

# Communication Skills in pharmacy practice



# Objectives

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**COMMUNICATION**

**GUIDE TO PATIENT COUNSELLING**

**INTERPERSONAL COMMUNICATION**

**LISTENING TECHNIQUES FOR THE PATIENT INTERVIEW PROCESS**

**NONVERBAL ASPECTS OF COMMUNICATION**

**BARRIERS TO EFFECTIVE COMMUNICATION**

**COMMUNICATION WITH SPECIAL PATIENTS & CHILDREN**

**ETHICAL PRINCIPLES**

# Communication

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**Communication** is the transfer of information meaningful to those involved.

It is the process in which messages are generated and sent by one person and received and translated by another person.

The goal of all communication is **understanding**

In fact, a message is successful only when both the sender and the receiver perceive it in the same way.

However, the meaning generated by the receiver can be different from the sender's intended message.

Three parts of communication process: Sender, Message, & Receiver

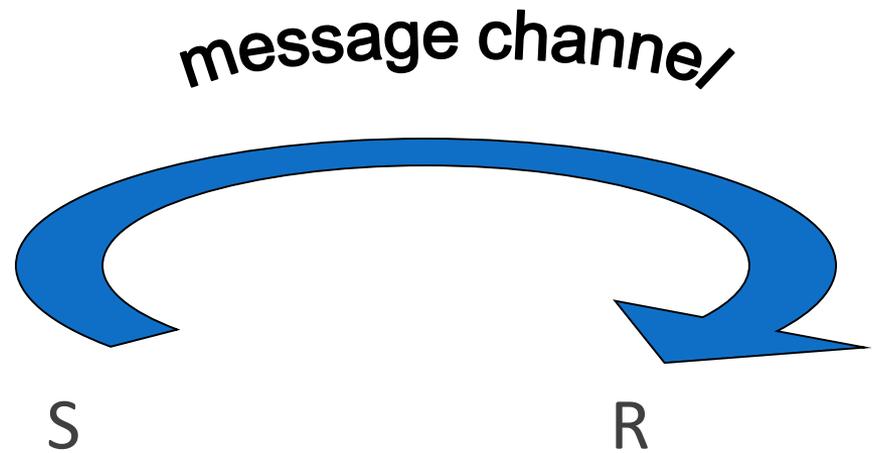
# The Communication Process

## Communication Levels

- Content
  - Words
- Relationship
  - feeling

## Model

- Sender/Receiver
- Channel/Message
- Barriers/Noise
- Feedback



# Rights and Responsibilities

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Each of us has the right and the responsibility to:

- ✓ Be listened to
- ✓ Acknowledge the concerns of others
- ✓ Say what we feel and think
- ✓ Say "No" to something we don't want to do or don't believe in, without feeling guilty
- ✓ Say "I need time to think about that"
- ✓ Negotiate to resolve differences

# Pharmacists Responsibility in Patient Care

## Patient-Centered Care (PCC)

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It is not enough to simply provide medication,

Switch from a “medication centered” or “task centered” practice to patient-Centered care.

Pharmaceutical Care: “ the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient’s quality of life” (Hepler and Strand 1990).

Using effective communication skills is essential in the provision of patient care.

# GUIDE TO PATIENT COUNSELLING

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**The communication process between health professionals and patients serves two primary functions.**

1. It establishes an ongoing relationship between the professional and the patient.
2. It provides the exchange of information necessary to assess a patient's health condition, implement treatment of medical problems, and evaluate the effects of treatment on a patient's quality of life.

# Patient Centered Care (PCC)

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the five dimensions of PCC

The pharmacist must be able to:

1. Understand the illness experience of the patient.
2. Perceive each patient's experience as unique.
3. Foster a more equal relationship with patients.
4. Build a therapeutic alliance with patients to meet mutually understood goals of therapy.
5. Develop self-awareness of personal effects on patients.

# Patient Centered Care (PCC)

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**The healthcare professional should encourage patients to share experiences with therapy**

**because**

- they have unanswered questions
- they have misunderstandings
- they experience problems to therapy
- they can “monitor” their own responses to treatment
- they make their own decisions regarding therapy
- they may not reveal information to you unless you initiate a dialogue

# GUIDE TO PATIENT COUNSELLING

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## Communication during drug therapy

- Purpose of medication
- How medication works
- Dose and duration of therapy
- Goals of therapy
- How effectiveness will be monitored
- Adverse effects and how to deal with them
- Drug specific issues

Advantages: An effective communication process can optimize the chance that patients will make informed decisions, use medications properly, and meet therapeutic goals.

