

A General Guide for Communication with physicians And Effective patient counseling

Communication with physicians

With rare exception, the primary reason pharmacists call physicians is that something is wrong or a problem needs to be resolved. Because these calls so often begin with a problem, they can start often in a negative or adversarial way and trigger defensiveness in the physician. But skillful and sensitive pharmacists can turn these negatives into pluses.

A-Building rapport (ألفة، علاقة، صلة)

Pharmacist can build rapport with physician before he need to call them about patient's drug – related problems. *If the pharmacist see himself as a health care provider with a practice, then meeting with local physicians is a vital step in building rapport and allowing the pharmacist to be more effective in drug therapy decision –making.*

B-Reasons for calling

Pharmacist usually contacts physicians about the following types of **drug-related problems**:

- 1-Untreated condition(s). The patient needs drug therapy but is not receiving it.
- 2-Improper drug selection. (wrong drug for this patients and indication.
- 4-Subtherapeutic dosage.
- 5-Adverse drug reactions.
- 6-Drug interactions.
- 7-Unnecessary drug therapy (include drug use without a medical indication)
- 8-Compliance problems.

Other reasons for calling physicians include:

- 1-Inability to read or interpret a prescription order.
- 2-Request to change a drug and suggestion for a therapeutic alternative.
- 3-To inform the physicians about important new products or services in your pharmacy.

C-Preparation before calling

Before contacting the physician you need to consider the following points:

- 1-**Have the necessary facts ready**, including your recommendation and rationale. These facts includes not only drug- and disease related information but relevant patient information (e.g. patient can not afford the drug, can not remember to take it, or cannot tolerate side effects).
- 2-**Have a literature citation ready**, if possible (use hard copy references)
- 3-**Know what you're talking about** . don't waste a busy physician's time. **Identify yourself**, the patient involved , the problem , and your recommendation.
- 4-**Always have an alternative recommendation ready** in case your initial recommendation is not accepted.

D-Communication considerations

Before contacting the physicians, consider the following communication strategies:

- 1-**The entire focus should be on attacking problems or issues, not people or personalities** : Keep the focus of the conversation on solving patient problems, not on pointing out that the drug therapy prescribed is inappropriate . There is a big difference in the following tow responses:

A-((Dr. Smith , Mr. Jones can not use those tablets *you prescribed*))

B-((Dr. Smith , Mr. Jones has trouble swallowing . I would like to recommend...))

The second is far more likely to elicit cooperation, because it states the problem in terms of Mr. Jones swallowing difficulties, not what Dr. Smith did.

For another example, rather than saying (*you should not prescribed* ciprofloxacin because Mr. Jones is taking theophylline and the two drugs interact)

But say (*because Mr. Jones is already taking theophylline* I'm concerned about his getting ciprofloxacin because of the drug interaction .I suggest we use co-trimoxazole)).

2-Show interest in *patient not in being right*.

3-Mentally and emotionally prepare for different consequences. What will you say if you are meet with resistance, anger, or refusal? To what extent are you willing to persist and not back down?

E-Contingencies

If the physician refuses to change the order, don't argue. Simply tell the patient what happened. Identify alternatives, if possible. In the case where a patient may be harmed by inappropriate therapy and the physician refuses to change the order, state, "Dr. Jones, I cannot in good conscience give Ms. Brown this medication because I believe it is harmful to her. I will not dispense it. Again, I recommend (name med). If this is not acceptable, I will simply explain to her why I cannot dispense the (name of medication).":

Involving the patient:

In general, whenever a physician needs to be contacted about a problem with the patient's drug therapy, the patient should be involved . However , we have to be careful not to jeopardize *يعرض للخطر* physician-patient relationship.

Scenarios

In addition, let's take a look at two different dialogs about the same problem.

Dialogue 1

Pharmacist: Doc, the amoxicillin you prescribed for Mrs. Tanner's kid is not working. We need to get her something else.

Physician: What do you mean it's not working? Did she give it to the child correctly? He's only been taking it for five or six days. She has a ten-day supply. Is the child still running a fever?

Pharmacist: I guess she's giving it to him right. She says he's not feeling good and she wants to give him something else. I didn't ask about a fever.

Physician: Tell her to call me. I'll take care of it.

Pharmacist: You got it, doc!

Discussion

This pharmacist **was not prepared**. He simply didn't do his homework before he called. **He defined the problem as the prescribed drug**. The problem is the patient was not getting better (as defined by the mother). The pharmacist **did not have clear information** to support the contention that there was a problem. As a result, the physician decides to talk to the patient directly rather than waste any more time talking to an ill-prepared pharmacist. Let's look at a better approach.

