

# Patient Counseling

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# Learning Objectives

- Describe professional, federal, and state requirements for patient counseling
- Explain patient counseling techniques
- Demonstrate patient counseling techniques

# Outline

- Set the stage
- Create a counseling strategy
- Discuss the skills that aid in counseling
- Compare the created strategy to professional standards
- Review laws for counseling
- Practice



## Why do we counsel patients?

- Professional duty
- Required by law

# Oath of a Pharmacist [excerpt]

*"I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients."*

# When we don't counsel...

- Physician originally prescribed Omnicef and gave the patient directions on administration
- Physician changed prescription sent to pharmacy and did not inform patient
- Mother picked up medication and was not counseled
- They left thinking it was the originally discussed medication
- Patient developed Stevens-Johnson syndrome that progressed to toxic epidermal necrolysis due to ingestion of the medication

# Step 1

- Identify the patient
- Introduce yourself





# Step 2

- Explain reason
- Verify information



# Step 3

- Show and tell
- Indian Health Service “**Three prime questions**”



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- ☐ What did your doctor tell you this is for?
- ☐ How did your doctor tell you to take this?
- ☐ What did your doctor tell you to expect?

# Step 4

- Name of the medication
- Strength and dosage form
- Indication for use
- Complete directions for use
- Potential side effects or precautions
- Refill information
- Storage recommendation



# Counseling Toolkit

- Knowledge
- Technique
- Communication Skills

# Knowledge Base

- Must provide accurate information
- Review medication before you talk to the patient!

# Interview Technique

- Presents facts and concepts in logical order
- Summarize by emphasizing key points
  - “To be sure I haven’t left anything out, let me summarize for you”
- Verifies patient understanding: feedback verification
  - “Just to be sure I was clear; how will you take this medication?”
- Assess real/anticipated concerns

# Communication Skills

- Actively listen
  - ❑ Build upon information patient provides without asking questions the patient has already answered
- Understanding/empathetic responses
  - ❑ Listen without judgment
- Open-ended questions
- Use patient friendly language
  - ❑ “Blood Pressure” vs. “Hypertension”

# Communication Skills

- Effective non-verbal behavior
  - Eye contact, facial expressions
- Maintain control of counseling session
  - Redirect and maintain focus to accomplish goal of session
- Demonstrate confidence in abilities
  - Admit when you don't know the answer
- Professional appearance and credibility



# Patient Counseling

- Providing product-specific advice to a patient regarding medications, health-related devices, concerns, or disease states.
- The patient is accountable for carrying out the information discussed, not the practitioner.

**Table 1.** Similarities and differences among pharmacist-provided patient counseling, disease management, and MTM

Aspects of service	Patient counseling	Disease management	MTM
Focus	Drug product information	Disease management and use of population guidelines	Patient drug therapy regimen
Practitioner–patient communication	One way	Two way	Two way
Documentation	“Offer to counsel” documentation required	Documentation in patient care record required	Documentation in patient care record required
Practitioner follow-up	Not required	Required	Required
Practitioner	Pharmacist or other qualified health care practitioner	Physician, nurse, pharmacist, dietitian, or other	Pharmacist or other qualified health care practitioner

# Federal Law: OBRA '90

- Omnibus Budget Reconciliation Act of 1990
  - Federal mandate that pharmacists MUST counsel on:
    - Purpose of drug
    - Proper administration, length of therapy
    - Directions for use
    - Proper storage
    - Refill instructions
    - Adverse effects, interactions, contraindications
    - Guidance to take given specific outcomes

# Pennsylvania Law

- “Offer to counsel shall be made to each patient when the pharmacist fills a new retail or outpatient prescription”
- “Only a pharmacist may counsel”
- Refusal to counsel must be documented

# APhA Patient Counseling Competition

2013 First Runner Up:

[http://www.youtube.com/watch?v=8bVqsVVisWU&list=PLcDdgm6lzTxMA  
PuVChzgozVec066EdOH&index=2](http://www.youtube.com/watch?v=8bVqsVVisWU&list=PLcDdgm6lzTxMA<br/>PuVChzgozVec066EdOH&index=2)

2017 Winner:

[https://www.youtube.com/watch?v=iqZMVczld94&list=PLcDdgm6lzTxgOf  
856TcAHCkpnmp2GMTY6&index=2](https://www.youtube.com/watch?v=iqZMVczld94&list=PLcDdgm6lzTxgOf<br/>856TcAHCkpnmp2GMTY6&index=2)

2018 Winner:

<https://www.youtube.com/watch?v=CT6-dx-TAoY>

2019 Winner:

[https://www.youtube.com/watch?v=locomlMAquk&list=PLcDdgm6lzTxioy  
TTzAyKwCXrkwsGEoKdp](https://www.youtube.com/watch?v=locomlMAquk&list=PLcDdgm6lzTxioy<br/>TTzAyKwCXrkwsGEoKdp)