# STRATEGIES TO IMPROVE COMMUNICATION

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1. Explain things clearly in plain language
2. Focus on key messages and repeat
3. Use a “teach back” or “show me” technique to check understanding
4. Effectively solicit questions
5. Use patient-friendly educational materials to enhance interaction

***Together, these strategies and others will help ensure the environment is patient-friendly and shame-free for ALL patients.***

# STRATEGIES TO IMPROVE COMMUNICATION

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## 1. Explain Things Clearly in Plain Language

- Slow down the pace of your speech
- Use plain, non-medical language
  - ▶ “Blood pressure pill” instead of “antihypertensive”
  - ▶ Pay attention to patient’s own terms and use them back
- Avoid vague terms
  - ▶ “Take 1 hour before you eat breakfast” instead of “Take on an empty stomach”

# STRATEGIES TO IMPROVE COMMUNICATION

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## 2. Focus on Key Messages and Repeat

- Limit information
  - ▶ Focus on 1-3 key points
- Develop short explanations for common medical conditions and side effects
- Discuss specific behaviors rather than general concepts
  - ▶ What the patient needs to do
- Review each point at the end

# STRATEGIES TO IMPROVE COMMUNICATION

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## 3. Use a “Teach Back” to Check Understanding

### Teach Back Scripts:

- I want to make sure I explained everything clearly. If you were trying to explain to your husband how to take this medicine, what would you say?
- Let’s review the main side effects of this new medicine. What are the 2 things that I asked you to watch out for?
- Show me how you would use this inhaler.

# STRATEGIES TO IMPROVE COMMUNICATION

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## 4. Effectively Solicit Questions

- Don't say:

- ▶ Do you have any questions?

- ▶ *Did you take your doses correctly?*

- Instead say:

- ▶ *What questions do you have?*

- ▶ *How did you take your doses last month?"*

# Interpersonal communication

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## What is Interpersonal Communication?

**Interpersonal communication** is the transmission and reception of verbal and non-verbal messages between people.

Interpersonal communication is not just about what is actually said-the language used-but *how* it is said and the non-verbal messages sent through tone of voice, facial expressions, gestures and body language.

**Interactive communication** involves dialogue with patients involving health condition or treatment. Patients are engaged in conversation so practical matters are covered by the doctor.

**Empathy** is the ability to see the world through another person's eyes and perceive his or her emotions.

# interpersonal communication

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The interpersonal communication is more than merely speaking to others, offering a printed prescription label, or handing the patient a medication information leaflet.

You must make sure that the messages are received accurately.

There is no guarantee that the meaning of your message will be translated as intended.

You need to make sure you enhance your listening skills so that you can become a better receiver of messages as well.

# Perceptions

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**The meaning of the message is influenced by the receiver's perception of the message.**

**Therefore, it is important to remember the following points when communicating with others.**

1. Always anticipate different perceptions in the communication process.
2. Try to be aware of stereotypes you hold that may influence your perception of others and also be aware of stereotypes others have on you.
3. Ask for feedback from the receiver about how well your intended message was received.
4. Provide feedback to the sender to check your perception of the message and make sure you understood correctly.

# PERCEPTIONS OF INDIVIDUALS

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- \* People who are mentally ill do not comply with their medication regimens.
- \* Nurses always complain about pharmacists.
- \* Elderly people can't hear well and always talk too much.
- \* People who talk slow are lazy.
- \* Women with red hair have a temper.

We do not see the person as a unique individual but as a representative of a particular group (e.g., elderly, mentally ill, etc.).

We erect “perceptual barriers” to the communication process not based on fact but on our inferences based on stereotypes. Unfortunately, these barriers inhibit true communication between individuals.

The interpersonal communication model includes five important elements (components):

Much research has been done to try to break down interpersonal communication into a number of elements in order that it can be more easily understood. Commonly these elements include:

1. sender,
2. message,
3. receiver,
4. Feedback
5. barriers.

