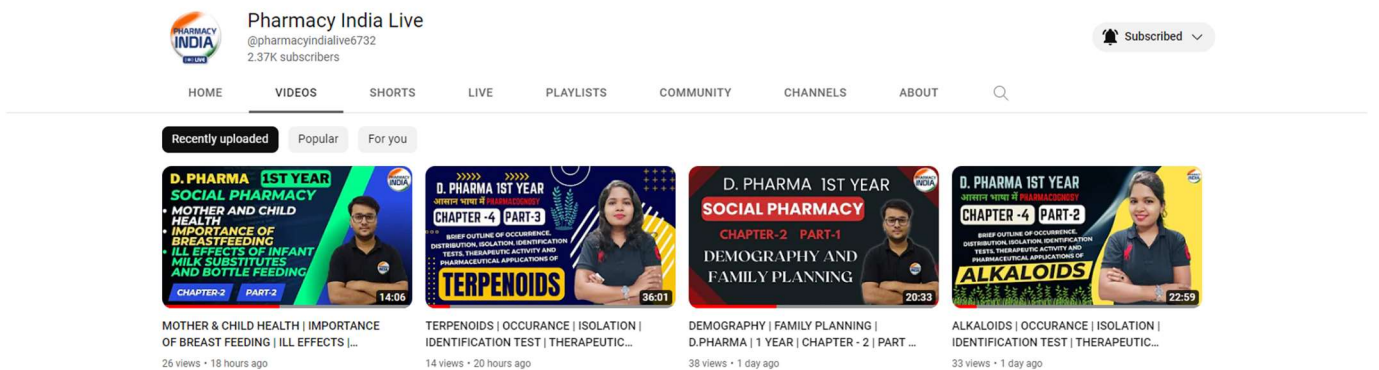


COMMUNITY PHARMACY AND MANAGEMENT MODEL PAPER – 2

Syllabus to be covered in this module are-

- ❖ Chapter-5 Communication Skills
- ❖ Chapter-6 Patient Counselling
- ❖ Chapter-7 Medication Adherence



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Questions

Long Questions-

- Ques.1 Write in detailed about medication adherence.
- Ques.2 Explain in detailed about patient counselling.
- Ques.3 Discuss in detailed about patient counselling points for chronic disease.
- Ques.4 What are the parts/sections of patient package inserts (PPI).
- Ques.5 Prepare notes on patient's information leaflets.
- Ques.6 Define communication skills. Give examples of communication skills.
- Ques.7 What are interactions also give the fundamental concepts related to the patient health professional interaction.
- Ques.8 Explain in detailed about verbal communication skills.
- Ques.9 Explain in detailed about body language.
- Ques.10 Write in detailed about patient interview techniques.

Short Questions

- Ques.1 What are the factors causing medication adherence.
- Ques.2 What are the predisposing factors.
- Ques.3 Mention the conditions where medication adherence is important.
- Ques.4 Write a short note on medication adherence.
- Ques.5 What is patient counselling.
- Ques.6 What are the objectives of patient counselling.
- Ques.7 What are the benefits of patient counselling.
- Ques.8 Write a short note on patient counselling contents.
- Ques.9 What are the barriers for patient counselling.
- Ques.10 What are the importance and benefits of patient package inserts (PPIs).
- Ques.11 Write a short note on scenario of patient package inserts.

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Ques.12 Give the types of communication skills.

Ques.13 Write a short note on written communication skills.

Ques.14 What kind of improvement are required in written communication skills.



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Long Answers

Ques.1 Write in detailed about medication adherence.

Ans- Medication adherence refers to whether patients take their drugs as directed (e.g., twice daily) and whether they continue to take a medication after it has been given.

- It is defined as how well a patient's medication-taking habits match the objective of the health guidance he or she has received. Alternatively, the commencement of therapy is forward by correct diagnosis and prescription by a physician.
- The success of which is impacted by the pharmacist supplying the correct medicine and ensuring timely administration of the drug by the patient.
- As a result, the physician's duty is only half done, and it will be meaningless if the other half is not done properly by a pharmacist.

Medication Adherence: The patient's ability to follow the provider's recommendations for medication timing, dose, and frequency during the specified time period.

Medication adherence is one of the most critical factors in determining therapeutic outcomes, especially in chronic illness patients.

Whatever the drug's efficacy, it will not work unless the patient takes it correctly.

Compliance: The term 'compliance', which refers to a patient's passive obedience to a provider's directives, can imply an authoritarian attitude on the part of health care personnel, as well as the patient's yielding and submission.

Non-compliance: Failure or refusal to follow counsel, which might be interpreted as disobedience on the part of the patient.

Persistence: Duration of time patient takes medication, from initiation to discontinuation of therapy.

Factors Causing Medication Non-adherence and Suggestive Measures to Improve Adherence

(A) Disease and Prescription Factors

- Patients undergoing long-term cancer, arthritis, hypertension, or diabetes treatments are fatigued and look forward to their daily dose.
- Patients who are unconscious and reliant on caregivers or hospital staff, as well as those with disabilities, may be unable to self-administer medicines.
- People with mental illnesses may find it difficult to participate in treatment. In these instances, reinforcement of compliance is critical.
- A doctor or pharmacist must also teach and coach caregivers or patients about the importance of medication adherence as well as the benefits of caring for the patient's condition.
- Developing a counsellor-patient relationship by improving communication with either the patient or the caregiver.
- Providing detailed treatment instructions and outlining the advantages and drawbacks treatment.
- At each session or follow-up, encourage patients to stick to their treatment plan and make lifestyle changes.

Drug Related Factors

- Side Effects
- Cost of Medicine
- Label and Instructions

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- Packing
- Acceptance Criteria
- Administration of Medicines
- Incomplete Prescription

Facility Related Factors

Travelling long distance to buy medicines, unavailability of all the medicines at one place or revising the pharmacy, no provision of refrigerator to store insulin injections, etc. are some facilities related problems.

Pharmacy Related Factors

- Pharmacy Practice
- Self Medication
- Individual Drug Therapy

Patient Related Factors

- Human Behavior
- International Discontinuation of Therapy
- Physical Administration of Drugs
- Tolerability of Side Effects or Adverse Drug Reactions
- Social Habits

Predisposing Factors

Factors that influence one's health perceptions. It includes people's perceptions of the disease, its severity, and treatment options. Patients are unaware of the condition and its consequences because they lack knowledge and awareness.

- They are less aware of the financial consequences of non-adherence to drug therapy.
- The need for immediate relief and impatience lead to frequent changes in physician and treatment strategy.
- This aggravates the medication non-adherence behavior.
- Superstitious beliefs also influence the medication adherence.
- Medication adherence is influenced by psychosocial experience of feeling well in a few doses, and socioeconomic factors.

Enabling Factors: These are concerns about resources and expertise. This includes a patient's ability to engage in adherence-promoting behaviors like making a doctor's appointment, going to the pharmacy, and so on. Among the resources available to him are existing medical and paramedical facilities such as hospitals, laboratories, and pharmacies.

Reinforcing Factors: Supportive influences such as family and peers, as well as influencing individuals such as friends and coworkers, as well as the local community and society, are all examples of reinforcing factors. Patients who live with their families are more likely to take their medicines on time than those who live alone; societal compulsions such as HIV and TB diseases motivate patients to take their medications on time. These are positive factors that reinforce each other.

Conditions Where Medication Adherence is Important

- Taking medicine as prescribed or medication adherence is important for controlling chronic conditions like (hypertension and diabetes require timely administration of medicines) treating temporary conditions, and overall long-term health and well-being. Missing of dose of a prescribed drug may lead to elevation of blood pressure and blood sugar level respectively. Long

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standing and controlled chronic conditions can lead to several complications like stroke, kidney failure, etc.

