



Workshop 3 - Patient engagement and communication skills



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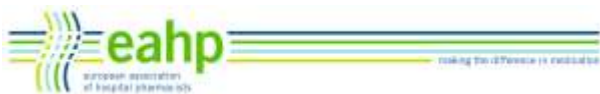
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The presenters declare there to be no conflict of interest



Fact: Only about half of patients adhere to treatment for long term conditions

Why do pharmacists need to engage with patients?
 Are we good at communicating with patients?
 When we do engage, do we listen effectively?
 Are we good at understanding the patient's perspective?
 Do we find out what patients know and what they'd like to know before we offer advice?
 Do we check patients understand what we tell them?



Workshop 3 - Patient engagement and communication skills Learning Outcomes

- describe methods/tools that can be used in a Pharmacist-Patient consultation
- identify patient needs and to assess patient's learning/understanding
- identify opportunities for using different communication skills in their own practice



Questions

Improved patient outcomes can be achieved by:

- Building a relationship with the patient that facilitates collecting information from the patient and influencing behavioural change in lifestyle, diet and use of medicines
- Using listening and questioning skills to identify issues related to use of medicines and use factual information to support reaching an agreement with patients for an acceptable therapeutic plan
- Telling patients what they should or should not do in terms of behavioural change



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Communication

EAHP Congress 2015

Prof. Anthony Sinclair







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3=	Waitrose	97	83%
3=	John Lewis	99	83%
55=	EasyJet	93	72%
70=	Flybe	95	70%
98	Ryanair	97	59%



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Language

- The number of words in the English language is 1,025,109.8. (Jan 2014)
- Currently there is a new word created every 98 minutes
- **English** (250 million to 350 million non-native speakers)
- **English** Official language in about 60 countries

<<http://www.languagemonitor.com/category/no-of-words/>>

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New Words

'Selfie' named by Oxford Dictionaries as word of 2013



the cloud, *n.*

Etymology from Wikipedia:

1. "... the delivery of computing as a service rather than a product, whereby shared resources, software, and information are provided to computers and other devices as a utility over a network."

Location: Unknown.

the next big thing, *n.*

Etymology from The Oxford Economic Dictionary:

1. "A cliché rendered nearly meaningless by the innumerable daily claims made by VCs, entrepreneurs, college drop-outs, etc. Actually, you can count the history of new big things on your fingers, and possibly toes."

big da-ta, *n.*

Etymology from Wikipedia:

1. "... used to describe a massive volume of both structured and unstructured data that is so large that it's difficult to process with traditional database and software techniques."

<http://www.bbc.co.uk/news/uk-24992393>

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Education

- Entering School – 4000 words (word groups- variations on a word i.e. big bigger biggest) (1950)
 - Fallen to 1000 words (1990) *
- School - 8,000 words
- University – 20,000 words
- ESL - 2,600 per year

*MacMahon.R, Evolution, Population, and Humans



Usage changes

In a shop

Used to be greeted with “Good morning, can I help you”?, nowadays...

You alright? Or increasingly..

“Are you alright over there?” or

“Have you found what you’re looking for?”

Dialects-Variations-Regional pronunciation

Pants (USA) v trousers (UK) – “pants” also means rubbish or bad! BUT “Bad” = “Good” !!

Rubber v eraser



Cultural Differences

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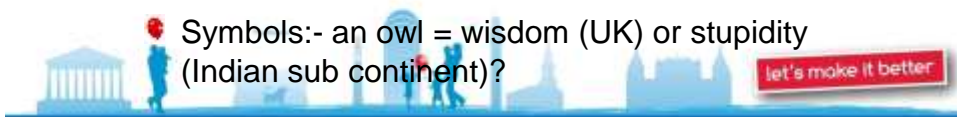
The key to cross-cultural success is to develop an understanding of, and a deep respect for, cultural differences.



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Culture – Hidden meanings

- ❖ Word endings in Urdu denote degrees of respect that don't translate readily into English
- ❖ In Arabic politeness assumed not expressed
- ❖ Hand gestures:- one figure, two fingers to denote numbers or an insult; An open hand is an insult in some languages.
- ❖ Symbols:- an owl = wisdom (UK) or stupidity (Indian sub continent)?



