

CHAPTER 1

Communication Skills

Introduction

The process of communication develops from early age of child hood. New born baby communicate with mother *via* responding to her call. The process of communication is complex and involves various interactions with one person to other. In the process of communication information is transferred from sender to receiver. This information may be transferred using verbal language or non-verbal communication media. We all use various media of communication in one or other form. Communication may be with little thought or a serious consideration. The skill of communication has been developed from early age though interaction with each other. Pharmacists spend a large amount of his professional time for communication with patient, doctors and other health professionals. Many factors like language, social and cultural background, personality and many more factors affect communication. Effective communication is a key factor for a professional pharmacist. It will help him in communicating with fellow professionals and other colleagues.

Elements of Communication Skills

The elements of communication skills include Source, Message, Encoding, Channel, Receiver, Decoding, and Feedback.

The source is the process by which pharmacist formulates an idea to communicate to medical professional or patient. This process can be influenced by external stimuli such as charts, models, video films etc., or idea can come about by thinking about a particular subject.

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The source idea is the basis for the communication and message is composed on this idea.

The message is what matter to be communicated to another party. It is based on the source idea, but the message is composed to meet the needs of the patient. For example, if the message is between pharmacist and physician then message will take different form than if the communication between pharmacist and patient.

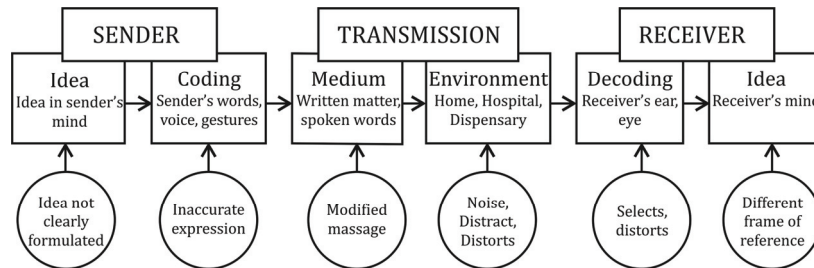
Encoding is a way by which the message to be communicated is transmitted to receiver. The message is converted into a suitable form which will be understood by recipient after transmission. The encoding process is more important during patients counseling process. The medium of transmission will determine the form of the communication. For example, the message will take a different form if the communication will be spoken or written.

The channel is the medium of the communication. The channel must be able to transmit the message from sender to receiver without changing the content and exact meaning of the message. The channel can be a brief or detailed talk, piece of paper with drawing and words, a communication medium such as video film, telephonic message, oral message, sign and symbols or it can be a printed paper. The channel is the path of the communication from sender to receiver. An email can use the internet as a channel.

The receiver is the person who receives the communication. The patient or medical practitioner uses the channel to get the communication from the pharmacist. A receiver can be used a document or a file or in computer which depending on the above named channel for the communication.

Decoding is the process where the message is interpreted for its content. It also means the receiver thinks about the contents of the message and internalizes the message. This step of the process is where the receiver may compare the message to prior experiences.

Feedback is the final step in the communications process. This step conveys to the transmitter that the message is understood by the receiver. The receiver formats an appropriate reply to the first communication based on the channel and sends it to the transmitter of the original message.



Guirdham (1995) developed a model to illustrate other possible sources of error at each stage of the communication process

Verbal Communication in Pharmacy

Verbal communication is a process in which meaningful words or sounds are used as a medium of communication. It involves speaking, writing, reading. Understanding the meaning of words is important in verbal communication. Change in tone, pitch, emphasis, language used alters the meaning of words. This aspect of communication is most ignored during communication skills. We communicate happiness, sadness, irritation during communication in our tone of speaking without realizing to listener and without altering appropriateness of words. There are two key components of verbal communications, 1. voice tone, language used and 2. content of message. Voice and tone add meaning to the words in the message.

Writing mode of communication lacks sensitivity. They produce exact meaning if written properly but do not indicate feeling of writer and dependent on interpretation by the reader. Different writing styles are also used for different purposes so that the exact message and meaning could be communicated. Some communications are quite formal like official communication letters from one office to another or emails. The tone of the letter is used in a particular manner to show the importance and severity of communication. Hence a written communication should be carefully drafted to avoid gaps in communications, and such communication should only be used for a particular type of recipient as per need.

Stages: In pharmacy practice communication lasts for few minutes. Time management is important during this communication process. The first stage of communication starts with

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Introduction will become an important stage if pharmacist communicates with patient first time. This stage mostly repetitive during communication as pharmacy professional has to deal with different patients mostly. Stage of introduction will be of least important when communication deals with fellow or medical professionals as they may know each other in prior. The pharmacist should know language and other expected barriers of communications if any during introduction so as to have effective communication in future stages.

