

The Patient Interview

A self-study education module

'Patient counselling' by pharmacists is a diverse and ill-defined activity. It is also an activity which is achieving more prominence as part of the 'extended role' which is seen as the way forward for the profession.^[1] Having a structured approach to counselling can help the practitioner provide counselling services consistently in their practice. Few pharmacists; however, have developed a structured counselling process. The patient interview is one method that can be used to achieve this. This module is designed to assist the pharmacist to identify the elements of the patient interview, develop their own interview style and gain confidence in running an interview such that they can integrate it into their practice.

Benefits you will experience by using a structured patient interview approach include:

- Assurance that your patient counselling is complete
- Confidence that you are providing accurate advice
- Effective time management; feeling less rushed
- Conveyance of a professional environment

Learning Objectives

After completing this module, you will be able to:

- List the three elements of a structured patient interview
- Identify three types of barriers to effective patient interviewing
- Develop your own patient interview style

How to use this module

This module is divided into three parts. It is recommended that you work through the parts in sequence. All materials needed to complete this module are provided. Some of the exercises need to be completed while you are at work, so you may want to let your colleagues know that you are completing this learning exercise. You may wish to invite a colleague to join you in completing this module; together you can discuss the concepts presented and offer each other supportive, helpful feedback as you develop your own interviewing styles. The three parts of this module are:

Part One – Defining the patient interview process

Part Two – Identifying barriers to running a patient interview

Part Three – Developing a patient interview style



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Part One – Defining the patient interview process

A complete patient interview comprises three distinct parts: gathering information, providing patient care (patient management) and offering follow up. The patient interview is a two-way exchange of information. You gather information from the patient to ensure that information you provide back to the patient in response to their care needs, is specific and unique to them.

Gathering information about a patient is an essential element of providing care. Interviewing the patient is one of the most common methods used to ensure complete information is gathered about the patient.^[2] Patient information you will need to provide safe, effective care falls into two categories: demographic information and medication experience information. Demographic information may include but is not limited to: age, weight, height, gender, address, and phone number. The patient's medication experience information may include but is not limited to: current and past medication use, allergies and adverse drug reactions, and existing medical conditions.^[3] It is these latter elements that we will be focusing on in this module.

Exercise One

Complete this exercise while you are at work. Take a moment to reflect immediately following a patient interaction in which the patient was picking up a prescription for themselves. If possible select an interaction with a new patient to your pharmacy. Once the interaction is over, take a moment to reflect on the information that you gathered from the patient (or their file if they are a returning patient). Answer the question: what information did I gather from or know about this patient in order to provide safe, accurate care? Repeat this exercise with a different patient and compare whether your information needs were similar or different. If you are working on this module with a colleague, share your thoughts.

Read Appendix 1 – 'Tips for gathering information' to help you refine your interview style.

Patient management can include counselling on a prescription or non-prescription product, answering a patient question or resolving a patient problem. The purpose of the counselling session will influence the content of this element of the patient interview. Depending on whether the counselling is related to a new prescription

or a refill, or in response to a self-care request for advice, you will want to tailor your care to meet the patient's needs. Some common elements of care related to dispensing a prescription product include: the name of the drug, instructions for use (how much to take, when to take), side-effects that may be experienced (including suggestions on how to manage), precautions or contraindications and lastly, storage instructions. During this element of the interview, it is common to check in with the patient to make sure they understood the information provided. It is important to end this part of the interview by asking the patient if they have any questions or need to clarify anything that you have said.^[4]

The **Follow up** component of the interview is included to ensure that the patient feels comfortable contacting you if they have any questions about their medications; including reviewing what was discussed. If your pharmacy provides a call-back service, you can offer a follow up call at this time. If follow up with the physician is an anticipated element of treatment, you may inquire as to whether the patient has arranged to follow up with their physician and the timeframe for that follow up.

Exercise Two

Complete this exercise while you are at work. Take a moment to reflect immediately following a patient interaction in which the patient was picking up a prescription for themselves. Once the interaction is over, take a moment to reflect on the information that you provided to the patient. Answer the questions: Did I address all the elements required by the patient for safe use of their medication? Did I ensure they knew to contact me or follow up with their physician if needed? Repeat this exercise with a different patient and compare whether the patients' information needs were similar or different. If you are working on this module with a colleague, share your thoughts.

Part Two – Identifying barriers related to a patient interview

In most practice environments, there exist barriers (either real or perceived) that affect the pharmacist's ability to provide care in a structured interview format consistently. Identifying these barriers is the first step to overcoming them. The most commonly encountered barriers are those related to our environment, ourselves and our patients. Once you identify barriers, you will be better able to create and implement solutions to overcome them.^[5]

Environmental barriers may include accessibility of the pharmacist; lack of a quiet, private space in which to speak with patients, or lack of time to engage in meaningful discussion with patients.

Personal barriers influencing a pharmacist's ability to manage a patient interview include lack of confidence related either to the interview process (and the very nature of eliciting personal, potentially sensitive, information from the patient) or their knowledge base, undeveloped communication skills which hinder the pharmacist's ability to respond to patient cues (either verbal or non-verbal) and lack of awareness of cultural differences which hinder patient response to pharmacy care.

