

**SYLLABUS FOR PYPC5040
PHARMACY CARE SYSTEMS I
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AUBURN UNIVERSITY SCHOOL OF PHARMACY**

I. Course Description

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. 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. You will be asked to demonstrate what you have learned through role playing, writing, presenting, and working in groups.

In order to make this class as useful as possible, we need your help. We need you to participate as much as possible to make the discussion sessions meaningful. 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 discussion and laboratory portions of the course.

II. Credit Hours

This course is three credit hours. It consists of two, two-hour lectures, alternating with two, 2-2 hour lab sections offered every other week. You will be expected to attend both lectures and one of the two lab sections throughout the semester.

III. Instructors

Bruce A. Berger, Ph.D., R.Ph. - course coordinator
Miller Hall Room 140
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IV. Prerequisites

First or second year standing in the School of Pharmacy

V. Applicable General Ability Outcomes

- * **Communication abilities**
The student shall read, write, speak, listen and use media to communicate – students shall practice communication skills and intervention strategies through role playing, group discussion, writing, and presentations.
- * **Professional Ethics and Identity**
The student shall behave ethically. The student shall accept the responsibilities embodied in the principles of pharmaceutical care. Many of the cases and scenarios discussed in the case will involve ethical dilemmas.
- * **Social Interaction, Citizenship, Leadership**
The student shall demonstrate appropriate interpersonal and intergroup behaviors. Students will work in groups for discussions and the writing project.

VI. Course Objectives

Ability Outcomes	Course Specific Objectives	Instructional Methods	Assessment
Communication abilities	1. Use and understand specific communication language and skills which will facilitate effective patient communication. 2. Effectively counsel a patient. 3. Use and develop communication skills and intervention strategies to improve patient adherence with appropriate medication regimens. 4. Develop written communication abilities 5. Make an effective	Trigger tapes, role playing, patient counseling activity, written paper, PowerPoint presentation	See Trigger Evaluation Form, Patient Counseling Evaluation Form, Paper Checklist, and Evaluation Form, Presentation Evaluation Form

	presentation		
Professional Ethics and Identity	1. Understand how feelings, values and perceptions enter into expectations and behavior. 2. Evaluate ethical considerations in information gathering and provision.	Trigger tapes, role playing activities	See Trigger Tape Evaluation Form
Social Interaction , Citizenship, Leadership	1. Students will learn to work together as a group and assign appropriate responsibility to each other.	Written paper	See Paper Checklist and Evaluation Form

VII. Course Outline/Topics

Lecture/Labs Walker Bldg. Auditorium A, Mondays and Thursdays 2p-4p

Week	Date	Topic
1	8/21	Introduction to course. Go over syllabus. Patient compliance.
2	8/25	Communicating with PPE patients
	8/28	Making the most of your laptop computer.
3	9/1	Labor Day – No class
	9/4	Laptop continued
4	9/8	Laptop continued
	9/11	LAB - Counseling checklist (ALL MEET)
5	9/15	Caring, Covenants, Codes, and Commitment READING: US Pharmacist – Caring, Covenants, Codes, and Commitment – parts
four	9//18	Building the patient-pharmacist relationship - Our need for relationships - Key elements to better relationships READING: CP pp 1-23 US Pharmacist – Patient Interaction, Part I: The Right Choice

- 6 9/22, 25 LAB - Loosening up, Introduction to Trigger Tapes
- 7 9/29 Building the relationship (cont)
 - Listening and empathy
READING: CP pp 24-48
US Pharmacist – Patient Encounters – Part II: Seeing Patients as People
- 10/2 Managing change and patient resistance
 - Inter and intrapersonal aspects of change
 - The Transtheoretical Model of Change
 - Motivational Interviewing
READING: CP pp 47-84
US Pharmacist - Helping Patients Face Change
- 8 10/6, 9 LAB – Trigger tapes
- 9 10/13 Managing Change cont.
READINGS: US Pharmacist - Change is a Multistep Process; Motivational Interviewing Helps Patient Confront Change
- 10 10/16 Conflict management
 - Managing conflict
 - Managing the angry or difficult patient
READINGS: US Pharmacist – Conflict Management; Managing the Angry Patient
- 11 10/20, 10/23 LAB – Trigger Tapes
- 12 10/27 No classes – faculty development day
- 10/30 Assertive skills/Immediacy
READING: US Pharmacist – Assertiveness; Immediacy – Part I: Verbal Immediacy; Immediacy – Part II
PATIENT COUNSELING TAPES DUE IN CLASS
- 13 11/3, 6 LAB – Trigger Tapes
- 14 11/10 Types of verbal responses, supportive communication and persuasive communication
READING: US Pharmacist – Types of Verbal Response; Supportive Communication; Persuasive Communication Part I and II
- 11/13 Interprofessional communications/relationships
 - Guidelines for calling/confronting a physician
 - Physician detailing
READING: US Pharmacist – Guidelines for Physician Interaction

DESCRIPTION OF ACTIVITIES

- 1) **Quizzes** – there will be a total of 10 quizzes worth 4% of your grade EACH for a total of **40%**
- 2) **Final Exam** - worth **25%** of your grade. The final will be comprehensive.
- 3) **Patient Counseling Activity**
You are to counsel a patient with strep throat about the use of penicillin (see instructions that follow). You are responsible for becoming totally familiar with the drug and the condition. You will select a classmate to act as the patient for your counseling session. You are responsible for selecting a classmate that will act appropriately as your patient. Your “patient” will use the written instructions on the role he/she is to play (see Patient Instructions below). On a scheduled day you will counsel this classmate/patient concerning the drug and indication. **In total, this activity will be worth 15 percent of your grade.** The USP DI will be an excellent source of patient and drug information. It is available in the LRC. **(Tape is due at the start of class on 10/30/03).**
You are responsible for bringing a blank, labeled (with your name) videotape with you to the scheduled session.