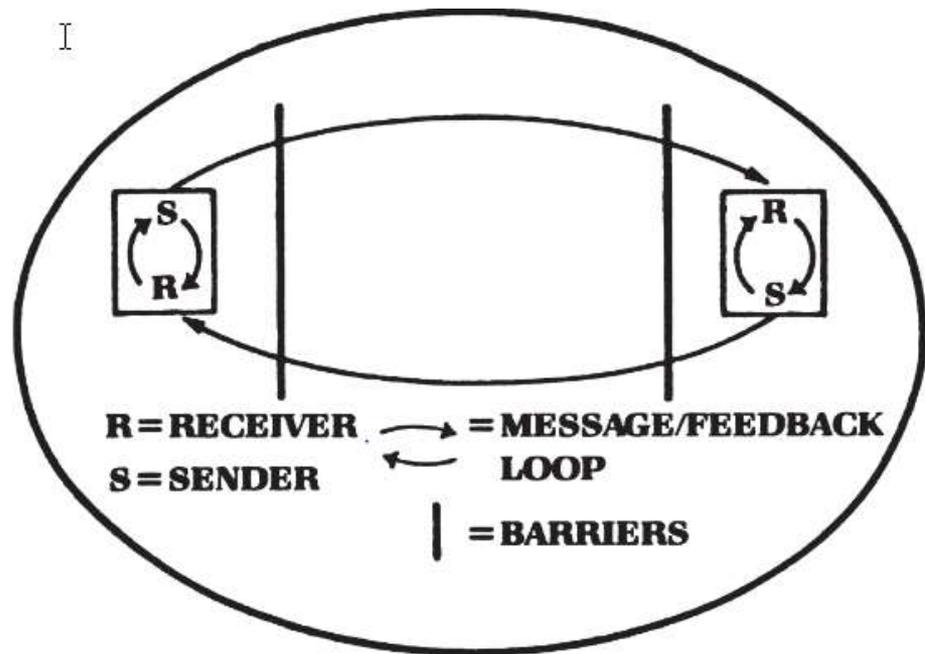


FIGURE 2-1. The interpersonal communication model.

# Advice Pharmacists Should Follow When Communicating with People of Different Backgrounds

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Learn as much as you can about the patient's background, including beliefs about taking medications.

View diversity as an opportunity. With a little patience and the right attitude, you will be amazed at the opportunities that crop up to help one another.

Do not condescend. Patronizing behavior is not appreciated and is recognized as such in any culture.

Talk about your differences. Misunderstandings will often take root when people from differing backgrounds do not talk to one another.

Be willing to talk openly and with a constructive attitude.

# Non-verbal communication

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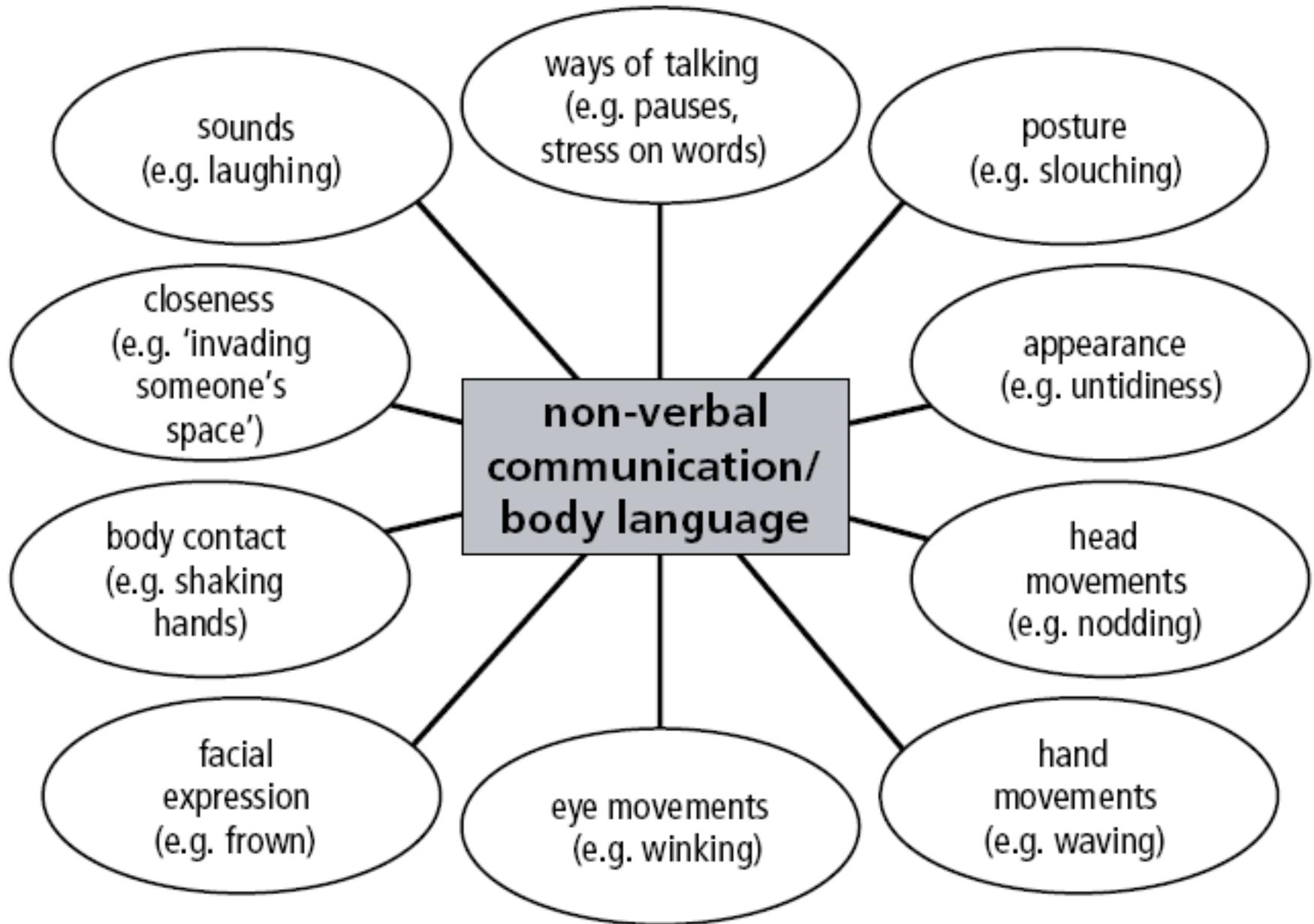
Communication Breakdown



