

COMMUNICATION

(2) GOOD COMMUNICATION — HOW TO GET IT RIGHT

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This second of two articles looks at how we can improve our communication skills and therefore, our practices

Our responsibilities as pharmacists mean that we must strive to communicate well. Issues that lead to misunderstandings can be addressed using basic communication skills: questioning, explaining, listening and reflection.

QUESTIONING

Questions, as most pharmacists know, are of two main types: open questions and closed questions. But when dealing with patients 94 per cent of the questions asked by pharmacists are closed. So why are we so partial to closed questions? Well, in comparison with open questions, they take less time to construct and make the respondent decide more rapidly. By way of an answer, closed questions may only require a simple "Yes", "No" or "I'll take that one". However, a disadvantage is that they can be too restrictive and do not serve the patient's needs to express in more detail, what they want.

Closed questions can also smack of paternalism. Those of us who have a pharmacy degree might justifiably believe that we know more than the patient and so we know what is best for them. There is little doubt that we will know more about the medicines we dispense, but it is less certain that we will know more about the patient and his or her specific needs and experiences. Open questions allow us to find out more. Where closed questions might draw a useful sketch, open questions add colour and depth to the picture and will allow us to make sound decisions. When dealing with minor ailments, for example, we need to use a combination of open and closed questions.

CASE SCENARIO

Mr Patel is in the pharmacy asking the pharmacist to recommend a "good stomach medicine for his wife"

Pharmacist: "She has a stomach problem?" (closed question)

Mr Patel: "Yes."

Pharmacist: "What exactly do you mean?" (open question)

Mr Patel: "Well she has a burning feeling in her chest and bad taste in her mouth . . ."

The closed question only confirms Mr Patel's diagnosis but the open question allows the pharmacist to get nearer to what the minor ailment really is. In this example, the pharmacist now knows the problem is probably acid-based and not constipation.

These can be used to steer the interaction and this allows us to come up with the best management decision: reassurance that the symptom is trivial, the sale of a medicine or a referral to the GP.

A number of useful mnemonics have been developed to assist pharmacists and their assistants to remember the questions they should ask (eg, see Panel 1). As obvious as it appears, when you ask a question, you need to listen to the answer. Although many pharm-

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CASE SCENARIO

Pharmacy assistant: "Are you taking any medicines?"

Patient: "Yes."

Pharmacy assistant: "How long has the symptom lasted?"

Patient: "About three weeks."

Pharmacy assistant: "OK, take one tablet three times a day."

Why ask the questions if no action is taken on the answer?

acy assistants within pharmacy protocols, know to ask about other medicines the patient is taking, they often fail to take cognisance of the answer.

Leading questions are questions which, by the way they are worded, lead the respondent towards an expected response. Conversational leads are innocuous and we use them all the time, eg, "It's a lovely day, is it not Mrs Jones?" Simple leads are more manipulative, eg, "Surely you don't support the Conservative Party?" Subtle leads may not be clearly noted as leading questions. For example, a sample of people were asked one of two questions: "Do you get headaches frequently and if so how often?" or "Do you get headaches occasionally and if so how often?" The "frequently" subjects reported an average of 2.2 headaches per week whereas the "occasionally" group reported 0.7 headaches per week.

EXPLAINING

As a profession we boast that we provide patient counselling. Of course, this is not what we usually do. Counselling is to allow and support patients to find their own solutions. What we do provide is an advice service on health, minor ailments and medicines. When advising we are offering solutions based on our professional knowledge.

Giving advice involves the core skill of explaining. An explanation can be simple or complex. Simple explanation merely conveys the facts. For example, in explaining the use of a metered dose inhaler to a patient, a simple explanation would go something like: "This is how you use your inhaler. Step 1, shake the inhaler . . ." Complex explanation provides a richer understanding by explaining context and causation in addition to the facts. Continuing with the metered dose inhaler example: "The reason you hold your breath for about 10 seconds at the end of inhaling is to allow the medicine droplets to settle on the walls of the lungs."

Complex explanations take more time but produce better results, ie, the patient is more likely to use the inhaler properly. The adequacy of your explanation will depend on the age, background

PANEL 1: EXAMPLES OF USEFUL MNEMONICS

WWHAM

Who is it for? What are the symptoms? How long has it been going on? Action taken? Medicines taken?

AS METHHOD

Age of the patient? Self or for someone else? Medicines being taken? Exactly what do you mean (by the symptom)? Time and duration of the symptom? Taken any action (medicine or seen the doctor)? History of any disease? Other symptoms? Doing anything to alleviate or worsen the symptom?

and mental ability of the person you are explaining to. This will require an assessment to ensure that your explanation is not too difficult or too simplistic.

Planning A good explanation starts with proper planning. This will involve structuring the explanation and sequencing the facts in a logical fashion. Anything we have professional responsibility for needs to be within our repertoire of clear explanations. This means we need to have prepared explanations for the use of medicines, inhalers, and blood glucose meters etc, in advance. For example, it is difficult to open up a peak flow meter with a patient to find that you are not too sure how it works. This will certainly not help the explanation. Where a one-off explanation is required, such as a query on how an error has occurred, you may not have all the facts. In such a case, it is best to ask the enquirer to come back later, so that you can check the facts and prepare an explanation. In this way you guard against unnecessarily exacerbating the situation.