- ❑ Anti-infective therapy for any bacterial infection from moderate level to severe TB like infection needs constant and continuous drug treatment otherwise not only disease propagates but causes other problems like drug resistance.
- ❑ Maintenance of plasma concentration of drug is important in case of anti-depressants anticonvulsants or anticancer drug; otherwise, it leads to frequent relapse psychiatric/epileptic attacks or drug toxicity, respectively.
- ❑ In the treatment of hypothyroidism and diabetes, hormone replacement therapy such as exogenous thyroxine and insulin are required to maintain biological levels for optimal metabolic activity.

Extent of Non-adherence

- In the outpatient context, non-adherence in the general population can range from a low as 33% for antibiotics to as high as 94 per cent for hypertension in the first year of treatment.
- Because of incorrect use, it is estimated that up to 50% of prescriptions fail to achieve the expected results, and 14-21% of patients never fill their original prescriptions.
- Patients demonstrate medication non-adherence in many different situations.
- These are classified depending on whether the prescription was followed, whether the medication was used too much or too little, and whether nonprescription medications were used.

Ques.2 Explain in detailed about patient counselling.

Ans- INTRODUCTION

- Patient counselling is defined as "a vital aspect of pharmaceutical delivery that gives verbal or written information and guidance to the patient about medication directions, precautions, safety, and storage, as well as lifestyle adjustments."
- A pharmacist takes advantage of every chance to interact with a patient and provides him with knowledge about pharmaceutical handling, administration methods, and measures to be followed during administration and storage.
- Chronic disease therapy requires extra attention, as the patient understanding, empathy, and integrity.

Patient Counselling Process

- ❑ Patient counselling can be defined as providing prescription information orally or in writing to patients or their representatives, as well as providing accurate usage instructions.
- ❑ Side effects, storage, food, and lifestyle modifications should also be discussed. A one-on-one meeting between a pharmacist and a patient or caregiver is required.
- ❑ It's an effort that everyone is working on together.
- ❑ Effective counselling should include all aspects of the patient's or party's illness, medications, and necessary lifestyle changes.

Objectives of Patient Counselling

- To motivate the patient to take an active role in health management.
- To provide the patient comfort and guidance through in-depth patient assessment.
- To spread awareness about the proper use of medication and its adverse effects.
- To help the patient to recognize the importance of medication for his wellbeing.
- To establish working relationship and a foundation for continuous interaction and consultation.

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- To improve patient understanding of strategies to deal with medication's side effects and drug interactions.
- To ensure better patient compliance.
- The pharmacist should be perceived as a professional who offers pharmaceutical care.
- To prevent drug interactions and adverse drug reactions.
- To develop a well-informed patient who understands the importance of medication therapy and is willing to participate actively in achieving a positive therapeutic outcome.
- To reduce medication errors, drug interactions and side effects.
- To enhance patient adherence to medicines.
- To develop continuous interaction with patient.
- To promote image of pharmacist as a professional in a community.

Benefits of Patient Counselling

- Patient counselling eradicates the medical errors and blunders committed in haste.
- It minimizes the drug reactions and side effects due to negligence.
- Effective patient counselling can help in rapid health restoration and recovery of the patient.
- A good patient counselling maximizes patient satisfaction with proper care.
- During patient counselling proper listening helps in acquiring useful information about patient point of view.
- Patient counseling helps to provide a genuine guidance and show concern towards a person. Patients heal faster with less trauma and impact of their illness.
- Patient counselling make the patient more receptive to the therapy because the counsellor/pharmacist protect the privacy and confidentiality which helps to build the trust.
- Patient counselling improve therapeutic outcomes and decrease adverse effects.
- Effective patient counselling improves patient adherence to the treatment plan.
- Patient counselling decreases medication errors and misuse.
- Patient counselling enhances patient's self-management by involving him in designing the therapeutic plan.
- Good patient counselling decreases health care costs because it promotes appropriate use of medications and prevents of adverse events.
- Patient counselling assists the patients to gain more from their treatment in a short span of time.

Stages of Patient Counseling

- Patient counselling is a part and parcel of good medication. Educating patients about the safe and effective use of their medications is a core responsibility of pharmacists and other healthcare professionals.
- Patient counselling requires both therapeutic knowledge and good communication skills.
- Patient counselling aims to improve the safety and effectiveness of medications.

An effective patient counselling consists following stages:

Counselling Introduction: The success of counselling depends on the knowledge and skill of the counsellor.

- The pharmacist should review the patient record prior to counselling. One should conduct an appropriate patient counselling introduction by self and patient.
- The purpose of counselling session should be clearly explained to the patient.
- The counselor should obtain pertinent initial drug related information like drug allergies, and other medications related information to patient.
- He should warn or inform the patient about effects of taking other medications including OTC drugs, herbals or botanical drugs and alcohol, which could inhibit or interact with the prescribed medication.

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Counselling Contents:

The counselling content is considered to be the heart of the counselling session. During this stage the pharmacist explains to the patient about the medications and the treatment regimen. The counselling contents commonly include following steps:

- Discuss the name and indication of the medication.
- Explain the dosage regimen including duration of therapy when appropriate.
- Assist the patient in developing a plan to incorporate the medication regimen into his/her daily routine.
- discuss the potential side effect.
- Discuss how to prevent or manage the side effect of the drug.
- Discuss the precautions.
- Discuss the significant drug→ drug, drug→ food and drug→ disease interaction.
- Explain precisely when to do if the patient misses the dose.
- Explore the potential problems of the patient.

Barriers for Patient Counselling and Strategies to Overcome

Lack of education and privacy, as well as impatient patient conduct as reported by retail pharmacists and time limits of pharmacists as reported by hospital pharmacists, were the most common barrier encountered during patient counselling.

Following are the barriers for patient counselling:

- (i) System based barriers
- (ii) Profession based barriers
- (iii) Patient related barriers

(i) System based barriers:

- (a) No recognition of role of pharmacist by government.
- (b) No recognition of role of pharmacist by medical professionals.
- (c) No provision of monetary gains for patient care.
- (d) Not considered as duty of pharmacist.
- (e) No regulatory provision for space and facilities for patient counselling.

(ii) Profession based barriers:

- (a) Lack of highly qualified pharmacists.
- (b) No professional training to the pharmacist
- (c) Lack of knowledge, lack of interest and lack of confidence.
- (d) Trade focused practice
- (e) Single pharmacist pharmacies.
- (f) Not maintaining patient history
- (g) No family pharmacist approach
- (b) Unable to develop image as health care provider

(iii) Patient related barriers:

- (a) Not considering pharmacist as health care taker and therefore not seeking assistance.
- (b) Visit pharmacy to buy medicines and not expecting any other service.
- (c) Population and crowd at the counter of pharmacy.
- (d) Illiteracy, socioeconomic status.

Techniques of Counselling

- Pharmacists can apply a range of techniques to provide effective treatment.
- Two examples are the use of audiovisual elements and the providing of textual information to the patient.

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- ❑ Labelling, prescription calendars, drug reminder charts, and unique pharmaceutical containers and closures are just a few examples of compliance aids.

According to the behavior recommendations of the United States Pharmacopoeia, medication counselling is separated into four stages.

- ❖ **Stage I:** Medication information transmission, which comprises of a pharmacist's monologue offering basic, quick instructions on how to administer medicine safely and correctly
- ❖ **Stage II:** The pharmacist answers questions and provides specific information based on the patient's needs during a drug information exchange.
- ❖ **Stage III:** Medication education is a collaborative, interactive learning process in which a pharmacist gives detailed instructions on how to properly use drugs.
- ❖ **Stage IV:** A pharmacist and a patient conduct a thorough discussion with the purpose of providing the patient with guidance that enhances problem-solving abilities and aids in the proper management of medical conditions and pharmaceutical use.

Ques.3 Discuss in detailed about patient counselling points for chronic disease.