Opening is second stage. The topic to be covered should be introduced and briefly explained.

Business is third stage of communication. In this stage the main message and information is delivered and communicated and expected information is obtained from patient.

Reconnection is forth stage. Reconnection is preparation for ending the interaction. It will help pharmacist to make sure that patient/medical professional understand the details and relevance of the communication and obtain clarification.

Closure is the last stage. During closure non-verbal language also play important role. It gives indication for concluding of communication. Brief smile with handshake, bye signaling will conclude session. Closure should be concise.

Language: For the effective communication language used must be effective. Both parties must understand the used language comfortably. For example, a north Indian person whose knows language Hindi but know little English will communicate effectively in English with south Indian person whose primary language is Tamil, Telugu and Malayalam but know little English. Communication with common language but with different pronunciations and tones may prevent effective communication due to different meaning of words. Nature of communicator also works as a barrier for communication. Shy person speaks fewer words and admit that he/she do not understand many things.

Medicine and pharmacy are the professions which shares many common languages. English, Latin and Greek are some common languages used in both professions. Latin and Greek terminologies are different in various languages. These terminologies must be used with caution. It is most important that appropriate form of language

with appropriate terminology must be used with a particular person during verbal communication. For example, heart attack is a common terminology used during communicating with patient where as myocardial infarction or myocardial ischemia will be appropriate word while talking with medical professionals. Use of such terminologies during communication with patients or during counseling should be avoided and common words should be preferred over terminologies in other languages.

Use of abbreviations in the prescriptions is for exclusion of patients from communication between medical and pharmacy professionals. Poor understanding of these terms may leads to dosing errors, change of overdose or in-adequate dosing during emergency situations. Pharmacy professional must comprehend these instructions and communicate to patients in his language so that patient could understand and carry out these instructions appropriately. Standard reference books provides listing of these terminologies to be used during oblique communications to be used by medical, pharmacy and other fellow professionals and will help to stay away from interpretational errors.

Nonverbal Communication in Pharmacy

When we meet someone first time, before the word is spoken we form a first impression about that person. The persons look, age, dressing, hostility, smell and many more give information. Unknowingly this information is sent by sensory organs to the brain and process large amount of information. With unconscious impressions and past experience, this information is compared and we make a quick judgment. Nonverbal communication involves the sending of messages without the use of words. This is the first impression and gives pharmacy professional much information about strategy of the further communication. 70 to 90% of entire communication spectrum is nonverbal. Further contact and verbal communication will add more information in first impression. Non verbal communication includes message conveying through body language and postures. A facial expression is important indicator of emotional state of a patient. Emotional reactions are associated with psychological status of the patient and may become a barrier for effective communication. Pharmacist must understand and recognize

these barriers and take appropriate steps to overcome these barriers for effective communication. It is a continuous process and is the principle means by which feelings and attitudes are conveyed.

Facial expression, eye contact, touching, distance and personal space, gestures and movement, silence are some of the factors contributes and ways of the nonverbal communication. A man approaching you wearing a turban is Sikh. Well dressed person will have a good paying capacity. A patient with sad facial expression indicates he is in emotional stress. Approaching a person with smiling indicates happiness. These are assumptions about the personality we make from nonverbal communication. These assumptions are most of the time accurate and may be wrong some time and may become a barrier for effective communication.

Message conveying through body postures may help as signs of nonverbal communication enhancer or barriers. A person with closed arms and cross legs is known as closed body posture. Sifting feet, appearing restless and asking irrelevant questions are signs of in easy. This may prevent effective communication. Nonverbal signs such as looking else were, figure tapings are the indicators of non-attentions. These signals can be used to modify communication in order to grasp the attention of the listener. In this case appropriate action will be needed like temporary changing topic, offering a glass of water, asking questions regarding restlessness or their problem will grasp the attention.

Our face portrays wide range of emotions and reactions. Facial expressions can be read to understood or not clear about the communicated message. Eye contacts give different types of message. Glance of eye contact indicates involvement or confidence. Establishment of eye contact indicates interest in communication. Touching is an important type of nonverbal communication. It plays a significant role in older persons. Touch becomes effective media of communication in sensory impaired patients. Touching conveys warmth, caring, understanding, sympathy, compassion. More over touch is very individualized characteristic. Pharmacist should remember the comfort zone of patient during using it. The way people use distance or personal space is also a part of nonverbal communication. The distance between skin contacts up to 18 inch is close contact. Personal distance ranges from 18 inch to 4 feet, where two people are said to be in contact. Social distance is from 4 to 12

feet. Public distance is more than 12 feet. For the effective communication a personal or social distance may be used depending on the receiver. Movement and gestures are used to punctuate statement. The absence of words sometime is most effective way of communication. Words are always not necessary to convey message. Silence indicates hostility, anger, depression. It can express concern and caring. It can be used to defuse tension, offer time for consideration or interpretation.

