

UNIVERSITY OF WYOMING
College of Health Sciences
School of Pharmacy
Patient/Professional Interactions (PHCY 6340)
Fall 2001

Instructor: Paul L. Ranelli, Ph.D.
Office: Pharmacy, Room 204
Office Phone: 307.766.2462 or 307.766.6120
Electronic Mail: pranelli@uwyo.edu
Office Hours: Tuesday and Thursday 1:30 to 3:00PM or by appointment
Credit Hours: 3
Class Times/Place: Tuesday and Thursday 11:00 to 12:15 PM, Pharmacy Room 6

I. Course Purpose

Effective communication is essential in the practice of pharmacy. Pharmacists must interact with a variety of individuals including patients, family members, health care professionals, and other pharmacists. In fact, the recent revisions of the American Council on Pharmaceutical Education's (ACPE's) Accreditation Standards and Guidelines and the American Association of Colleges of Pharmacy's (AACP's) Center for the Advancement of Pharmaceutical Education (CAPE) Educational Outcomes include reference to these essential skills. Thus, schools and colleges of pharmacy must assure that graduates display basic interpersonal communication skills.

Also, pharmacists are assuming more responsibility for communicating with patients and other health professionals in all practice environments. Federal legislation (e.g., OBRA '90), complex medication regimens, treatment for chronic conditions, and monitoring of therapeutic outcomes, all require excellent communication skills.

The overriding aim of the course is to help prepare future pharmacists to help people make the best use of their medications.

II. Course Objectives

- A. To establish an effective relationship with each patient, the pharmacist must:
1. Communicate effectively with the patient.
 - a. Recognize and express empathy for patient concerns.
 - b. Analyze nonverbal behavior in patient-pharmacist encounters.
 - c. Resolve conflict in the patient-pharmacist relationship.
 2. Describe decisions regarding drug use that patients make and points in the process that create problems with use
 3. Articulate the emotional/psychological aspects of illness that patients often experience, including challenges patients face when communicating with physicians.
 - a. Identify typical, normal emotional reactions to illness.
 - b. Identify cues in patients that indicate more serious emotional distress.
 - c. Communicate to the patient the need for referral and help the patient enlist needed help.
 4. Examine the pharmacist's ethical duties (Also, PHCY 6385, Ethics Seminar).

- B. When encountering a patient in professional practice, the pharmacist will be able to:
1. Obtain information (e.g. disease states) from the patient and other sources (e.g., charts).
 2. Obtain information on medications the patient takes.
 3. Assess patient understanding/knowledge of the use of these medications.
 4. Assess the way (e.g., schedule, dose) that these medications are taken by the patient.
 5. Assess potential problems with medications that patients can report on.
 6. Evaluate the causes of inappropriate use.
 7. Plan appropriate strategies with patients to correct problems with use.
 8. Assess potential problems with inappropriate or less than optimal therapy with data gathered from patients and other sources which require interventions with prescribers.
 9. Plan appropriate intervention strategies with prescribers to correct problems with therapy.
- C. In gathering information required to carry out the tasks of assessing medication regimens, pharmacists will be able to:
1. Identify relevant data to gather.
 2. Apply appropriate data-gathering techniques.
 - a. Using existing records such as computer or hardcopy profiles or patient charts.
 - b. Interviewing patients.
 - c. Using different means of assessing compliance.
 3. Construct a process for reviewing and updating data about a patient's medication use on a routine basis.
- D. In providing information and advice to patients on appropriate medication use, the pharmacist will:
1. Identify relevant information that must be understood by patients so they can make informed decisions.
 2. Apply patient education techniques to help ensure that information is provided in an understandable, logical way.
 3. Construct, with patients, a schedule of use that will meet regimen requirements and that the patient feels able to manage.
 4. Learn about, then teach patients, techniques to help manage medication regimen demands.
 5. Establish a process to evaluate regularly a patient's informational needs and provide this information on a routine basis.
- E. In intervening to correct problems with medications, the pharmacist will be able to:
1. Target interventions to specific causes of the problem,
 2. Target interventions to the decision maker who can resolve the problem (e.g. patient, prescriber, or caregiver)
 3. Evaluate the effectiveness of interventions and modify as needed.

