and a willingness to negotiate with the patient to ensure sage and effective drug use. The most effective strategy for dealing with conflict is not to react defensively but to try to develop a mutually satisfactory resolution to the conflict.

APPENDIX D

Video Critique
Wednesday, November 18, 1992

Time	3909 Learning Resource Center **Students**	3905 Learning Resource Center **Students**	3917 Learning Resource Center **Students**
12 pm-1:55 pm	Cammet, Kellie Merchant, Kimberly Nguyen, Chieu VanEyk, Scott Huang, Mike Poppelreiter, Michelle	Yarrington, Carol Yeung, Cathy Tiesler, Kristin Wages, Lee Querijero, Valery Jarvis, Kevin	
12:30 pm-2:25 pm			Waise, Jeff Hoppe, Heather Acosta, Lynn Pi, Judy Townsend, Otto Painchaud, Chris Maul, Lori
2 pm-3:55 pm	Weidig, Denise Fulton, Gretta Behm, Dena Dieckmann, Kevin Muniz, Omaris Livingston, Jeff	DeLaFuente, Marilyn Lee, Lai-Ming Frens, Jeremy Peracha, Sana Porter, Charlene Anderson, Stephany	
3 pm-4:55 pm			Rummel, Lisa Wong, Patty Moore, Thea Mamdani, Muhammad Greenwood, Jennifer McCreadie, Scott
4 pm-5:55 pm	Lowden, Kathleen Bonnema, Scott Matthews, Josselyn Callahan, Brian Huser, Cherise Bogaudo, Holly	Hui, Nancy Crady, Janelle Reed, Sue Bogaudo, Rob Monem, Ari VanHorn, Christine	

APPENDIX E-1

Communication Behavior to be Assessed

The primary emphasis in this role playing session is on the delivery of information of patients in the three stages identified in class: the introduction or beginning, main session, and the ending. Each stage is discussed briefly below.

Introduction

The objectives at the beginning of a counseling session are to put the patient at ease in order to maximize discussion and retention and to identify the specific information/emotional needs of the patient. The pharmacist should begin the session by calling the patient by name and introducing him or herself. It is appropriate to engage in small talk at this point in order to make the patient feel better about the encounter. Informing the patient of the purpose of the counseling session at this time will alert him or her of your intentions. This may be necessary to assure patient willingness to listen. Assessment of the patient needs should be done through a series of questions.

Main Session

The objectives of the main session are to select the most important information to provide to the patient, provide the facts efficiently, present the information in an understandable manner and involve the patient in the session. The information needs to be prioritized in order to maximize retention and minimize the likelihood of information overload. Questions about concurrent and past medication use, current medication knowledge, or pertinent aspects of the patient's lifestyle may be asked of the patient to ensure that the information provided is specific and relevant to that patient. The information has to be organized into logical clusters to ensure patient understanding and techniques such as explicit categorization can be used to alert the patient to the proper categorization of the information.

End of Session

The objectives at the end of the counseling session are to ensure that the patient understands the most important information provided by the pharmacist and to encourage appropriate patient behavior. The techniques used to achieve this objective are the summation and/or repetition of key points made during the counseling session and the use of questions to elicit patient feedback and/or check for understanding. Questions that can be answered by the patient with a yes or no response should be avoided.

APPENDIX F

Written Plan for Videotaping Exercise

Student Name: _____Role Playing Case#_____

Medication(s):_____

Respond to the following questions using complete sentences.

1. What questions would you ask of the patient to determine his/her past and current experiences with the use of medications?

2. What information would you give to the patient about the purpose of the medication?

3. What information would you give to the patient about how to properly take the medication? What questions would you ask of the patient to tailor this regimen to his/her individual lifestyle?

4. What potential adverse effect(s) are you planning to discuss with the patient, and what will you tell the patient to do if the side effect(s) occur?

5. What is the order in which you plan to provide the information to patients? (List by category of information.)

6. What statements made orally would you reinforce by referring to the written information sheet that will be given to the patient? Which would you reinforce by referring to the prescription drug label?