Barriers of Communication

There are many reasons for failure of communication. The message to be conveyed, may not be conveyed or conveyed wrongly. The purpose for which the communication is done will not be served. The interpretation of message may be done in wrong sense, which may lead to adverse condition. Hence it is important that communicator should seek a feedback to check that the message is properly communicated and clearly understood or not. There exist many barriers of communications which may occur at any stage. Barrier may leads to distortion or wrong interpretation of the message. This will waste both time and money and put the patient or medical professional in confused or misunderstand condition. Effective communication should understand and overcome these barriers and conveying clear and to the point message. Common barriers of effective communication include:

- Use of over complicated and unfamiliar word
- Emotional status
- Lack of attention, interest, feeling irrelevance to receiver
- Difference of opinion, perception and view point
- Physical disability like hearing problem, speech difficulty
- Language difference and difficulty in understanding
- Prejudice mind leading to false assumption
- Cultural difference, non-assertive behavior
- Team diversity, task-preoccupation
- Anger or frustration, personal bias
- Lack of confidence, inappropriate priorities
- Organizational structure, distractions

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- Tunnel vision, interruptions
- Rank differences

A skilled Pharmacist must take in account all these barriers to reduce their impacts on communication by understanding, continually checking and taking appropriate feedback.

Stage	Why error occurs
Sender: Idea	Ideas may not be clearly formulated before coding and transmission begins. For example, pharmacist wants to communicate to patient a precaution to be taken during taking medicines. He haven't thought about alternative ways forward the message written in complicated matter on box of medicine.
Sender: Coding	You don't have the right vocabulary to express your thoughts. You use overly complex language or jargon that the receiver cannot understand.
Transmission: Medium	The medium may modify the message. For example, if you communicate by telephone or in writing, the receiver cannot use your nonverbal signals to help interpret your message.
Transmission: Environment	The environment can distort the message. For example, noise on a telephone line could distort a message. Things happening around the sender or receiver (e.g., other people speaking, coming into the room, etc.) may distract them from the message.
Receiver: Decoding	Decoding may distort the message. The receiver may not hear the correct words, or may read written communications too quickly and misunderstand the message.
Receiver: Idea	The receiver's perceptions may distort the message. For example, their beliefs or mindset based on previous experience may create a barrier so that they don't listen to the message.

All these barriers can be classified in three basic classes as Physical, Semantic and Socio psychological. Physical factors refer to large number of physical barriers like noise, ill health, confusion, discomfort etc. Slightest noise like sneezing, dropping of object, banging of door or window, creaking of fan etc., creates disturbance, especially to listener, leading to loss of information. Thus during oral communication barriers like faulty seating arrangement, distance between two communicators, results in disturbed communication. In case of written communication illegible writing, poor photocopies also lead to disturbed or miscommunication.

Semantic barriers are pertaining to language varies from spoken words to written matter, chart or graphs. The receiver fails to get expected outcome of the communication if the words or expressions are too complicated or uncommon. The choice of words and language used by sender influences quality of communication. Semantic barrier occurs when sender and receiver interprets different meaning of the word and sentence communicated.

The socio-psychological barrier is outcome of attitude, emotions, status, source of communication, inattentiveness, poor retention, unsolicited communication, etc. Receiver responds to communication in very different way. Pharmacists used shortcuts during communication which results in incorporation of biasness into communication. Various shortcuts by pharmacist include stereotyping, projection of himself, use of monotonous words and language etc. Communication fails if their found a hasty judgment, refusal or ignorance to listen to the problem, fear of criticism, day dreaming, impatience, communication to two different individual simultaneously giving less attention to either, switching of discussion etc.

There are many ways by which all these communication barriers can be overcome and communication can be made effective, successful, and more acceptable. Easy practicable way of overcoming communication barriers can be used for this purpose. Physical barriers are relatively easy to spot and can be overcome by marking appropriate seating arrangement in quiet and confirmable environment. Audibility and visibility should be ensured visual and acoustic disturbances should be minimized. The environmental comfort should be provided. Linguistic barrier can be minimized using simple language which can be easily understood by the patient. A simple question during introduction will give an idea to pharmacist which language should be chosen for communication. Use of simple words, effective and simple charts, models, audio visual tools will also remove barriers of communication. Socio-psychological barriers are little difficult to tackle. It will be art of pharmacist that he will use different techniques for calling attention, motivating listener. Taking feedback at regular interval also lessen this barrier of communication.

