

A Review Article on Effective Patient Counselling

Anusha Sudulaguntla^{1,*}, *Elizabeth Baby*², *Feba Mary Philip*², *Laniya Mary John*²

¹Department of Pharmacy Practice, Siddhartha Institute of Pharmaceutical Sciences, Jonnalagadda, Narasaraopeta, Guntur, Andhra Pradesh, India

²Department of Pharmacy Practice, T. John College of Pharmacy, Bengaluru, Karnataka, India

Abstract

Clinical pharmacists are in regular communication with patients and take part in making clinical interventions along with the countless technical tasks done behind the counter. Dispensing just a kit of medicine to the patient or their representative is not the only duty but also dispensing the right drug to the right person with right information. Clinical pharmacist has a major role in providing effective counseling being it a critical element in ensuring optimal therapeutic outcome. Pharmacist's role is important in improving the patient understanding in the management of their medical condition. They help in reducing medication errors, minimizing incidents of adverse events and drug interactions and improving patient compliance. This article provides information on the attitude of patient towards counseling, barriers faced by pharmacists and the emerging trends in providing an effective patient counseling.

Keywords: *Patient counseling, Attitude and behavior, Privacy and confidentiality, Counseling aids*

***Author for Correspondence** E-mail: anusha9073@gmail.com

INTRODUCTION

When we are called to the counseling area we get access to a new situation at hand which should be properly studied in order to provide effective information. As we approach the counter we have to observe the patient's non-verbal cues for any barriers that need to be overcome while communicating with the patient. There comes various barriers faced by a pharmacist in a clinical setting to perform his counseling service [1]. Some barriers are patient-centered such as counseling the caregiver instead of the patient, low level of education and physical condition of the patient which is difficult to overcome. Whereas some are institution-centered like delay of discharge order, lack of privacy etc. which can be counteracted by strict implementation of policies. To provide a framework for ensuring medication adherence and the optimum therapeutic efficacy it is mandatory to counteract the barriers faced by a pharmacist in communication with the patient [2]. The difference in having a positive or negative pharmacotherapeutic outcome purely depends on an effective pharmacist consultation. Although individual pharmacist has their own way of counseling a client, they must follow certain key features like introducing

themselves, identifying the right patient using patient details, providing comfort ensuring privacy to the patient and also solving their queries [3].

ATTITUDE AND BEHAVIOUR OF PHARMACIST IN PATIENT COUNSELLING

Patient counseling (PC) by a pharmacist is a major activity. It may range from simply stating the dosage of a drug to giving advice about the lifestyle and other health related issues. A pharmacist must ensure that the patient understands the information and use the medicines effectively. First, the patients should be made known about the directions on the labels of the drugs [4]. The pharmacist should be available at all times to provide the proper information. PC helps in reducing both medication related problems and medication non-adherence. Another advantage is the satisfaction of patient. It thus helps patients to use their medications more confidently. Good communication skills are needed in effective PC. Communication is not only about speaking clearly, but also involves listening and understanding. While speaking, the tone should be pleasant and should have volume in a proper level. Non-verbal communication

(NVC) involves facial expression and eye movement. Rolling your eyes at a question shows disrespect. Active listening is also important to understand what the patient is telling. While counseling the patient, the pharmacist should include the points like: (a) Why the drug is given, (b) How it works, (c) Dose and frequency, (d) Goals of treatment, (e) Adverse drug reactions and how it can be managed, (f) drug related issues [4].

Communication with terminally ill patients: We should not avoid talking to them unless they are not interested. **Communication with the elder patients:** They have a grasping power less than the young patients. They may also have problems like poor vision, hearing problems etc. Hence counseling should be done appropriately. **Communication with mentally weak patients:** These patients are difficult to be communicated. Open ended questions (OEQ) will be more effective. Mentally ill patients may not easily understand about their treatment. Hence they should be given the information in a detailed manner [4]. **Communication with diabetic patients:** Because of newly emerging treatment for diabetes, the pharmacists can give a wide range of information to the patients. They can educate the patients about the proper use of drug, screening of drug interactions, explain how to use the monitoring devices etc. The pharmacist can even monitor the patient's blood glucose levels. They can also give information about the insulin administration. **Communication with children:** (a) Use simple sentences, (b) Ask them whether they have any questions, (c) Ask OEQ (d) NVC is very important, so should be careful about the facial expressions, tone, gesture etc. [4]. In addition to these, the pharmacist should have knowledge and skills to provide effective PC. They should know about their patient's culture, health beliefs, attitudes, etc. OEQ and proper listening are essential skills for obtaining information. Assessing a patient's cognitive abilities, learning style, speed and physical status ensures the pharmacist to give appropriate information to meet the patient's needs [4].

