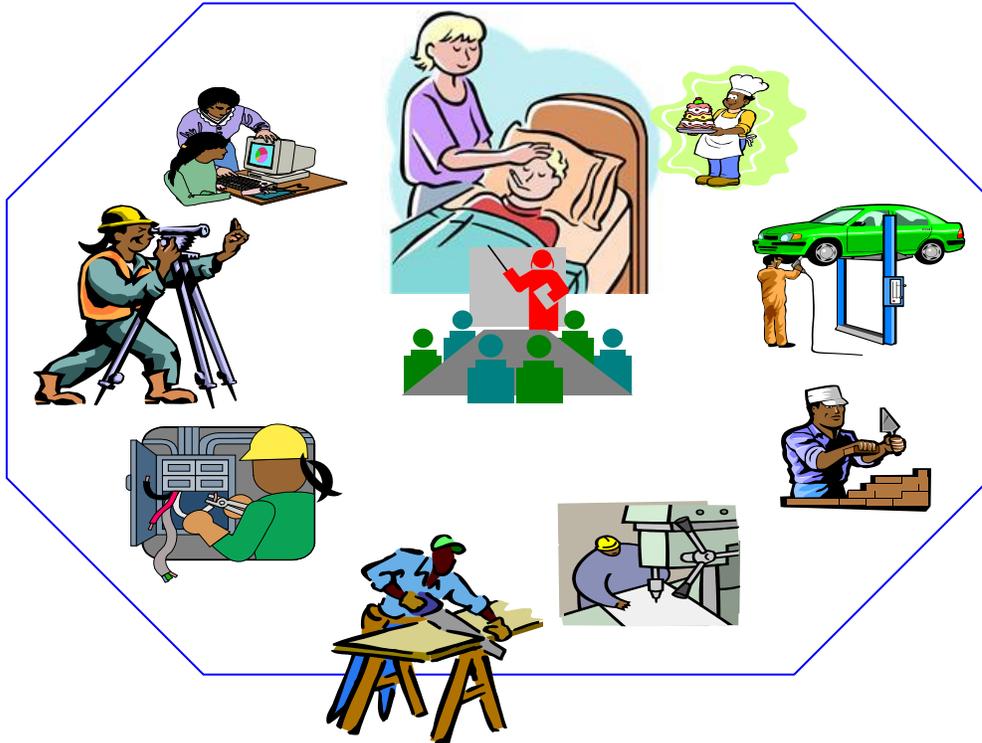




## Pharmacy Level-IV

Based on Feb 2018 Version 2 OS and Jun, 2018 Version 1 Curriculum



**Module Title:-** Provide Drug Related Patient Counseling Service

**LG Code:-** HLT PHS4 M03 (LO1-LO3) (LG13-LG15)

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LG 13

## L01 establishing counseling environment

### Instruction sheet

This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:

- Introduction to general psychology
- Communication skill
  - Introduction to communication
  - Communication process
- Understanding perception of individual
- Rapport building skills.
- Non-verbal communication and body language.
- Questioning and listening
- Responding and explaining
  - Barriers to communication
- Counseling area
- Counseling room
- Special counseling room/cubicle
- Identifying drug information sources for counseling

This guide will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to:

- Conducive environment is perceived as comfortable, confidential and safe by individual patients, groups, families or caregivers that assure patient involvement, learning and acceptance.
- counseling room is established that ensures effective education and counseling and appropriate learning aids are equipped
- special areas of pharmacy service that require counseling and education are identified
- standard drug information sources are identified

### Learning Instructions



1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described below.
3. Read the information written in the “Information Sheets”. Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them.
4. Accomplish the “Self-checks” which are placed following all information sheets.
5. Ask from your trainer the key to correction (key answers) or you can request your trainer to correct your work. (You are to get the key answer only after you finished answering the Self-checks).
6. If you earned a satisfactory evaluation proceed to “Operation sheets
7. Perform “the Learning activity performance test” which is placed following “Operation sheets” ,
8. If your performance is satisfactory proceed to the next learning guide,
9. If your performance is unsatisfactory, see your trainer for further instructions or go back to “Operation sheets” .



## Information Sheet-1 Introduction to general psychology

### Definition

- The most widely and accepted definition of psychology is: the science of behavior and mental processes of both humans and animals.
  - There are some concepts in this definition which need further explanations: The terms are “science” and “behavior.”
  - Psychology as a science deals systematically with human behavior, motives, feelings, emotions, thoughts and actions of men and women. Like other sciences, Psychology discovers and explains the underlying laws and principles of behavior. Its goals are describing, explaining, predicting and finally modifying human behavior.
  - Psychology as a science studies how behavior grows and develops from infancy to old age and also studies behavioral differences between people .
  - At times psychologists study animal behavior. The reasons are:
    - The study of animal behavior helps to develop general laws of behavior that apply to all organisms.
    - The study of animal behavior provides important clues to answering questions about human behavior.
    - Psychologists collect facts of behavior by means of objective methods such as observation and experiment and predict human behavior.
    - Psychology has a contribution to the health professional.
    - Some of the contributions are:
      1. It helps to understand oneself.
      2. It assists in understanding other people.
        - The health professional works with patients, families, other nurses, doctors and administrative staffs.
      3. It enlightens to appreciate the necessity of changing the environment and how to bring it about. By changing the environment, the health professional can bring about change in the patient’s life.
-



Psychology can be likened to a large extended family.

- **Experimental psychology**
- Generally they use controlled laboratory experiments to pursue their study
- Basic topics studied include:
- Sensation
- Perception
- Learning
- Memory
- Communication
- Emotion
- Motivation problem solving

## 2. Physiological psychology

This branch of psychology looks for explanations of behavior in the physiological structures of humans and animals. Some of the questions raised by physiological psychologists include:

" What is the relationship between the incidence of motorway accidents and changes in physiological functions of the body at different times of the day? "

## 3. Social Psychology

Social psychology is a wide-ranging field of study. Among the topics that can be studied are:

- Friendship formation
- Conflict
- Perception of other people
- Aggressiveness

<b>Self check-1</b>	written test
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**Directions:** Answer all the questions listed below. Use the Answer sheet provided in the next page:

Give short answer

1. Define psychology



## 2.1 Introduction to communication

Communication is defined as the process of understanding and sharing meaning. Communication is the sharing of information, ideas, thoughts, and feelings. It involves not just the spoken word, but also what is conveyed through change of tone of voice, facial expression, body posture, and other behavioral responses.

