
**SELF-CARE CONSULTING:
PATIENT CARE ISSUES FOR PHARMACISTS**

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APHA-USP

ASSESSMENT, COMMUNICATION, AND EVALUATION (ACE)

PROGRAM FOR PHARMACISTS

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OVERVIEW

- **APHA/USP ACE PROGRAM AND COMPETITION**
- **SELF-CARE AND THE SCOPE OF OTC USE**
- **TECHNIQUES FOR SELF-CARE CONSULTING**
- **NEEDS OF SPECIAL POPULATIONS**
- **QUESTIONS AND ANSWERS**
- **ROLE PLAY OPPORTUNITY**

APhA/USP ACE PROGRAM AND COMPETITION

- **ENHANCE SELF - CARE CONSULTATIONS BY IMPROVING COMMUNICATION AND PATIENT MANAGEMENT SKILLS**
- **ASSESSMENT**
- **COMMUNICATION**
- **EVALUATION**

APhA/USP ACE TWO PART EDUCATIONAL PROGRAM

- **INTERACTIVE CONTINUING EDUCATION SESSION**
- **EXPERIENTIAL LEARNING VIA ROLE PLAYS**

APhA/USP ACE COMPETITION

- **ONLY ONE PHARMACIST-COMPETITOR FROM EACH STATE**
- **VIDEOTAPED ROLE PLAY OF A SELF CARE CONSULTATION**
- **EVALUATED BY THREE JUDGES USING APhA/USP CRITERIA**
- **WINNER RECEIVES RECOGNITION AND PRIZES**

SELF-CARE AND THE SCOPE OF OTC USE

- **CONSUMERS SPEND BETWEEN \$10 AND \$15 BILLION PER YEAR ON OTCs**
- **SELF-CARE IS A GROWING TREND, WITH FASTEST GROWTH AMONG CERTAIN POPULATIONS**
 - **PEOPLE OVER AGE 75**
 - **WOMEN**
 - **LOW INCOME CONSUMERS (<\$6000/YEAR)**

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- **PEOPLE WITH MULTIPLE SYMPTOMS**

**SELF-CARE/OTC CONSULTATIONS
ARE A GOOD PROFESSIONAL OPPORTUNITY**

- **OTCs, LIKE ALL DRUGS, INVOLVE RISKS AND BENEFITS**
- **PHARMACISTS HELP PATIENTS MANAGE RISK-BENEFIT RATIO**
- **PHARMACISTS USE EXPERTISE TO GAIN COMPETITIVE ADVANTAGE OVER OTHER OTC RETAILERS**
- **PHARMACISTS MUST MAKE GREATER EFFORT TO VOLUNTEER SELF-CARE COUNSELING SERVICES**

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- **PHARMACISTS CAN BE A COMPONENT OF PRIMARY CARE FOR PATIENTS**

COMMUNICATION IS GOOD MEDICINE

- **SKILLFUL COMMUNICATION IMPROVES OUTCOMES OF CARE**
- **SKILLFUL COMMUNICATION INCREASES DEMAND FOR PROFESSIONAL SERVICES**
- **COMMUNICATING WITH PATIENTS MAKES WORK MORE REWARDING AND INTERESTING**
- **OBRA 90 REQUIRES SOME MINIMAL CONSULTATION**

GENERAL PRINCIPLES OF EFFECTIVE COMMUNICATION

- **BE SINCERE**
- **LISTEN**
- **ADAPT COMMUNICATION TO THE INDIVIDUAL NEEDS**
- **ENSURE CONSISTENCY BETWEEN VERBAL AND NONVERBAL MESSAGES**
- **AVOID MEDICAL/PHARMACEUTICAL JARGON**

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- **ASK OPEN ENDED QUESTIONS**

TECHNIQUES FOR EFFECTIVE OR "ACTIVE" LISTENING

- **PARAPHRASE PATIENT'S STATEMENTS AND CONCERNS**
- **REFLECT PATIENT FEELINGS**
- **PROVIDE BACK-CHANNEL CUES**

TECHNIQUES FOR EFFECTIVE QUESTIONING

- **OPEN-ENDED QUESTIONS**

- **WHO? WHAT? WHERE? WHEN? WHY? HOW?**

- **CLOSED-ENDED QUESTIONS**

- **DID YOU? HAVE YOU? CAN YOU? WOULD YOU? ARE YOU?**

TECHNIQUES FOR EFFECTIVE NONVERBAL BEHAVIOR

- **ESTABLISH EYE CONTACT**
- **COME OUT FROM BEHIND THE COUNTER**
- **OPEN POSTURE**
- **APPROPRIATE SPACING**
- **CONSISTENCY WITH VERBAL MESSAGES**

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ELIMINATING PHYSICAL BARRIERS