In a study done in Karnataka, it was seen that the main reason why pharmacists give PC were professional satisfaction (43%), patient satisfaction (32%), increase in sales (8%) and improved patient compliance (7.5%) [5]. But there were some barriers faced by the

pharmacists which included poor response from patients (82%), pharmacist improper knowledge and confidence (78%), inadequate professional training programs (75%), dispensing by doctors (72%) [5]. Continuing pharmacy education programs helps in supporting the development of pharmacists. In a study done in Ethiopia, it was seen that the more patients know about their medications, the higher their compliance with the drug therapy, resulting in an effective communication between health professionals and their patients. Lack of knowledge and confidence prohibited the respondents from counseling their patients [6].

PATIENT'S ATTITUDE TOWARDS HEALTH CARE PROVIDERS

The health professionals face a major problem while addressing the racial and ethnic information about a patient. The providers are often unwilling to give the answer. After a study, it has been understood that the patients who were not comfortable giving information about their race and ethnicity felt more comfortable if they were asked by a nurse or physician [7].

EFFECT OF PATIENT COUNSELLING IN HYPERTENSIVE PATIENTS ON THE BASIS OF KNOWLEDGE, COMPLIANCE AND LIFESTYLE CHANGES

A study was done to evaluate the impact of PC in hypertensive. The patients were counseled by giving patient information leaflets (PIL) for knowledge enhancement and practical learning [8]. The compliance of patients towards the medication increased after the counseling as the patients remembered to take the medications regularly and was seen a change in lifestyle modification. Thereby the blood pressure was controlled. By this study they came to a conclusion that the pharmacist involvement was essential in the management of other diseases like diabetes mellitus, etc. [8].

BARRIERS OF PATIENT COUNSELLING

At first we need to identify any barriers that may be needed to overcome which include language, literacy and beliefs. Within a brief moment we should dynamically adjust our

OEQ and medication information to satisfy individual patient needs.

Pharmacist based barrier: Language barrier—the media of conversation is an important concern in communicating with the patient as we try to ensure that the information given to the patient is correct and their queries are answered appropriately. A family member as translator is helpful but the chances that information getting distorted is more. If the patient is comfortable, a technician might help the pharmacist, which makes a 3-way conversation [9]. Pharmacist should update himself with the knowledge to avoid pharmacist based barrier which has equal importance of that of communication skills [10].

Patient based barrier: Patient hesitation—sometimes patients may feel a sort of hesitation due to issues like ‘An elderly gentleman with erectile dysfunction may feel uncomfortable to speak to a lady pharmacist’. Thus we must deal with the demands of each patient. Do not let a patient wait in the counseling area for more than few minutes rather make them feel the sense of privacy and trust [10]. For speech or hearing impaired patient, different aids such as hearing aids, pictograms etc. must be used for effective conversation [11]. To overcome all such barriers we must also open up an opportunity to clarify the misunderstanding of the client and additional counseling tips for the patients’ particular situation [11].

Know-It-All: Some patients may ignore a counseling session saying ‘the information on the leaflet is sufficient and I can read it, I do not have time, I am working as a health professional etc. But for a community pharmacist he/she may have 2-3 important counseling points for every medication in his fingertips. For that he/she can use tips like ‘I just wanted to confirm that you were aware of. [9]. the best way to make all patients follow the prescription and achieve the best possible therapeutic outcome, is to make them understand their condition and the purpose of treatment [9].

OVERCOMING BARRIERS

To obtain an effective counseling section various features should be noted like:

Establish trust—Pharmacist should demonstrate genuine interest in patient care. Patient is made comfortable in the beginning of the session by a proper introduction and greeting them with a smile after which the patient tends to feel free to give complete details on past medical and medication history [9].