Communication is a vital skill, necessary for success in personal and professional settings.

Dispensers often serve as the guardians of appropriate drug therapy. Dispensers communicate with patients and a wide variety of health care professionals on a daily basis. Regardless of knowledge or expertise, dispensers cannot actively participate in patient care unless they can communicate effectively and hence communication skills are of paramount importance to effective dispensing practice. The ability to communicate clearly and effectively with patients, family members, physicians, nurses, pharmacists, and other health care professionals is an important skill. One incentive for improving communication skills is that pharmacists with excellent communication skills are likely to have very satisfying and successful careers. Another incentive is that the inability to communicate effectively may harm patients.

### 2.1.1 Communication process

### 2.1.2. Understanding perception of individual

- The patients' view of pharmacy services has been categorized into different areas of importance to the patient. It is defined the three areas of perception of most importance as the Information Sharing role, Responsible behavior, and Communication related to taking an active role in their health care. Other studies have broken down patient perception more specifically, citing aspects including access to care, communication and information, courtesy and emotional support, efficiency of care, and technical quality of services. While these needs have been identified, patients have varying expectations for pharmacy services, which influences their perception. There are two factors that have been found to strongly influence the perception of counseling services.
- These are the professional communication with the pharmacist and the physical and emotional well-being of the patient. It is important to assess patients' perceptions of medication counseling provided by community pharmacists so pharmacists have a greater capability of increasing the utilization of these



services. This could aid pharmacists in building stronger relationships with patients, increasing the likelihood of patients to participate in more thorough; reimbursable counseling services in the future. Pharmacists must first build strong relationships with patients using more familiar counseling roles, such as medication counseling, in order to meet the needs of the current healthcare environment. A failure to understand these perceptions may compromise pharmacists' ability to provide a full-range of counseling services. The misunderstanding of what drives patients toward medication counseling limits the pharmacists' ability to influence patient perception. The inability to influence patient perception restricts the pharmacist's ability to provide the roles they are expected and capable of providing.

### 2.1.3. Rapport building skills

- Think of rapport as the highway that connects the client and counselor. Building this highway allows for the mutual transmission of information. It ensures that this information reaches its destination so that it can be processed and assimilated. Without the highway, information can get lost in translation – or misinterpreted.

#### 1. *Be prepared*

Read your client notes before each session. This might sound obvious, however, if you are seeing back to back clients, it can be easy to skip this very important step. Nothing destroys rapport than “forgetting” critical details.

#### 2. *Listen without judgement*

We all have morals and values. While these should always inform our practice, they should not interfere or intrude on the counselling process.

#### 3. *Use disclosure with caution*

This is a terrific way to develop rapport, particularly with difficult-to-engage clients. However, be careful. Maintaining professional boundaries is important, *aware of your limitations in knowledge and experience*

This is important for new counsellors and therapists. It's ok to be unsure, and when you are – be honest. Your client will respect this much more than if you try and practice skills you have not yet developed.

#### 4. *Use empathy*

Active listening not only creates a sense of trust during counseling but it leads to the development of empathy. This is by far the most powerful tool when it



comes to developing rapport. Building a **meaningful connection** with your client will mean that you feel what they feel.

This may mean that you cry when they cry, or you feel anger when they feel anger. This gives powerful insight into what your client is feeling, which can be used to **help them understand** and process their emotions.

#### **2.1.4. Non-verbal communication**

Non-verbal communication consists of meaning conveyed through body language and facial expressions.

i.e., Interpersonal communication is a lot more than just speaking to others or giving a prescription. Nonverbal communication involves a complete mix of behaviors, psychological responses, and environmental interactions through which we consciously or unconsciously relate to another person.

Appropriate nonverbal cues are also critical for effective communication.

Facial expressions, body posture, gestures, tone of voice and use of eye contact are all forms of nonverbal communication.

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

#### **Appropriate non-verbal clues:**

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

#### **Distracting non-verbal clues:**

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



### 1.2.5. Questioning and listening

#### Open-ended questions

A key component of interactive communication is using open-ended questions. Open-ended questions are questions that start with who, what, where, when, how and why and require more than a yes/no response. These questions encourage disclosure of information. Closed-ended questions and leading/restrictive questions elicit yes/no responses and limit the information sought from the receiver. These types of questions should be avoided.

Example:

Closed-ended: "Do you know how to take your medication?"

"Yes."

Leading/restrictive: "You're familiar with your medications, aren't you?"

"Yes."

Open-ended: "What did the doctor tell you about taking the medications.

Is it always wrong to use closed-ended questions? No. There are certainly situations in which the focus and narrowness of a closed-ended question is appropriate.

For example, "Have you checked to see if your child has a temperature?"

In fact, closed-ended questions are often mixed in with open-ended questions to clarify the information presented through open-ended questions. However, most people have a tendency to ask more closed or leading/restrictive than open questions. Effective communicators draw people out through the frequent use of open-ended questions.

#### Active listening

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

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

Trying to do two or more things at once. This lack of attention comes across as a lack of interest in the other person and what they are saying to you.

**Solution:** Get rid of distractions. Jumping to conclusions before a person has completed his or her message. The result is you only hear part of what was said.

**Solution:** Stop talking, you can't listen if you are talking. Communicating stereotypes that you have internalized.



**Solution:** React to the information, not the person.

Faking interest in what is being discussed.

**Solution:** Use good eye contact, this will help you concentrate. Judging the individual based upon his or her appearance or condition. **Solution:** Focus on content, nonverbal cues and the manner in which something is said.

There are additional skills that can be used to enhance listening. These include Paraphrasing, clarifying, summarizing and feedback.

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

### 1.2.6. Responding and explaining

Reflective responses reflect back to the sender the receiver's understanding of both the content of what was said and the feelings that were expressed.

A major advantage of these responses is that they allow an individual to be empathic without having to agree.

As with active listening responses, they enable the receiver to check for the level of Understanding of the information delivered from the sender.

Reflective responses are useful in pharmacy practice settings because they are powerful tool in establishing rapport with patients, other pharmacy personnel and other healthcare providers.