- **PRIVACY**
- **NOISE**

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ACCOMMODATING TO PEOPLE WITH DISABILITIES

- **VISUAL IMPAIRMENTS**
- **HEARING IMPAIRMENTS**
- **LOW LITERACY**

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THE PATIENT INTERVIEW

- **HISTORY AND PHYSICAL INFORMATION**
- **ASSESSMENT OF CONDITION**
- **DEVELOPMENT OF ACTION PLAN**

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HISTORICAL DATA

- **IDENTIFY THE PROBLEM**
- **IDENTIFY THE PATIENT**

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IDENTIFY THE PROBLEM

- **DESCRIBE THE PROBLEM**
- **WHEN DID IT START?**
- **IS THIS A NEW PROBLEM?**

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IDENTIFY THE PATIENT

- **WHO IS THE PATIENT?**
- **HOW OLD IS THE PATIENT?**
- **IS THE PATIENT MALE OR FEMALE?**
- **WHAT OTHER SPECIAL PROBLEMS I SHOULD KNOW ABOUT?**
- **WHAT ALLERGIES DOES THE PATIENT HAVE ?**

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ADDITIONAL STEPS

- **OBSERVATION**
- **PHYSICAL ASSESSMENT**
- **ASSESSMENT OF SERIOUSNESS**

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DEVELOPING THE ACTION PLAN

- **COLLECTING MORE INFORMATION**
- **SELECTING PHYSICIAN REFERRAL**
- **SELECTING SELF-TREATMENT**
- **ADVISING THE PATIENT ON SELF-TREATMENT**

COLLECTING MORE INFORMATION

- **CONTACTING THE PHYSICIAN**
- **OBTAIN DATA ON PREEXISTING CONDITIONS**
- **DOES MD WANT TO SEE PATIENT?**
- **DOES MD WANT TO SPEAK TO PATIENT?**
- **EXPLAIN TO PATIENT WHY REFERRAL IS BEING MADE**

THE PHYSICIAN REFERRAL

- **WHERE SHOULD PATIENT GO (ER OR OFFICE)**
- **WHY IS REFERRAL BEING MADE?**
- **BE FIRM WITHOUT ALARMING PATIENT**

WHEN TO REFER TO THE PHYSICIAN?

- **SYMPTOMS TOO SEVERE TO BE ENDURED WITHOUT TREATMENT**
- **SYMPTOMS MINOR BUT PERSISTENT AND APPARENTLY TREATABLE**
- **SYMPTOMS RECURRING WITHOUT APPARENT CAUSE**
- **PHARMACIST IN DOUBT ABOUT SEVERITY OF CONDITION**

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SELECTING SELF-TREATMENT

- **IDENTIFY THERAPEUTIC OBJECTIVE**
- **SELECT MODALITY (DRUG VS. NON DRUG)**
- **MATCH DRUG VARIABLES TO PATIENT VARIABLES**

ADVISING PATIENT ON SELF-TREATMENT

- **REASONS FOR SELF TREATMENT**
- **DESCRIPTION OF DRUG AND OR TREATMENT**
- **ADMINISTRATION INSTRUCTIONS**
- **INTENDED EFFECTS, SIDE EFFECTS, PRECAUTIONS**
- **GENERAL TREATMENT GUIDELINES**

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REASONS FOR SELF-TREATMENT

- **SUMMARIZE NATURE OF CONDITION**
- **EXPLAIN SIGNIFICANCE OF SYMPTOMS**
- **OUTLINE REASONS FOR TREATMENT**
- **CLARIFY THERAPEUTIC OBJECTIVE**
- **PRESENT ALTERNATIVES**

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HIGH RISK AND SPECIAL GROUPS

- **ELDERLY PERSONS**
- **THE VERY YOUNG**
- **PREGNANT WOMEN**
- **NURSING MOTHERS**

THE VERY OLD AND THE VERY YOUNG

- **ALTERED PHARMACOKINETIC PARAMETERS**
- **DECREASED ABILITY TO COPE WITH DEMANDS OF ILLNESS**
- **IMPAIRED PERCEPTIONS AND/OR JUDGMENT**
- **AGE SPECIFIC DRUG EFFECTS**
- **AGE SPECIFIC ADVERSE EFFECTS**
- **SPECIAL ADMINISTRATION CONCERNS**

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THE PREGNANT PATIENT

- **DRUG USE DURING PREGNANCY IS DECREASING**
- **MANY DRUGS CROSS THE PLACENTA AND AFFECT THE FETUS**
- **MUST BALANCE NEEDS OF MOTHER AND FETUS**

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THE NURSING MOTHER

- **DRUGS CAN BE PRESENT IN BREAST MILK**
- **BEST STRATEGY IS NON DRUG ALTERNATIVE**

SUMMARY

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- **NEEDS OF SPECIAL POPULATIONS**
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