Ans- Patient Counselling: A Growing Need in Chronic Illness

- ❑ Chronic diseases, unlike acute illnesses, which may be treated at an ambulatory care center or admitted to the hospital for a limited period, need hospitalization, self-monitoring, follow-up, lifelong drug therapy, non-pharmacological therapies, and a range of lifestyle adjustments.
- ❑ The most prevalent chronic illnesses are well known to be linked to particular activities such as smoking, eating, leading a sedentary lifestyle, and abusing intravenous drugs, among others. Many ailments need behavioral changes in order to prevent and treat them successfully.
- ❑ Pharmacists stay up to date on the latest advances in the scientific research of behavior modification.
- ❑ Furthermore, chronic sickness is often a lifelong condition.
- ❑ It harms the patients "biography" and self-image, and has a more severe impact on quality of life than acute sickness.

1. Hypertension: Although hypertension is not a disease, it is a known risk factor for a variety of problems that can lead to major organ damage if left unchecked. Non-pharmacological as well as pharmacological treatments are required for the treatment of hypertension.

Non-pharmacological Measures: In many occasions non-pharmacological treatment alone may suffice in the management of hypertension.

A pharmacist can advise patients on topics such as weight loss and regular exercise, sodium and calorie restriction, saturated fat restriction and increased intake of dietary fibers, alcohol restriction, smoking cessation, caution when using sympathomimetics in cold remedies, and blood pressure self-monitoring, among other things.

Pharmacological Measures:

- ❑ Drug therapy is essential in the vast majority of patients. Patients frequently underestimate hypertension because it rarely causes any significant symptoms on its own.
- ❑ As a result, non-compliance has become quite common.
- ❑ To make matters worse, many antihypertensive medicines have considerable adverse effects, such as cough from ACE inhibitors, bradycardia from beta blockers, and so on.
- ❑ In other circumstances, drug dose modification is also critical.

2. Diabetes:

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- Diabetes is a long-term condition characterized by changes in glucose, lipid, and protein metabolism.
- Diabetic patients' quality of life is known to be impacted by chronic diabetes problems.
- Various elements such as patient comprehension of their condition, socioeconomic considerations, dietary restrictions, and blood glucose self-monitoring are recognized to play a critical part in diabetes treatment.
- Patient counselling and education have been shown to enhance these patients' quality of life. The pharmacist's involvement in caring for diabetic patients has grown due to the fast expansion of available therapeutic medicines to treat diabetes.

Pharmacological Measures:

- Scientists suggest that the complications of diabetes can be reduced by tight glycemic control.
- Tight glycemic control depends upon the patients' adherence towards drug therapy as well as on diet and exercise.
- The drugs used in diabetes are also known to possess certain peculiar features such as "Taken half an hour before food" in case of Sulfonylureas; "awareness of hypoglycemia" during insulin therapy, etc.

3. Coronary Heart Disease:

- The goal of therapy, like with other chronic illnesses, is to minimize mortality, morbidity, and related degradation in quality of life. In a variety of methods, a pharmacist can assist in the management of this chronic condition.
- Non-pharmacological Measures: It includes education regarding diet, smoking, and exercise and encouraging the patients to maintain a diary on anginal attacks, pain symptoms, etc.
- Pharmacological Measures: Educating the patients on the use of nitrates in case of an acute anginal attack is one of the important roles of pharmacists.

4. Dyslipidemia:

- The management of dyslipidemia always requires lifestyle modifications along with adherence to medications, Dietary advice is the cornerstone of management. Patients should be encouraged to increase their intake of dietary fibers, which can reduce the fat content in the blood. Pharmacists should stress both non-pharmacological as well as pharmacological management in this illness.
- Non-pharmacological Approaches: It includes regular exercise to reduce body weight, use of unsaturated fats, fruits and vegetables containing antioxidants, stress management, avoidance of drugs that are known to increase cholesterol level, etc.
- Pharmacological Measures: The potential life threatening rhabdomyolysis (a breakdown of muscle tissue that releases a damaging protein into the blood) due to statins especially when combined with fibrates necessitates patient counselling for hypolipidemic drugs.

5. Asthma:

- Counselling points:**
- (a) Inform the patient and family members about the importance of maintaining a healthy weight, exercising regularly, and managing stress. Explain how to use an inhaler or a spacer.
- (b) Avoid asthma-triggering triggers such as smoke, pets, colds, dust, and so on. Use air filters at work and air masks when you are not at home.
- (c) Do not change the brand, strength, dose, or kind of dosage form without consulting your doctor. Consult your doctor on a regular basis; even little changes in the drug or its release can have an unfavorable effect.
- (d) Do not stop taking the medication. If you miss a dose, take it as soon as possible, but do not take two doses at the same time.

6. Acidity, Peptic Ulcer:

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Antacids: sodium bicarbonate, aluminium hydroxide, magnesium hydroxide.

Antiulcer: ranitidine, famotidine, omeprazole, lansoprazole, etc.

Counselling points:

(a) **Avoid pain relievers:** pain relievers cause stomach discomfort. Avoid over-the-counter medications and seek medical advice instead.

(b) Avoid hot foods, smoking, and alcohol because they aggravate ulcers and reduce ulcer healing, as well as the efficacy of ranitidine-like medications.

(c) Avoid taking sodium bicarbonate with milk because the medication is soluble and absorbs quickly. Calcium excretion is reduced by the absorbed alkali.

(d) Sodium bicarbonate should not be taken for longer than two weeks. The excess of salt in the body can cause symptoms such as frequent urination, headaches, and vomiting.

Ques.4 What are the parts/sections of patient package inserts (PPI).

Ans- Concept of Package Insert

- A package insert is a document that is included with a drug's package and has been approved by the administrative licensing body.
- The purpose of a package inserts, which is primarily aimed at prescribers, is to provide instructions on how to use a drug safely and effectively.
- Prescription medicine label, prescribing information, and so on are some of the other names for it.

Importance and Benefits of Patient Package Inserts (PPIs)

- A patient package insert (PPI) may increase patient compliance with drug regimen.
- It may decrease side effects and drug interactions.
- It may improve the patient's health for each class of drug.
- The patient package inserts (PPIs) increase patient awareness of the need to avoid certain foods and drugs that may produce potentially hazardous interactions, improved early recognition and proper interpretation of drug side effects.
- A patient package insert (PPI) is "Presentation of the product" which means the full disclosure of instructions for use, necessary to reduce the risk of the product and of all possible side-effects.
- The patient package insert (PPI) can be more than a passive conveyor of available information of the drug. It has also become an instrument of regulatory policy.
- The patient package insert (PPI) can be more than a passive conveyor of available information of the drug. It has also become an instrument of regulatory policy.
- The patient package insert (PPI) is an instrument to fulfill the patients' right to know, a right claimed by consumer organizations in many countries.

Parts/Sections of Patient Package Insert (PPI)

- ❖ The Prescribing Information follows one of two formats: "physician labelling rule" format or "old" (non-PLR) format.
- ❖ For "old" format labelling a "product title" may be listed first any may include the proprietary name (if any), the non-proprietary name, dosage form(s), and other information about the product.

(a) **Description:** It includes the proprietary name (if any), nonproprietary name, dosage form(s), qualitative and/or quantitative ingredient information, the pharmacologic or therapeutic class of the drug, chemical name and structural formula of the drug and other important chemical or physical information, such as physical constants or pH.

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(b) Clinical Pharmacology: It describes how the medicine works in the body, how it is absorbed and eliminated, and what its effect are likely to be at various concentrations. It may also contain results of various clinical trials (studies) and/or explanations of the medication's effect on various populations (e.g., children, women, etc.)

(c) Indications and Usage: This section describes the uses (indications) for which the drug has been FDA-approved (e.g., migraines, seizures, high blood pressure). Physicians legally can and often do prescribe medicines for purposes not listed in this section (so-called "off-label uses").

(d) Contraindications: It lists the situations in which the mediator should not be used, for example in patients with other medical conditions such as kidney problems or allergies.

