3. ASSESSING THE CLUES
   How to Monitor Patients During Counseling

"Suddenly the patient started shouting and yelling at me! That
guy was totally incoherent! I couldn't make out what was wrong.
How was I supposed to know what was going on with him? I'm
not psychic!"

When a problem or breakdown in communication occurs during
counseling, it is necessary to assess the situation calmly and
rationally before deciding how to respond. This may sound difficult,
but you don't have to be psychic to identify specific problems and
respond appropriately. This chapter provides some simple
guidelines on how to assess potentially troublesome situations
during counseling.

Thinking in Terms of Barriers

It is human nature to react to unpleasant situations personally.
When an incident does not go well or according to expectations,
we typically look for someone to blame, either ourselves or others.
Subconsciously, none of us wants to be responsible for a situation
we cannot control, so when communication breaks down in the
pharmacy, the natural reaction is to focus frustrations on what is
often regarded as the "problem" patient. In moments of extreme
exasperation, the tendency is to think about the person on the other
side of the counter as a "loud-mouthed jerk who just wants to make
trouble" or "that crazy old guy from down the street who never hears
a word I say." These extreme examples of quite natural emotional
reactions to patients serve to relieve the tension after the person has
left. Transferring the responsibility for the failure of the encounter
onto patients may also absolve pharmacists of any guilt we may
have about not being able to deal with certain people effectively.

In the quote given above, for instance, the pharmacist was quick
to exonerate himself from any responsibility he might have had for
the failure of the encounter, blaming the patient for inadequately
articulating the reason for his anger. While we know that this was
just the pharmacist venting his frustrations about the situation, such
unfavorable images of patients get in the way of effectively dealing
with the communication breakdown and achieving the aim of patient
counseling (which is to verify that patients understand the proper
use of their medications so that they get maximum benefit from them).
So how do you successfully counsel patients in these challenging situations? First, it is imperative to avoid letting your responses be influenced by caricatures of patient types and instead, to become more alert to signs of poor communication. What's really happening with the "crazy old guy who doesn't hear a word I say?" Is the person in question suffering from senile dementia or a mental illness? Is the pharmacist implying that the patient doesn't listen, or is it simply that the patient's hearing is impaired? On the other hand, perhaps the patient has his own beliefs about health and chooses not to take the advice. Not listening is often confused with not agreeing. Pharmacists who are serious about counseling patients like these may need to change the way they approach the people they serve.

Because few people feel really confident dealing with situations in which communication is a challenge, frustration can easily build up for healthcare professionals who must deal with all kinds of people and their problems on a daily basis and yet must always keep a professional demeanor. A highly effective way of coping in these situations is to depersonalize the situation and look at causes for patient behavior, or impersonal barriers to effective communication. Going back to the example of the alleged "crazy old guy," the pharmacist should have looked for signs of hearing impairment, dementia, anxiety, background distractions, and so forth, instead of blaming the patient for the breakdown in communication.

The advantage of a barrier-oriented approach is that it is constructive. It helps you move toward counseling using the prime questions or show and tell by scaling down the problem to a series of manageable hurdles that can be dealt with one by one.

**Barriers That Arise From the Patient**

The types of barriers to communication faced by pharmacists that seemed to bother participants at PPCP 1 workshops the most are those that arise from patients. These can be broken down into two main categories—emotional and functional. **Emotional barriers** are feelings such as anger, embarrassment, or sadness that may result in emotional outbursts or the withholding of information. **Functional barriers** are those related to a patient's ability to receive and understand material communicated by the pharmacist; these include dementia, hearing or vision impairment, functional illiteracy, a lack of fluency in the language spoken by the pharmacist, or differing health beliefs.
Recognizing the Presence of Emotional Barriers

Counseling highly emotional patients can be very challenging, since strong emotions generally block out all other thought processes, rendering a patient unable to listen or communicate. These emotional barriers must be quickly identified and immediately dealt with if you are to effectively meet the objective of patient counseling—the verification of patients' understanding of the proper use of their medication. You should keep in mind that retention of information during the counseling may be affected by the emotional state of the patient at that time. For example, a patient newly diagnosed with a serious condition, despite your best efforts to overcome her anxiety andpreoccupation by interactive counseling, is at risk of forgetting the information imparted. In such cases, you might want to make a note to review the prescription information at the next encounter as well.