**Non-verbal communication** consists of meaning conveyed through body language and facial expressions. **i.e., interpersonal communication is a lot more than just speaking to others or giving a prescription.**

Nonverbal communication involves a complete mix of behaviors, psychological responses, and environmental interactions through which we consciously or unconsciously relate to another person.

approximately 55% to 95% of all communication can be attributed to nonverbal sources.



## Importance of Nonverbal Communication

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Nonverbal communications are important for three reasons.

**First**, they mirror innermost thoughts and feelings.

**Second**, it is difficult, and almost impossible, to “fake” during an interpersonal interaction.

**Third**, congruence between your verbal and nonverbal messages; your non-verbal communication MUST BE CONSISTENT with your verbal communication or people will be suspicious of the intended meaning of your message.

# Elements of Nonverbal Communication

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The manner in which you use your arms, legs, hands, head, face, and torso may have a dramatic impact on the messages that you send. It should reflect interest, empathy, sincerity, respect.

In general, individuals from various societies use different body movements to communicate certain messages.

for example, it is common for two men to shake hands when meeting each other. A handshake is a way by which we nonverbally indicate friendship or acceptance of the other person.

However, in some cultures, it is more appropriate to bow to each other rather than shake each other's hand.



# Nonverbal expressions

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include:

kinesics, (body movement),

Proxemics (distance between persons trying to communicate),  
elements of the physical environment in which communication  
takes place.

Distracting factors

# Key Components of Kinesics

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Varied eye contact (consistent, but not a stare)

Relaxed posture

Appropriate comfortable gestures

Frontal appearance (shoulders square to other person)

Slight lean toward the other person

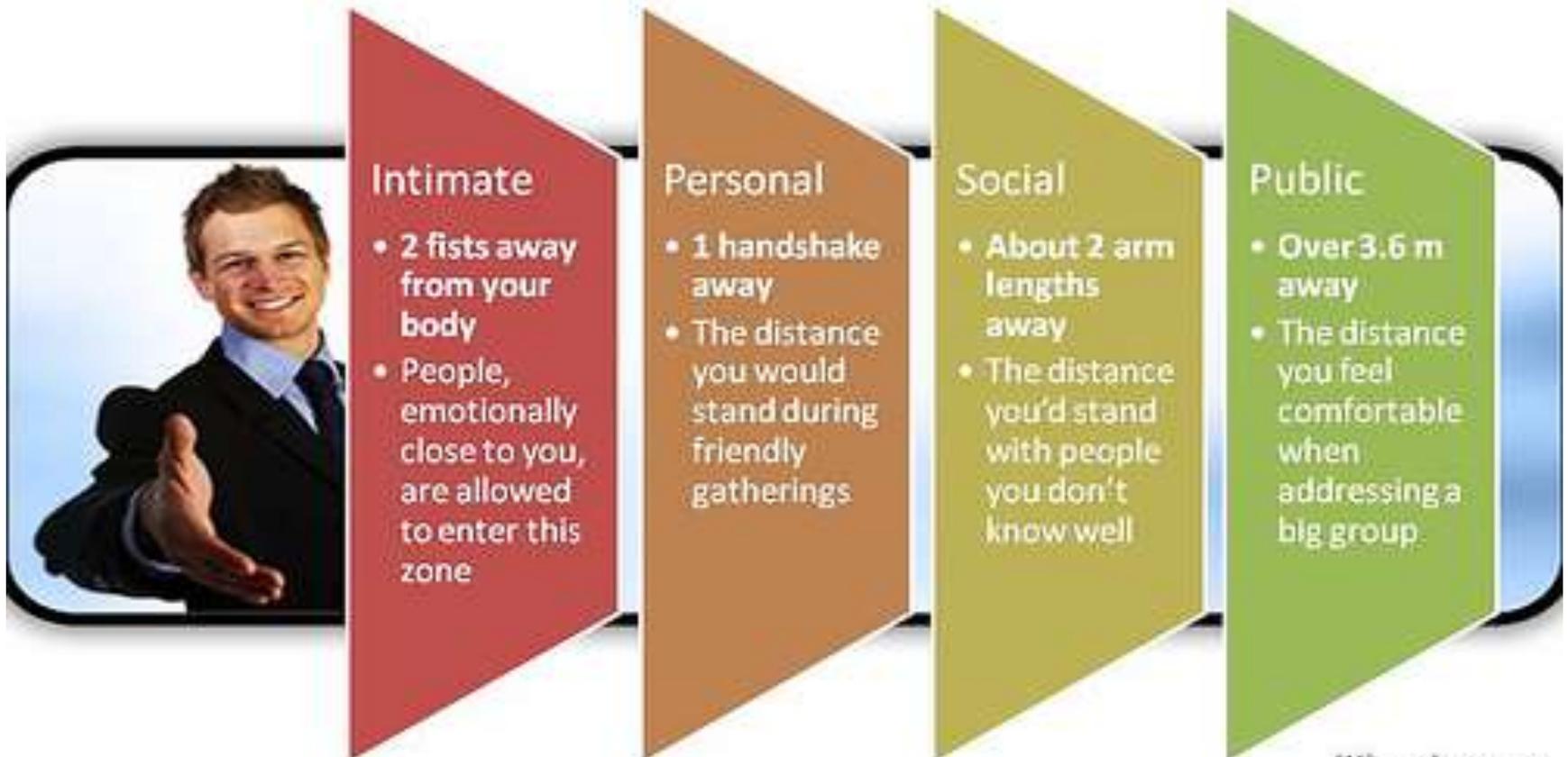
Erect body position (head up, shoulders back)