(e) Warnings: It covers possible serious side effects that may occur (e.g. boxed warning).

(f) Precautions: It explains how to use the medication safely including physical impairments and drug interactions, for example "Do not drink alcohol while taking this medication" or "Do not take this medication if you are currently taking MAO-I inhibitors."

(g) Adverse Reactions: It lists all side effects observed in all studies of the drug (as opposed to just the dangerous side effect which are separately listed in "Warnings" section), Use in specific populations (pregnancy, lactation (breast-feeding), females and males of reproductive potential, pediatric, geriatric).

(h) Drug Abuse and Dependence: It provides information regarding whether prolonged use of the medication can cause physical dependence (only included if applicable).

(k) How supplied: It includes the dosage form(s), strength(s), units in which the dosage form(s) are ordinarily available, identifying features of the dosage such as the National Drug Code (NDC), special handling and storage conditions (e.g., "Store between 68 78°F") and the physical characteristics of the medication including colour, shape, markings, etc.

Ques.5 Prepare notes on patient's information leaflets.

Ans- Patients Information Leaflets

- Patient Information Leaflets, also known as product Information Leaflets (PILs), are frequent pieces of literature that come with medicines.
- A patient information leaflet is a technical document that comes with every pharmaceutical container and provides written information about the medication and the medicinal ingredient(s) that it contains.
- The manufacturer provides patient information leaflets (PILS), which normally follow a similar template and include the same types of information for each medicine.
- The major goal of a PIL is to inform patients about their drug, including how to take it, precautions, and any side effects/adverse effects; alternatively, a PIL is a document created especially for potential clinical trial subjects (or their representatives).

Benefits of Patient Information Leaflets

- Giving the patient a PIL allows them to become more involved in-patient care right away. A patient can have a better understanding of their diagnosis, treatment, and/or prognosis and make more informed decisions with the information obtained from a leaflet.
- Consent will be granted with greater confidence and in an ethical manner. It is to provide a patient all the information they need to decide in a short visit.
- According to the NHS Choices website, the average length of a GP consultation is 8-10 minutes, which is a relatively limited period of time to fit in talk, examination, and management.

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A typical PIL for Aspirin

- Disprin (DT)**
- Category:** Analgesic and anti-inflammatory.
- Indication (used for):** Headache, fever, migraine, period pain, toothache, sore throat, symptoms of cold and flu.
- Composition:** Each tablet contains 300 mg of acetylsalicylic acid (aspirin).
- Dose:** For adults and children aged 16 and over. 1 tablet every four to six hours.

Patient Counselling/Advice:

- Disperse/dissolve in a glass of water before taking.
- The tablets should preferably be taken after food.
- Do not exceed the recommended dose.
- The doctor should be consulted if there is no improvement in 24 hours
- Seek information (physician/pharmacist) if it has to be taken with some other medicines.
- Continuous and long-term use except under medical supervision can be harmful. If feeling sick, deafness, ringing in ears, dizziness, abnormal sweating, breathing difficulty, racing pulse then immediately seek medical advice.
- Do not use after the expiry date indicated on the strip.

Possible side effects: Allergic reactions like asthma attack, skin rashes, breathing difficulties, vomiting blood and passing black tarry/bright red stools.

- If any of these side effects are experienced then STOP taking the medicine and seek medical help.
- Contraindications: Heart failure, stomach ulcer or bleeding, asthma, hemophilia, hypersensitive to aspirin or other anti-inflammatory drugs, last 3 months of pregnancy and breast feeding.

<<<<<<Not for children below 16 years of age.>>>>>>

KEY POINTS

1. The patient must understand the importance of medication for his health.
2. Establish a professional relationship and a framework for the ongoing engagement and consultation.
3. Patients should have a better awareness of how to deal with prescription side effects drug combinations.
4. Patient compliance should be improved.
5. The patient becomes a knowledgeable, efficient, and active participant in disease management and self-care.
6. The pharmacist should be regarded as a healthcare provider who specializes in pharmaceuticals.
7. Drug interactions and adverse drug responses should be avoided as much as possible.

Ques.6 Define communication skills. Give examples of communication skills.

Ans- INTRODUCTION

- Communication skills allow us to understand and be understood by others.
- These can include but are not limited to effectively communicating ideas to others, actively listening in conversations, giving, and receiving critical feedback and public speaking.
- Communication skills are the abilities you use when giving and receiving different kinds of information. Some examples include communicating new ideas, feelings or even an update on your project.
- Communication skills involve listening, speaking, observing and empathizing.

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- ❑ It is also helpful to understand the differences in how to communicate through face-to-face interactions, phone conversations and digital communications like email and social media.

Examples of Communication Skills

- ❑ There are different types of communication skills that can help us to become an effective communicator.
- ❑ 1. Active listening
- ❑ 2. Adapting our communication style to our audience
- ❑ 3. Friendliness
- ❑ 4. Confidence
- ❑ 5. Giving and receiving feedback
- ❑ 6. Volume and clarity



1. Active listening: Active listening means paying close attention to the person who is speaking to us. People who are active listeners are well-regarded by their co-workers because of the attention and respect they offer others.

2. Adapting our communication style to our audience: Different styles of communication are appropriate in different situations. To make the best use of our communication skills, it's important to consider our audience and the most effective format to communicate with them.

3. Friendliness: In friendship characteristics such as honesty and kindness often foster trust and understanding. The same characteristics are important in workplace relationship also.

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4. Confidence: In the workplace, people are more likely to respond to ideas presented with confidence. There are many ways to appear confident such as making eye contact that are when we are addressing someone, sitting up straight with our shoulders open and preparing ahead of time so our thoughts are polished.

5. Giving and receiving feedback: Strong communicators can accept critical feedback and provide constructive input to others. Feedback should answer questions, provide solutions or help strengthen the project or topic at hand.

6. Volume and clarity: When we are speaking, it's important to be clear and audible. Adjusting our speaking voice so we can be heard in a variety of settings is a skill and it is critical to communicating effectively. Speaking too loudly may be disrespectful or awkward in certain settings.

Ques.7 What are interactions also give the fundamental concepts related to the patient health professional interaction.

Ans- Interaction

- Interaction is a kind of action that occurs as two or more objects have an effect upon one another.
- The idea of a two-way effect is essential in the concept of interaction, as opposed to a one-way.
- Closely related terms are interactivity and interconnectivity, of which the latter deals with the interactions of interactions within systems: combinations of many simple interactions can lead to surprising emergent phenomena.

1. Professional Interaction: Communication, and the way we interact with other people casts an immediate reflection upon oneself, and the institution or employer one is affiliated with further, the manner in which we interact with others often dictates the successfulness and outcome with encounters with colleagues, students, parents, and allied professionals. Therefore, it is essential to recognize the need for an elevated degree of fruitful interaction that promotes and enhance the goal at hand.

2. Patients Interaction: Patient-centered interactions encourage patients to expand their role in decision-making, health-related behavior changes and self-management. Patient-centered practices respect patients' values and preferences, and this is reflected in the way the practice is designed. Communication is in a language and at a level the patient can understand, and data on patient demographics and preference is widely accessible. of patient-centered care inform organization-wide decisions and interactions with individual patients.

Key changes for patient-centered Interactions:

- Respect patient and family values and expressed needs.
- Encourage patients to expand their role in decision-making, health-related behaviors and self-management.
- Communicate with the patients in a culturally appropriate manner, in a language and at a level that the patient understands.
- Provide self-management support at every visit through goal setting and action planning.

Fundamental concepts related to the patient health professional interaction

- (a) **Interaction, relationship, and care relation:** Health professionals and patients interact through a relationship of care. A care relation has been defined as 'a relation between a human being in the capacity of patient and a human being in the capacity of professional career'.