III. Course Outline (PHCY 6340, F2001)

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| T, Sep 4 | <p>Introduction</p> <p>Readings</p> <ul style="list-style-type: none"> Wyoming State Board of Pharmacy Patient Counseling Regulations [WY-OBRA] (reserve) ASHP Guidelines on Pharmacist-Conducted Patient Education and Counseling (reserve) <p>Suggested Reading: Internet essentials for health-system pharmacists. ASHP Midyear Clinical Meeting Highlights, December 2000 (reserve)</p> |
| R, Sep 6 | <p>Introduction; Empathy—Understanding the Patient Experience</p> <p>Readings</p> <ul style="list-style-type: none"> Tindall et al. Prologue Miller DG. Are we kidding ourselves? (reserve) Carelton BC. From professional advocacy to patient advocacy . . . (reserve) |
| T, Sep 11 | <p>Empathy--Understanding the Patient Experience</p> <p>Readings</p> <ul style="list-style-type: none"> Tindall et al. Chapter 1 Zanni GR, Wick JY. What's in a name? (reserve) <p>Suggested Reading: Wiederholt JB, Wiederholt PA. The patient: our teacher and friend (reserve)</p> |
| R, Sep 13 | <p>Empathy--Understanding the Patient Experience</p> <p>Reading: Tindall et al. Chapter 5</p> |
| T, Sep 18 | <p>Empathy; Interviewing and Assessment</p> <p>Readings</p> <ul style="list-style-type: none"> Berger B. Persuasive communication (reserve) Tindall et al. Case 1, 178-81 Tindall et al. Case 2, 181-4 |
| R, Sep 20 | <p>Interviewing and Assessment</p> <p>Readings</p> <ul style="list-style-type: none"> Tindall et al., Case 3, Son's Prescription, 185-7 Morrison A, Wertheimer AI. Evaluation of studies investigating the effectiveness of pharmacists' clinical services (reserve) |
| T, Sep 25 | <p>Interviewing and Assessment</p> <p>Video: IHS Tape +</p> <p>Readings</p> <ul style="list-style-type: none"> Tindall et al. Chapter 7 Herrier RN, Boyce RW. Myths about patient compliance (reserve) <p>Suggested Reading: Sleath B. Patient compliance bibliography</p> |
| R, Sep 27 | <p>Interviewing and Assessment</p> <p>Reading: Tindall et al. Chapter 8</p> |
| T, Oct 2 | <p>Interviewing and Assessment</p> |
| R, Oct 4 | <p>Exam One</p> |

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| F, Oct 5 | Assignment/Videotaping 1: "By appointment" |
| T, Oct 9 | Communication Challenges Reading: Tindall et al. Chapter 4 |
| R, Oct 11 | Communication Challenges Readings <ul style="list-style-type: none"> • Tindall et al., Case 8, Caregiver, 198-9 • Pfizer Medicaid Pharmacy Bulletin. Health literacy (reserve) • Olson RMC et al. Re: low literacy patients (reserve) • Nichols-English G. Improving health literacy (reserve) Suggested Readings <ul style="list-style-type: none"> • Vanderberg H. Conference Summary: Are LGBT patients receiving adequate health care? • Frontline Pharmacist--Counseling the deaf and hearing impaired (reserve) • Au AL. Pharmacy's challenge: Communication with non-English speaking Chinese population |
| T, Oct 16 | No class. At meeting of the Assoc. for the Behavioral Sciences and Medical Education Meeting (ABSAME), Cape Cod, MA, 13-16 October. My presentation: "Public health and training of future pharmacists." |
| R, Oct 18 | Patient Education and Assessing Understanding Readings <ul style="list-style-type: none"> • Tindall et al. Chapter 2 • Sleath B et al. Patient expression of complaints and adherence problems with medications . . . (reserve) |
| T, Oct 23 | Patient Education and Assessing Understanding Reading: Barnett CW et al. Patient guided counseling... (reserve) Suggested Readings <ul style="list-style-type: none"> • Ratzan SC. Cancer risk communications (reserve) • Frontline pharmacist--Televideo technology for patient counseling and education (reserve) |
| R, Oct 25 | Patient Education and Assessing Understanding Readings: <ul style="list-style-type: none"> • Tindall et al. Chapter 3 • McCombs JS et al. The Kaiser Permanente/USC patient consultation study: Change in use and cost of health care services Suggested Reading: Foster SL. Patient counseling bibliography |
| T, Oct 30 | Patient Education and Assessing Understanding Reading: Herrier RN, Boyce RW. Does counseling improve compliance? (reserve) |
| R, Nov 1 | Exam Two |
| F, Nov 2 | Assignment/Videotaping 2: "By appointment" |
| T, Nov 6 | Assertiveness and Conflict Resolution Reading: Tindall et al. Chapter 6 |
| R, Nov 8 | Assertiveness and Conflict Resolution |