Example:

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

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

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

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

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



**Reflective (empathic) responses:**

- I gather that...
- Sounds like you're....
- You seem to be saying....
- So you believe....
- It seems like you....
- .You appear to be feeling



### 1.2.3 Barriers to communication

- In pharmacy settings, there are a number of factors which can be barriers to effective communication. Common barriers which exist can be identified under four main headings:
  - Environment
  - Patient factors
  - Time

#### A) The Environment

**Lack of privacy:** Some dispensaries have counselling rooms or areas but many do not have such facilities. For good communication to occur it is often necessary for the consultation to take place in a quiet environment, free of interruptions. The conditions in which pharmacists frequently work require additional skills to overcome the lack of suitable facilities.

**Noise:** Noise levels within the working environment are an obvious barrier to good communication. Understanding is made more difficult if people cannot hear what is being said. This is especially true for patients with hearing problems.

**Physical barriers:** The distance between people when communication occurs is very important. Dispensing through windows is a very important physical barrier prevalent in most health facilities in Ethiopia.

#### B )The Patient Factors

One of the main barriers to good communication in a health facility can be patients' expectations. In today's world people have busy and hectic lifestyles. In many cases, they have become used to seeing a 'good' pharmacy as one where their prescription is dispensed quickly

They are not expecting time to be spent with them checking and understanding of medication or other health-related matters.

Once the purpose of the communication is explained, most patients realize its importance and are happy to enter into discussion.

**Inferiority** Patients commonly feel themselves to be in the weaker position in a medical interview. This may be exacerbated by their own problems or by their health care provider. The aim of shared care is to overcome this inequality.

#### **Low-literacy**



Low-literacy patients commonly hide their difficulty. You can't tell by looking. Patients can mask the signs of limited health literacy, as there is a great deal of shame associated with this. Patients with limited health literacy skills may be very articulate, and smart enough to navigate through life and the health care environment with these limitations.

Excuses are one of the possible indicators for low health literacy. Some excuses you may hear from patients with low health literacy include:

- "I forgot my glasses. I'll read this when I get home."
- "I forgot my glasses. Can you read this to me?"
- "Let me bring this home so I can discuss it with my children."
- Patients cannot describe how to take their medications, have difficulty explaining medical concerns, or seldom have any questions

Because one can't tell by looking who is affected by low health literacy, it is better to simplify information for everyone, independent of their perceived health literacy abilities. By simplifying information for all we are paving the way for improved communications, improved adherence, and better health outcomes.

### **Anxiety**

Most patients are anxious to some extent and often try to hide it. Anxiety can affect patients' behaviour, mental power, and memory. Anxiety may cause ideas which are worse than reality and contribute to complex misconceptions. The pharmacy professional should work with the patient to try to identify the source of the anxiety and address it instead of ignoring and jumping to the main discussion.

### **Misconceptions**

Anxiety and medical ignorance commonly create misconceptions in patients' minds about their illnesses which in turn profoundly affect their symptoms and the ability to recover. Such misconceptions need to be identified and dealt with by the dispenser. Providing more information will only create confusions. Remember that simple reassurance will not displace a misconception.

### **Conflicting information**

Apart from friends, family and the media, patients get varied information from many different health care professionals. Health care providers seldom record what they tell patients. Conflicting information can lie long undetected whilst it contributes to



misconceptions. It is always good to identify what patients know about the subject of discussion and correct any conflicting information.

### **Forgetfulness**

Patients tend to forget a lot of information unless care is taken to aid their memory.

### **Impaired Vision, Speech, Hearing or Mental Problems**

Patients with impaired hearing or speech or vision or mental function or whose health care provider does not speak their language all experience substandard healthcare as a direct result of their inability to communicate. One in five medical patients has psychiatric illnesses, diagnosed or otherwise, which may affect their ability or inclination to communicate. The dispenser should be mindful of these difficulties and address them according

### **C) Time**

In many instances, time or the lack of it, can be a major constraint on good communication. It is always important to check what time patients have before starting any communication. That way you will make the best of what time is available.



<b>Self-Check 1</b>	Written Test
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**Directions:** Answer all the questions listed below. Use the Answer sheet provided in the next page:

Write **true** if the statement is correct or write **false** if the statement is incorrect

1. As a pharmacist, inability to communicate effectively with patients may affect the therapeutic outcome of the treatment.
2. Time or the lack of it, can be a major constraint on good communication

**Short answer**

3. What is non verbal communication?

Answer key

1. True

2. True

4. Non-verbal communication consists of meaning conveyed through body language and facial expressions.

**Answer Sheet**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Score = \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_



## Information Sheet-3 Counseling area

### 3.1. Counseling area

The area(s) must

- Be easily accessible and, where possible, be close to the dispensary .
- Ensure reasonable privacy to the patient at all times and eliminate background noise as far as possible .
- Have sufficient space → appropriate counseling and demonstration of the correct and safe use of medicines.

Three types of areas may be considered for the pharmacy, depending on the:

- Services offered by the pharmacy, and
- Degree of privacy required

The models are:

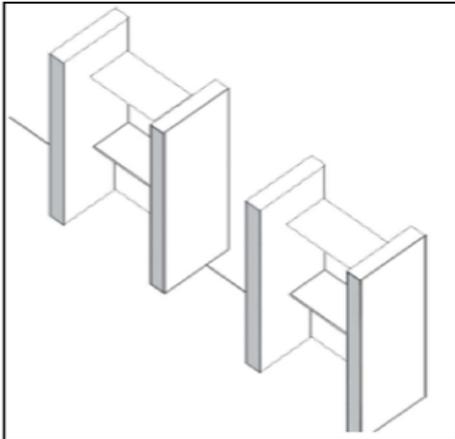
- **Semi-private area,**
- **Separate private area, and**
- **Consultation area** - for the provision of screening and monitoring services

#### Semi-private area

- This area is for the provision of information and/or advice that may occur in an area visible to other patients .
- In such an area, patient counseling may take place in a professional manner regarding medicine use and other relevant information .
- Does not provide the privacy required to advise patients on sensitive issues



