Communication Between General Practitioners and Pharmacists

Bruce L. Lambert, Ph.D.

Department of Pharmacy Administration

Department of Pharmacy Practice

University of Illinois at Chicago

lambertb@uic.edu

(312) 996-2411

Thursday, September 4, 1997 FIP 1997, Vancouver, British Columbia, Canada

Overview

- Pharmacist-Physician Interaction
- Face and Politeness
- Effects of Politeness
- •Implications/Recommendations

Pharmacist-Physician Interaction

Pharmaceutical Care

- Optimal Drug Therapy
- Allergies and Contraindications
- Medication Errors

Role Expansion

Face and Politeness

The concept of "face"

- Positive sense of social value
- Saving face and losing face
- •Face work

Politeness

 Politeness as a standard set of strategies for doing face work in ordinary interaction

• Face wants

- Positive
- Negative

Politeness

Positive politeness

Negative politeness

Face Threatening Acts

- Threats to Speaker's face wants
 - Positive face
 - Negative face
- Threats to Hearer's face wants
 - Positive face
 - Negative face

Politeness Strategies

•From least to most polite...

- Bald on the record
- On the record with redress
 - Positive politeness
 - Negative Politeness
- Off the record

Abstention (don't do the FTA)

Situational Factors and Politeness

- Power (P)
- Social Distance (D)
- •Ranking (R)
- Level of politeness is a function of P, D, and R
- \bullet Politeness = P + D + R

Effects of Politeness

Perceived Assertiveness

Perceived Credibility

Consequences of Excessive Deference

Implications/Recommendations

•If you want to be perceived as assertive, then be direct; don't be too polite.

•If you want the doctor to feel powerful, be polite.

Summary

- Pharmacist-Physician Interaction
- •Face and Politeness
- Effects of Politeness
- •Implications/Recommendations

Thank You