Patient participation—Pharmacist should ensure active participation of the patient by asking questions. They should check the patient understanding of drug therapy and tailor the counseling accordingly [9].

NVC—It is important for the pharmacist to be aware of the NVC like maintaining eye contact, facial expression etc. which creates a positive impact on the patient [9, 12].

Listen and ask questions—Listening to the patient’s concerns, needs and questions is essential to promote clear interactive communication. Responses such as nodding head and words like “yes, go on” can reduce distractions and implement passive listening. Asking OEQ help obtain more information; also pharmacist should say the reason for asking questions so as not to offend the patient [9, 12].

Remain in objective—Pharmacist should be cautious to not allow their ethical/religious beliefs to affect counseling a patient. He should be careful in making non-judgmental statements during communication [9].

Show Empathy and motivate the patient—the heart of effective communication is empathy which is defined as the ability to see and feel the way another person does [9, 12].

Motivate the patient to be in compliance with their prescription to achieve the optimum therapeutic outcome [9].

Provide privacy and confidentiality to make the patient feel comfortable in discussing personal medical issues ensure complete privacy [12].

EMERGING TRENDS IN PATIENT COUNSELLING

The pharmacy profession and pharmaceutical care concept are rapidly developing all over the world. Along with this the responsibility of

the pharmacist through utilization of his technical and professional knowledge in promoting rational and well advisable use of medicine is also increasing [13]. It is well documented that safe and effective drug therapy occurs when patient are well informed about the medications and their use. Various factors contributed positively for developing the new type in pharmacy practice. During matching with international concepts, the Indian patient counseling practice has developed its own characteristic features [13]. From the hospital setups the concept has percolated deep into the community setups in the very recent times. With the introduction of programmes like Pharm D, there has been another growth and development in the area of PC during the next decade [13]. As the Pharm D is mostly patient oriented curriculum they will be benefited the most. The patients would be able to know all the information about their disease, drugs and lifestyle modifications for the disease in future which definitely increase prognosis of the patient [13]. The clinical pharmacy services would also minimize the work load of physician from their busy schedule as well as it would decrease the load on the Indian health care system [13]. Pharm D students can provide the clinical pharmacy services. Patient medication counseling is considered to be the most important part from a patient point of view. The information that may be discussed while a counseling session are purpose, expect education, storage, administration methods of drugs and medical services.

INDIAN SCENARIO

Many new powerful and effective drugs are formulated in specialized dosage forms like aerosols, patches, modified released formulations etc. [14]. Earlier it was obligatory for the physicians to provide all information about the drugs they prescribed to their patients but today the situations are totally different. The physicians are too busy and the patient is not in a position to listen all the information given by the doctor related to his medicines, because of the physical tenderness, anxiety, worries about the disease or related problems [14]. The patient needs special information and advice from the pharmacists in the hospital and community

due to the complicated usage and dosage methods. In the 1990, pharmacists and chemists from other countries came to India to work in the hospital and community pharmacies and done discussion with the patients about their medicines and patient education activities. The hospital pharmacists have chances for patient counseling in the hospital from admission to discharge and afterwards in the outpatient clinics and dispensaries. In community pharmacy, the pharmacist can directly give advice on the treatment of a symptom of minor ailment by a patient. These give an exclusive opportunity for the Indian community pharmacist to initiate counseling as a part of sales of medicine. Community pharmacists alone get the chance to know about the OTC medicine practice of patients [14].

In 1980 Indian hospital pharmacist became aware of the concept of PC services and their importance. Some hospitals established DI services attached to the hospital pharmacy [14]. The concept of PC got popularized in the country only in the 1990s when many institutions in the southern states of India initiated post graduate programs in clinical pharmacy. Till then the idea of promoting PC was inhibited by lack of competent trained persons. In India the concept got accepted within a short period of time which is considered a good trend with the objective of molding a new generation of practice oriented pharmacy professionals. Computer aided counseling system is not yet popularized in India [14]. Countries like USA and Australia took 3-4 decades time to develop the skills and other backgrounds required to establish and popularize the concept of patient counseling in their countries [14]. Counseling has gone global. Governments around the world have identified the importance of mental health and wellness. As a result numerous counseling organizations have sprung up in nations around the global looking for guidance related to accreditation and organization building. CACREP is helping to till the accreditation need by introducing the international registry of counselor education program. It promotes high professional standards sensitive to the cultural and economic realities of international counseling [15]. According to the Helper and

Strand; the promoters of pharmaceutical care in pharmacy practice, there are four criteria to be considered for providing pharmaceutical care of patients. One of them is that the provider must be able to develop the relationship with the patients and other healthcare professionals [15].