**Figure 1: Semi-private counselling area**



### **1.3.2 Special counseling room/cubicle**

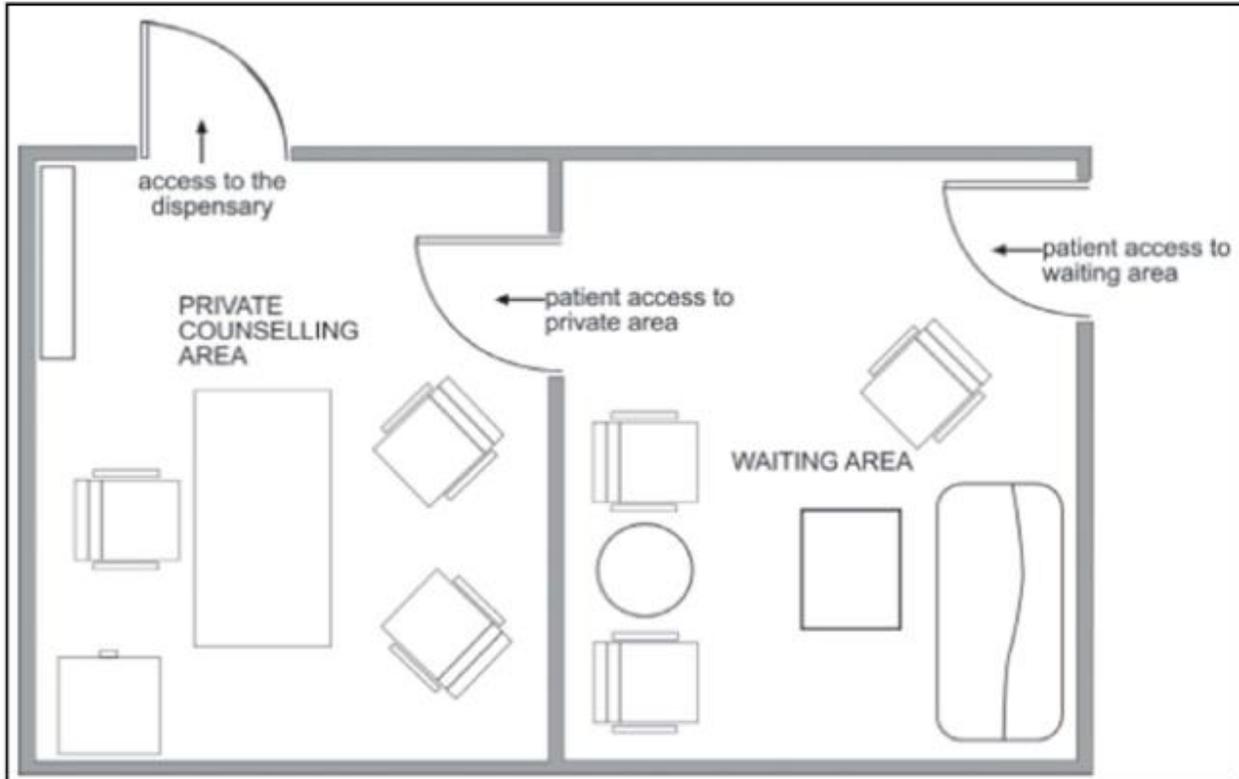
#### Separate private area

A small private room within the pharmacy, which is in close proximity to the dispensary.

- The area should be professionally planned, tastefully and professionally furnished and equipped
- Allows the pharmacist to counsel patients on:
- Sensitive emotional or healthcare problems and their medicines, and other related issues



Figure 2: Private counselling area





<b>Self-Check -3</b>	Written Test
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**Directions:** Answer all the questions listed below. Use the Answer sheet provided in the next page:

Short answer

1. List the three types of areas that may be considered for the pharmacy.
2. Why is separate private area needed for counseling?

Answer key

1. Semi-private area, Separate private area, and Consultation area
2. To discuss patients medical issue this is sensitive and confidential

**Answer Sheet**

1. \_\_\_\_\_

2. \_\_\_\_\_

Score = \_\_\_\_\_

Rating: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_



## Information sheet-4 Identifying drug information sources for counseling

### 4.1. Importance of drug information

Information about drugs is rapidly expanding because of new drug products entering into drug markets and new information about the drugs, which are already in use. Persons involved in drug dispensing have to make themselves up-to-date with drug information in order to provide this information for patients, other health care professional and to a general public.

#### Sources of drug information

Although basic information about drugs is obtained through training in pharmacy profession, additional knowledge can be gained from various sources. These sources of drug information can be classified into primary, secondary and tertiary.

**Primary sources:** provide new drug information mainly based on research in journals. Such sources include health journals such as the Ethiopian pharmaceutical Journal, the Ethiopian Medical Journal, the Ethiopian Journal of Health Development, Lancet, and others. It is important to assess the reputability of the journal and time of publication.

**Secondary sources:** provide reviews of articles that appear in primary sources. Examples include, drug information bulletins, adverse drug reaction bulletin, hospital formularies, etc.

**Tertiary sources:** include standard reference books such as British National Formulary, basic and clinical pharmacology, dispensing for pharmaceutical students, medical dictionary, etc.

The selection of a particular source of information depends on the type of information required. Tertiary sources are used first than secondary or primary sources as they provide a broad overview of particular subject area. It should also be remembered that standard books are published at longer time intervals than journals.

N.B - Drug information inquiries that are beyond the ability of drug dispensers can be referred to the drug information centers (DICs).



<b>Self-Check -4</b>	Written Test
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**Directions:** Answer all the questions listed below. Use the Answer sheet provided in the next page:

Write **true** if the statement is correct or write **false** if the statement is incorrect  
Primary sources provide new drug information mainly based on research in journals.  
Secondary sources are used first than tertiary or primary sources as they provide a broad overview of particular subject area.

Answer key

1. True
2. False

**Answer Sheet**

1. \_\_\_\_\_

2. \_\_\_\_\_

Score = _____
Rating: _____

Name: \_\_\_\_\_

Date: \_\_\_\_\_



LG 14	<b>LO2# providing patient counseling service</b>
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### Instruction sheet

This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:

- Rationale of patient drug counselling
- Counseling process
  - Recognizing the need for counselling
  - Assessing and prioritizing the needs
  - Checking assessment methods
  - Counseling environment in pharmacy.
  - Professional appearance of pharmacist
- Standard protocol or procedure of counseling
  - Establishing caring relationship with the patient
  - Assess patient's knowledge
  - Providing information
  - Verifying knowledge and understanding
- Compliance, adherence and concordance
  - Definition of terms
  - Causes of poor adherence
  - Consequences of non-adherence
  - Strategies for improving adherence

This guide will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to:

- Provide drug information (drug-drug interactions, drug-food interaction, adverse drug reactions, contraindications, etc.) depending on the need.
- Identify and describe sources of drug information
- roles and responsibilities of educating and counseling individual patients, groups, families or caregivers are identified
- Standard protocols, steps for patient education and counseling are developed and implemented
- Patient related problems are identified and solved to enhance good



counseling and education practice

- Patients knowledge or understanding is checked at the end of the counseling

### Learning Instructions

**10.** Read the specific objectives of this Learning Guide.

**11.** Follow the instructions described below.

**12.** Read the information written in the “Information Sheets”. Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them.