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- ❑ Relationships between health professionals and patients can be described as a set of attitudes, expectations, and behaviors that are shaped by roles and expressed through interactions.
- ❑ A caring relationship includes kindness, helpfulness, respect, sensitivity, tone of voice, shielding the patients' integrity and autonomy and seeing the patient as an individual.

(b) Communication: Communication is essential in the interaction and the communication process is what establishes the connection with each patient.

There may be four main components that occur in the interaction between the patient and the health professionals:

- ❑ first, the focus of the interaction including each participant's communication goals;
- ❑ second, the participants themselves the patient's and professional's needs, skills, values, beliefs and emotions that affect the communication;
- ❑ third, the communication process including how messages are verbally and non-verbally conveyed and received; and fourth, the environment in which the communication occurs.

(c) Professional manner and trust: A professional manner of conduct is also required for the interaction between a patient and a health professional.

- ❑ A professional manner involves the health professional's knowledge, understanding, and awareness of the patient's reactions, as well as their own reaction in with the patient.
- ❑ Professional manner contains a continuous try to make sure that one's professional behavior is guided via recreation that advantages the individual looking for help in each of the short and the lengthy term, not one's personal needs, feelings, and impulses.

(d) Patient participation: Patient participation is a complex phenomenon.

- ❑ The characteristics of patient participation may be defined as an established relationship, respect for the individual, recognition of the individual's knowledge and circumstances, as well as and shared information.
- ❑ The main requirement for patient participation is a patient-health-professional interaction that includes conversation characterized by respect, empathy, and recognition of the patient as both an individual and a partner in the health care team.
- ❑ Patient-centered care is generally associated with patient participation. It is respect for the patient's values and expressed needs and other aspects of care such as the right of patients to choose where they receive care.

(e) Patient perception of quality of care: Patient perception of quality of care has been used as a great indicator for many years. A caring relationship is vital to high excellent interaction with patients and measurement of patients' perceptions of quality of care is an approach to evaluate the interaction.

Ques.8 Explain in detailed about verbal communication skills.

Ans- Verbal Communication Skills (one-to-one, over the telephone)

Verbal communication is a communication in which words are used to share information with others. These words may be both spoken and written.

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Verbal Communication Skills

Effective Speaking and Listening: Effective speaking involve three main areas: the words chosen, the way one says them and how reinforce them with other non-verbal communication. All these affect the transmission of message, and how it is received and understood by listeners. The speaker should choose the words carefully. The speaker needs to use different words in different situations, even when discussing the same subject.

Active listening is an important skill. Effective listening is vital for good verbal communication. There are a number of ways that one can ensure that he/she listen more effectively. These include:

- Be prepared to listen. Concentrate on the speaker.
- Keep an open mind and avoid making judgements about the speaker.
- Concentrate on the main direction of the speaker's message. Try to understand broadly what they are trying to say overall, as well as the detail of the words that they are using
- Be objective.
- Avoid distractions if at all possible.
- Do not be trying to think of your next question while the other person is giving information.
- Encourage others to participate in discussion (particularly in group work).
- Show interest in what other people have to say.
- Pave the way for development and/or maintenance of a relationship.
- Allay fears and give reassurance. Show warmth and openness.
- Reduce shyness or nervousness in ourselves and others.

Questioning: Questioning is broadly a way to obtain information from others on specific topics. Questioning is an essential way of clarifying areas that are unclear or test the understanding.

It can also enable to explicitly seek support from others. On a more social level, questioning is also a useful technique to start conversations, draw someone into a conversation, or simply shows interest.

Effective questioning is essential element of verbal communication.

Reflecting and Clarifying: Reflecting is the process of giving feedback to another person on understanding of what has been said. Reflecting is a specialized skill often used within counselling, but it can also be applied to a wide range of communication contexts and is a useful skill to learn.

Reflecting often involves paraphrasing the message communicated to listeners by the speaker in his own words. It is a useful skill because:

- One can check that he has understood the message clearly.
- The speaker gets feedback about how the message has been received and can then clarify or expand if they wish.
- It shows interest in, and respect for, what the other person has to say.

Summarizing: A summary is an overview of the main points or issues raised. Summarizing can also serve the same purpose as 'reflecting'. Summarizing allows both parties to review the message and ensure that communication has been effective. When used effectively. summaries may also serve as a guide to the next steps forward.

Closing Communication: The way a communication is closed or ended will, at least in part, determine the way a conversation is remembered. People use both verbal and non-verbal signals to end a conversation. Verbal signals may include phrases such as: "Well, I must be going" and "Thank you so much, that's really helpful."

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One to one communication: One-to-one communication plays a very important part in routine life. This type of communication occurs most often in face-to-face conversations and in telephone speech skills.

Face-to-face conversation is the most common form of one-to-one communication. This conversation consists of discussion about topics of common interest to participants. Conversations are usually not planned or rehearsed beforehand. There are some points to be kept in mind while doing face-to-face conversation:

Be Courteous: Good conversation involves taking turns. Each person should take turns speaking and then listening. One must be willing to "yield the floor" regularly when conversing. One avoids interrupting to express an idea of his own while the other person is speaking.

Send and Receive Message Accurately: It is important to send and receive accurate messages during conversation.

- Speakers should choose words which the receiver can understand.
- Speaker should also consider listener's age and experience when communicating.
- For example, one should not use technical words to describe an automobile engine to someone who is not familiar with the terms.
- Speaker should pay close attention to the feedback he/she receives to make the listener understands.

Ques.9 Explain in detailed about body language.

Ans- Body Language

- Body language is a type of communication in which physical behavior, as opposed to words are used to express or convey the information.
- Such behavior includes facial expressions, body posture, gestures, eye movement, touch, and the use of space.
- Body language exists in both animals and humans.

Physical Expressions

1. Facial Expressions: Facial expression is a part of body language and the expressions of emotion. An accurate interpretation of it relies on interpreting multiple signs in combination-such as the movement of the eyes, eyebrows, lips, nose, and cheeks- in order to form an impression of a person's It should always be additionally considered in regard to the context in which it is occurring and the person's likely intention.



- **Happiness:** When a person is happy, he is typically smiling and more likely to be looking down. This facial expression and body language conveys a greater sense of energy in general.

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- **Sadness:** The lack of a smile, and an apparent unwillingness to do so, is a sign of sadness. A person who is sad is also more likely to have their eyes downcast.
- **Focused:** When a person is focused his eyebrows are lowered and more centered. A for this is having 'Knitted brows'. These eyes also look more focused and in general he will look more determined in regard to whatever task he is undertaking.
- **Unfocused:** An unfocused facial expression will often feature the eyebrows being raise with an unfocused look to the eyes. A person who is unfocused will look less enthusiastic about any task that he is undertaking.
- **Confident:** Confident facial body language involves a more focused, centered and energized look.
- **Afraid:** The facial body language of someone who is afraid looks stressed and de-energized in general. Their eyebrows will often be raised, their brow may appear taut, and their mouth may hang partially open.

2. Head and Neck Signals: The body language of the head should be considered in conjunction with that of the neck. In terms of general posture, the head should be positioned in a manner which feels natural. Body language conveyed by the head and neck involves various ranges of movement.

3. General Body Postures: Emotions can also be detected through body postures. Research has shown that body postures are more accurately recognized when an emotion is compared with a different or neutral emotion. For example, a person feeling angry would portray dominance over the other, and their posture would display approach tendencies.

4. Chest Specifically: The posture and movement of the chest is a factor of fundamental importance when considering the messages the body as a whole sends out. In general terms, the relative fullness or shallowness of the chest, especially around the sternum, can be a key indicator of both mood and attitude.

5. Gestures: Gestures are movements made with body parts (example: hands, arms, fingers, head, legs) and they may be voluntary or involuntary. Arm gestures can be interpreted in several ways. In a discussion, when one stands, sits, or even walks with folded arms, it is normally not a welcoming gesture.

6. Handshakes: Handshakes are regular greeting rituals and commonly used when meeting, greeting, offering congratulations, expressing camaraderie, or after the completion of an agreement.