Listening Skill

Verbalization is one side of effective communication. Other side is listening. The pharmacy practitioner should have a good listening skill. He should understand problems and difficulties of receiver. The question, queries, problem, formation given by receiver may not be important for communication but good listening will add in the rewards and better information for developing skills of effective communications. Listening skill is the act of hearing and responding to the content and to the feeling of what has being said. Words are often a cover up of what people feel. Most of us have acquired skill to use words. Pharmacist should learn to listen for the feelings that are behind those words. For example, in the statement "*I don't want to take this tablet*" the content is simply the information stated about the speaker not wanting medicine. The feeling could be that the speaker is not happy about something, dislikes the taste, effect, relief expected from medicine, or wishes to register a protest about something by not taking medicine.

Active listening is one of the effective tools of communication. Listening strategy is very useful to convey that you are interested in what being said, it shows that you understand that what the patient is saying, even when you do not agree for it. However listening is not always appropriate. Pharmacist may be busy some time and may not have time to listen. This may give negative impact of communication and patient may feel that pharmacist is not interested in communicating with him. This may become a communication barrier.

Effective listening is only accomplished through constant effort. Most people do not put efforts required to become a truly effective listener. We understood 50% of what we hear. There are many reasons for ineffective listening. One of the major reasons is poor listening habits. It is hard to listen critically or to listen for learning. You may require controlling the environment when listening is critical. To understand this we must understand the modes of listening, they are as follows:

- **Competitive and combative listening:** In this mode of communication receiver is more interested than speaker in putting his thought. When such listening occurs listener forces his point of view. Listener may pretend to pay attention while actually formulating what they need to say next. When this

happened listener is involved in formulating their argument which results in confused communication.

- **Passive or attentive listening:** This type of listening occurs when listener is interested in listening and understanding the things. During this process good listener fails to take action.
- **Active and reflective listening:** This type of listening occurs when listener genuinely interested in the speakers message. Listener wants to know the thoughts and feelings of speaker. Listener always confirms that he understood everything before reaction to speaker's message. This type of listening is always very effective; most recommended and takes time to confirm that effective communication takes place.

Questioning Skill

The ability to ask the question and answer them is the questioning skill. Questioning is one of the most widely used social skill. It is central to learning process. Questioning is fundamental part of communication process between pharmacy professional and either medical professional or patient. Questioning should play a central role in communication process. Good questioning skill is asset for professional pharmacist. The use of questioning skill is important to investigate the depth of knowledge, understanding of the listener. The question asked may give idea about the use of language for communication, mental status of the listener etc. Because of this pharmacist must plan question carefully. The art of crafting good question is a key for effective communication process. This does not require any script writing but critical thinking, careful planning of the questions, which will guide him during process of communication.

Bloom classifies the questions. As per his taxonomy questions are classified in to six categories.

- **Knowledge:** The listener must recognize and recall the information, instructions given to him.
- **Comprehension:** Listener must think on lowest level so that without efforts he could reproduce the instructions given to him and without verbatim repetitions.
- **Application:** It requires that listener should do a simple mathematics like calculation of dose etc., with application of

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the information he acquired from pharmacist during communication.

- **Analysis:** It requires that patient should perform a task like dose titration, body temperature measurement, blood glucose estimation etc., from the training taken.
- **Synthesis:** Requires that patient, his relatives should find out the solution depending on various situations. For example, Paracetamol tablet is to be given if fever is noticed, but the dose should not be repeated for more than 6 hourly.
- **Evaluation:** Listener, patient, his companion should make a decision based on the knowledge he acquired. This kind of questioner normally not used in medical professional because taking decision may be life threatening many times and let the decision be done by medical professional.

Types of questions: There are two types of questions - open and closed. Closed question is that which is direct and has a closed end. It is required that the answer will be a single word 'yes' or 'no'. Closed question give accurate information needed but it does not include feeling or emotions.

- Are you feeling uneasy?
- Do you feel good after taking medicine?
- Do you feel nausea after taking medicine?
- Are you taking your medicine regularly?
- Have you taken medicine today morning?
- Do you understand how to take this medicine?