## Future Winner - Could be you!

# Review of Steps

- Identify Patient
- Introduce Self
- Explain Reason
- Verify Patient Information
- Show & Tell
- 3 Prime Questions
- OBRA-90 Required Information



Timeline

# Part 1: Your Turn to Counsel

- 3 new medications for patient (1 for each pharmacist)
- Counsel the patient on that prescription
  - ❑ Focus on interview and counseling skills
  - ❑ Groups: 1 patient, 1 pharmacist, 1 evaluator
- ❑ Rotate Roles:
  - ❑ Use 5 min to review medication
  - ❑ 8 min for counseling
  - ❑ 2 min for evaluator feedback (utilize grading rubric)



Lecture



Triad  
Counseling



Wrap-Up

Timeline



# SP Patient Counseling Practice Sessions

*A review of requirements and expectations*

# Goals/Objectives



Practice communication  
skills with SP's



Counsel SP's on  
New Prescriptions



Work as a team to provide  
feedback to each other  
when prompted by  
facilitator



Be open to the experience

# Split Session

- Occurs opposite Silver Scripts (for March 17<sup>th</sup> this is happening in the morning; for March 24<sup>th</sup> this is happening in the afternoon)
- Mini-Teams (see posted schedule)

# Prior to Arrival

The CHARTS will be no later than **THURSDAY** each week.

- 6 patient charts will be available for review
  - ❑ At least one office visit, including a “new Rx” sent electronically to the pharmacy
- Review EHRGo Charts for **ALL** patients
  - ❑ Consider using Pitt Pharmacy Evaluation Forms to track patient data (like demographics) in advance
  - ❑ Print copies of the PPC2 SP Final Evaluation Rubric (to use in the session when serving as observers) – you will need 3-4 rubrics to fully participate

# Setting the Stage

- Mini Teams will be meeting up to 5 of the 6 posted patients
- Facilitators/SPs will rotate to you
- The facilitator will briefly introduce themselves, and ask for a Student Pharmacist to interact with the SP at the station
- The setting is the Lakeview Community pharmacy
- You will be finding the patient/caregiver at the counter arriving to pick up a new prescription
- The encounter will begin when you make your introductory statement to the SP

# Expectations

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Each Team will be meeting 5 patients during the session

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1 student will be asked to interact with each patient  
- For Show and Tell method, each station will have an empty prescription vial for stations to practice with

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Because you are meeting 5 patients, that means some of you will get more practice – embrace the opportunity

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All teams will remain in their designated station the entire time with SP's and Facilitators rotating to you

# Students in the “Hot Seat”

- Students interacting with SPs may use the notes they took in advance of the session to confirm demographic, allergy, medication histories, etc.
- Once the counseling on the new prescription begins, students interacting with the SPs are asked to do so without the use of the rubric, class notes, or notes specific to the New Prescription in Question.

**FOCUS ON TECHNIQUE FOR PRACTICE SESSIONS AND NOT  
ACCURACY OF DRUG INFORMATION AT THIS TIME**

# Time In/Time Out and Feedback

- Students in the “hot seat” may call a time out OR the faculty member may call a time out
- When this occurs, the facilitators will debrief with the student interviewer and request feedback from the teams
- Feedback from all on the team is expected to assist in the learning process
- Keep your feedback framed “**Positively**”



# Ending the interaction and SP Feedback

At the end of your turn, the facilitator will end your session

Facilitator may debrief with you again

There will be opportunity for you to get feedback directly from the SP regarding your skills

SP's only answer questions related to what actually happened – they do not answer hypothetical questions



# SP Feedback – Version 1

- Your facilitator will invite you to ask the SP for feedback
- They will ask you to state your question out loud to help you frame your question before directly asking the SP's
- Example questions for SP's
  - ❑ “I noticed when I said this ....., you seemed a little uncomfortable. Can you tell me how you felt when I did that?”
  - ❑ “I made a change from my first attempt to my second attempt, did that approach work better the second time?”



# SP Feedback – Version 2

- If students do not have specific questions for the SP, the facilitator will ask the SP the following types of questions:
  - ❑ “What went well in the interview?”
  - ❑ “What was challenging about the interview and/or
  - ❑ “What could have improved it?”

# Pace of the Rounds

- ❑ The pace of the activity is set that you are meeting a new SP and Facilitator every 12 minutes
- ❑ If there is time, other students may have the opportunity to practice

# Questions?

- Direct your questions related to the SP Practice Sessions to Dr. Pater at [paterks@pitt.edu](mailto:paterks@pitt.edu)