7. Breathing: Body language related to breathing and patterns of breathing can be indicative of a person's mood and state of mind; because of this the relationship between body language and breathing is often considered in contexts such as business meetings and presentations. Generally, deeper breathing which uses the diaphragm and abdomen more is interpreted as conveying a relaxed and confident impression.

Ques.10 Write in detail about patient interview techniques.

Ans- Patient Interview Techniques

- Interview: An interview is essentially a structured conversation where one participant asks questions, and the other provides answers.
- In common parlance, the word "interview" refers to a one-on-one conversation between an interviewer and an interviewee.
- The interviewer asks questions to which the interviewee responds, usually providing information.
- That information may be used or provided to other audiences immediately or later.

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Patient interview:

The patient interview is the primary way to obtaining comprehensive information about the patient in order to provide effective patient care, medication history component is the pharmacist's expertise.

Methodological approach is used to obtain information from the patient, usually starting with determining the patient's chief complaint, also known as the reason for the healthcare visit, and then delving further into an exploration of the patient's specific complaint and problem.

There are some tips for a better patient interview.

1. Establish rapport
2. Respect patient privacy
3. Recognize face value
4. Move to the patient's field of vision
5. Consider how you look?
6. Ask open-ended questions
7. One thing at a time
8. Leave the medical terminology alone
9. Listen
10. Cultural matters

Respect Patient Privacy

- When it does come time for those more difficult questions, patient privacy must be considered. If others can hear, it is often unwise to ask very private or touchy questions if an honest answer is the goal.
- Failure to respect the patient's privacy in this way also demonstrates to patients that they may not be able to trust you or your judgment.
- Before asking about things like the possibility of pregnancy, potential substance use, or psychiatric conditions, it is worth considering the environment and the patient.
- These questions can often be addressed in the privacy of the ambulance rather than a home crowded with family or in the patient's workplace.

Consider How You Look?

- Truly good communicators say as much with their physical presence as with actual speech, It is easier to gain more information if the way you present yourself, invites the patient to communicate with you.
- Crossing your arms, impatiently tapping your foot, or not directly facing the patient may convey that you are not particularly interested in the patient or what he has to say.
- The counselling field uses the acronym SOLER as a reminder to sit squarely, have an open posture, lean forward, make eye contact, and relax.

Ask Open-ended Questions

- You risk missing out on potentially valuable information if you only ask questions that require a yes or no answer.
- For example, asking an elderly male patient if he is having any pain may get a "No" answer, causing you to miss the description of an odd feeling in his chest that has been coming and going since about noon.

One Thing at a Time

- Remember that while you do this every day, your patients do not. As an experienced prehospital provider, you may be thinking five steps ahead, but make sure you ask your questions one at a time.

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- ❑ If you string together all of your thoughts into one big question, or ask question after question with just seconds in between, you will likely get answers to only some of what you truly need to know.

Leave the Medical Terminology Alone

- ❑ When conducting your interview, you and your patient will be best served by using common English. Save the medical terminology for the doctor at the receiving hospital.
- ❑ Using words your patient is not familiar with will only hamper your communication and confuse the patient.
- ❑ Some patients may be too embarrassed to ask for an explanation when they do not understand, and you may fail to get important information.

Listen

While this sounds rather elementary, actually listening to your patient's responses to questions is essential. Too often, we are busy thinking ahead to the next step and our next question rather than paying attention to what the patient is telling us. You will know what to ask next based on experience, so focus on what the patient is saying now.

Cultural Matters

If you live in an area where a culture different from your own is prevalent, make it your business to learn about it. Knowing the culture, particularly social customs, will allow you to connect with your patients and their families, and will assist you in quickly gaining the trust you need.

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Short Answers

Ques.1 What are the factors causing medication adherence.

Ans- Factors Causing Medication Non-adherence and Suggestive Measures to Improve Adherence

(A) Disease and Prescription Factors

- Patients undergoing long-term cancer, arthritis, hypertension, or diabetes treatments are fatigued and look forward to their daily dose.
- Patients who are unconscious and reliant on caregivers or hospital staff, as well as those with disabilities, may be unable to self-administer medicines.
- People with mental illnesses may find it difficult to participate in treatment. In these instances, reinforcement of compliance is critical.
- A doctor or pharmacist must also teach and coach caregivers or patients about the importance of medication adherence as well as the benefits of caring for the patient's condition.
- Developing a counsellor-patient relationship by improving communication with either the patient or the caregiver.
- Providing detailed treatment instructions and outlining the advantages and drawbacks treatment.
- At each session or follow-up, encourage patients to stick to their treatment plan and make lifestyle changes.

Drug Related Factors

- Side Effects
- Cost of Medicine
- Label and Instructions
- Packing
- Acceptance Criteria
- Administration of Medicines
- Incomplete Prescription

Facility Related Factors

Travelling long distance to buy medicines, unavailability of all the medicines at one place or revising the pharmacy, no provision of refrigerator to store insulin injections, etc. are some facilities related problems.

Pharmacy Related Factors

- Pharmacy Practice
- Self Medication
- Individual Drug Therapy

Patient Related Factors

- Human Behavior
- International Discontinuation of Therapy
- Physical Administration of Drugs
- Tolerability of Side Effects or Adverse Drug Reactions
- Social Habits

Ques.2 What are the predisposing factors.

Ans- Predisposing Factors

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Factors that influence one's health perceptions. It includes people's perceptions of the disease, its severity, and treatment options. Patients are unaware of the condition and its consequences because they lack knowledge and awareness.

- They are less aware of the financial consequences of non-adherence to drug therapy.
- The need for immediate relief and impatience lead to frequent changes in physician and treatment strategy.
- This aggravates the medication non-adherence behavior.
- Superstitious beliefs also influence the medication adherence.
- Medication adherence is influenced by psychosocial experience of feeling well in a few doses, and socioeconomic factors.

Enabling Factors: These are concerns about resources and expertise. This includes a patient's ability to engage in adherence-promoting behaviors like making a doctor's appointment, going to the pharmacy, and so on. Among the resources available to him are existing medical and paramedical facilities such as hospitals, laboratories, and pharmacies.

Reinforcing Factors: Supportive influences such as family and peers, as well as influencing individuals such as friends and coworkers, as well as the local community and society, are all examples of reinforcing factors. Patients who live with their families are more likely to take their medicines on time than those who live alone; societal compulsions such as HIV and TB diseases motivate patients to take their medications on time. These are positive factors that reinforce each other.

Ques.3 Mention the conditions where medication adherence is important.

Ans- Conditions Where Medication Adherence is Important

- ❑ Taking medicine as prescribed or medication adherence is important for controlling chronic conditions like (hypertension and diabetes require timely administration of medicines) treating temporary conditions, and overall long-term health and well-being. Missing of dose of a prescribed drug may lead to elevation of blood pressure and blood sugar level respectively. Long standing and controlled chronic conditions can lead to several complications like stroke, kidney failure, etc.
- ❑ Anti-infective therapy for any bacterial infection from moderate level to severe TB like infection needs constant and continuous drug treatment otherwise not only disease propagates but causes other problems like drug resistance.
- ❑ Maintenance of plasma concentration of drug is important in case of anti-depressants anticonvulsants or anticancer drug; otherwise, it leads to frequent relapse psychiatric/epileptic attacks or drug toxicity, respectively.
- ❑ In the treatment of hypothyroidism and diabetes, hormone replacement therapy such as exogenous thyroxine and insulin are required to maintain biological levels for optimal metabolic activity.

Ques.4 Write a short note on medication adherence.

Ans- Medication adherence refers to whether patients take their drugs as directed (e.g., twice daily) and whether they continue to take a medication after it has been given.

- It is defined as how well a patient's medication-taking habits match the objective of the health guidance he or she has received. Alternatively, the commencement of therapy is forward by correct diagnosis and prescription by a physician.