Open questions are open ended and the respondent is allowed to give answer in his own way. Answering to open question provide more detailed information and no limit is set for it. Open question encourages elaborating and giving details of the information. The open questions build around words like what, how, describe etc. they allow to add feelings and emotions in answer. The answers to open question also give emotional status about patient. Pharmacist can also encourage the patient to give encourage and more information in answer. Some of the examples of open questions include:

- How you take your medicine?
- What are symptoms of your illness?

- Tell me schedule of your daily life?
- How you are feeling now?
- What doctor says about your disease?
- Did you discuss with doctor about your illness?

Using the combination of open and closed question allows the direction and focusing of ideas to obtain the desired information from patient. Pharmacist has to use this during communicating with patients. This technique is called as funneling technique. In this initially some open question will be asked to obtain basic information about patient like name, occupation, place, family background, nature and duration of disease etc., then asking closed question will provide specific information and clarity about disease. Afterwards the combination of open and closed questions can be used to obtain desired information.

Communication in Professional Practice

Communication with patients: Communication with patients is required for two purposes either for information gathering or for giving information. Information gathering is done during taking medical history. Information gathering is required to current medication treatment, for identification of suitable treatment, and for taking reliable medical history of patient. This information gathered will be used by medical practitioners for multiple purposes. Pharmacist records most accurate history of patients as compared to other health professionals. Pharmacist interviews the patient for recording the patient's medication history, experience during medication, emotional status of the patient and give suggestions and precautions during medication. Frequent interaction of pharmacist with patient provides an opportunity to strengthen pharmacist-patient professional relationship.

Communication with medical and health professionals: Pharmacist has to prove his credibility in pharmacy practice department to the medical practitioners if it is newly developed in the hospitals. To develop a good inter-personal relation, good communication skills and knowledge is most important component. Once these relationships were developed and accepted pharmacist has to prove his credibility. Pharmacist can be treated as a threat by medical professionals in their position and supremacy. His

instructions and suggestions can be annoying during ward round by the medical professionals. Pharmacist should keep in mind the busy schedule and workload of doctors and should avoid unnecessary detail information and should only focus on patient related issue. The information provided should meet the standards and clarity. Short and clear statement should provide necessary information without creating any confusion. In order to fulfill all these requirements pharmacist must have strong listening skill, good and appropriate questioning power. Pharmacist should avoid all possible distractions to gather irrelevant and unnecessary information. Eye contact, body language, facial expression should be used as a tool for nonverbal communication. For the communication pharmacist may use various modes of communication. Telephone followed by follow-up document, verbal massaging, written communication in the form of document or presentation are some of the modes used for this type of communication.

References

- A.J. Winfield, R.M.E. Richards (2004). *Pharmaceutical Practice*, 3rd edition, Churchill Livingstone.
- Clara E. Hill, Larry Siegelman, Barbara R. Gronsky, Frank Sturniolo, Bruce R. Fretz (2001). *Nonverbal Communication and Counseling Outcome; Helping skills, The empirical foundation; American Psychological Association*, XVIII.
- Dr. Arun K Behera, Prof. Bijay K Tripathy (2009). *Barriers to Effective Communication and How to Overcome Them, Academe*, Vol XIII, No. 1.
- Fred C. Lunenburg (2010). *Communication: The Process, Barriers, and Improving Effectiveness, Schooling*, Vol. 1, No. 1.
- G. Parthasarathi, Karin Nyfort-Hansen, Milap C Nahata (2004). *A Text book of Clinical Pharmacy Practice, Essential Concepts and Skills*, 1st edition, Orient Langman Private Limited.
- G. Parthasarathi, Karin Nyfort-Hansen, Milap C Nahata (2012). *A Textbook of Clinical Pharmacy Practice, Essential Concepts and Skills; 2nd edition; Universities Press (India) Private Limited.*
<http://www.immi.se/intercultural/>
- James Drogan (2009). *Ethics, Critical Thinking, and Communications.*
www.pdnltd.com

Jens Allwood (2002). Intercultural communication; Business Ethics and Intercultural Communication; Issue 5.

K.G. Ravikumar, B.D. Miglani (2009). A Textbook of Pharmacy Practice, 1st edition, Career Publications.

Karron G. Lewis; Developing Questioning Skills; Improving Specific Teaching Techniques; Teachers and Students – Sourcebook; Center for Teaching Effectiveness, The University of Texas at Austin.

Mind tools on Active Listening; www.mindtools.com

Questioning Skills (2000). Westminster Institute of Education, Oxford Brooks University.

Remington (2005). The Science and Practice of Pharmacy, 21st edition, Lippincott Williams & Wilkins.