Jargon



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Captopril 12.5mg Tablets
Captopril 25mg Tablets
Captopril 50mg Tablets
(captopril)

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you are pregnant or breastfeeding, you should not take this medicine.

1. What Captopril Tablets are and what they are used for

What is

1. Wh
2. Wh
3. Ho
4. Po
5. Ho
6. Con

Captopril belongs to a group of medicines called Angiotensin Converting Enzyme (ACE) inhibitors.

ACE inhibitors work by helping to widen your blood vessels, which then make it easier for your heart to pump blood through them.

1. Wh

Captopril (ACE)

Captopril is used to treat high blood pressure (hypertension), congestive heart failure, kidney problems caused by diabetes, and to improve survival after a heart attack.

ACE inhibitors work by helping to relax your blood vessels, which then make it easier for your heart to pump blood through them.

Captopril is used to treat high blood pressure (hypertension), congestive heart failure, kidney problems caused by diabetes, and to improve survival after a heart attack.

2. What you need to know before you take Captopril Tablets

Do not take Captopril Tablets:

- If you are allergic (hypersensitive) to captopril, any of the other ingredients in these tablets or other ACE inhibitors (see Section 6 and end of Section 2).
- If you have ever had a reaction which included swelling of the hands, face,

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Medicines for Children **Information for parents and carers**

Captopril for heart failure

This leaflet is about the use of captopril in children with heart failure.

This leaflet has been written for parents and carers about how to use the medicine in children. Our information sometimes offers facts not provided by the manufacturers. Please use their information as a guide, aimed at adult patients. Please read the leaflet carefully. Talk to someone safe so that you can read it again.

When should the medicine start working?
Captopril may make your child's blood pressure fall for a short while after each dose and they may feel dizzy or faint. If this happens, they should sit or lie down for a while after taking a dose.

What if my child is sick (vomits)?

Why is it important for my child to take this medicine?
Captopril will help your child's heart to work better so that they have fewer symptoms of heart failure, such as difficulty breathing, poor feeding and slow growth.

To make sure that these doses are at least 4 hours apart.
Give the medicine at about the same time each day so that this becomes part of your child's daily routine. Safety will help you to remember.

How much should I give?
Your doctor will work out the amount of captopril (the dose) that is right for your child. The dose will be shown on the medicine label.

It is important that you follow your doctor's instructions about how much to give.

How should I give it?
Captopril should be swallowed with a glass of water.

If your child has a cold, cough, sore throat or flu, or their heart is racing or fluttering, or they begin to breathe quickly, contact your doctor or take your child to hospital straight away.




If you think you may have given your child too much captopril, contact your doctor or local NHS services (111 in England and Scotland, 0845 4647 in Wales) or take your child to hospital.

Take the medicine container as advised with you, even if it is empty. This will be useful to the doctor when the patient with you if you telephone for advice.

Are there any possible side-effects?
No one medicine is made for children better, but sometimes

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Attention Span

-  Average attention span (2013) *8 seconds*
-  Average attention span (2000) *12 seconds*
-  Average attention span of a goldfish *9 seconds*
-  Average length watched of a single internet video *2.7 minutes*



Source: National Center for Biotechnology Information, U.S. National Library of Medicine, The Associated Press; <http://www.statisticbrain.com/attention-span-statistics/>



Business

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- Busy ness (yours)- task focused not people centred.
- Business can communicate- we have no time for you!
- Body language important for good communication...smile!
- “Your Language” as a second language

http://i.huffpost.com/gadgets/slideshows/385844/slide_385844_4626434_free.jpg

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Patient awareness

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- Vulnerability
 - Stress
 - Concerned about their diagnosis not listening to explanations
- Transference / Counter transference
 - Some patients, particularly those who are over-anxious, may see the pharmacist as an authority figure and relate to him or her in ways they have related to authority figures
 - The pharmacist, in countertransference, can begin to feel and act like the patient's mother, perhaps over-reassuring or feeling overly responsible.
- Empathy – Listening over “there” .. From the patients perspective
- Forming a relationship
 - “smile” “time” “attention” “body language”
- We remember between 25 percent and 50 percent of what we hear