COUNSELLING AIDS

When the information is provided to the patient verbally, there is a chance that the patient may forget the information over a period of time. A variety of teaching and educational aids have been developed to assist patient counseling. If the information is provided in a printed format, the patient can go through the information at leisure time and when the information is required [16]. Medication cards can be a useful aid, particularly for patients on medications on a long term basis. A medication card is a written summary of patients' medications on a long term basis. A medication card is a written summary of a patient's medications, presented in a way which is easy for the patient to understand. Cards may be written by hand or generated by computer [16]. Once a card is given to patient, it can be used to assist the patient to organize their medication routines at home and to show to other healthcare providers. It is important that the card is updated when changes to the medication regimen are made [16]. PIL produced by drug manufactures for their products are known as consumer product information or consumer product information. PIL are written information leaflets in simple language about the patient illness and its treatment, including medications and relevant lifestyle changes. Printed materials reinforce verbal advice and may result in improved understanding and acceptance of treatment recommendations [16]. Written information should be considered as a supplement to verbal counseling, rather than a replacement. Pharmacists can also develop useful PIL using their knowledge of therapeutics and the local language [16]. One analysis was done by Satara and Sangai district to evaluate the impact on PC based on knowledge, attitudes and practice. Samples displayed that they practiced counseling by means of verbal,

written and audiovisual methods, respectively, while use of verbal and written methods in combination was practiced by almost 46.56% respondents [16]. 51.32% and 7.41% respondents proved that they used posters and pictograms for PC, respectively, while 16.93% were not using any aid. Further, use of more than one method in combination was not significant compared to others. It has also been shown that the combination of oral and written information is more effective in educating patient. It allows them to refer to in case they forget any heard information [16]. The use of videos, graphics and other tools could be used to helping counseling. Various counseling aids adopted by pharmacist include posters, computerized generated leaflets, pictograms and telephone system. Computer aided counseling system is not yet famous in the country. By taking modern techniques one can expect effective counseling and patient adherence [16].

CONCLUSION

The pharmacist should be available at the point of purchase to help the patient select an OTC drug, suggest non-pharmacological therapy or refer the patient to a physician. Pharmacists also train the patients of how to treat themselves in emergency situations, when to consult a doctor and when the diagnostic tests are needed. Thus the counseling process properly maintained will result in improved patient understanding, increased patient compliance and improved job satisfaction for pharmacists. It also improves pharmacist-physician- patient relationship.

ABBREVIATIONS

OEQ: open ended questions, PC: patient counseling, PIL: patient information leaflet, NVC: non-verbal communication.

REFERENCES

1. Wilson-Barnett J. Patient teaching or patient counselling? *Journal of Advanced Nursing*. 1988; 13(2): 215–222p.
[http://Wilson-Barnett, J. \(1988\). Patient teaching or patient counselling? Journal of Advanced Nursing, 13\(2\), pp.215–222. \[Accessed 29 Jan. 2018\].](http://Wilson-Barnett, J. (1988). Patient teaching or patient counselling? Journal of Advanced Nursing, 13(2), pp.215–222. [Accessed 29 Jan. 2018].)