**13.** Accomplish the “Self-checks” which are placed following all information sheets.

**14.** Ask from your trainer the key to correction (key answers) or you can request your trainer to correct your work. (You are to get the key answer only after you finished answering the Self-checks).

**15.** If you earned a satisfactory evaluation proceed to “Operation sheets

**16.** Perform “the Learning activity performance test” which is placed following “Operation sheets” ,

**17.** If your performance is satisfactory proceed to the next learning guide,

**18.** If your performance is unsatisfactory, see your trainer for further instructions or go back to “Operation sheets”.



## Information Sheet-1 Rationale of patient drug counseling

Inappropriate use of medicines has serious health and economic consequences for both individuals and the community. Medication use counseling by dispensers should be available to enhance patients' knowledge, understanding, and adherence to prescribed medication therapy regimens. Counseling by dispensers not only creates awareness but also decreases health care costs. Verbal counseling should be provided at the 4th step of dispensing after making sure that the prescription is legal. Legible, valid, correct, and complete.

- It is essential that dispensers follow standardized checklist for counseling patients on the use of medications to make sure that the patient or their caretaker understands the regimens correctly and gets maximum benefit from the treatment.
- Pharmacists can have a significant and positive impact on patient care and therapeutic outcomes through effective counseling. The pharmacist's role is especially important because a patient lack of knowledge about his or her medical condition and medications is one factor that may contribute to a patients non-adherence to medication regimens and monitoring plans.
- Studies have shown that patient counseling can improve patient care in various ways:
  - Reducing medication errors
  - Increasing patients understanding about their treatment regimen and management of their medical condition
  - Minimizing incidence of adverse drug reactions and drug-drug interactions
  - Improving patient outcomes and satisfaction with care



<b>Self-Check -1</b>	Written Test
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**Directions:** Answer all the questions listed below. Use the Answer sheet provided in the next page:

Write **true** if the statement is correct or write **false** if the statement is incorrect

1. Medication use counseling by dispensers should be available to enhance patients' knowledge, understanding, and adherence to prescribed medication therapy regimens.
2. counseling patients on the use of medications does not affect the efficacy of the treatment regimen .

**Short answer**

1. what is the importance of counseling patients regarding treatment efficacy and safety ?

Answer key

1. True
2. False

Short answer

- 1 .It increases patients compliance and adherence with the treatment regimen , which increases the effectiveness of the treatment and since counseling involves information about adverse effects , contraindications and drug/food-drug interaction it increase the safety of the treatment .

**Answer Sheet**

3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Score = _____
Rating: _____



## Information Sheet-2 Counseling process

### 2.1. Recognizing the need for counseling

- When a patient presents a prescription for dispensing the desired outcome is that the medicine or the appliance is used safely and effectively, in order to alleviate symptoms or affect a cure. There could be a need for counseling and advice in every such situation. The same need may also exist when a patient purchases an over-the-counter medicine or appliance.
- Particular factors related to the medicine or the patient, and commonly a combination of these factors, makes counseling imperative. Recognition of these various situations, where advice must be offered will facilitate the realization of the potential benefit to the patient and minimization of risk in vulnerable groups.
- Appropriately trained pharmacy staff may be involved in assisting both with the recognition of need for counseling and advice and in the actual provision of certain aspects of counseling and advice

#### Illustrated Example- 1

Prescription has special drug delivery system	- e.g. a transdermal patch
Prescribed medicines have potential for interactions	- e.g. warfarin
Prescribed medicines have well recognised side effects	- e.g. NSAID producing gastro-intestinal upset

#### Example

A patient presents a prescription of aspirin 150mg in the morning. The pharmacist counsels the patient on the benefits of low dose aspirin and advises against the use of additional aspirin or aspirin containing preparations whilst he is on this medication. (Reference to his patient medication record indicates that he occasionally purchases Askit (contains aspirin) powders for headaches.) Paracetamol is recommended as a suitable alternative for the treatment of the patient's headaches.

Every prescription, both new and refill requires counseling by the pharmacist on their respective requirements. Simply having the pharmacy assistant or technician asking the patient, "Do you have any questions for the pharmacist?" is not acceptable—the pharmacist must provide counseling each time. Similarly, when the pharmacist counsels, simply asking the patient if they have any questions without counseling on all the requirements is not sufficient. Remember, patients do not know what they do not



know. They do not necessarily know what questions to ask in order to use a medication appropriately.

The pharmacist must always make a direct offer to counsel. If a patient does indeed refuse to be counseled on a medication, this refusal should be documented by the pharmacist on the hardcopy of the prescription.

Do not assume that patients do not need to be counseled on refill prescriptions since they have been taking the medication for a period of time. Consider the following: The patient may not have been appropriately counseled previously.

- The patient may not have completely understood all the points when they had previously been counseled. The patient may not remember all the points from previous counseling.
- Providing counseling with refills helps to reinforce key points to remind patients about what they need to know to take their medications appropriately.

Counseling is also the last chance to catch and resolve any potential dispensing errors. “Close calls” or “near misses” are often caught when pharmacists counsel appropriately on the medication. These dispensing errors may sometimes be due to misreading or misinterpreting practitioners’ handwriting, and often involve look-alike or sound-alike medications. Sometimes, potential errors may also occur from patient misunderstandings. Some examples:

- Prescription filled for Lantus insulin—injects 5 units daily. During counseling, the pharmacist finds that the patient has been using Lantus insulin for a few years, but just moved to BC, so there is no record on Pharma Net. Prescriptions was written for Lantus—inject 50 units daily, but was misread as Lantus—inject 5 units daily. The injection dose of 50 was misinterpreted as 5U.
- Prescription filled for Warfarin 2mg—takes as directed according to INR. During counseling, the pharmacist finds out the patient was told by the physician to take 4mg daily, but had incorrectly assumed he should be taking 4 tablets daily.
- The pharmacist is able to clear up the misunderstanding by clarifying that the correct directions are to take only 2 tablets daily to attain the 4mg dose. With the above examples, the potential errors would likely not have been caught if the pharmacist did not provide counseling.

