

A Review

of

Looking into community pharmacy: Identifying effective communication skills in pharmacist-patient consultations. By Owen Hargie, Norman Morrow, and Catherine Woodman.

Jordanstown, Northern Ireland: University of Ulster. 1993 (?). Softbound. Oversize. 112 Pages.

Price \$25.00.

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Looking into community pharmacy: Identifying effective communication skills in pharmacist-patient consultations. By Owen Hargie, Norman Morrow, and Catherine Woodman.

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This book presents the findings of a two year study of videotaped interactions between pharmacists and patients in the Greater Belfast area of Northern Ireland. The authors, who have previously written extensively about pharmacists' communication skills, are to be admired for the amount of time and energy that obviously went into the coordination and execution of the project. The method of constitutive ethnography was used to identify effective and ineffective communication skills among practicing pharmacists. The method involved a several-step process during which the pharmacists themselves (sometimes facilitated by the researchers) identified and categorized dozens of specific communication behaviors and then rated them as effective or ineffective. The result is a set of rated excerpts from transcripts of talk between pharmacists and patients that highlights noteworthy features of the pharmacist-patient health communication dyad.

The book is useful for its review of previous work on the comparatively unknown topic of interaction between pharmacists and patients, and it will be important reading for anyone contemplating a project in this area. However, for all of the effort that went into the project, it leaves the reader wanting more. In particular, interactions are only analyzed and evaluated by the pharmacists themselves. Of course, that is what one expects from an ethnographic study. The question is whether the ethnographic point of view was most useful here. Given that contemporary definitions of pharmacy practice revolve around the notion of pharmaceutical care, and that pharmaceutical care is a self-consciously patient-centered style of practice, it was difficult to understand the decision to exclude patients' (and communication experts') evaluations from the analyses. If the objective of improving pharmacists communication skills is to improve patient care, then it seems any attempt to identify effective or ineffective pharmacist communication behaviors must necessarily take into account the patient's perspective. The

inclusion of patients' evaluations would have complicated an already complicated study, and it is probably unfair to criticize the authors for failing to do what they set out not to do, but the study would have been much more valuable had patient's views been included.

The book consists of 4 chapters, references and an appendix that includes most of the questionnaire items and coding systems used in the study. The book is not professionally typeset, and appears to have been produced largely on a word-processor. Pages from the reviewer's copy came unglued as the book was studied.

In the first chapter, communication and skilled performance are briefly defined. Research on patient-practitioner communication, generally, and pharmacist-patient communication, specifically, is reviewed. As mentioned earlier, the review of research on pharmacist-patient interaction is one of the most useful parts of the book. The method of constitutive ethnography is described, and the authors' argue that the use of this method is dictated by their need to provide "appropriate and validated content" for subsequent communication skills training courses. Since pharmacists will be the recipients of such training, the argument goes, pharmacists' own evaluations of communication behavior are the most appropriate kind of data. The chapter closes by restating the specific aims of the project—the primary aims being to identify and categorize effective and ineffective communication skills in pharmacist-patient interaction (from the pharmacist's point of view).

Chapter 2 describes the methods and procedures used to collect and analyze the data. The authors recruited fifteen licensed, practicing pharmacists from the Greater Belfast area to participate in the study. Recruitment took place by advertising in the local media, direct mail, phone calls and visits to potential participants. Technical issues of camera placement and recording quality were addressed in pilot studies, and data collection commenced. Patients were not asked to consent to being recorded on an individual basis. Instead, posters notifying patients of the ongoing study were placed in the pharmacy area for one week prior to each recording session. Cameras were placed in plain view. This approach to informed consent minimized disruption and the likelihood of patients refusing to participate. But it is questionable whether the

procedure would be approved by institutional review boards in the United States, where, when a patient can be identified by a recording, a signed release from the patient is normally required. Using standard video cameras and wireless microphones on the pharmacists, each pharmacist was recorded counseling at least 20 patients. This procedure produced recordings of 350 interactions totaling about 105 hours of video tape. The tapes were logged and edited to facilitate subsequent analyses.