Patient barriers preventing effective interviewing may include lack of awareness of the pharmacist's role, difficulty in speaking English, or feeling uncomfortable asking questions about their medication or health issue.

Exercise Three

Read the article entitled: Raising pharmacists' cultural awareness^[6]. Reflect on the cultural barriers that you encounter in your practice. What other barriers exist in your environment, within yourself or within your patients that may prevent you from engaging in patient interviews consistently? If you are working with a colleague, you can compare your thoughts and find solutions you can implement together.

Read Appendix 2 – 'Suggestions for overcoming common barriers to implementing a structured patient interview' to begin generating strategies to overcome barriers in your practice.

Part Three – Developing a patient interview style

To become more comfortable with delivering patient counselling in the format of a patient interview and to gain confidence as you develop your own style, you will want to practice this skill with individuals you feel comfortable. Developing and using a checklist can serve as a reminder to both the process and content.

Exercise Four

Ask a family member or friend whom you feel comfortable with if you can engage in a mock patient interview. Even though you may know this person well, pretend that they are a new patient to you. Engage in a patient interview with this individual as if you were dispensing a medication to them. Select a medication that you are familiar with such as an antibiotic or an anti-hypertensive. When you are finished, create a checklist that includes all the elements you brought to the discussion.

Exercise Five

Review Appendix 3 – Checklist for patient interview self-assessment. Take this checklist to work. Subsequent to two patient interviews (ideally with new patients to your practice), review this checklist to see how thoroughly you managed the interview. If you are working on this module with a colleague, you can observe each other and offer supportive, helpful feedback. Remember, the content of the checklist may vary from patient to patient because of the nature of the care issue; the interview structure is the important element. You may want to ask yourself (or your colleague): Did I gather all the relevant information before I began providing care? Did I provide care in a logical sequence? Did I allow for the patient to ask questions or clarify? Did I offer the opportunity for follow up when concluding the interview?

Over time, you will no longer need to use a checklist, the process will be incorporated into your regular conversations with patients and you will find yourself tailoring your interviews to match individual patient needs. Congratulations on taking steps to increase your effectiveness of patient counselling!

The Patient Interview

A P P E N D I C E S

Appendix 1 – Tips for gathering information

The following tips for the gathering information element of the patient interview can help ensure your success^[2]:

- It can be helpful to ask the patient permission to discuss their personal health information prior to jumping into an interview. One approach might be to say: In order to make sure I am providing the best care for you, I need to gather a little information about you; do you have time right now to talk for a few minutes? If the patient has been at your pharmacy for some time, you may need to try a different approach. You may say: I'd like to update our files to ensure we have your most current health information on file you; do you have a few minutes to answer a couple of questions?
- Avoid making recommendations during the information gathering phase of the interview. Doing so may prevent the patient from giving you all the information you need or can cause you to get 'off track' and can prevent you from focusing on understanding the patient and his/her needs.
- Avoid jumping to conclusions or moving to solution finding until you have gathered all the information.
- Complete each topic before moving on to another (for example, gather all drug allergies before beginning to collect the medication history).
- Guide the interview using both open-ended and closed-ended questions. Both have a place in discussions with patients.
- Take notes but keep them brief so that you can maintain eye-contact with the patient.

Appendix 2 – Suggestions for overcoming common barriers to implementing a structured patient interview^[4]:

To overcome environmental barriers:	<ul style="list-style-type: none"> • Reduce the number of products for sale near the counselling area to increase the sense of privacy for your patients who are being counseled. • Place a computer terminal near the patient counselling area to reduce walking and increase access to needed information • Reduce the amount of items on the counter where you will be engaged in a patient interview to reduce the distractions and create a professional atmosphere. • Use support staff, such as technicians and assistants effectively to free up your time to speak with patients. • Book an appointment with the patient (live or over the phone) if you find yourself or the patient being rushed when they pick up their prescription.
To overcome personal barriers:	<ul style="list-style-type: none"> • Supplement your patient interview with print materials to increase patient understanding of the information. • Maintain eye contact with the patient when you are speaking with them. This will help you keep them engaged with you during the conversation; you will also be able to watch for non-verbal cues which indicate lack of understanding or concern on the patient's part. • Develop your communication skills if you feel uncomfortable discussing sensitive issues with patients.
To overcome patient barriers:	<ul style="list-style-type: none"> • Ensure you are easily identifiable to the patient as the pharmacist. • Wear clothing that is reflective of your health care professional status to increase patient respect for your role in health care. • Ensure that your non-verbal communication communicates the desire to spend time focusing on the patient's issues.