2. Laif F, Ahmad R, Naqvi A, and Ahmad, N. Pharmacist Perceived Barriers to Patient Counseling; A Study in Eastern Region of Saudi Arabia. *Journal of Pharmaceutical Research International*. 2017; 19(6): 1–12p. [http://Laif, F., Ahmad, R., Naqvi, A. and Ahmad, N. \(2017\). Pharmacist Perceived Barriers to Patient Counseling; A Study in Eastern Region of Saudi Arabia. Journal of Pharmaceutical Research International, 19\(6\), pp.1–12. \[Accessed 29 Jan. 2018\].](http://Laif, F., Ahmad, R., Naqvi, A. and Ahmad, N. (2017). Pharmacist Perceived Barriers to Patient Counseling; A Study in Eastern Region of Saudi Arabia. Journal of Pharmaceutical Research International, 19(6), pp.1–12. [Accessed 29 Jan. 2018].)
3. <http://www.dr.samsrotation.com/daily-dose/back-to-the-basics-effective-patenting> [Accessed 29 Jan. 2018] <https://www.google.co.in/search?q=ashp+guidlines+on+pharmacist+conducted+patient+education+and+counselling&aq=ashp=chrome...69i57j013.25777joj4> [Accessed 29 Jan. 2018].
4. Namdeo Shinde: Pharmacist in patient counseling - Search Results [Internet]. Search.findwide.com. 2018 [cited 29 January 2018]. http://search.findwide.com/serp?serpforce=29&pub=13&campaign=td29_2&filter_1level=0&k=Namdeo+Shinde%3A+Pharmacist+in+patient+counseling
5. Adepu, Nagavi BG: Attitudes and behavior of practicing community pharmacist towards patient counseling - Search Results [Internet]. Search.findwide.com. 2018 [cited 29 January 2018]. Available from: http://search.findwide.com/serp?serpforce=29&pub=13&campaign=td29_2&filter_1level=0&k=Adepu%2C+B+G+Nagavi%3A+Attitudes+and+behaviour
6. [Internet]. 2018 [cited 29 January 2018]. <http://Abebaw Nigussie Ayele, Amsalu Degu Defersha: Attitudes and behaviors of practicing pharmacy professionals towards patient counseling in AWI zone>
7. Baker D, Hasnain-Wynia R, Kandula N, Thompson J, Brown E. Attitudes Toward Health Care Providers, Collecting Information About Patients' Race, Ethnicity, and Language. *Medical Care*. 2007;45(11):1034-1042p. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490236/>
8. Sunita Pawar, Kaveri D Lokhande; Effect of pharmacist mediated patient counseling in hypertensive patients in terms of knowledge, compliance and lifestyle modification. *Int J Pharm Pharm Sci*. 2014; 6(4):277-280p. <http://www.ijppsjournal.com/Vol6Issue4/9023.pdf>.
9. <https://www.google.co.in/search?q=ashp+guidlines+on+pharmacist+conducted+patient+education+and+counselling&aq=ashp=chrome...69i57j013.25777joj4> [Accessed 29 Jan. 2018].
10. <http://googleweblight.com/?lite-url=http://www.pharmainfo.net/vijayaratra/patient-counselling-barrier&> [Accessed 29 Jan. 2018]. [Accessed 29 Jan. 2018].
11. M S, Abraham S, K.G R. Emerging Trends in Practice of Patient Counselling- Indian Scenario [Internet]. *Ijopp.org*. 2018 [cited 20 March 2018]. <http://www.ijopp.org/article/221>
12. Deshpande P, Rao E, Regmi B, Nirojini P, Vantipalli R, Ahad A et al. Clinical pharmacists: The major support to Indian healthcare system in near future. *Journal of Pharmacy and Bioallied Sciences*. 2015;7(3):161p. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4517317/>
13. Parthasarathi G, Rakuten Kobo, A *Textbook of Clinical Pharmacy Practice*, ebook, [Internet]. Rakuten Kobo. 2018 [cited 29 January 2018]. <https://www.kobo.com/us/en/ebook/a-textbook-of-clinical-pharmacy-practice>
14. What the future holds for the counseling profession - Counseling Today [Internet]. Counseling Today. 2018 [cited 29 January 2018]. <http://ct.counseling.org/2012/03/what-the-future-holds-for-the-counseling-profession>
15. Dol H, Jadhav S, Pisal M, et al. Emerging Trends in Patient Counselling: Current Scenario [Internet]. *Innovareacademics.in*. 2018 [cited 29 January 2018].
16. <https://innovareacademics.in/journals/index.php/ijpps/article/view/7406/3057>

Cite this Article

Anusha Sudulaguntla, Elizabeth Baby, Feba Mary Philip et al. A Review Article on Effective Patient Counselling. *Research and Reviews: A Journal of Pharmaceutical Science*. 2018; 9(1): 12–17p.