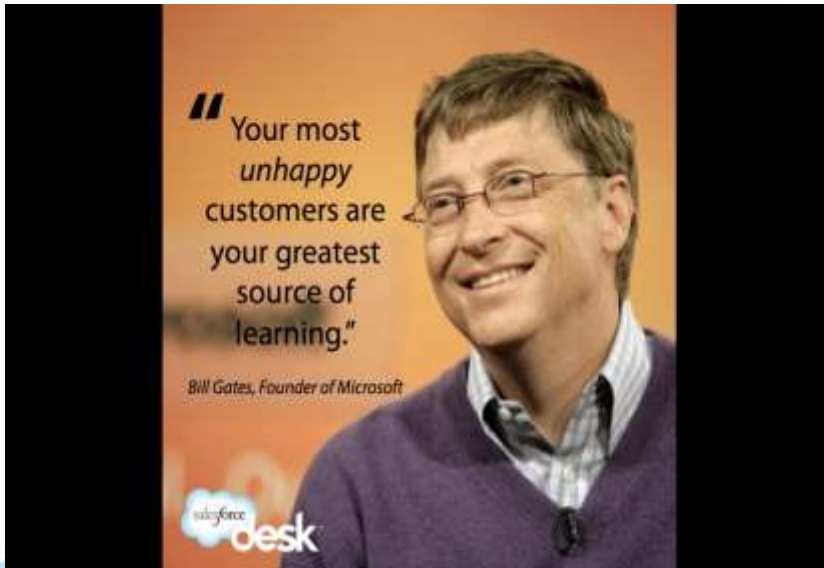
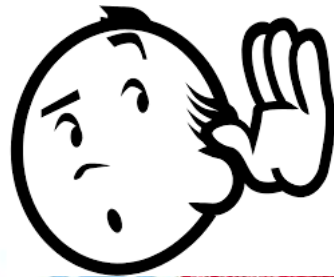
Juliet Higdon Senior Accredited Counsellor/Psychotherapist British Association for Counselling and Psychotherapy
<http://www.mcpcnet.org/publications/ISSUE10-9.pdf>

 Mind Tools 

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“ *The most basic and powerful way to connect to another person is to listen. Just listen. Perhaps the most important thing we ever give each other is our attention.* ”

Rachel Naomi Remen



Thank you for listening

Prof. Anthony Sinclair



Diabetes cardiovascular risk clinic

- **Aim** - To achieve target reductions in blood pressure in patients with diabetes and hypertension, improve patients' compliance with their medication and encourage them to adopt a healthy lifestyle.
- **Clinic process** – b.p. measurement
- Blood and urine testing
- Medication review and compliance assessment
- Lifestyle factors assessed and provision of counselling
- Recommended changes to patients' medication
- Patients reviewed every 6-8 weeks for 4-5 visits

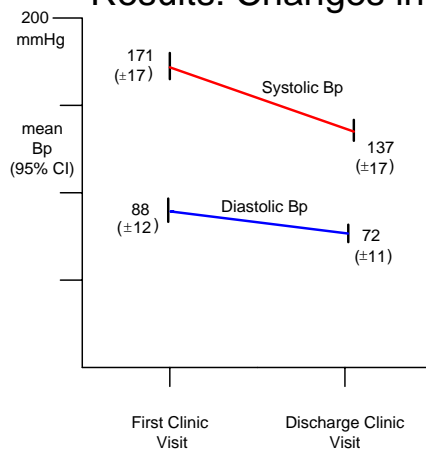


Summary Of Audit Results

- Significant reductions in blood pressures achieved
- Increased prescribing of statins resulting in improved lipid profiles
- Increased prescribing of anti-platelet medication
- Pharmaceutical care issues addressed



Results: Changes in Blood Pressure





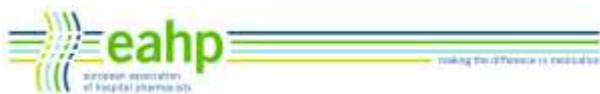
Patient problems

- Poor compliance with their medicines
 - motivation
 - lifestyle – family, work, exercise, diet
 - poor understanding of their diabetes and/or hypertension
 - poor understanding of their medicines



Patient problems (contd.)