While strong emotions can be the most difficult type of communication barrier to deal with during counseling, most pharmacists are adept at quickly recognizing frustrated, angry, or upset patients through their body language or the tone and volume of their voice. Body language, such as a red face, pacing, a tense facial expression, and frequent looking at a watch, together with loud, cross, or accusatory speech patterns, is revealing and easily interpreted.

Sources of Emotion

So it would seem that certain types of emotional responses are easily identified. However, identifying the source of a patient's anger or frustration may be less easy. For example, a patient may be legitimately angry about a prolonged wait for a prescription. Alternatively, an explosive show of emotion may cover up a deeper feeling. A person who appears arrogant and declines counseling may be covering up embarrassment about the clinical problem. An angry outburst may cover an underlying fear of an unexpected and potentially serious illness or grief over a recent death.

More likely, the patient's outburst is the result of the cumulative effects of multiple, small, irritating encounters that have occurred during the day. Even the normal "hassle" involved with a routine clinic or physician visit can be enough to send a patient to the pharmacy with a short fuse. Consider the emotional state of the woman who gets herself and a child ready before dropping the child with the sitter, then gets caught in heavy traffic, has difficulty parking, needs to fill out forms, has a run-in with a stressed office worker over insurance coverage, then waits a long time to see the doctor, who presents her with an unexpected medical finding, and then has to go to the pharmacy. Factors like these can combine to put the patient on edge so that the smallest irritation can trigger an emotional outburst that makes counseling that patient a challenging and sometimes unpleasant encounter. In fact, a vast majority of patients who present to the pharmacy for services and unexpectedly over-react with an emotional outburst aren't really angry at the pharmacist personally but are venting their pent-up frustrations with other people and other events.
Identifying Functional Barriers

If unrecognized, functional barriers to effective communication may lead to the use of an inappropriate mode of communication with a patient. Examples include orally counseling a patient who is profoundly deaf and who does not lip-read, or giving a blind or functionally illiterate person only written instructions about a medication. Again, as with emotional barriers, some functional barriers are easy to identify, others less so. For instance, we all recognize a white cane, dark glasses, and a seeing-eye dog as identifiers of a blind person. We would not think of giving such an individual a printed handout on how to take a medication without first checking that a sighted person would be able to relay the information contained on it; if not, we would switch to another, nonvisual reminder of the prescription details. But what about patients with reading difficulties? While the handout may be just as inappropriate for functionally illiterate individuals, the barrier is not nearly so obvious, especially if the person in question goes to some lengths to disguise weak or absent literacy skills.

Functional barriers can be broken down into four subcategories:

- sensory abnormalities
- alternative health beliefs
- language differences
- comprehension difficulties.

Sensory Abnormalities

Sensory abnormalities include blindness, deafness, and other vision and hearing impairments. The behavior of such patients says to the pharmacist: “Your message isn’t reaching me.” The signs may, however, be quite confusing. While blindness and deafness may be immediately detected from clues such as a seeing-eye dog or a hearing aid, partial vision or hearing impairments may be harder to distinguish, especially in elderly patients who may not consider themselves as having special communication needs. Patients who seem confused, have difficulty with their gait or balance, display irregular posture shifts, or reflect inappropriately blank expressions could all have vision or hearing impairments that require different special approaches.

