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***Patient-Centered Communication in Pharmacy Practice***

**Overview**

In order to meet their professional responsibilities, pharmacists have become more patient-centered in their provision of pharmaceutical care. Pharmacists have the potential to contribute even more to improved patient care through efforts to reduce medication errors and improve the use of medications by patients. Using effective communication skill is essential in the provision of patient care. Pharmacists are accepting increased responsibility in ensuring that patients avoid adverse effects of medications and also reach desired outcomes from their therapies. The changing role of the pharmacist requires practitioners to switch from a ***“medication-centered practice”*** to ***“patient-centered care”.*** As revealed above, it is not enough for pharmacists to simply provide medication in the most efficient and safest manner. Pharmacists must participate in activities that enhance patient adherence and the wise use of medication. Patient-centered care depends on your ability to develop trusting relationships with patients, to engage in an open exchange of information, to involve patients in the decision-making process regarding treatment, and to help patients reach therapeutic goals that are understood and endorsed by patients as well as by health care providers. Effective communication is central to meeting these patient care responsibilities in the practice of pharmacy.

**Pharmacists’ Responsibility in Patient Care**

The incidence of preventable adverse drug events and the cost to society associated with medication-related morbidity and mortality is of growing concern .The Institute of Medicine (IOM) report on patient safety concluded that medication-related errors are among the most prevalent errors in medical care. The potential of pharmacists playing a pivotal role in reducing the incidence of both medication-related errors and drug-related illness is also receiving increased attention have made for pharmaceutical care, {which they define as “the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient’s quality of life}.Mission statements of professional pharmacy associations have been changed in recent years, thus The “patient-centered” role envisioned by pharmacy mission statements would afford pharmacists a value to society far beyond that provided by their current ***“drug-centered”*** role. The quality of the interpersonal relationships pharmacists develop with patients depends upon effective communication.

**Importance of Communication in Meeting**

Your Patient Care Responsibilities The communication process between you and your patients serves two primary functions:

1. It establishes the ongoing relationship between you and your patients; and

2. It provides the exchange of information necessary to assess your patients’ health conditions, reach decisions on treatment plans, implement the plans, and evaluate the effects of treatment on your patients’ quality of life.

Establishing trusting relationships with your patients is not simply something that is ***“nice to do”*** but that is essentially peripheral to the ***“real”*** purpose of pharmacy practice. The quality of the patient–provider relationship is crucial. An effective relationship forms the base that allows you to meet professional responsibilities in patient care. Even communication with your patients is not an end but conversation between you and your patient has a different purpose than conversation between friends. Patient–professional communication is a means to an end that of establishing a therapeutic relationship in order to effectively provide health care services that the patient needs.

The purpose of the relationship is to achieve mutually understood and agreed upon goals for therapy that improve your patients’ quality of life. Your activities must, therefore, be thought of in terms of the patient outcomes that you help to reach. You must begin to redefine what you do with the focus being on patient needs. Your goal, for example, is changed from providing patients with drug information to a goal of ensuring that patients understand their treatment in order to take medications safely and appropriately.

**What is Patient-Centered Care?**

The pharmacist must be able to:

1. Understand the illness experience of the patient

2. Perceive each patient’s experience as unique

3. Foster a more egalitarian relationship with patients

4. Build a “therapeutic alliance” with patients to meet mutually understood goals of therapy

5. Develop self-awareness of personal effects on patients

**Understanding Medication Use from the Patient Perspective**

Models of the prescribing process that are ***“practitioner-centered”*** have primarily focused on decisions made and actions taken by physicians and other health care providers. The patient is ***“acted upon”*** rather than being viewed as an active participant who makes ongoing decisions affecting the outcomes of treatment.

The patient is seen as the object of professional ministrations and as the cooperative (or recalcitrant) follower of professional dictates. One of our professional conceits seems to be that prescribing and dispensing a drug are the key decisions in the medication use process. However, in most cases, it is the patient who must return home and carry out the prescribed treatment. Drug therapy is the most ubiquitous of medical interventions and, in ambulatory care, is largely managed by the patient.

The degree of autonomy that is possible with medication therapy makes it likely that patients will make decisions and assert control over treatment in various ways. Many patients make autonomous decisions to alter treatment regimens decisions that may be made without consultation or communication with you or other health care providers Ignorance of patient-initiated decisions on medication use, in turn, makes it difficult for health care professionals to accurately evaluate the effects of drug treatment.

While you may view such patient behavior as ill advised, it would be more helpful for you to acknowledge the fact that patients do exercise ultimate control over drug treatment. Rather than trying to stifle patient autonomy, it would be more productive to strengthen the therapeutic alliance with your patients by increasing the level of patient participation and control in decisions that are made about treatment.

**Encouraging a More Active Patient Role in Therapeutic Monitoring**

Pharmacists could do more to help enable patients and their families or caregivers to take a more active role in monitoring response to treatment. The information a patient provides you as part of therapeutic monitoring is essential to ensuring that treatment goals are being met. While Hemoglobin (HbA1c) values may provide the comfort of a ***“scientific”*** basis for therapeutic monitoring for many chronic blood conditions such as anemia, you must rely on patient report of response to treatment. Treatment of depression and pain, for example, have only patient self-report as the basis of evaluation of response to therapy. Many other conditions such as asthma, angina, gastro-esophageal reflux disease, epilepsy, and arthritis rely heavily on patient report of symptoms. Patients may interrupt the treatment process by failing to contact you and other providers when follow-up is expected, which may involve discontinuing participation in the formal health care system for a period of time or contacting a new provider and beginning the whole process again. Of the patients who do contact their providers, some will communicate their perceptions, problems, and decisions regarding treatment. Other patients may contact providers and not convey this information.