Dialogue 2

Pharmacist: Hi Dr. Smith. This is Sara Thomas, a pharmacist at Conner's Drugs. I just got off the phone with Susan Tanner, Brady's mother. She called because she was concerned about Brady. His fever is still at 101.5 and he has been taking the amoxicillin for six days now, three times a day as you prescribed. She said he's pretty miserable. I assumed that Brady has otitis because she talked about his ear infection and I saw from his medication record that he was treated for otitis once before about three months ago. I think it

might be time to go to trimethoprim-sulfamethoxazole twice a day or cefaclor every 8–12 hours.

Physician: So he's still running a fever. From what you have said, it sounds like he's not responding to the amoxicillin. OK, give him the trimethoprim-sulfamethoxazole twice a day. Do you have his weight available? Pharmacist: Yes, I do. Physician: Good. Let's keep him on it for 10 days.

Pharmacist: OK. I'll let Mrs. Tanner know. Physician: Thanks for calling. Pharmacist: You're welcome. Thanks for getting back to me so quickly.

This pharmacist was very prepared and kept her focus on the problem. She gave the doctor more than one option and as a result of her thoroughness the physician was able to make a decision quickly. While all situations may not go as smoothly as this, they are far more likely to resolve with adequate preparation and appropriate focus.

Effective Patient Counseling

Effective patient counseling is not simply the provision of information. *Information is prerequisite to compliance, but the timing and organization of the message and involvement of the patient are also critical in determining what the patient understands and remembers. You are the expert on drug therapy, but patients are experts on their daily routines, how they understand their illness and its treatment, whether they anticipate any problems taking the medicine as prescribed, and so forth.* Each of these points needs to be assessed if counseling is to be effective. The counseling checklist provided here was developed to increase the probability that the patient will comply with the treatment regimen. It is assumed that before the pharmacist counsels the patient, he or she will first assess the appropriateness of the drug therapy.

Patient Counseling Checklist

- 1– Introduce yourself:
- 2– Identify to whom you are speaking:
- 3– Ask if the patient has time to discuss the medicine:
- 4– Explain the purpose/importance of the counseling session:
- 5– Ask the patient what the physician told him/her about the drug and what condition it is treating:
- 6– Listen carefully and respond with appropriate empathy:
- 7– Tell the patient the name, indication, and route of administration of the medication:
- 8– Inform the patient of the dosage regimen:
- 9– Tailor the medication regimen to the patient's daily routine:
- 10– Tell the patient how long it will take for the drug to show an effect:
- 11– Tell the patient how long he/she might be taking the medication:
- 12– Emphasize the benefits of the medication:
- 13– Discuss major side effects of the drug:
- 14– Use written information to support counseling when appropriate:
- 15– Discuss precautions (e.g., activities to avoid) and beneficial activities (e.g., exercise, decreased salt intake, diet, self-monitoring):
- 16– Discuss drug-drug, drug-food, drug-disease interactions:
- 17– Discuss storage recommendations, ancillary instructions (e.g., shake well, refrigerate):
- 18– Explain to the patient in precise terms what to do if he/she misses a dose:
- 19– Check for further understanding by asking the patient to repeat back additional key information:
- 20– Use appropriate language throughout the counseling session:
- 21– Organize the information in an appropriate manner:
- 22– Follow up to determine how the patient is doing:

1–Introduce yourself:

It is important for patients to know they are speaking with the pharmacist. Pharmacists should greet the patient. Extend your hand, and state your name: “Hello, I’m James Smith, your pharmacist.” This begins the relationship.

2–Identify to whom you are speaking:

If you are talking to the patient directly, information is **less** likely to be confused or distorted than if you are talking to the patient’s agent, who must pass the information on to the patient. In third party communication, written information becomes even more important than when directly communicating with the patient.

3–Ask if the patient has time to discuss the medicine:

If patients do not have time to listen, the information will be ineffective. The information should be written and/or the patient should be contacted at a more convenient time.

4–Explain 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 dairy products if they are told that decreased absorption and effectiveness of the drug may result.

5–Ask the patient what the physician told him/her about the drug and what condition it is treating:

Find out what the patient knows or understands about his or her disease. There is *no reason* for the pharmacist to present information that the patient already has *mastered*. Generally speaking, in any effective counseling session, the patient should speak more than the healthcare provider. Inaccurate information should be corrected, and information that is omitted should be added.

6–Listen carefully and respond with appropriate empathy:

These skills are absolutely essential to an effective counseling session. The relationship between the patient and practitioner is a key variable in predicting compliance with treatment regimens. Listening and empathic responding are effective tools for communicating caring.

7–Tell the patient the name, indication, and route of administration of the medication.