Appendix 3 – Checklist for patient interview self-assessment

Items to consider related to gathering information:

- ☐ I introduced myself as the pharmacist
- ☐ I confirmed the prescription is for the presenting individual
- ☐ I asked about and assessed drug allergies
- ☐ I asked about current prescription medications
- ☐ I asked about prior prescription medication use
- ☐ I asked about current non-prescription medication
- ☐ I asked about current medical conditions

Items to consider related to patient management:

- ☐ I provided the name of the medication
- ☐ I discussed when to take the medication
- ☐ I provided advice on how to take the medication
- ☐ I discussed common side-effects the patient may experience while using the medication
- ☐ I offered strategies or suggestions for managing side-effects
- ☐ I provided any precautions or contraindications related to the medication being dispensed
- ☐ I provided storage instructions for the medication being dispensed
- ☐ I confirmed the patient understood the treatment plan
- ☐ I provided the patient an opportunity to ask questions or clarify

Items to consider related to follow up:

- ☐ I encouraged the patient to contact me if they needed further advice or had questions once they returned home
- ☐ I determined if the patient required follow up with the physician and if so, I asked whether they had arranged for that follow up

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Raising pharmacists' cultural awareness

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Am J Health-Syst Pharm. 2003; 60:285-6

We were pleased to see health literacy as an agenda item for the American Society of Health-System Pharmacists (ASHP) Regional Delegate Caucuses and the ASHP House of Delegates in 2002. While this important issue has surfaced for recognition and discussion by our pharmacist colleagues, there seems to be a lack of understanding of the severity of the problem and the need to appropriately frame the issue in a cultural context. We believe that pharmacists can and should assume a key role in improving health literacy within a cultural framework.

We agree that patient education is an important part of our role in providing health care. Engaging patients in the management of their care, connecting lifestyle behaviors (such as exercise) to disease modification, helping patients understand their treatment, and promoting compliance with medications are all part of our caring role. Yet we are learning that many patients are not engaged in their own care, do not understand their treatment or the relationship between behavior and disease, and do not adequately comply with their prescribed medications. Pharmacists must do better to advance health literacy.

We often focus on the role of the pharmacist in providing patient care, but to what degree are we actually improving care? There are many patient and provider issues that often result in less-than-optimal patient assessment and care.

Pharmacists need to understand the role that socioeconomic and culture play in health care delivery. Many of the working poor have no health insurance and thus have limited access to health care. While many find it challenging even to access today's health care system, this can be even more stressful when there is a language or cultural barrier. In many cultures, family, religion, folk medicine, and traditions play a prominent role in health care. Pharmacists need to make sincere efforts to become competent in the cultures of the patient populations they serve. Health care providers must recognize that translation to another language does not necessarily include an assessment of cognitive and literacy levels. Simple translation services do not necessarily equate with quality care. Assessment of patient comprehension must be a routine part of pharmacist services. Additionally, translation and assessment of understanding do not ensure patient acceptance of health information and treatment instructions. Working within the context of patients' belief systems is very important in ensuring such acceptance.

Pharmacists must learn about the role and expectations of families in

patient care. In some cultures, there may be multiple families living in one household. Pharmacists must also appreciate health care issues involving migrant workers and recent immigrants—the harshness of their work and the difficulty of obtaining continuity of care. Nearly all geographic areas of the United States have minority populations with special needs that should be addressed.

In Texas, we often discuss how the size and diversity of our state affect health care delivery. We also grapple with tough issues regarding provider shortages, the cultural competency of providers, and meeting the needs of poor and undocumented residents. Maybe health literacy and cultural issues seem more urgent to those of us living in border states, but the same issues face providers nationwide. The Institute of Medicine has discussed six “aims for improvement” of health care systems.¹ One of them speaks to patient centeredness and how health care should honor the individual patient, respecting the patient's choices, culture, social context, and specific needs. Another aim addresses equity and the need for the health care system to seek to close the growing racial and ethnic divides in the health status of people living in the United States.

The deliberations in the ASHP House of Delegates showed lack of awareness by many of ASHP's members regarding the importance of addressing cultural diversity in the de-

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livery of health care. To make real changes, we must inspect our written and oral communications and our method(s) of patient assessment and care. We need to examine the practices of pharmacists, physicians, nurses, and other providers. We need to make our practice environments comfortable and friendly—conducive for education and treatment.

Pharmacists sometimes have trouble understanding what “cultural context” means. We will use the example of an elderly patient to make our point. We have learned in school and practice that, when we treat an elderly patient, we must treat the whole patient. We must do so in the context of a person with unique limitations. We assess the level of family support (if any), do a

socioeconomic evaluation of the patient’s resources, and perform a full review of the patient’s nutritional status and concurrent medications. A similar model applies to a person with low literacy, a different cultural or ethnic background, or a different primary language. Treatment and education should be performed within the cultural context of the individual patient.

Studies have demonstrated that inadequate health literacy may lead to poor disease management and outcomes. Inadequate information or inappropriate communication from the provider contribute to the disproportionate burdens of health-related problems among disadvantaged populations.^{2,3} Pharmacists and ASHP must develop a two-

pronged educational program focusing on assessing and working with the health literacy of patients and in improving the cultural competencies and communication skills of providers. Systematic changes are required to affect health care delivery and improve outcomes in our patients.

We can and must do better to improve pharmacists’ cultural awareness.

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