

* Patient counseling



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Introduction

- * Safe and effective drug therapy depends on patients being well-informed about their medication
- * Correct diagnosis and appropriate drug prescribed can be ineffective in case patient does not understand.
- * Pharmacists - merely acting as dispensers!!
- * Many patients do not get enough information about use of their medication, including how and when to take the medication, how long to take it, what to do if side effect occurs or a dose is missed.



*Patient counselling is an empathic communication between the pharmacist and the patients which help in providing advice, support and information to the patients regarding the drugs and drug therapy and can lead to the optimum effectiveness of drug therapy (rational drug therapy)



* Aim of patient counseling

- * Better patient understanding of their illness and the role of medication in its treatment
- * Improved medication adherence
- * More effective drug treatment
- * Reduced incidence of adverse effects and unnecessary healthcare costs
- * Improve quality of life for the patient
- * Better coping strategies to deal with medication related adverse effects
- * Improved professional rapport between the patient and pharmacist



Need of the hour

- * Pharmacist and patient rapport.
- * Patient increased knowledge, attitude and practice.
- * Patient compliance.
- * Safe and effective therapy.
- * Skill during therapy.

Types of counselling

- * Individual counselling
- * Group counselling

Modes of providing the counselling

- * Verbal
- * Written/ printed (pamphlets/ patient information leaflets)
- * Counselling aid such as poster presentations
- * Audio-visuals



* Communication skills for effective counseling

- * Language
- * Tone
- * Volume
- * Speed
- * Proximity
- * Eye contact
- * Facial expression



1. Preparing for the session

- * Obtain all the information about the patients from the prescriptions, medication orders, hospital medical records, medication history, healthcare professionals etc.
- * Present medical condition of the patient (physical state). Whether able to undergo the counselling session or not.



2. Steps involved in the counselling session

a) Opening session:

- * Introduce yourself and identify the patient.
- * Try to deal with the time barrier concerns.
- * Explain the purpose of the session, any concerns or issues of the patients should clarified in case that is a distraction to the session, eg; new drug concerns or the health plan concerns.



b) Assessments and counselling:

- * Update the **patient medication profile** to know about the recent changes that can effect the patient's current drug therapy viz; the new drugs, disease condition, allergies, discontinuation of therapy, non-prescription medicines, life style changes etc.
- * Assess the **patient's knowledge about the drugs prescribed** to him and **reason for prescribing**. Correct any misconceptions, help the patients to identify the medications, and review medications given to the patients.



- * Assess whether the **patient know how to take the medications.** The time, dosing regimen, plan, and storing of the drugs.
- * Assess **patient's understanding** of **what to expect from the medication**, their outcomes and **adverse drug reactions.**
- * Additional information to the patients such as interactions, missed doses, monitoring information, refill information, storage and lifestyle modifications



- * Ask for any concerns of the patients that requires further clarifications that has not been discussed previously or requires further explanation.
- * Check the understanding of the patients information discussed in the counselling session.



* Counseling contents

- * Name and strength of the medication
- * Reason why it has been prescribed (of known) or how it works
- * How to take the medication (how much and how often)
- * Expected duration of treatment
- * Expected benefits of treatment
- * Possible adverse effects
- * Possible medication or dietary interactions
- * Advice on correct dosage
- * Minimum time duration required to show therapeutic benefit
- * What to do if a dose is missed
- * Special monitoring requirements, eg. Blood tests
- * Arrangements for obtaining further supplies

c) Closing session

- * Summarize the counselling points
- * Written counselling if required
- * How to contact the pharmacist
- * Reinforce on the positive outcomes of the therapy
- * Confirm about the follow up session with the prescription in case of refill and with the physicians



Priorities for patient counselling

- * Chronic disease conditions
- * Special populations
- * Multiple drug therapy
- * Co morbidities
- * New prescription
- * New delivery devices for the patients



* Barriers of patient counseling

* System based barriers

- * Where is the time/space/personnel/material for patient counseling?
- * If you give some patient counseling and some adverse things happen, who is going to be responsible for it?
- * Nobody is doing patient counseling, why should we do it?
- * Doctors may not like this activity, let us not do it.
- * Patients may not like to hear anything.



* Barriers of patient counseling

* Provider based barriers

* Pharmacist may not have the necessary knowledge /communication skills/interpersonal behavioral skills/ aptitude/ time to do patient counseling

* Pharmacist may face other problems like; he/she may not know the language of the patient/ may have some speech or hearing problem and so on.



* Barriers of patient counseling

* Patient based barriers

- * Patient may not have time/attitude to listen/ capacity to understand.
- * Patient may not know any language that the pharmacist knows.
- * Patient may be feeling some hesitation due to some cultural type of issues, like girls may be unwilling to take counseling from boys and boys may be unwilling to take counseling from girls.
- * Highly educated people may not like to take counseling.
- * Patient may suffer from some defect with respect to hearing or speech.
- * Patient may be suffering from some misconceptions or fears due to which nothing will penetrate his mind.

* Barriers of patient counseling

* Strategies to overcome barriers

- * Patient must be convinced with amicable words that counseling is good for him/her.
- * Pharmacist must take the help of some employee who knows the language of the patient.
- * We must deal with the situation as it demands
- * We may leave alone those who do not want counseling.
- * For the sake of hearing and speech impaired people, we must have models or charts to help us in giving counseling.
- * We must talk to the patients and draw their fears out and dispel them. This is not a one hour matter, but it will take a few sittings for the pharmacist to gain the confidence of the patient.

* Patient Counseling!!

- * It is a business.... where we overcome the barriers of all types and the fears of all types, and carry out the process.
- * This is important because it is going to make the patient' s life and healthcare much better.