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| T, Nov 13 | Assertiveness and Conflict Resolution [Pharmacy Conflicts] Assignment: Videotaping 2 materials due |
| R, Nov 15 | Assertiveness and Conflict Resolution Reading: Brody H. Chief of medicine (reserve) |
| T, Nov 20 | <i>No Class: Give back for Fridays</i> Suggested Reading to a little one: Brown MW. The Little Girl's Medicine (reserve) |
| R, Nov 22 | No class: Thanksgiving |
| T, Nov 27 | Provider Relationships Reading: Landis NT. Lessons from medicine and nursing for pharmacist-patient communication (reserve) Suggested Reading: Hittner P. Is your pharmacist a good doctor? (reserve) |
| R, Nov 29 | Provider Relationships Guest: Tom Sturm, B.S. Pharm., N. Colorado Med. and Beverly Sullivan, Pharm.D., Assoc. Professor, Pharmacy Practice Readings <ul style="list-style-type: none"> • Herrier RN, Boyce RW. Three-paper series. Starts with "Why won't physicians accept my advice?" (reserve) • Zellmer W. The habits of successful pharmacists (reserve) |
| T, Dec 4 | Pharmacist/Physician Communication Guest: Robert Scalley, PharmD, Professor, School of Pharmacy Readings <ul style="list-style-type: none"> • Tindall et al., Chapter 6, 94-6 • Tindall et al., Case 4, Physician Communication, 187-94 |
| R, Dec 6 | Coping with Illness, Dying, and Death Reading: Tindall et al. Chapter 9 |
| T, Dec 11 | Coping with Illness, Dying, and Death & Risk Management Communication |
| R, Dec 13 | Risk Management Communication Readings <ul style="list-style-type: none"> • Overview of the HIPAA privacy rule. The Consultant Pharmacist. (reserve) • Conlan MF. Who wants to know? (reserve). • Angaran DM et al. Risk prevention skills and rules (reserve). Suggested Readings <ul style="list-style-type: none"> • Paukratz H. Retiree wins suit against Walgreen's over loss of vision (The Denver Post) • Donnelly P, Alteri D. Anatomy of an error (+). <i>AJHP</i>. 2001; 58: 977-89. (reserve) |
| T, Dec 18 | Final Exam (cumulative) Fall 2001 Class Schedule, p. 28, 10:15-12:15 PM time period Exam starts at 10:15; a 75-minute exam maximum |

IV. Required Materials--Please read assigned material prior to class when applicable

- Tindall, WN, Beardsley, RS, Kimberlin CL. *Communication skills in pharmacy practice* (3rd edition). Philadelphia: Lea & Febiger, 1994.
- Two Videotape Cassettes
- Coe Library is the main repository for all reserve materials. This class has two binders, each is to have the same material, binder numbers are **Ranelli6340#1 and Ranelli6340#2**. Items under “Suggested readings” are of professional interest and not on exams unless a suggested reading becomes part of lecture.