### 2.1.2. Assessing and prioritizing the needs

- Once the indication for counseling and advice has been recognized, an individual patient's needs should be assessed by reference to accurate and



appropriate patient and medicine information. Such information may be obtained from a number of sources including the patient or carer, hospital or community-based health care professionals, and clinical records, where available.

- In assessing needs for counseling and advice, various patient and medication/appliance factors should be considered. For individual patients, the pharmacist should obtain and assess only that data which is relevant to the patient's particular counseling and advice needs; thus not all of the factors listed below would be considered for each patient.

## **1. Patient Factors**

### **- Patient Characteristics**

e.g. age, height and weight, pregnancy or breast feeding, past medical history .

### **- Disease Characteristics**

e.g. presenting complaint and diagnosis.

### **- Functional and Cognitive Characteristics**

e.g. sight, hearing, dexterity, ability to swallow, comprehension.

### **- Social and Environmental Characteristics**

e.g. occupational or domestic activities, home environment, support services.

## **2. Medication / Appliance Factors**



### - **Current and Previous Drug Treatment Response**

Any known response to current and previous treatment with prescription medicines, OTC medicines or complementary medicines may be relevant.

### - **Indication for Present Therapy**

Consideration of the patient's knowledge of the indication for therapy should be considered in the light of the prescriber's intentions.

### - **Administration Factors**

e.g. complexity of regimen, delivery devices, route of administration, duration of therapy.

### - **Expected Response**

e.g. onset, duration of response, expected effect.

### - **Adverse Effects**

Consideration of the patient's knowledge of potential adverse effects and how to deal with them should be considered (if possible, with a knowledge of the likely patient response and the prescriber's intentions).

### - **Precautions**

e.g. contra-indications, interactions, special precautions in use, allergies/hypersensitivities.

- **Availability** e.g. legal status, source of supply, delivery time.

- The patient's needs should be prioritized in order of potential risk to the patient and this should determine the timing of the counseling and advice given by the pharmacist. For example, if a patient has a number of needs for counseling and advice identified and prioritized and, in the pharmacist's opinion, there are too many to deal with on one occasion, the pharmacist may ask the patient to return for further counseling and advice, arrange to visit the patient at home, or arrange to provide further counseling through visiting community based health care professionals.

### **2.1.3. Specifying Assessment Methods**

It is all too easy to cover the standard points of advice required for a particular prescription without checking the patient's knowledge, understanding or ability to use the medicine(s) and/or appliance(s) prescribed. Thus, before starting on any counseling and advice-giving process, the pharmacist should have a mental plan of how the success of the process can be determined. It is important, that for each identified need for counselling and advice, the pharmacist makes a mental note of a desired output, i.e



what wish the patient to know, understand or be able to do as a result of the counselling and advice. Achievement of the desired output should not be assumed and, where possible, it should be measured or verified objectively. The methods of checking the success of any counselling and advice will vary widely depending on the type and complexity of advice being given and many of the patient/medication/appliance factors. Other factor include whether the pharmacist is dealing with the patient directly or indirectly and the pharmacist's knowledge of the patient

**Example**A carer presents a prescription for erythromycin 500mg EC, one to be taken four times daily, for a housebound patient. The patient is a regular customer of the pharmacy and reference to her patient medication record indicates that:She has poor eyesight and requires large print labels She is not currently on any prescribed medicines which would interact with erythromycinThe carer is counselled to advise the patient on the following points:

- swallow tablets whole (do not chew or crush)
- take with a large quantity of water with or after food
- avoid use of antacids within 2 hours of dosing
- take the medicine at regular intervals and complete the course

The counselling given to the carer is reinforced with written instructions and the latter, together with the label, is **produced in large print**.

The carer is asked to return to confirm that the patient understood and can comply with the instructions

<b>Example</b>	
<b>A patient presents a new prescription for:</b>	
Sulphasalazine EC 500 mg	1 to be taken four times daily
Hypromellose eye drops	1 drop to be used when required
<b>From patient medication records current drug therapy is as follows:</b>	
Diclofenac Retard 100 mg T	1 to be taken in the morning
Ranitidine 150 mg T	1 to be taken twice daily



Maalox Suspension	10 ml to be taken when required
<b>Desired Outputs</b>	<b>Method of Assessment</b>
1. Patient understands new therapy for rheumatoid arthritis	Pharmacist asks patient about: <ul style="list-style-type: none"> <li>- proper use</li> <li>- expected outcomes of therapy/time for onset of action</li> <li>- potential adverse drug reactions</li> </ul>
2. Patient is able to use eye drops as instructed	Pharmacist is asked to demonstrate instillation of eye drops. Patient is questioned on: <ul style="list-style-type: none"> <li>- use/frequency</li> <li>- purpose</li> <li>- expiry/storage</li> </ul>
3. Patient understands the need to continue with existing drug therapy	Patient is questioned on: <ul style="list-style-type: none"> <li>- need to continue Diclofenac</li> <li>- need to continue Ranitidine</li> <li>- need to continue Maalox but space dosing with Sulphasalazine</li> </ul>
4. Patient is able to self-medicate	In addition to 1, 2 and 3 above :patient is able to open containers patient is able to read labeling instruction

<b>Example</b>	
<b>A patient presents a new prescription for:</b>	
Sulphasalazine EC 500 mg	1 to be taken four times daily
Hypromellose eye drops	1 drop to be used when required



<b>From patient medication records current drug therapy is as follows:</b>	
Diclofenac Retard 100 mg T	1 to be taken in the morning
Ranitidine 150 mg T	1 to be taken twice daily
Maalox Suspension	10 ml to be taken when required
<b>Desired Outputs</b>	<b>Method of Assessment</b>
1.Patient understands new therapy for rheumatoid arthritis	Pharmacist asks patient about: <ul style="list-style-type: none"> <li>- proper use</li> <li>- expected outcomes of therapy/time for onset of action</li> <li>- potential adverse drug reactions</li> </ul>
2.Patient is able to use eye drops as instructed	Pharmacist is asked to demonstrate instillation of eye drops. Patient is questioned on: <ul style="list-style-type: none"> <li>- use/frequency</li> <li>- purpose</li> <li>- expiry/storage</li> </ul>
3.Patient understands the need to continue with existing drug therapy	Patient is questioned on: <ul style="list-style-type: none"> <li>- need to continue Diclofenac</li> <li>- need to continue Ranitidine</li> <li>- need to continue Maalox but space dosing with Sulphasalazine</li> </ul>
4.Patient is able to self-medicate	In addition to 1, 2 and 3 above :patient is able to open containers patient is able to read labeling instruction

#### **2.1.4Counseling environment in pharmacy**

Education and counseling should take place in an environment conducive to patient involvement, learning, and acceptance—one that supports pharmacists' efforts to establish caring relationships with patients. Individual patients, groups, families, or caregivers should perceive the counseling environment as comfortable, confidential, and safe. Education and counseling are most effective when conducted in a room or space that ensures privacy and opportunity to engage in confidential communication. If such an isolated space is not available, a common area can be restructured to maximize visual and auditory privacy from other patients or staff. Patients, including



those who are disabled, should have easy access and seating. Space and seating should be adequate for family members or caregivers. The design and placement of desks and counters should minimize barriers to communication. Distractions and interruptions should be few, so that patients and pharmacists can have each other's undivided attention. The environment should be equipped with appropriate learning aids, e.g., graphics, anatomical models, medication administration devices, memory aids, written material, and audiovisual resources.