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- The success of which is impacted by the pharmacist supplying the correct medicine and ensuring timely administration of the drug by the patient.
- As a result, the physician's duty is only half done, and it will be meaningless if the other half is not done properly by a pharmacist.

Medication Adherence: The patient's ability to follow the provider's recommendations for medication timing, dose, and frequency during the specified time period.

Medication adherence is one of the most critical factors in determining therapeutic outcomes, especially in chronic illness patients.

Whatever the drug's efficacy, it will not work unless the patient takes it correctly.

Compliance: The term 'compliance', which refers to a patient's passive obedience to a provider's directives, can imply an authoritarian attitude on the part of health care personnel, as well as the patient's yielding and submission.

Non-compliance: Failure or refusal to follow counsel, which might be interpreted as disobedience on the part of the patient.

Persistence: Duration of time patient takes medication, from initiation to discontinuation of therapy.

Ques.5 What is patient counselling.

Ans- Patient counselling is defined as "a vital aspect of pharmaceutical delivery that gives verbal or written information and guidance to the patient about medication directions, precautions, safety, and storage, as well as lifestyle adjustments."

- A pharmacist takes advantage of every chance to interact with a patient and provides him with knowledge about pharmaceutical handling, administration methods, and measures to be followed during administration and storage.
- Chronic disease therapy requires extra attention, as the patient understanding, empathy, and integrity.

Patient Counselling Process

- Patient counselling can be defined as providing prescription information orally or in writing to patients or their representatives, as well as providing accurate usage instructions.
- Side effects, storage, food, and lifestyle modifications should also be discussed. A one-on-one meeting between a pharmacist and a patient or caregiver is required.
- It's an effort that everyone is working on together.
- Effective counselling should include all aspects of the patient's or party's illness, medications, and necessary lifestyle changes.

Objectives of Patient Counselling

- To motivate the patient to take an active role in health management.
- To provide the patient comfort and guidance through in-depth patient assessment.
- To spread awareness about the proper use of medication and its adverse effects.

Benefits of Patient Counselling

- Patient counselling eradicates the medical errors and blunders committed in haste.
- It minimizes the drug reactions and side effects due to negligence.
- Effective patient counselling can help in rapid health restoration and recovery of the patient.
- A good patient counselling maximizes patient satisfaction with proper care.

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- During patient counselling proper listening helps in acquiring useful information about patient point of view.

Ques.6 What are the objectives of patient counselling.

Ans- Objectives of Patient Counselling

- To motivate the patient to take an active role in health management.
- To provide the patient comfort and guidance through in-depth patient assessment.
- To spread awareness about the proper use of medication and its adverse effects.
- To help the patient to recognize the importance of medication for his wellbeing.
- To establish working relationship and a foundation for continuous interaction and consultation.
- To improve patient understanding of strategies to deal with medication's side effects and drug interactions.
- To ensure better patient compliance.
- The pharmacist should be perceived as a professional who offers pharmaceutical care.
- To prevent drug interactions and adverse drug reactions.
- To develop a well-informed patient who understands the importance of medication therapy and is willing to participate activity in achieving a positive therapeutic outcome.
- To reduce medication errors, drug interactions and side effects.
- To enhance patient adherence to medicines.
- To develop continuous interaction with patient.
- To promote image of pharmacist as a professional in a community.

Ques.7 What are the benefits of patient counselling.

Ans- Benefits of Patient Counselling

- Patient counselling eradicates the medical errors and blunders committed in haste.
- It minimizes the drug reactions and side effects due to negligence.
- Effective patient counselling can help in rapid health restoration and recovery of the patient.
- A good patient counselling maximizes patient satisfaction with proper care.
- During patient counselling proper listening helps in acquiring useful information about patient point of view.
- Patient counseling helps to provide a genuine guidance and show concern towards a person. Patients heal faster with less trauma and impact of their illness.
- Patient counselling make the patient more receptive to the therapy because the counsellor/pharmacist protect the privacy and confidentiality which helps to build the trust.
- Patient counselling improve therapeutic outcomes and decrease adverse effects.
- Effective patient counselling improves patient adherence to the treatment plan.
- Patient counselling decreases medication errors and misuse.
- Patient counselling enhances patient's self-management by involving him in designing the therapeutic plan.
- Good patient counselling decreases health care costs because it promotes appropriate use of medications and prevents of adverse events.
- Patient counselling assists the patients to gain more from their treatment in a short span of time.

Ques.8 Write a short note on patient counselling contents.

Ans- Counselling Contents:

The counselling content is considered to be the heart of the counselling session. During this stage the pharmacist explains to the patient about the medications and the treatment regimen. The counselling contents commonly include following steps:

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- Discuss the name and indication of the medication.
- Explain the dosage regimen including duration of therapy when appropriate.
- Assist the patient in developing a plan to incorporate the medication regimen into his/her daily routine.
- discuss the potential side effect.
- Discuss how to prevent or manage the side effect of the drug.
- Discuss the precautions.
- Discuss the significant drug→ drug, drug→ food and drug→ disease interaction.
- Explain precisely when to do if the patient misses the dose.
- Explore the potential problems of the patient.

Ques.9 What are the barriers for patient counselling.

Ans- Barriers for Patient Counselling and Strategies to Overcome

Lack of education and privacy, as well as impatient patient conduct as reported by retail pharmacists and time limits of pharmacists as reported by hospital pharmacists, were the most common barrier encountered during patient counselling.

Following are the barriers for patient counselling:

- (i) System based barriers
- (ii) Profession based barriers
- (iii) Patient related barriers

(i) System based barriers:

- (a) No recognition of role of pharmacist by government.
- (b) No recognition of role of pharmacist by medical professionals.
- (c) No provision of monetary gains for patient care.
- (d) Not considered as duty of pharmacist.
- (e) No regulatory provision for space and facilities for patient counselling.

(ii) Profession based barriers:

- (a) Lack of highly qualified pharmacists.
- (b) No professional training to the pharmacist
- (c) Lack of knowledge, lack of interest and lack of confidence.
- (d) Trade focused practice
- (e) Single pharmacist pharmacies.
- (f) Not maintaining patient history.
- (g) No family pharmacist approach
- (b) Unable to develop image as health care provider

(iii) Patient related barriers:

- (a) Not considering pharmacist as health care taker and therefore not seeking assistance.
- (b) Visit pharmacy to buy medicines and not expecting any other service.
- (c) Population and crowd at the counter of pharmacy.
- (d) Illiteracy, socioeconomic status.

Ques.10 What are the importance and benefits of patient package inserts (PPIs).

Ans- Importance and Benefits of Patient Package Inserts (PPIs)

- A patient package insert (PPI) may increase patient compliance with drug regimen.
- It may decrease side effects and drug interactions.

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- It may improve the patient's health for each class of drug.
- The patient package inserts (PPIs) increase patient awareness of the need to avoid certain foods and drugs that may produce potentially hazardous interactions, improved early recognition and proper interpretation of drug side effects.
- A patient package insert (PPI) is "Presentation of the product" which means the full disclosure of instructions for use, necessary to reduce the risk of the product and of all possible side-effects.
- The patient package insert (PPI) can be more than a passive conveyor of available information of the drug. It has also become an instrument of regulatory policy.
- The patient package insert (PPI) can be more than a passive conveyor of available information of the drug. It has also become an instrument of regulatory policy.
- The patient package insert (PPI) is an instrument to fulfill the patients' right to know, a right claimed by consumer organizations in many countries.

Ques.11 Write a short note on scenario of patient package inserts.