Specifics of taping - at a taping session, you will be the pharmacist. You are to thoroughly counsel your patient on his/her medication. You are also expected to address any concerns expressed by the patient.
- 4) **Trigger Tape Evaluation** - A trigger tape is used to "trigger" or elicit a response in a classroom setting. These sessions will take place in lab. You will see a patient or physician on the screen who will state a problem. The course instructor will continue this role and you will play the role of a pharmacist trying to resolve the problem based on the skills you learn in this course. You will be evaluated using the **Pharmacy Trigger Evaluation Form** in this syllabus. **This assignment is worth 10 percent of your grade.**
- 5) **PPE Reflections** – This project involves writing and turning in one PPE reflection. The reflection will follow the format to be described on August 25th by Ms. Janelle Krueger and Dr. Berger. **This assignment is worth 10 percent of your grade.**

Additional Patient Counseling Activity Instructions

YOU WILL HAVE A MAXIMUM OF TEN MINUTES TO ACCOMPLISH THE SESSION. SESSIONS RUNNING LONGER THAN THIS WILL NOT BE EVALUATED PAST THE TEN MINUTE MARK. THIS ASSIGNMENT MUST BE COMPLETED BY October 17th AND TURNED IN DURING LECTURE.

Patient Counseling Session – PATIENT ROLE

Counseling Session Description:

You will be paired with a classmate who will conduct a medication counseling session with you. You will role-play in the counseling session based upon the idea that you are picking up a prescription for yourself at a local pharmacy.

Note: Don't be a difficult patient, but if you don't understand feel free to ask questions for clarification at any point during the counseling session.

Patient Background

About four days ago, you were babysitting your neighbor's 5-year old child. The child was sick with a runny nose, cough and fever.

A couple of days later, you developed the following symptoms:

- scratchy, irritated and red throat
- difficulty and pain when swallowing

Today you went to the doctor.

Patient Role Play Instructions

- I. When you see the pharmacist, after you introduce yourself, immediately say "My throat really hurts."**

- II. During the counseling session, if you are asked--**
 1. What the doctor told you?
 - Your throat was swabbed and tested for strept
 - You have strept throat
 - You need to get the prescription he/she gave you filled

 2. What you are concerned about?

- You heard that strept can lead to heart disease
 - You heard that taking penicillin (antibiotics) too often may prevent it from working (but you haven't done this)
 - Complain that your throat really hurts and you want to know if this medicine is really good?
3. Are you allergic to penicillin?
- No, you have taken amoxicillin and penicillin before with no allergic reaction.

Pharmacy Student Counseling Session: Drug Assignment

Counseling Session Description:

You will be paired with a mock patient to conduct a medication counseling session. You will conduct the counseling session according to the Patient Counseling Checklist as outlined in your syllabus and explained in class. Feel free to do any additional research that you deem necessary in preparation for this assignment. Be prepared to address any concerns the patient may have.

Assigned Drug:

<i>Prescription:</i>	<u>Brand Name</u> Pen-Vee K	<u>Generic</u> Penicillin VK	<u>Strength</u> 500 mg
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<i>Sig:</i>	TID x 10 days #30 No refills	<i>Generic substitution:</i> OK
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Indications: Streptococcus pyogenes (group A -hemolytic streptococci)

NOTE: LATE ASSIGNMENTS WILL RECEIVE A 25% REDUCTION IN THE GRADE FOR EACH DAY LATE.

XI. SPECIAL NEEDS:

It is the policy of Auburn University to provide accessibility to its programs and activities and reasonable accommodation for persons defined as having disabilities under Section 504 of the Rehabilitation Act of 1973, as amended, and the American with Disabilities Act of 1990.

Students should contact the Program for Students with Disabilities 1244 Haley Center, 334-844-2096 (Voice/TT) and must receive this approval before individual instructors grant any special circumstances.

Students with defined special needs should see the instructor at the beginning of the quarter so that accommodations can be scheduled.

XII. REGRADES:

If a student has any question concerning the grading of any assignment, quiz or examination, he or she should submit in writing the complaint and re-submit the assignment, quiz or exam to the instructor within two days following the receipt of the grade. An assignment, quiz or exam will not be regraded after this time.