iKinesics Guide To...

# Proxemics

The distances between two or more individuals.



iKinesics.com

# Barriers to Communication



Barriers to effective communication include:  
Physical (environmental),  
Psychological (personal),  
administrative  
or time conflict.  
Such conflicts prevent effective communication from being established.

# Barriers to effective communication

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**Barriers to effective communication** include physical, psychological, administrative or time conflict. Such conflicts prevent effective communication from being established.

**Environmental barriers** such as a lack of privacy or furniture that creates physical barriers between patients and doctors/pharmacists can prevent effective communication. Environmental barriers are examples of physical barriers.

**Semantics** relate to meanings of words and symbols used in interpersonal communication.

Words can also have multiple meanings. Therefore, effective patient communication requires the use of words that are carefully chosen. Jargon should be clearly defined or avoided. Semantics is an example of a psychological barrier.

# Barriers to effective communication

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**Perception** is how a message is perceived by a patient. The patient may view the doctor as only being interested in diseases, drugs and money, not people. If the patient views the doctor as being incompetent or uncaring, he/she is less likely to trust the doctor's advice. Perception is an example of a psychological barrier.

**Negative attitude** from doctors or pharmacists are usually caused by a lack of confidence and low self-esteem. Communication is far from ideal all the time, and doctors or pharmacists should strive to improve their skills through practice.

Many doctors believe that it is not their job to counsel their patients, but it is. Negative attitude is an example of a psychological barrier.

# Barriers to effective communication

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**Personal barriers** include low self-confidence, shyness, dysfunctional internal monologue, lack of objectivity, cultural differences, discomfort in sensitive situations, and conflicting values to healthcare practice.

**Administrative barriers** such as management may view the lack of money compensated for communication as a reason not to communicate. More money is made by prescribing medication, not caring for patients.

**Time barriers** are interlinked with administrative barriers because management is responsible for staffing levels as well as allocation of work duties. Time limits are very common when it comes to pharmacists and patients. Time restraints are often excuses not to counsel, though it often does not take very long.

# Potential Pharmacist-Related Personal Barriers

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Low self-confidence

Shyness

Dysfunctional internal monologue

Lack of objectivity

Cultural differences

Discomfort in sensitive situations

Negative perceptions about the value of patient interaction



# Active Listening

## Fundamental Definitions

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### HEARING

Receiving auditory/sensory input

Purely a receptive activity

Physiologic

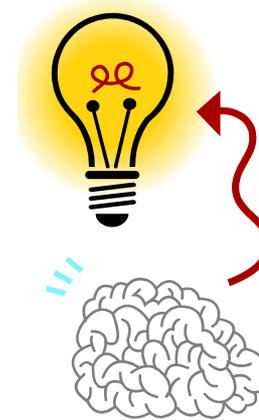


### LISTENING

Processing auditory/sensory input

Meaning-making activity

Cognitive



# Factors that Impact Listening

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In addition to communication barriers, some communication habits can interfere with your ability to listen well.

- Multitasking: to do two things at once (it evident to patients that they don't have your full attention)
- Planning ahead to what you will say next: Planning next point (interrupting?)
- Jumping to conclusions before patients have completed their messages (only hearing parts of messages).
- Selective listening -Focusing only on content-Listening with ears only....
- judging the person or the message as it is being conveyed,
- faking interest,
- Your perceptions
- and communicating in stereotyped ways

# Listening well

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Listening well involves understanding both the content of the information being provided and the feelings being conveyed.