- Cultural influences
 - attitudes to illness
 - support from relatives
 - work ethic
- Clinic non-attendance – work, poor motivation, communication difficulties.....



Patient problems (contd.)

- Difficulties tolerating medications – recognised ADR's and “patient-specific” S/E's
- Co-morbidities – renal impairment, COAD, asthma, CCF, angina, arthritis.....
- Multiple medications



Keys to success

- Take detailed patient history – diet, weight issues, exercise, smoking, alcohol consumption, allergies, perceived ADR's, lifestyle –work,family,culture
- Make an evaluation of patient compliance with their medicines
- Tailor the consultation to the patient
- Remember the “7C' ” patient consultation plan!

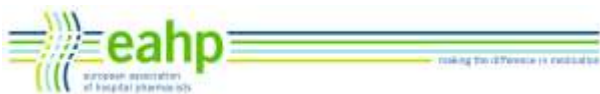


workshop scenarios.....



Patient 1

- 1st visit - Build relationship - Establish patient perspective
 - Gather information about the patient's perspective
 - Non-threatening “People sometimes miss taking their medicines – do you have any problems remembering to take your medicines?”
 - How often do you have difficulty remembering?
 - Is it an inconvenience? Does a routine help?
 - Sometimes people miss taking medicines for reasons other than forgetting – have you ever not taken them because you feel worse or you feel your condition is under control?



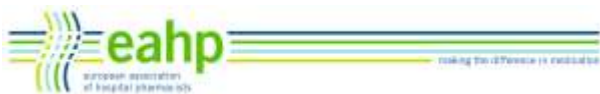
Patient 1 (cont)

- 12 medicines – review are they all necessary?
- Take a history
 - Establish patient understanding & provide explanation if required
- Assess appropriateness
 - Inform patient of your recommendations and why
 - Seek patient agreement to discuss with doctor
- Explore patient perspective of antihypertensive agent
 - Has she been taking it?
 - Acknowledge difficulties and encourage change in patient behaviour vs change in prescription



Patient 2

- 1st visit - Build relationship - Establish patient perspective
 - Confirm allergies
 - Can you tell me about any problems you've had with your medicines – describe experiences
 - Confirm reason for difficulties in taking medicines
 - Explore beliefs and concerns about medicines
 - Advise alternative antihypertensive if appropriate and seek agreement with patient to try
 - Explore other ways to help reduce blood pressure
 - Patient is morbidly obese – lifestyle change ?dietitian
 - Explore difficulties patient has in changing diet and exercise behaviour – personalise advice



Patient 3

- 1st visit - Build relationship - Establish patient perspective
 - Establish duration of diabetes and asthma and patient's perspective of disease control
 - Consider potential cultural behaviours – denial/weakness
 - Try to engage patient to help understanding of consequences of lack of control and potential influence of life and responsibilities



Patient 4

- 1st visit - Build relationship - Establish patient perspective
- Peripheral neuropathy suggests longstanding disease
 - Establish patients perspective of disease and consequences of lack of control
 - Establish patient understanding of medicines & provide explanation if necessary
 - How does the patient cope with disease and its management
 - Sometimes people miss taking medicines because they forget or for reasons – have you ever not taken them because you forget or they make you feel worse or you don't think they're working?
 - patient's beliefs



Patient 4 (cont)

- Hypertension management
 - Establish medication history and adverse effects
 - Encourage patient to agree a plan to reduce blood pressure – medicines and lifestyle change which is compatible with family situation – tailor to patient



Questions

Improved patient outcomes can be achieved by:

- Building a relationship with the patient that facilitates collecting information from the patient and influencing behavioural change in lifestyle, diet and use of medicines
- Using listening and questioning skills to identify issues related to use of medicines and use factual information to support reaching an agreement with patients for an acceptable therapeutic plan
- Telling patients what they should or should not do in terms of behavioural change



It takes a lot of practice!