What to do if you need a regrade:

1. Write a letter indicating what you want regarded and evidence why (see #2). For the video taped assignment, the entire tape will be regraded;
2. The required evidence is information on a particular page number in your course packet or slide number from a handout, etc. as to why a particular question is incorrect.
3. Submit this letter to Dr. Berger by (whatever date is announced).
4. If your total points are not added correctly. Please re-submit the grade sheet requesting for points to be re-summed. Finally, since exams, assignments are graded in a very lenient fashion, the course instructor reserves the right to reconsider all items on the exam in addition to the ones on which a regrade is requested.

XIII. Classroom Behavior:

In order to create the most conducive classroom environment for learning, please keep the following in mind:

- 1) Talking should be kept to a minimum...you are always encouraged to ask questions in class, however, talking is disruptive to everyone. Please note that classroom disturbances are an Honor Code violation.
- 2) Every now and then people are late to class. Please sit in the last row if you should be late. That way you will not disturb other students.
- 3) Please turn off cell phones or set them on vibrate or silent mode.
- 4) Please ask questions in a civil manner and I will answer them in that manner.
- 5) At the end of the class period, please refrain from shuffling papers and closing books, etc. until I have indicated that class is over. I promise you that class will not run over time.
- 6) Let's work on respecting each other.

COUNSELING EVALUATION FORM

1. Introduces self

Example evidence: Said, "Hello, I'm your pharmacist today, my name is Bruce Felkey"

Actual Evidence: _____ (1)

2. Identifies patient or the patient's agent.

Evidence: _____ (1)

3. Asks if patient has time to discuss medicine.

Evidence: _____ (1)

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

Evidence: _____ (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. Used any available patient profile information. Ask about allergies.

Evidence MD area: _____ (2)

Evidence Drug : _____ (2)

Evidence Condition: _____ (1)

6. Asks about and addresses any concerns of the patient prior to information provision.

Evidence Asks: _____ (2)

Evidence Addresses: _____ (2)

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

Evidence Appropriate Nonverbal: _____ (5)

Evidence Appropriate Verbal: _____ (5)

Evidence Throughout: _____ (5)

8. Tells the patient the name and indication of the medication.

Evidence: _____ (2)

9. Tells the patient the dosage regimen.

Evidence: _____ (2)

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

Evidence: _____ (2)

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

Evidence what to do: _____ (2)

Evidence how to do: _____ (3)

12. **Explains how long it will take for the drug to show an effect.**
Evidence: _____ (3)
13. **Tells the patient how long he/she might be on the medication.**
Evidence: _____ (2)
14. **Tells the patient when he/she is due back for a refill.**
Evidence: _____ (2)
15. **Emphasizes the benefits of the medication and supports the drug before talking about side effects.**
Evidence: _____ (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.**
Evidence side effects _____ (2)
Evidence what to do: _____ (3)
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.**
Evidence: _____ (3)
18. **Uses written information to support counseling.**
Evidence: _____ (2)
19. **Discusses precautions (activities to avoid, etc.).**
Evidence: _____ (2)
20. **Discusses beneficial activities (e.g. exercise, decreased salt intake, diet)**
Evidence: _____ (2)
21. **Discusses drug-drug, drug-food, drug-disease interactions.**
Evidence: _____ (2)
22. **Discusses storage recommendations, ancillary instructions (shake well, refrigerate, etc.)**
Evidence: _____ (3)
23. **Explains to the patient in precise terms what to do if he/she misses a dose.**
Evidence: _____ (5)
24. **Checks for understanding by asking the patient to repeat back key information (drug name, side effects, missed doses, etc.).**
Evidence: _____ (5)
25. **Rechecks for any additional concerns or questions.**
Evidence: _____ (2)

26. **Tells patient to always check medicine before leaving pharmacy.**
Evidence: _____(2)
27. **Uses appropriate language throughout counseling session**
Evidence: _____(3)
28. **Maintains control of the counseling session.**
Evidence: _____(2)
29. **Provides accurate information.**
Evidence: _____(5)
30. **Organizes the information in an appropriate manner.**
Evidence: _____(3)

Table 1. PATIENT COUNSELING CHECKLIST EXPLANATION

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 dairy 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. Ask about allergies.

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. 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 if they understand, patients will generally say yes, even when they do not.

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.

STUDENT NAME _____ LAB _____

PHARMACY TRIGGER EVALUATION FORM

ITEM	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	5	4	3	2	1
1. The student verbalized that he or she had listened to the information presented in the situation so that the primary problem was clearly identified.					
2. The student responded with an appropriate expression of empathy (verbal and nonverbal congruence).					
3. The personal biases the student has concerning the problem were handled in a non-defensive manner so that a positive outcome was clearly identified.					
4. The student engaged in appropriate interactive skills throughout the role play.					
5. The student identified or aided in the selection of viable alternatives (where appropriate).					
6. The student took appropriate responsibility in the interaction (apologized when it was appropriate, did not apologize when it was not his/her problem).					
7. The student was serious in his/her approach to the problem.					
8. The student demonstrated competent knowledge of the communication skills and strategies presented up to this point (active listening, assertiveness, supportive communication, etc).					
9. The student used appropriate nonverbals communication (eye contact, appropriate hand gestures, head nodding, etc).					
10. The student responded confidently or calmly..					

TOTAL SCORE _____