Skills that are useful in effective listening include

(1) summarizing,

(2) paraphrasing,

(3) empathic responding, “reflection of feeling” statements that **verbally** convey your understanding of the essence or emotional meaning of another person’s communication. In addition, **nonverbal** communication that shows caring and attention to the patient.

# Empathy and Effective Communication

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Empathy has many positive effects on a pharmacist's relationships with patients. It helps patients

- come to trust you as someone who cares about their welfare.
- understand their own feelings more clearly.
- to alleviate the patient's sense of isolation, which often accompanies an illness experience.
- facilitates the patient's own problem-solving ability.

# Nonverbal Aspects of Empathy

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Do a number of things nonverbally to convey interest and concern:

- Establishing eye contact while talking to patients
- Leaning toward them slightly with no physical barriers
- Having relaxed posture
- Head nods and encouragements to talk.
- Tone of voice
- Establishing a sense of privacy by coming out from behind the counter
- Conveying that you have time to listen
- Sensitivity to patients' nonverbal cues (feelings, tone of voice, facial expression and body posture)

# Problems in establishing helping relationships

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There are countless sources of problems in interpersonal communication between pharmacists and patients.

However, certain pharmacist attitudes and behaviors are particularly damaging in establishing helping relationships with patients. These include:

- Stereotyping
- Depersonalizing
- Controlling behaviors

# Perceptions (again?)

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**Stereotyping** what image comes to mind when you think of;

- An Elderly Patient
- AIDS patient
- Dying Patient
- Noncompliant patient
- Patient with Welfare Assistance
- Hypochondriacal patient
- Psychiatric patient

If you hold certain stereotypes of patients, you may fail to listen without judgment.

- I already know what he is going to say
- She is the type that never really wants help

# Perceptions (again?)

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## Depersonalizing – Be careful....

- Delivering a canned speech “a rigid communication format of a pharmacist monologue rather than pharmacist-patient dialogue”
- Perceiving the patient as a case or number
- Impersonal; Focus on the disease rather than the person, the focus on narrow clinical rather than broader personal issues
- Communication with third parties instead of patient

## Controlling

- Authoritarian style: You are the authority; patients are told what they should do and what they should not do-decisions are made, often with very little input from the patient on preferences, desires, or concerns about treatment.
- You don't make room for the patients message or feedback

# Assertiveness

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**Assertiveness** is a style of response that focuses on resolving conflicts in relationships in an atmosphere of mutual respect.

- To be assertive, each person must be able to directly and honestly convey “This is what I think,” “This is how I feel about the situation,” “This is what I want to have happen,” or “This is what I am willing to do.”

This type of communication allows people to stand up for their own rights or for what they believe in without infringing on the rights of others. You also attempt to understand the other person’s point of view even when there is disagreement.

- The focus is on problem solving rather than turning the conflict into a “win/lose” situation that damages the relationship.

# Assertive Behavior

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- ✓ Assertive behavior is the direct expression of ideas, opinions, and desires.
- ✓ The intent of assertive behavior is to communicate in an atmosphere of trust.
- ✓ Conflicts that arise are faced and solutions of mutual accord are sought.
- ✓ Assertive individuals initiate communication in a way that conveys their concern and respect for others.
- ✓ The goal of communication is to stand up for oneself and to solve interpersonal problems in ways that do not damage relationships.
- ✓ Assertiveness requires that you respect others as well as yourself.

# skills for assertive communication.

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These include

- ✓ initiating and maintaining conversations,
- ✓ encouraging assertiveness in others,
- ✓ responding appropriately to criticism,
- ✓ giving negative feedback acceptably,
- ✓ expressing appreciation or pleasure,
- ✓ making requests, setting limits or refusing requests,
- ✓ conveying confidence both verbally and nonverbally,
- ✓ and expressing opinions and feelings appropriately.

# Assertiveness skills required in relating to Patients:

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- Willingness to initiate communication
- Encouraging patients to be more assertive with you
- Appropriate response to angry patients
- Empathic response
- Turn criticism into useful feedback
- Do not transmit messages through a third party.

# Assertiveness skills required in relating to Physicians:

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- No need for anger/ or apology
- Always introduce yourself
- Apologizing makes you seem insecure and unassertive
- Do not put the physician 'on the spot'
- Prepare your recommendation and keep current references 'in reserve'
- Do not expect a 'pat on the back'

# Assertiveness with Employees

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- Talk in private
- Be specific in your approach to the problem
- Do not become defensive
- Positive feedback is as important as negative feedback (specific praise)

# Assertiveness with Employers

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Five responses that are helpful in situations of criticism:

- ✓ Getting useful feedback
- ✓ Agreeing with criticism
- ✓ Disagreeing with criticism
- ✓ Fogging; involves acknowledging the truth or possible truths in what people tell you about yourself while ignoring completely any judgments they might have implied by what they said.
- ✓ Delaying a response

# Interviewing & Assessment

## Educational Diagnosis' Sequence

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### 'Educational diagnosis' sequence

1. Assess what the patient needs to know
2. Assess what the patient already knows
3. Identify information gap (between 1&2)
4. Assess the patient's ability to learn
5. Determine the best way to instruct the patient
6. Determine the best time to instruct the patient
7. After instruction, assess whether learning occurred

# Components of an Effective Interview

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## **LISTENING:**

In general, people are better senders of information than receivers of information.