7. What questions would you ask of the patient to determine if he/she understood the information provided during the counseling session? (Write the statement exactly as you would address it to the patient.)

8. What type of emotional messages do you believe your patient is likely to transmit during the counseling session? To answer, list 2 emotional messages and your response to each.

Lists of Readings/References

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PPRA 417 - SPRING 1992
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Barbara Adamcik, Ph.D.

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14 a. Ch. 19 Grief and Terminal Illness

14 b. Ch. 16 Suicide

16-17 Readings - To be announced

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PCS 471
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Information about Contributors

List of Contributors

Barbara A. Adamcik, Ph.D.
Pharmacy Administration
College of Pharmacy
Campus Box 8288
Idaho State University
Pocatello, ID 83209-8288

Frank J. Ascione, Ph.D.
College of Pharmacy
The University of Michigan
Ann Arbor, MI 48109-1065
Phone: (313) 763-0100
FAX: (313) 763-2022

Heidi Anderson-Harper, R.Ph., Ph.D.
Department of Pharmacy Care Systems
School of Pharmacy
Auburn University
141 Miller Hall
Auburn University, AL 36849-5506
Phone: (205) 844-5152
FAX: (205) 844-8307

Robert S. Beardsley, Ph.D.
School of Pharmacy
University of Maryland
20 North Pine Street
Baltimore, MD 21201-1180
Phone: (410) 706-7650
FAX: (410) 706-4012

Donna H. Berardo, Ph.D.
Pharmacy Administration
School of Pharmacy
University of Florida
Box 100481
Health Science Center
Gainesville, FL 32610-0484
Phone: (904) 392-9713
FAX (904) 392-3480

Bruce A. Berger, R.Ph., Ph.D.
Department of Pharmacy Care Systems
School of Pharmacy
Auburn University
140 Miller Hall
Auburn University, AL 36849-5506
Phone: (205) 844-5152
FAX: (205) 844-8307

Larry E. Boh, R.Ph., M.S.
School of Pharmacy
University of Madison - Wisconsin
425 North Charter Street
Madison, WI 53706
Phone: (608) 262-8586
FAX (608) 262-3397

Betty A. Chewning, Ph.D.
School of Pharmacy
University of Madison - Wisconsin
425 North Charter Street
Madison, WI 53706
Phone: (608) 263-4878
FAX: (608) 262-3397

Bill G. Felkey, M.S.
Department of Pharmacy Care Systems
School of Pharmacy
Auburn University
138 Miller Hall
Auburn University, AL 36849-5506
Phone: (205) 844-5152
FAX: (205) 844-8307

Caroline A. Gaither, Ph.D.
College of Pharmacy
The University of Michigan
Ann Arbor, MI 48109-1065
Phone: (313) 764-6234
FAX: (313) 763-2022

Raymond Jang, Ph.D.
College of Pharmacy
University of Cinncinati - Medical Center
Mail Location #4
Cincinnati, OH 45267
Phone: (513) 558-0716
FAX: (513) 558-4372

Carole L. Kimberlin, Ph.D.
College of Pharmacy
University of Florida
Box 100484
Health Science Center
Gainesville, FL 32610-0484
Phone: (904) 392-5270
FAX: (904) 392-3480

Monina R. Lahoz, Ph.D.
Pharmacy Administration
College of Pharmacy
Medical University of South Carolina
171 Ashley Avenue
Charleston, SC 29425-2301
Phone: (803) 792-8439
FAX: (803) 792-8091

Kenneth A. Lawson, Ph.D., R.Ph.
College of Pharmacy
University of Texas at Austin
Austin, TX 78712-1074
Phone: (512) 471-5609
FAX: (512) 471-8783

Paul L. Ranelli, Ph.D.
College of Pharmacy
University of Florida
Box 100484
Health Science Center
Gainesville, FL 32610-0484
Phone: (904) 392-5270
FAX: (904) 392-3480

Quentin M. Srnka, Pharm.D.
College of Pharmacy
University of Tennessee
847 Monroe Avenue, Suite 238
Memphis, TN 38163
Phone: (901) 528-6035
FAX: (901) 528-7053