Ans- Scenario of Patient Package Inserts (PPIs) Use in India and Other Countries

- A patient package inserts (PPI) is the primary source of drug information.
- It is a printed leaflet that contains information based on regulatory guidelines for the safe and effective use of a drug.
- It is also known as 'prescription drug label' or 'prescribing information (PI).
- A good patient package inserts (PPI) contains approved, essential, and accurate information about the drug.
- It is written in a language that is not promotional, false or misleading.
- It is evidence based and updated time to time as relevant pre-clinical and clinical data become available.
- In India, the concept of PI is governed by the Drugs and Cosmetics Act (1940) and Rules (1945).
- The Section 6 of Schedule D (II) of the rules lists the headings according to which information should be provided in the PIs.
- The "Section 6,2" mandates that the PIs must be in "English" and provides information regarding therapeutic indications; posology and methods of administration; contraindications; special warnings and precautions; drug interactions, contraindications in pregnancy and lactation; effects on ability to drive and use machines; undesirable effects; and antidote for overdosing.
- The "Section 6.3" mandates pharmaceutical information on list of excipients, incompatibilities; shelf life as packaged, after dilution or reconstitution, or after first opening the container, special precautions for storage; nature and specification of container, and instruction for use/handling.

Ques.12 Give the types of communication skills.

Ans- Types of Communication Skills

A deep understanding of the process of communication and communication skills is essential. It is vital to the success of any individual in any business. Here we shall have some types of communication skills.

Verbal communication: Verbal communication occurs when we engage in speaking with others. It can be face-to-face, over the telephone, via Skype or Zoom, etc. Some verbal engagements are informal, such as chatting with a friend over coffee and in the office kitchen, while others are formal, such as a scheduled meeting.

Non-verbal communication: Non-verbal communication includes facial expressions, posture, eye contact, hand movements, and touch. For example, if we are engaged in a conversation with our bosses about our cost-saving idea, it is important to pay attention to both their words and his non-verbal

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communication. Our boss might agree with our idea verbally, but his nonverbal cues: avoiding eye contact, sighing, scrunched up face, etc. indicate something different.

Written communication: Whether it is an email, a memo, a report, a Facebook post, a Tweet, a contract, etc. all forms of written communication have the same goal to disseminate information in a clear and concise manner- though that objective is often not achieved. In fact, poor writing skills often lead to confusion and embarrassment, and even potential legal jeopardy. One important thing to remember about written communication, especially in the digital age, is the message lives on, perhaps in perpetuity.

Listening: The act of listening does not often make its way onto the list of types of communication. Active listening, however, is perhaps one of the most important types of communication because if we cannot listen to the person sitting across from us, we cannot effectively engage with him.

Visual Communication:

- ❑ We are a visual society. Think about it, televisions are running 24/7, Facebook is visual with memes, videos, images, etc., Instagram is an image-only platform, and advertisers use imagery to sell products and ideas.
- ❑ Think about from a personal perspective- the images we post on social media are meant to convey meaning- to communicate a message. In some cases that message might be, look at me, I'm in Italy or I just won an award. Others are carefully curated to tug on our heartstrings injured animals, crying children, etc.

Ques.13 Write a short note on written communication skills.

Ans- Written Communication Skills

- ❑ Written communication skills are those skills that use written words to deliver your point. While it may have features similar to verbal communication skills, there are some significant differences.
- ❑ Verbal communication relies on body language and your voice's tone to deliver information. Written communication skills use grammar, punctuation, and words.
- ❑ For a written communication to be effective, ensure it is clear, concise, complete, and courteous.
- ❑ If you want to develop your written communication skills, you need to practice writing and give attention to details.

1. The goal of every written communication is to get to the point quickly. It is essential to include only relevant details to communicate your information effectively.

2. Clarity helps your readers understand the message you are trying to convey. By bringing clarity to your writing, you reduce instances of misinformation, misconception, miscommunication, and mistakes. Clarity comes with using simple language and avoiding complex words or sentence structures.

3. The tone is the voice of your writing and conveys the emotions to the readers. For business writing, use a professional tone with an appropriate degree of friendliness and formality.

4. Active voice uses action verbs that make your writing clearer, more accessible and engaging to the readers. It is preferred over passive voice because active voice allows a reader to move through your writing quickly. Active voice flows better and makes your writing more persuasive. While passive voice finds its use in other forms of writing, in professional communication, passive voice dilutes the content's action.

5. Grammar and punctuation make your writing clear, engage your readers, avoid miscommunication, and make your communication effective. In professional communication, grammar and punctuations help deliver correct information to the readers.

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Ques.14 What kind of improvement are required in written communication skills.

Ans- Improvement In Written Communication Skills

There are following ways to improve written communication skills:

- (i) **Knowledge of goals:** A clear goal helps in writing a clear and concise message. Your goal may be to get readers to respond to the email, make corrections in their work or pass on the information. Irrespective of your goal, try conveying your goal at the beginning of the message. Every written communication has a purpose and your writing must convey that purpose to the readers. Explain clearly what you expect from the readers.
- (ii) **Selection of right words and tone:** Selection of right words and writing tone makes the writing more effective. Some written communication like proposals requires a formal tone. Writer should avoid using jargon, idioms, metaphors, and fancy words in formal writing work. Writer should use to simple business language while doing business communication because concise and clear written communication delivers the right information.
- (iii) **Use of outlines:** For longer-form content such as reports or newsletter writer should write an outline to organize the thoughts. It will ensure work remains organized and focused Writer should start by writing the documents' objective, followed by a list of main points which he/she want to include. Outlines provide a logical order to written communication.
- (iv) **Focus on the topic:** Effective written communication is mainly focuses on topic. Writer should avoid use of irrelevant information. Clarity is essential for increasing the interest of reader. Writer should try to keep paragraphs and sentences short because over-complicated sentences slow the pace of reading is best to leave out words that shift the focus away from the main topic.
- (v) **Edit and revise:** Writer should read his/her document two or three times to ensure that it flows well; the writing makes sense and is free from all unnecessary details. Apart from proofreading for grammatical errors, one should give attention to how the document sounds. Writer should re-read document after some time to further illuminate potential errors.

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Very Short Answers

1. Communication skill consists of **listening, speaking, and observing**. etc.
2. Digital communication is made through **social media**.
3. The most important factor for an effective communication is to **consider the audience** the audience.
- 4 **Listening** is considered an important type of communications.
5. Verbal communication refers to the use of **pay attention to your body language** to convey information
6. Facial expression is a part of **body language**.
7. **Knitted brows** is a typical expression when a person is focused.
8. Emotions can be detected through **body postures**.
9. **Interaction** is a kind of action that occurs as two or more objects have an effect upon one another.
10. Effective verbal communication skills includes **active listening**.
11. Patient counselling is an effective tit which depends **on availability** and **sensible** use of drug.
12. Non-compliance is responsible for up to **10%** of hospital and **23%** of nursing facility admissions.
13. According to USP medication counselling is separated into **four** stages.
14. Beta-adrenergic agonist drugs are **salbutamol, albuteral, and terbutaline**.
15. D. certified people resources and as a requirement of **NABH (National Accreditation Board for Hospital and Healthcare Providers)**.
16. PCI has developed a new U.G. course B. Pharm beginning in **2016-17**.
17. The drug and cosmetics Act **1940** and **1945** rules govern the idea of package insert in India.
18. The PIL is also known as **CPI (consumer product information) or CMI (consumer market information)**.
19. Patient information leaflets also known as **product information leaflets**.
20. **Medication Adherence** doctors defined as the extent to which patients take medications as prescribed by doctors
21. **Persistence** duration of time patient takes medication, from initiation to discontinuation to therapy
22. Non-adherence is responsible for fatalities and up to **50%** of treatment failures, around **125,000** fatalities and up to **25%** of hospitalization.
23. Factor which influence people s perception of diseases its security and treatment **predisposing methods**.
24. Full form of FDC **Fixed Dose Combination**
25. Full form of PMR **Patient Medication Record**

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26. Method for determining drug adherence **pill count method**
27. Full form of DOTs is **Directly Observed Treatment**
28. Maintenance of **plasma concentration** of drug is important in case of anti-depressant.