8–Inform the patient of the dosage regimen:

While a particular dosage regimen may seem straightforward or obvious, it may be interpreted incorrectly. For example, not everyone eats three meals a day. Patients with diabetes may eat six or seven mini-meals each day. Therefore, directions that state, “Take one tablet after meals and at bedtime,” may prompt some patients to take their medications more than the intended four times per day.

9–Tailor the medication regimen to the patient’s daily routine:

Making a connection between taking a dose of medication and a regular daily task will enhance compliance. This could include identifying when the patient wakes up and goes to bed or which meals the patient eats.

10–Tell the patient how long it will take for the drug to show an effect:

If patients are not told when to expect onset of action, they may believe the medication is not working.

11–Tell the patient how long he/she might be taking the medication:

Patients need to have a reasonable expectation of how long they will need to take the medication.

12–Emphasize the benefits of the medication:

Pharmacists should make every effort *to support the chosen* therapy and tell patients about the benefits of the treatment *before* they discuss potential side effects. Lack of confidence in the chosen therapy results in a higher incidence of noncompliance.

13–Discuss major side effects of the drug:

Will the side effects go away, and if so, within what period of time? Are there steps the patient can take to prevent, alleviate or manage the side effects? What should they do if side effects don't go away or become intolerable.

14–Use written information to support counseling when appropriate:

For literate patients, *written information* has been shown to *reinforce* verbal instruction.

15–Discuss precautions (e.g., activities to avoid) and beneficial activities (e.g., exercise, decreased salt intake, diet, self-monitoring):

16– Discuss drug-drug, drug-food, drug-disease interactions:

Patients generally are *not aware* that other medications, foods, or diseases may interfere with the drug they are taking or affect the condition for which they are being treated. For example, a patient with high blood pressure should be told to ask the pharmacist before taking any medicines for coughs or colds.

17–Discuss storage recommendations, ancillary instructions (e.g., shake well, refrigerate):

18–Explain to the patient in precise terms what to do if he/she misses a dose:

19– Check for further understanding by asking the patient to repeat back additional key information: To fully assess whether the patient understands the dosage regimen, you could say, “Mrs. Jones, Just to make sure **that I didn't leave anything out**, please tell me how you are going to take your medication?”

The same would be done with side effects, storage conditions, etc.

20–Use appropriate language throughout the counseling session:

Language that is simple and understandable promotes compliance.

21–Organize the information in an appropriate manner:

Generally speaking, *the most important information should be provided at the beginning of the counseling session and repeated at the end.*

22– Follow up to determine how the patient is doing.

Final Thoughts

The checklist is provided as a general guide to effective counseling. Many of you are very busy in your practices and may not have the time to thoroughly cover every item. **Time, severity of the illness, and type of medication will be major factors in determining how much or how little of the checklist you use.**

It is important to be as thorough as possible to make sure that your patients leave the pharmacy knowing how to take their medications.

تعليمات عامة حول الـ Second Course of Pharmacy Practice

١- إن الهدف من التدريب في هذا الفصل:

اتعلم استخدام الـ BNF واستخراج المعلومة منه و بالسرعة الكافية باعتباره مصدرا لا يمكن لأي صيدلي أن يستغني عنه سواء كان في المستشفى أو الصيدليات الأهلية.

ب- حفظ المعلومات الأساسية لكل موضوع وقد وضعت بصيغة أسئلة يتولى الطالب الإجابة عنها من الـ BNF ((أو من أـ supplement المرفق مع المختبر عند الحاجة إليه)).

٢- يقوم الطالب بتأشير الجواب لكل سؤال في الـ BNF مستخدما القلم الفسفوري (الاصفر مثلا) . أما في ورقة الوصفات فيقوم الطالب بوضع رقم الصفحة المحتوية على الجواب أمام كل سؤال وفي المساحة المخصصة لها [] لكي تسهل عليه قراءتها ومراجعتها لاحقا.

٣- على كل طالب إضافة ورقة بيضاء مع وصفات المختبر لكتابة أي تعليق أو شرح أو ملاحظة.

٤- يمنع استنساخ الأجوبة منعاً باتاً ويسمح للطلبة بالتناقش فيما بينهم حول الأجوبة مستخدمين كتبهم الخاصة. وسيكون التقييم صفرًا لكل طالب يستخدم الاجوبة المستنسخة بالاضافة الى كاتب هذه الاجوبة.

٥- قد يحتوي المختبر على ملحق further reading. فان وجد فانه يكون للاطلاع الزائد وهو غير ملزم (للاطلاع فقط) .

٦- قد يلحق بالمختبر بعض الملحقات المكتوبة باللغة العربية. فان وجدت فانها معدة لكي تستنسخ وتعطى للمرضى كجزء من عملية التثقيف الدوائي.

٧- كل من لديه مقترح تطويري فسيكون موضع ترحيب.