The patient report of symptomatic experience is critical to monitoring, and has the beneficial effects on patient outcomes of increased patient involvement in self-monitoring of physiological indicators of treatment effectiveness. E.g./Certainly, patient self-monitoring of blood glucose has become standard practice in managing diabetes. In addition, blood glucose awareness training programs (BGAT) teach patients to recognize signs of both hyperglycemia and hypoglycemia.

Programs to increase patient participation in monitoring of coagulation therapy along with protocol-based patient management of warfarin dosing have led to reduced incidence of major bleeding in patient monitoring intervention groups.

This follow-up contact occurs during revisits with a physician or refills of prescriptions from pharmacists.

* The nature of the their relationships with you and other providers,
* the degree to which patients feel “safe” in confiding difficulties or concerns,
* the skill of providers in eliciting patient perceptions,
* And the extent to which a sense of “partnership” has been established regarding treatment decisions

All these factors above influence the patient decision to re-contact providers. These factors also influence the degree to which medication-taking practices are reported and perceptions shared.

**A Patient-Centered View of the Medication Use Process**

A patient-centered view of the medication-use process focuses on the patient role in the process. It begins when the patient perceives a health care need or health-related problem. This is experienced as a deviation from what is ***“normal”*** for the individual. It may be the experience of ***“symptoms”*** or other sort of life-style interruption that challenges or threatens the patient’s sense of wellbeing. This interpretation is influenced by***” a host of psychological and social factors unique to the individual”***.

The host factors include:

* The individual’s previous experience with the formal health care system;
* family influences;
* cultural differences in the conceptualization of “health” and “illness”;
* knowledge of the problem (individuals vary greatly on the level of medical and biological knowledge);
* health beliefs which may or may not coincide with accepted medical “truths”;
* psychological characteristics;
* personal values, motives, and goals; and so on

In addition, the patient’s interpretation may be influenced by outside forces, such as:

* Family members who offer their own interpretations and advice.
* The quality of the professional assessment depends, in part, on the thoroughness of the patient report, the practitioner’s skill in eliciting relevant information, and the receptivity of the professional to “hear” information from the patient that is potentially important.

The patient at this point may take no action to treat the condition either because the problem is seen as minor or transitory or because the patient lacks the means to initiate treatment. If the patient takes action, the action can include initiation of self-treatment, initiation of contact with a nonmedical provider (such as a faith healer), and/or contact with a health care provider. If the patient takes action that involves contact with a health care professional, he must describe his ***“symptom”*** experience and to some extent his interpretation of that experience. The practitioner’s skill in communicating information about the diagnosis may alter or refine the patient’s conceptualization of her illness experience, making patient understanding more congruent with that of the health care provider, then care provider reaches a professional assessment of the patient’s problem, she or he makes a recommendation to the patient. If the recommendation is to initiate drug treatment, the patient may or may not carry out the recommendation. Failure to initiate prescribed therapy may be caused by economic constraints, a lack of understanding of the purpose of the recommendation, or failure to ***“buy into”*** the treatment plan. Some of these patient decisions may, in fact, reflect a failure in the communication process between the patient and the health care provider

In any case, patients are continuously estimating what they perceive the effects of their actions and as patients begin drug treatment, they will ***“monitor”*** their own response they will decide whether the treatment is effective or, alternately, indications that there may be a problem with the drug. The problem that exists is that patients often lack information on what to expect from treatment on what to look for that will give them valid feedback on their response to the medication. Lacking this information, they apply their own ***“common sense”*** criteria.

When patients do accept the recommendations to initiate drug treatment, obtain the medication, and attempt to follow the regimen as prescribed, but medication taking may include misuse caused by misunderstanding of what is recommended or by unintended deviations from the prescribed treatment regimen (e.g., doses are forgotten). Alternatively, patients may administer the drug but with ***intentional modifications*** of the regimen. In both ***unintentional and intentional modifications*** of the prescribed treatment, the patient’s actions may be influenced by how well you and other health care providers succeed in establishing mutually understood and agreed upon treatment plans. Regardless of the medication-taking practices that patients establish, they evaluate the consequences of the treatment in terms of perceived benefits and perceived costs or barriers. Patients may interrupt the treatment process by failing to contact you and other providers when follow-up is expected, it will effect on their perceptions, problems, and decisions regarding treatment. Other patients may contact providers and not convey this information. This follow-up contact occurs during revisits with a physician or refills of prescriptions from pharmacists.

**Reasons to Encourage Patients to Share Their Experience with Therapy**

1. They have unanswered questions

2. They have misunderstandings

3. They experience problems related to therapy

4. They “monitor” their own response to treatment

5. They make their own decisions regarding therapy

6. They may not reveal this information to you unless you initiate a dialogue

Analysis of the medication-use process highlights several things.

* First, the decision by you and other providers to recommend or prescribe drug treatment is a small part of the process.
* Second, patients and professionals may be carrying out parallel decision making with only sporadic communication about these processes. Furthermore, the communication that does occur may be incomplete and ineffective. Yet both you and your patients may continue making decisions and evaluating outcomes regardless of the quality of understanding of each other’s goals, actions, and decisions. One of the aims of the communication process should be to make the understanding of the patient and you regarding the disease, illness experience, and treatment goals as congruent as possible.

**REVIEW QUESTIONS**

1. What is patient-centered care?

2. What are the two primary functions that the communication process serves between health professionals and patients?

3. What is the benefit of analyzing the medication-use process by patients?