**Probing:** is the use of questions to elicit needed information from patients or to help clarify their problems or concerns.

# Listening techniques for the patient interview process

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**Listening** is an ability which effectively enhances the communication process.

## **Listening techniques for the patient interview process:**

- Stop talking. You can't listen while you are talking.
- Get rid of distractions.
- Use eye contact to show you are listening.
- React to ideas rather than the person.
- Read nonverbal messages.
- Provide feedback to clarify the message. This shows that you listen and are trying to understand.

# PROBING

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**Probing:** is the use of questions to elicit needed information from patients or to help clarify their problems or concerns.

**Several things should be considered before asking a question.**

The phrasing of the question

Avoid “why” type questions; For example, people might become defensive if asked

- “Why do you miss doses of medication?”  
instead of  
“What causes you to miss doses of medication?”

It is usually better to use “what” or “how” type of questions.

considerations before asking a question.

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## Phrasing of the Question

**the timing of the question is important.**

Several questions in succession may leave the patient with a sense of being interrogated and, therefore, may raise the level of defensiveness.

The patient should be allowed to finish answering the current question before proceeding to the next one.

**Avoid leading questions.** These questions strongly imply an expected answer (e.g., “You don’t usually forget to take the medication, do you?” or “You take this three times a day with meals, right?”).

These questions lead patients into saying what they think you want to hear rather than what the truth may be.

# Open-ended vs Closed-ended Qs

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Difference between open vs closed ended Qs.

-Close ended questions:  
Did you take your doses correctly?

-Open ended questions:  
How did you take your doses last month?

## Closed-ended

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- ❑ Causes the patient to become more passive
- ❑ Reduces the degree of openness
- ❑ Enables patients to avoid specific subjects and emotional expression
- ❑ Interrogation and impersonality
- ❑ 'Pharmacist-centred questions'

## Open-ended

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- ❑ Do not require the patient to respond in your frame of reference
- ❑ Permit open expression
- ❑ Less likely to result in misunderstanding
- ❑ Promote rapport and develop a trusting relationship
- ❑ 'Patient-centred questions'

# ASKING SENSITIVE QUESTIONS

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Questions assessing adherence,  
alcohol use,

Drugs; use of recreational drugs may be difficult to ask.

Sexual functioning or sexually transmitted diseases; Assessment of effects (including side effects) of medications that relate to sexual functioning or STD.

**techniques that can make such questions easier to ask.**

1. Generalize approach “universal statement”
2. Ask whether the situation has ever, at any time, occurred and then ask about the current situation.
3. Threatening Qs at the end of interview

# STARTING THE INTERVIEW

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you should start the interview by

**greeting** patients by name

**introducing** yourself to patients if you do not know them. This helps establish rapport with the patient.

state the **purpose** of the interview,

**outline** what will happen during the **interview**, and put the patient at ease.

- The **purpose** of the interview should be stated in terms of the benefit to the patient.
- **The amount of time needed,**
- **the subjects to be covered,**
- and the **final outcome** should be mentioned so the patient has a clear understanding of the process.

# STARTING THE INTERVIEW

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For example, a pharmacist seeing a patient for the first time might say:

**Hello**, Mr. Pearson, I'm Jane Bradley, the pharmacist **(the introduction)**.

Since you are new to our pharmacy, I would like to ask you a few quick questions about the medications you are now taking **(Subject)**.

This will take about 5 to 10 minutes **(the amount of time needed)** and will allow me to create a drug profile so that I can keep track of all the medications you are taking. This will help us identify potential problems with new medications that might be prescribed for you **(the purpose/outcome)**.

# Tips to conduct a more efficient patient interview

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Avoid making recommendations during the information-gathering phases of the interview. Such recommendations prevent the patient from giving you all the needed information and can interfere with your ability to grasp the big picture of patient need.

Similarly, do not jump to conclusions or rapid solutions without hearing all of the facts.

Do not shift from one subject to another until each subject has been followed through.

Guide the interview using a combination of open ended and closed ended questions.

Similarly, keep your goals clearly in mind, but do not let them dominate how you go about the interview.

# Tips to conduct a more efficient patient interview

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Determine the patient's ability to learn specific information in order to guide you in your presentation of the material. Reading ability, language proficiency, and vision or hearing impairment all would influence the techniques you use in interviewing and counseling a patient.

Maintain objectivity by not allowing the patient's attitudes, beliefs, or prejudices to influence your thinking.