Presentation Explanations should be as brief as possible. In a study of the time needed for pharmacists to explain the use of metered dose inhalers, it was found that if the explanation went beyond four minutes the patient was less able to use their inhaler properly.

The more fluent your speech, the better your explanation, but choosing words that the patient understands is vitally important. Using too much clinical jargon with a patient can confuse and the message can be misunderstood. On the other hand, when talking with a health care professional, the use of simple terms can be patronising and insulting. For example, if a GP asks you to demonstrate how to use a new blood glucose meter it would be rather demeaning if you started by explaining that hypoglycaemia is "low blood sugar". A doctor will know this already. He or she will understand jargon and will expect you, as a fellow health care professional, to use it.

However, use of jargon can be fraught with danger. A colleague's father who was a head-teacher was approached by his secretary, a shy retiring young woman, who had just been married. He noted her embarrassment from her non-verbal signs: reddened face, head down to the side, avoiding eye contact and limbs folded in for protection. He eased her embarrassment by asking if she was pregnant. She was. He told her how delighted he was and took some forms from his desk to complete for her maternity payments. He asked her for "her date of confinement". Her embarrassment returned and she asked why he needed to know this. He explained it was necessary to allow the education board to pay her maternity payments, "It happened on the 14th of October after an evening at the cinema," she said!

There are a number of types of explanation, including verbal, illustrative and demonstrative. If possible, it is best to use a combination of all three. Illustrations are helpful. Package inserts will support your verbal explanations. Demonstrations are essential in explaining use of devices such as inhalers. Having placebo devices at hand to facilitate the demonstration is therefore important. Check if you have sufficient placebo devices readily available in your pharmacy. If not, contact companies for supplies.

Feedback An explanation will not be successful unless feedback is used. The purpose of feedback is to ensure that the message is understood. Feedback can take the form of appropriate questions and asking the individual to demonstrate that they understand or can now do what you have explained. Looking for non-verbal signs that the person is not understanding the message is also important. For example, on their first day working in my pharmacy all newly appointed counter assistants are shown how to use the cash register. This involves an explanation of how it works (simple explanation), and a more detailed explanation of why we need to use each function (complex explanation), followed by a step-by-step demonstration. Finally the assistant is asked to use the till (feedback). If there is any misunderstanding this is picked up in the feedback.

Counselling You might think counselling is best left to the experts but it will have increasing relevance to the role of pharmacists in the near future. Counselling and the skills that are required to do it properly (questioning, listening and reflection) are important in many areas of practice, especially health promotion. In counselling, questions should mainly be open. Open questions encourage patients to discuss their own problems and needs and in doing so,

come up with their own solutions. This is more likely to bring about positive lifestyle changes such as people taking their medicine when they should, or stopping smoking.

All health care professionals are encouraged to ask about smoking when they have contact with patients. In addition, we are being encouraged to advise smokers to stop. Asking is important as we know it increases the number of successes, but being too assertive and advising someone to stop who does not wish to can be counter-productive. Smokers will be at different stages of the cycle of change and your intervention should be customised to suit. For example, those who are content with smoking are likely to resist and resent any suggestion that they should stop. They are addicted and will filter out any suggestion that smoking is dangerous to their health.

Smokers who wish to stop but have no timeframe in mind should be offered "brief motivational interviewing".¹ In essence, this is counselling that involves asking in sequence, five open questions, one of which is: "Can you tell me about the good things and the not so good things about smoking?" Your views and opinions must not be given. Your role as counsellor, is simply to be a conduit through which the conversation is guided. Having asked the question you merely use listening and reflection skills to encourage a full discussion. What happens is that the smoker is encouraged to rationalise with him or herself on the merits or lack of merits, of smoking.

LISTENING

Listening is much more than hearing what another person is saying. It is understanding the emotions and feelings associated with the words. Active listening demonstrates genuine respect and concern for the individual. It involves both verbal and non-verbal aspects. Simply to nod your head and smile indicates an openness to listening. Direct eye contact is important. Mirroring facial expression and adopting an open posture help to encourage better communication. Clearly, doing something else while someone is speaking to you says that you are too busy to listen. When there is conflict in a conversation, listening is often suspended as the protagonists allow each other to speak only as an opportunity to think of what can be said next to support their case.

REFLECTION

Hargie and colleagues define reflection as the process of using the interviewer's own words to mirror the essence of the interviewee's previous statement.² Reflection involves paraphrasing and reflection of feelings. Paraphrasing is not parroting what the patient has said (this is mocking and insulting). It takes the ideas conveyed and translates them into your own words. Reflection has many functions but above all, it demonstrates an interest in the interviewee and says "Yes, I'm really listening to you and I understand what you are saying."

CONCLUSION

Good communication leads to empathy with the patient. This encourages a better understanding and a higher likelihood that you will be listened to and your opinion and advice respected. In this way patients might adopt a healthier lifestyle, take greater responsibility

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FURTHER READING

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