Health Beliefs

Health beliefs are a powerful determinant of patients’ compliance with prescribed drug therapy. If a regimen is in conflict with patients’ own preconceptions or alternative health beliefs arising from holistic or specific cultural medical traditions that lie outside of mainstream Western medicine, they will be less likely to comply with the recommended treatment. The behavior of these patients says: “Your message is reaching me, but I’m not sure what to make of it because it doesn’t fit in with my beliefs about medicine. Therefore I am going to reject or ignore it.”
Detecting individuals who have an alternative vision of medicine is often quite difficult, because there are almost as many alternative philosophies about health matters as there are individuals. Unexplained poor compliance, persistent questioning about a particular effect or impact of the medication, exposition of a definite belief about medicines/illness, or the presence of diverse cultural groups in a particular neighborhood should raise the pharmacist’s sensitivity to alternative health beliefs.

**Language Differences**

Language differences are a third type of functional barrier. The behavior of the patients in this subcategory says: "Your message is reaching me, but I lack the necessary language skills to make sense of it." The group encompasses those individuals who are not proficient in English, those not familiar with technical medical terminology that may be used by the pharmacist, and those who are functionally illiterate.

The ease with which individuals with language differences may be identified varies. For instance, it is not always obvious when patients are fluent solely in a foreign tongue; they may simply be silent or they may react with appropriate body language and short phrases when asked closed-ended questions. Using the open-ended *prime questions* and the *show and tell* technique taught in PPCP 1 forces patients to answer more completely, often enabling the pharmacist to identify this type of barrier. However, care must be exercised in interpreting these responses, since they may also indicate a hearing problem or mental confusion. Even in patients who understand English, heavy accents or the use of technical jargon by the pharmacist can create additional barriers to effective communication.

Many people, even those considered well educated, may have significant knowledge gaps about medical and body matters. The use of technical language such as "sublingual" instead of "placed under the tongue" can be confusing, regardless of one’s fluency in English.

The functionally illiterate may be even harder to detect, since they often try to hide their reading and writing problems out of embarrassment. As with patients who have alternative health beliefs, illiterate patients unfortunately may be identified only after persistent compliance problems. The careful observer, however, may notice clues, such as patients who ask to have instructions read to them because "I forgot my glasses."

**Comprehension Difficulties**

The fourth and final subcategory of functional barriers are comprehension difficulties. These may arise from psychiatric problems, senile dementia, and mental retardation. The behavior of patients in this subcategory says: "Your message is reaching me, but I am unable mentally to make sense of it." While some comprehension difficulties such as extreme retardation or psychiatric disturbances are often easy to identify, others are more difficult. For example, senile dementia may be confused with sensory impairment or language differences. Functional barriers, like emotional barriers, must be assessed systematically if you are to deal with challenging patient encounters effectively.
Applying Barrier Assessment Techniques During Counseling

Once properly prepared for counseling using the four-point strategy described in Chapter 2, you can begin the patient encounter. You may already have suspicions of potential barriers to the encounter, and these need to be confirmed or ruled out as early as possible to enable you to:

- deal with them and get on with counseling
- avoid proceeding with counseling on the basis of an incorrect assumption.

Children learn to look and listen carefully before crossing the street. Assessing patient encounters is a similar exercise: Look and listen carefully for barriers to communication.

Before Beginning to Counsel

You should begin the assessing phase of PAR as soon as you identify your patient. Perhaps you heard "sound bites" of conversation in a foreign language or in a loud voice. Raised voices may indicate that the patient is hearing-impaired or that emotions are running high. In these situations you may decide to respond immediately by taking the patient aside to a quieter or more private counseling area, if you haven't already made this decision on the basis of the prescription and/or patient profile.

During the Introduction

The phrasing of the introduction to your counseling is crucial. It is imperative to get patients talking as soon as possible, to establish whether they can hear and understand what is being said, and also to identify anyone picking up a medication on behalf of someone else. This will prevent you from mistaking a caregiver for the patient, from divulging certain information to the wrong person, or from talking to people who cannot hear or understand you.

The fail-safe format for an introduction which the patient cannot possibly follow with only a smile or a nod if he or she has understood you is:

"Hello, I'm Mr/Ms X, the pharmacist who filled your prescription, and I'd like to take a minute to talk to you about it. You are...?"