Be aware of the patient's nonverbal messages.

Depending on your relationship with patient, move on from less personal to more personal topics. This may remove some of the patient's initial defensiveness.

Note taking should be as brief as possible.

# Helping Patients Manage Therapeutic Regimens

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## Reasons exist for poor- or nonadherence

Numerous reasons exist, some reasons are related to

Patients, include:

- patient perception of medications “the positive outcomes”.
- Many patients are afraid of taking medications,
- while some may rely too heavily on medications and take more than prescribed.

Health care providers,

Others evolve from the health care delivery system.

- lack of insurance coverage,
- access to medications,
- and other economic concerns.

# Helping Patients Manage Therapeutic Regimens

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Nonadherence can be divided into two broad categories:

1. Unintentional (inadvertent): forgetting
2. Intentional, involves decisions a patient has made to alter a medication regimen or to discontinue drug therapy (permanently or temporarily).

due to

- an uncomfortable side effect
- or skip doses of a medication that should not be taken with alcohol before going to a party.

# False assumptions about patient understanding and medication adherence

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1. Do not assume that previous physicians have already discussed with patients the medications they prescribe.
2. Do not assume patients understand all information given.
3. Do not assume that if patients understand what is required, they are able to take medication correctly. Medication regimens take time to get adjusted to.
4. Do not assume that patients don't take medication because they don't care or aren't motivated. These assumptions prevent you from focusing on their real problems.

# False assumptions about patient understanding and medication adherence

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5. Do not assume that once patients have problems they will contact you. Doctors need to constantly initiate interaction by asking open-ended questions.
6. Patients must not only know key points of information about their medication but also perform specific behaviors (taking medication at certain time, using an inhaler properly, etc).
7. to optimize therapeutic outcomes. Pharmacists must assess patient knowledge about medication and educate them regarding essential information.

# Communication with special patients

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## - The Elderly

In certain individuals, the aging process affects the learning process, but not the ability to learn. Some older adults learn at a slower rate than younger persons.

The elderly might also have problems such as poor vision, speech or hearing.

Therefore, it is very important to set reasonable short-term goals, and break down learning tasks into smaller components.

It is also important to encourage feedback as to whether they understand the intended message.

## Techniques to Improve Patient Understanding

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1. Emphasize key points. *“This is very important”* helps them remember what follows.
2. Give reasons for key advice, e.g., with an antibiotic prescription, tell why it is necessary to continue medication use even though symptoms have disappeared.
3. Give definite, concrete, explicit instructions. Any information that patients can mentally picture is more easily remembered. Use visual aids, photographs, or demonstrations.
4. Provide key information at the beginning and end of the interaction.
5. Supplement and reinforce spoken words with written instructions.
6. Assessment of a patient’s ability to read and understand key written instructions is required.
7. End the encounter by taking feedback .

# Communication with special patients

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## - Terminally Ill patients

are usually intimidating to work with because people do not want to say the “wrong” things that would upset them.

Before interacting with them, be aware of your own feelings about death and about interacting with terminally ill patients.

Simply being honest with them can improve their interaction with them. It will also open them up to voice out their concerns as well.

Many terminally ill patients know that they can make others feel uncomfortable. You should not avoid talking to them unless you sense that they do not want to talk.

Not interacting with them only contributes further to their isolation and may reaffirm that talking about death is uncomfortable.

## Communication with special patients

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- **Patients who are mentally ill** can be difficult to communicate with.

Open-ended questions would be more effective as they can be used to determine the patient's cognitive abilities.

Ethical considerations include whether they require consent from the patient for treatment.

Mentally Ill Patients might not always understand their treatments or medication purposes.

# Communication with Children

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- Attempt to communicate at the child's developmental level
- Ask open-ended questions rather than questions requiring only a yes or no response
- Use simple declarative sentences for all children
- Ask the child whether he or she has questions for you
- Augment verbal communication with written communication
- Nonverbal communication is very important with children therefore be aware of your facial expressions, tone of voice, gestures, and so on.

Children want to know. Healthcare professionals should communicate directly with children about medicines and treatment.

# Ethical principles

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**Beneficence** is the principle that health professionals should act in the best interest of the patient.

**Autonomy** is the principle that establishes patient rights to self-determination- to choose what will be done to them.

**Honesty** principle states that patients have the right to the truth about their medical condition, the course of disease, the treatments recommended and the alternative treatments available.

**Informed Consent** has occurred and treatment can be implemented if all relevant information is provided, if the patients understand the information, and if consent is given freely without coercion.

# Ethical principles

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**Confidentiality** serves to assure patients that information about their medical conditions and treatments will not be given to individuals without their permission.

**Fidelity** is the right of patients to have health professional provide services that promote patients' interests rather than their own.

Ethically, the responsibilities of physicians should be directed towards the patients rather than directed at the financial well-being of the clinic.