V. Student Responsibilities

A. Attendance

The class requires participation in class and a willingness to discuss issues. Because you cannot participate if you are not in class, attendance is encouraged.

B. Confidentiality Guideline

Several class activities are designed to give students a chance to practice functioning as a pharmacist in communication situations. To do this, each of you may be asked to serve as someone with whom the pharmacist must communicate. These roles will be handed out ahead of the scheduled communication exercise to allow you time to prepare. However, the exercises will be effective only if students do **NOT** discuss their roles with any other student in the class.

The exercises are designed to provide an equitable experience for all students. The sharing of information undermines the educational goal of equity and the spirit of discovery. In addition, pharmacy practice requires a level of confidentiality similar to other health professions. Patient and medication data are examples of confidential information.

Honoring this guideline serves two purposes. It preserves the integrity of the roles so the educational experience remains meaningful **and** it allows for a respectful appreciation of the practice of keeping patient information confidential. As exciting or well-meaning as it may be, sharing patient or medical information with fellow students, family, or friends could seriously breach patient confidentiality.

C. Assignments

Each student is responsible for following the course guidelines and turning assignments in on the designated date at the designated time. Late assignments or papers will be subject to a penalty of at least one letter grade. All assignments must be completed; if not an “F” will be assigned.

D. Exams

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

E. Grading

Students who wish to discuss a graded exam or paper must do so within one week after grades or points are announced or posted or assignments returned. Also, Dr. Ranelli does not retain any graded material for more than two (2) weeks beyond the end of the semester.

F. Academic Honesty

Please understand that any use of resources other than your own recollection and reasoning ability 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 appropriate authorities and procedures regarding academic dishonesty at the University will be enforced.

G. Incivility in the Classroom (and in other settings)

Incivility in the classroom may be defined as activities or behaviors that disrupt learning. They include, but are not limited to, verbal obscenities, sound effects, sleeping, "chirpers" (e.g., pagers, cell phones), eating, use of smokeless tobacco, talking, inappropriate dress (pertains especially to videotaping in this class), and entering the classroom late or leaving early. Attending class is the student's responsibility. If you miss a class meeting for any reason, you are responsible for all material covered and announcements made in your absence. Repeated classroom conduct construed as uncivil or unprofessional will necessitate removal from the course. **Remember this formula: Curiosity + Respect = Civility**

VI. Assignments

A. Videotape One

The focus of this session is **interviewing and assessment**. The situation: A new patient comes to the family practice clinic for a routine physical. At the clinic, pharmacists conduct medication histories and assess levels of medication knowledge prior to the physical examination.

You and a fellow student will form a pharmacist-patient team and switch roles. Dr. Ranelli will assign the role the patient will follow. Students will keep the information in their roles confidential, meaning no discussion of their roles with other students.

Preparation is key for patients and pharmacists.

For the patients, preparation will require learning about the medications and how to approach the role, since the role is to be realistic.

For the pharmacists, preparation will require planning and familiarity and comfort with questioning and listening associated with the opening, middle, and closing sections of an information-gathering and assessment session.

It is acceptable to come with an outline of how you wish to proceed with the interview. Remember to keep room for note taking. Since the patient is NEW to the

clinic where you, the pharmacist, works, you cannot or should not be able to do homework on the medications the patient might be taking. Your sessions will be evaluated on your preparation and thoroughness as a pharmacist using the videotape scoring guide.

Each pharmacist-patient session is to run no more than ten minutes; a five minute buffer between teams will allow for a smooth transition. You and your classmate must keep track of time, so videotaping (that is, clinic appointments) do not run behind.

Professional appearance and attire is expected.

Schedules will be posted for the sessions. Plan on a time approximately between 8-12 Noon and 1-4 PM. Two locations will be running simultaneously. Each student needs to bring her or his own BLANK videotape (1/2-inch, VHS), which is at the tape's beginning and run a little past the clear "leader" tape.