### **2.1.5. Professional appearance of pharmacist**

- Dress professionally
- First impression is visual
- Business casual
- White coat (wrinkle-free)
- ID card/badge
- Groomed fingernails
- No fake nails allowed at medical center
- Be familiar with the dress code policy
- Avoid inappropriate "skin" showing
- Avoid strong perfumes, lotions, cologne
- Open toed shoes vs closed toed shoes



Self-Check -2	Written Test
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**Directions:** Answer all the questions listed below. Use the Answer sheet provided in the next page:

Write **true** if the statement is correct or write **false** if the statement is incorrect

1. Education and counseling are most effective when conducted in a room or space that ensures privacy and opportunity to engage in confidential communication.

2 .At the end of counseling achievement of the desired output should not be assumed and, where possible, it should be measured or verified objectively.

3. In assessing needs for counselling and advice patient related factors like age are not considered.

4. After the indication for counseling and advice has been recognized, an individual patient's needs doesn't have be assessed by reference to accurate and appropriate patient and medicine information.

Answer key

1. True 2.True 3. False 4.False

**Answer Sheet**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



## Information Sheet-3 Standard protocol or procedure of counseling

### 3. Establishing caring relationship with the patient

Establish caring relationships with patients as appropriate to the practice setting and stage in the patient's health care management.

- Introduce yourself as a pharmacist,
- Explain the purpose and expected length of the sessions,
- Obtain the patient's agreement to participate.
- Determine the patient's primary spoken language.

#### 3.1. Assess patient's knowledge

Assess the patient's knowledge about his or her health problems and medications, physical and mental capability to use the medications appropriately, and attitude toward the health problems and medications. Ask open-ended questions about each medication's purpose and what the patient expects, and ask the patient to describe or show how he or she will use the medication. Patients returning for refill medications should be asked to describe or show how they have been using their medications. They should also be asked to describe any problems, concerns, or uncertainties they are experiencing with their medications.

#### 3.2. Providing information

Provide information orally and use visual aids or demonstrations to fill patients' gaps in knowledge and understanding. Open the medication containers to show patients the colors, sizes, shapes, and markings on oral solids. For oral liquids and injectables, show patients the dosage marks on measuring devices.

Demonstrate the assembly and use of administration devices such as nasal and oral inhalers. As a supplement to face-to-face oral communication, provide written handouts to help the patient recall the information. If a patient is experiencing problems with his or her medications, gather appropriate data and assess the problems. Then adjust the pharmacotherapeutic regimens according to protocols or notify the prescribers.

#### 3.3. Verifying knowledge and understanding

Verify patients' knowledge and understanding of medication use. Ask patients to describe or show how they will use their medications and identify their effects. Observe patients' medication-use capability and accuracy and attitudes toward following their pharmacotherapeutic regimens and monitoring plans.



<b>Self-Check -3</b>	Oral Test
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### Short answer

1. How do you establish caring relationships with patients is the first in the process of counseling?
2. What are the methods to verify patient's understanding of the counseling?



## Information Sheet-4 Compliance, adherence and concordance

### 4.1. Definition of terms

**Adherence:** the ability of a patient to adhere to a therapeutic regimen agreed upon between patient and practitioner

**Compliance:** the ability of a patient to comply with a therapeutic regimen prescribed by a practitioner. Patient compliance follows an authoritative therapeutic decision made by the practitioner rather than a shared decision-making process .

**Concordance:** shared decision making and agreement between the patient and the practitioner on the selected therapeutic strategy, its outcome, and how it may be achieved

### 4.2. Causes of poor adherence

Adherence is a multidimensional phenomenon determined by the interaction of five sets of factors, termed "dimensions" by the WHO. These dimensions are:

- **Social/economic:** Unstable living environments, limited access to health care, lack of financial resources, cost of medication, and burdensome work schedules have all been associated with decreased adherence rates.
- **Provider-patient/health care system:** The relationship of the doctor-patient is one of the most important health care system-related factors impacting adherence . Poor or lack of communication concerning the benefits, instructions for use, and side effects of medications can also contribute to non adherence , especially in older adults with memory problems.
- **Condition-related:** Long term drugs administration for many chronic illnesses and adherence to such treatment regimens often declines significantly over time. This often happens when patient have few or no symptoms and the absence of them is a barrier for people to take their medication.

**Therapy-related:** The complexity of the medication regimen, which includes the number of medications and number of daily doses required; duration of therapy; therapies that are inconvenient or interfere with a person's lifestyle and side effects have been associated with decreased adherence .

- **Patient-related factors:** Physical impairments and cognitive limitations may increase the risk for non adherence in older adults. Lack of knowledge about the disease and the reasons medication is needed, lack of motivation, low self-efficacy, and substance abuse are associated with poor medication adherence.



### 4.3. Consequences of non-adherence

The consequences of poor adherence to long-term therapies are poor health outcomes and increased health care costs . Adherence is a primary determinant of the effectiveness of treatment because poor adherence attenuates optimum clinical benefit . For example, low adherence has been identified as the primary cause of unsatisfactory control of blood pressure . Some of the risks faced by patients who adhere poorly to their therapies are listed below

**More intense relapses.** Relapses related to poor adherence to prescribed medication can be more severe than relapses that occur while the patient is taking the medication as recommended, so persistent poor adherence can worsen the overall course of the illness and may eventually make the patients less likely to respond to treatment .

**Increased risk of addiction.** Many medications can produce severe addiction if taken inappropriately by patients. Good examples are diazepam and opioid-related medications.

