

PHAR2822: Pharmacy Practice

Communication and Behaviour Change

- patients can/will experience changes in their health
 - changes can be stressful
 - changes are often unwanted
 - requires knowledge, motivation, understanding + positive attitude from the patient (not always the case in reality)
- e.g. asthma preventer use when patients are asymptomatic or exercise and dietary change in type 2 diabetes
- change can be difficult due to:
 - patient's lack of understanding about condition and its treatment
 - lack of confidence in ability to make the changes required – can I/do I know how to?
 - not seeing benefits of change or severity of the condition
 - lack of motivation and interest
- emotional responses:
 - anxiety: worrying about future, capability of managing the condition, impact of treatment
 - anger: feeling frustrated – “why me”
 - depression: loss of good health, pessimism, low motivation, feeling helpless and hopeless
 - shame/guilt: “it’s my fault”
 - feeling out of control: loss of personal control over body
 - relief: finally knowing what the problem is, regaining control
- poorer medication adherence can be due to avoidance (anxiety), desire for regaining personal control (anger, feeling out of control), feeling undeserving of treatment (depression, shame/guilt)
- Transtheoretical Model of Change: helps us predict how ready an individual is for change and helps us intervene to assist an individual in making the change
 - change is not either/or process
 - 5 stages of readiness for change: pre-contemplation, contemplation, preparation, action, maintenance
- strategies to facilitate change (when patient is ready):
 - discuss a typical day for the patient – focuses on what patient sees as important, tailors medication-taking/treatment accordingly
 - discuss the good and the bad about changing a behaviour – shows patient-based strategy, builds rapport
 - provide information – relevance, tailor it to individual's needs, verbal and written

Information Gathering for Clinical Decision-Making

- impossible to not communicate: verbal, non-verbal, written, etc.
- communication skills patients and customers look for in a pharmacist:
 - willingness to listen

- attempt to understand patient and lifestyle
- respect for patient and care as an individual
- WWHAM:
 - who is the patient?
 - what are the symptoms?
 - how long have symptoms been present?
 - action taken?
 - medication being taken?
- WHAT STOP GO: specific, more appropriate for pharmacists
 - who is the patient?
 - how long have symptoms been present?
 - actual symptoms – what are they?
 - treatment for this or other conditions? allergies?

 - symptoms or side effects caused by other conditions/medications?
 - totally sure – any special patient needs or circumstances?
 - overuse/abuse – how often has patient been taking medication/self-treating?
 - pharmacist only – refer to pharmacist

 - go – supply medicine if appropriate and provide advice
- ASMETHOD: establishes presenting complaint and if patient has had before but no social/lifestyle factors, no family history
 - age/appearance
 - self or someone else?
 - medications?
 - extra medicines?
 - time persisting?
 - history?
 - other symptoms?
 - danger symptoms?
- SIT DOWN SIR: establishes severity, nature, previous history but no social/lifestyle factors or family history
 - site or location
 - intensity/severity
 - type/nature
 - duration
 - onset
 - with? (other symptoms)
 - annoyed or aggravated by?
 - spread/radiation
 - incidence/frequency/pattern
 - relieved by?