- **Label the tape and the box, identifying you as the pharmacist and record the date and the name of your patient-partner.**
- **The tape and the patient-partner's hardcopy of the role are due immediately after your session as a pharmacist.**

B. Videotape Two

1. The Taping

The focus of this session is **interviewing, patient education, and assessment**. The situation is the following: A patient, new to you, but not new to the pharmacy where you work, presents or has presented a new prescription for processing.

You must conduct a patient consultation that incorporates both interviewing and patient education techniques. The patient has been going to the pharmacy for the past year and the pharmacists always take complete medication histories on new patients. However, you are the new pharmacist and do not know this patient.

The data gathering or interviewing you do during the session is for the following purposes:

1. Assessing patient understanding about the new drug therapy.
2. Uncovering possible problems (and causes of problems) in other current or past drug therapy.
3. Making sure the patient profile is complete and up-to-date, but for the patient's benefit (not your benefit)

The rest of the time will be spent educating the patient about the new treatment.

The profile that you have at your disposal will be one of the five profiles attached to the syllabus. You will be handed one of the five profiles several minutes before your session begins, the patient's name, accurate profile dates for medications, and other demographic information will, then, appear on the profile.

Preparation is key. Preparation requires planning, being familiar with all five profiles, and comfort with the questioning and active listening associated with the

opening, middle, and closing sections of a complete consultation session. Patient confidentiality remains in force.

Your sessions will be evaluated on your preparation and thoroughness as a pharmacist using the videotape scoring guide. A session is to run no more than fifteen (15) minutes; a five minute buffer between sessions will allow for a smooth transition. Part of planning is keeping track of time, so videotapings (that is, prescriptions) do not pile up behind you. Also, patients may have their own time constraints and rushing to "beat-the-clock" is an inclination for some pharmacists; please try to resist. It is surprising how long fifteen minutes really is!

Professional appearance and attire is expected.

Schedules will be posted for the session. Plan on a time approximately between 8-12Noon and 1-5:00 PM. Two locations will be running simultaneously.

Each student needs to bring his or her own BLANK videotape (1/2-inch, VHS), which is at the tape's beginning and run a little past the clear "leader" tape.

"Props" are at the discretion of the "pharmacist." They can be useful. Sharing props is acceptable.

- **Label the tape and the box, identifying you as the pharmacist and record the number of the profile you were given, name of your patient, and date.**

2. After the Taping: Self-assessment

Feel free to share your tape with a colleague. Take it from me it'll help you.

Due at that same time as your tape is a one-page narrative, typed critique of your own interview (two copies, single spacing is acceptable), including a summary of strengths and weaknesses, comments from your peers, if any, and plans for how you could improve (concrete plans).

Evaluations on Videotape Two will be based on your pharmacist role and your self-assessment (see how self evaluation is scored).

Summarizing for Videotape Two, when the materials for this video are due each student is to turn in the following:

- the videotape cued to the correct spot
- two copies of a self-assessment, and

C. Exams

Three exams are scheduled. Exam One and Two will cover material that has been considered prior to the date of the exam or at the discretion of the instructor. The final exam, scheduled by the University, is a cumulative exam. Test format is multiple choice, short answer, essay questions, or a combination of the above from lecture, lecture materials, the text, and reserve readings.

VII. Grading and Evaluation

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| Exam One | 20% | 100 points |
| Exam Two | 20% | 100 points |
| Final Exam | 20% | 100 points |
| Videotape One | 20% | 100 points |
| Videotape Two | 20% | 100 points |
| Pharmacist role 85% | | |
| Self assessment 15% | | |
| TOTAL | 100% | 500 points |

- A grade = 450-500 points.
- B grade = 400-449 points.
- C grade = 350-399 points.
- D grade = 300-349 points.
- F grade = below 300 points.

If posted, grades and point totals will be listed by the last five digits of a social security number (SSN). If you prefer not to have the last five digits of your SSN used for posting results, please notify Dr. Ranelli.

VIII. Attachments