**Increased risk of abstinence and bounce syndromes.** Adverse effects and potential harm may occur when a medication is abruptly discontinued or interrupted. Good adherence plays an important role in avoiding problems of withdrawal (e.g. as seen in thyroid hormone replacement therapy) and bounce syndrome (e.g. in patients being treated for hypertension and depression), and consequently decreases the likelihood that a patient will experience adverse effects of discontinuation.

**Increased risk of developing resistance to therapies.** In patients with HIV/AIDS, the resistance to antiretroviral agents has been linked to lower levels of adherence. Partial or poor adherence at levels less than 95% can lead to the resumption of rapid viral replication, reduced survival rates, and the mutation to treatment-resistant strains of HIV. The same happens in the treatment of tuberculosis where poor adherence is recognized as a major cause of treatment failure, relapse and drug resistance.

**Increased risk of toxicity.** In the case of over-use of medicines (a type of non-adherence), patients are at an increased risk of toxicity, especially from drugs with accumulative pharmacodynamics and/or a low toxicity threshold (e.g. lithium). This is particularly true for elderly patients (altered pharmacodynamics) and patients with mental disorders (e.g. schizophrenia).

**Increased likelihood of accidents.** Many medications need to be taken in conjunction with lifestyle changes that are a precautionary measure against the increased risk of accidents known to be a side effect of certain medications. Good examples are



medications requiring abstinence from alcohol (metronidazole) or special precautions while driving (sedatives and hypnotics).

#### 4.4. Strategies for improving adherence

- Educate and motivate: basic drug info, importance of adherence, timing of medications, drug interactions, etc
- Simplify regimen
- Tailor treatment to patient's lifestyle
- Prepare for and manage side effects
- Address patient related issues
- Provide adherence promoting devices
- Use home-based care staff to promote adherence
- Reduce costs (e.g., generics, pill splitting)
- Improve motivation and build on the patient's strengths and confidence
- Be supportive and non-judgmental (positive communication)
- Multiple strategies work best

<b>Self-Check -4</b>	Written Test
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#### Group discussion

1. Discuss the main consequence of poor adherence.
2. Discuss the strategies to improve drug adherence.



<b>LG 15</b>	<b>LO#3 Recording and documentation</b>
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<b>Instruction sheet</b>
<p>This learning guide is developed to provide you the necessary information regarding the following content coverage and topics:</p> <ul style="list-style-type: none"><li>• Patient information and counseling performance</li><li>• Documentation of counseling documents</li></ul> <p>This guide will also assist you to attain the learning outcomes stated in the cover page. Specifically, upon completion of this learning guide, you will be able to</p> <ul style="list-style-type: none"><li>• patient information and counseling performance is recorded</li><li>• Records of counseling and education service are maintained according to the requirements of the organization</li><li>• Information on quality and other indicators of service performance is recorded.</li><li>• All counseling and education service processes and outcomes are recorded</li></ul>
<b>Learning Instructions</b>
<p><b>19.</b> Read the specific objectives of this Learning Guide.</p> <p><b>20.</b> Follow the instructions described below.</p> <p><b>21.</b> Read the information written in the “Information Sheets”. Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them.</p> <p><b>22.</b> Accomplish the “Self-checks” which are placed following all information sheets.</p> <p><b>23.</b> Ask from your trainer the key to correction (key answers) or you can request your trainer to correct your work. (You are to get the key answer only after you finished answering the Self-checks).</p> <p><b>24.</b> If you earned a satisfactory evaluation proceed to “Operation sheets</p> <p><b>25.</b> Perform “the Learning activity performance test” which is placed following “Operation sheets” ,</p> <p><b>26.</b> If your performance is satisfactory proceed to the next learning guide,</p> <p><b>27.</b> If your performance is unsatisfactory, see your trainer for further instructions or go back to “Operation sheets” .</p>



## Information Sheet-1 Patient information and counseling performance

Pharmacists should document education and counseling in patients' permanent medical records as consistent with the patients' care plans, the health system's policies and procedures. When pharmacists do not have access to patients' medical records, education and counseling may be documented in the pharmacy's patient profiles, on the medication order or prescription form, or on a specially designed counseling record.

The pharmacist should record

- (1) that counseling was offered and was accepted and provided or refused and
- (2) the pharmacist's perceived level of the patient's understanding.

As appropriate, the content should be documented (for example, counseling about food–drug interactions).

All documentation should be safeguarded to respect patient confidentiality.

<b>Self check-1</b>	Oral Test
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1. List the patient information that should be recorded.



## Information Sheet-2 Documentation of counseling documents

Recording professional advice or services provided to the patient in the Patient Medication Record (PMR,) can also contribute to good patient care and demonstrate the reasons behind the pharmacist's actions. Information that would be useful to document may include interactions with other healthcare professionals, patient counseling , an intervention, or supplies of non-prescription medicines as deemed appropriate. Information should be recorded in a clear, concise and consistent manner which can be easily understood by colleagues in the pharmacy and does not create ambiguity.



<b>Self check-2</b>	<b>Oral test</b>
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1. What is the need for documenting counseling documents?



### The trainers who developed the learning guide

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## Reference

- ASHP Guidelines on Pharmacist-Conducted Patient Education and Counseling
- ASHP Guidelines on Pharmacist-Conducted Patient Education and Counseling
- Good Dispensing practice and pharmaceutical supply chain management Manuel of Ethiopia ,2019
- Improving adherence rates: guidance for countries ,WHO
- American Society of Health system pharmacists , Guidelines on Pharmacist-Conducted Patient Education and Counseling



## Answers sheet

LO1 establishing counseling environment

### Self check 1

1. Psychology is:

### Self check 2.

1. 1. True                      2. True

2. Non-verbal communication consists of meaning conveyed through body language and facial expressions

### Self check 3.

1. Semi-private area, Separate private area, and Consultation area
2. To discuss patient's medical issue this is sensitive and confidential

### Self check 4

1. True
2. False

LO2. providing patient counseling service

### Self check 1.

1. True
2. False

1. It increases patients compliance and adherence with the treatment regimen, which increases the effectiveness of the treatment and since counseling involves information about adverse effects, contraindications and drug/food-drug interaction it increase the safety of the treatment

### Self-Check -2

. True 2. True 3. False 4. False

### Self-Check -3

- 1.
- 2.

LO3. Recording and documentation

### Self check 1.

- 1.
- Self check 2.