The actual evaluation process proceeded in four stages. In stage one, each pharmacist individually viewed his or her own interactions and selected 5 effective and 5 ineffective episodes. In stage two, pharmacists met in groups of three to select the single best and single worst episode for each pharmacist. Pharmacists then provided detailed reactions to each of the six selected episodes. The detailed reactions included identification of seven effective and five ineffective behaviors per episode. During stage three, the researchers initially placed the identified behaviors into 11 categories, then refined the categorization with the aid of the panel of pharmacists. The coding system was exhaustive but not mutually exclusive. Finally, in stage four, each behavior in each episode was rated as essential or not essential to effective pharmacist-patient interaction. General types of communication skills (e.g., questioning, listening, explaining, etc.) were also rated. Taken together, these ratings formed the basis for a descriptive analysis of pharmacists' evaluations of the skills needed to effectively counsel patients.

Chapter 3 consists of five pages of general description and 35 pages of tables. Eleven categories of skill were identified: questioning, listening, assertiveness, explaining, nonverbal communication, building rapport, opening, closing, suggesting/advising, disclosing personal information, and persuading. The importance of each type of skill was rated, as were specific instances of each type of skill. The frequency of occurrence of each skill type was also reported. Evaluation results were reported as modal rating scores with the accompanying percentage that selected the modal score. Of the 215 or so individual ratings reported, more than 75% received a modal ranking of 6 ("definitely essential for effective communication"). Modal scores were

rarely below 5 and never below 4. Thus, almost every behavior or type of behavior examined was rated by the plurality of pharmacists as “definitely essential” or “probably essential” to effective communication with patients. The number of individuals selecting the modal score did vary across behaviors (from 33% to 93%). The highest consensus (93%) was reported in evaluating the importance of questioning about other medications being taken; the poorest consensus (33%) was reported in evaluating the importance of nonverbal illustrations or displays. The lack of variability across behaviors in modal evaluation scores was somewhat troubling since one purpose of the study was to identify effective and ineffective skills. From the pharmacists’ ratings, apparently all of the skills are regarded as essential to effective counseling. Overall the results section is difficult to follow, and very few clear implications are discernible from the pattern of descriptive statistics presented. Here again, one is left to wonder why the authors chose to analyze the ratings of 15 pharmacists but not the 350 patients.

The final chapter, chapter 4, is a discussion of the study’s main findings. The authors preface the discussion by re-emphasizing the originality of the study and the largely unexplored nature of the subject area. They acknowledge the absence of the patient’s point of view, but they claim the inclusion of patients “would not have been possible, given the agreement with study pharmacists to minimize interference and disruption for patients” (p. 71). Investigation of patient perceptions is left as a topic for future research. Each of the 11 specific skill types is discussed, and trends are noted where possible. Building rapport, explaining, and questioning emerged as especially important skills. The authors conclude that the project has produced “the first comprehensive, empirically validated, list of competencies which can be used to guide the content of CST [communication skills training] programmes in pharmacy” (p. 85).

The results reported in this book, though not wholly satisfying, do provide an interesting glimpse into community pharmacy. The authors have correctly identified community pharmacy as an important context to study, and they gave much needed attention to patient counseling by pharmacists. One important lesson to be learned from the book concerns the difficulty of doing research on health communication in the context of pharmacy. Community pharmacists are faced

with the nearly impossible task of practicing health care in a retail setting. This conflict between the culture of retail sales and the culture of health care, between the profit motive and the concern for patient welfare, must constantly be negotiated by pharmacists who practice in chain or community pharmacies.

These same contradictions must be confronted by researchers. Unlike the study of physician-patient interaction, which overwhelmingly takes place in private (comparatively easy-to-record) settings whose sole focus is health care, pharmacy is practiced without benefit of privacy, in busy retail stores where the prescription drug is only one offering among many (including lottery tickets, cigarettes, liquor, and junk food). These authors were not able to include patients in their study because of the disruption it would have caused in the busy retail setting. Consequently, in spite of the enormous effort that went into recording and analyzing the interactional data, the results of the study were less compelling than they might otherwise have been. It would be wrong to criticize these authors for their omission of patients without simultaneously challenging other researchers to develop strategies for doing research in the midst of the retail-health care paradox. Although the book may not be required reading for all researchers interested in provider-patient interaction, those interested in continuing professional education and those who seek to understand health communication that occurs outside of traditional, clinical settings can learn valuable lessons from both the successes and failures of this book.