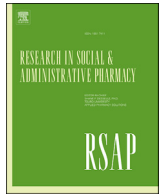




Contents lists available at ScienceDirect

## Research in Social and Administrative Pharmacy

journal homepage: [www.rsap.org](http://www.rsap.org)

## From transitions to transformation – A study of pharmacists developing patient-centered communication skills

Karen Luetsch\*, Judith Burrows

School of Pharmacy, The University of Queensland, 20 Cornwall St, Woolloongabba, Qld 4102, Australia

### ARTICLE INFO

#### Article history:

Received 25 April 2017

Received in revised form

7 August 2017

Accepted 10 August 2017

#### Keywords:

Pharmacy

Experiential learning

Online learning

Patient-centered communication

Motivational interviewing

Postgraduate

### ABSTRACT

**Background:** Pharmacists' communication with patients often focuses on technical aspects of advice giving, while limiting socio-emotional content. To develop pharmacists' patient-centered communication a learning and practice module integrating motivational interviewing (MI) was designed for an online postgraduate program, and its impact on their self-described practice evaluated.

**Objectives:** To investigate whether training in patient-centered communication changes pharmacists' perceptions of communicating with patients, and how any changes in their communication style influenced interactions and relationships with patients.

**Methods:** A descriptive, qualitative study analyzing reflective journal entries detailing pharmacists' experiences of implementing patient-centered communication in practice was designed, evaluating reflections on initial patient interactions after training and 9–12 weeks later. Using the framework method of content and thematic analysis, an evaluation framework was devised that integrated communication, change and learning theories. Reflections were categorized within the framework as transitional (e.g. using good communication skills), transactional (e.g. using MI techniques, achieving reciprocity) or transformational (e.g. describing transformative learning, changing frames of reference in understanding of patient-centeredness). Differences between the first and last journal entries were evaluated and analyzed using descriptive statistics.

**Results:** Eighty-nine pharmacists provided two reflective journal entries for evaluation. Over 9–12 weeks, pharmacists described a change in their perspective of patient-centeredness, how they expanded the socio-emotional aspects of communication and succeeded in difficult conversations. When applying the thematic evaluation framework to initial journal entries, 38 (42%) of reflections fell within the transitional category, 51 (58%) were deemed transactional and none transformational. This changed to 10 (11%) transitional, 45 (51%) transactional and 34 (38%) transformational. Differences were observed between journal entries from pharmacists who studied completely online and those who also attended a workshop.

**Conclusion:** Learning and practicing techniques of MI and person-focused communication changed many pharmacists' frames of reference in regards to patient-centeredness and their self-reported communication style with patients.

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### 1. Introduction

Pharmacists begin to develop professional communication skills during their undergraduate training.<sup>1,2</sup> Professional organizations design and publish frameworks and competency standards which emphasize the importance of effective communication as part of

person-focused pharmacy practice.<sup>3–5</sup> Communication training is often part of the implementation of new services into community pharmacy, e.g. disease management programs. The specific nature of such training and its underlying theoretical and practical frameworks, or how these are applied and executed, are rarely described in detail.<sup>6</sup>

While health outcomes reliant on health care provider and consumer communication have been investigated and described in medicine and nursing, pharmacy is only starting to link communication style and effectiveness to person-focused outcomes, e.g. medication adherence, changes to lifestyle or addictive

\* Corresponding author.

E-mail addresses: [k.luetsch@uq.edu.au](mailto:k.luetsch@uq.edu.au) (K. Luetsch), [j.burrows@uq.edu.au](mailto:j.burrows@uq.edu.au) (J. Burrows).

behaviours.<sup>7</sup> Similar to research described in the medical literature, studies looking into pharmacists' communication distinguish between broad categories of content, e.g. socio-emotional aspects and task focus.<sup>8</sup> Studies of pharmacists' communication identified many barriers to effective and mutually beneficial patient-pharmacist communication, describing gaps in reflective listening and eliciting the patient's perspective.<sup>9</sup> Consultations focused on the technical aspects of delivering content while neglecting socio-emotional components, which are integral to a patient-centered approach.<sup>10–16</sup> Pharmacists communication style can often be regarded as linear, with a focus on transmitting information, rather than transactional, where the reciprocal sending and receiving of messages intends to build shared meaning through communication.<sup>17,18</sup> Another barrier to effective communication could be low consumer expectations of pharmacists in regards to the quality and depth of information which they feel should be provided to them and related communication.<sup>19</sup>

Pharmacists' communication skills can be improved through training and practice, not only during their undergraduate training but also during the course of their professional career. Few studies have investigated how the socio-emotional aspects of pharmacist-patient communication can be improved and how this results in more patient-centered consultations.<sup>1,20–22</sup> Pharmacists often show particular strengths in the task-focused, functional aspects of communicating with people. Motivational interviewing (MI) can add a strong relational component, consisting of empathy, evocation, and empowerment, to these technical qualities. These aspects may assist pharmacists in overcoming barriers to effective communication and increase their contribution to positive health outcomes for the people they care for.<sup>23</sup> MI is an evidence-based, person-focused approach to conduct health care consultations, which can result in better outcomes than traditional advice giving, education and counselling.<sup>24–27</sup> Pharmacists employing motivational interviewing (MI) have been shown to improve patients' adherence to medicines and to successfully involve themselves in addiction management.<sup>28,29</sup>

The Postgraduate Clinical Pharmacy Program (PCPP) at The University of Queensland (UQ), Australia, aims to enhance the practice of pharmacists working in a range of practice settings, offering practicing pharmacists from Australasia the opportunity to attain a postgraduate degree at a Diploma or Master's level. Their practice of patient-centered communication is supported through integration of motivational interviewing (MI) techniques into a skills development framework for patient-centered communication.

### 1.1. Teaching and learning of patient-centered communication at UQ

The PCPP is structured into courses comprising of learning modules. The overall design of the study module on patient-centered communication integrates the general principles of adult and experiential learning. The module intends to challenge and extend pharmacists' patient consultation skills and to facilitate reflection on their understanding and practice of patient-centeredness. While this module forms part of one course, the application of its learning is fostered and encouraged throughout the program, aiming to develop pharmacists' metacognitive awareness of their communication style and interactions with patients. In the module, skills and techniques that form the basis for MI are integrated into a structured framework as scaffolding for pharmacists, creating guidance rather than specifically developing expertise in MI. This builds on research that healthcare providers can attain basic MI knowledge, skills and confidence relatively quickly and that these can be sustained and furthered over time

with appropriate support.<sup>30–32</sup> The MI training follows strategies suggested by Miller et al., offering initial training, encouraging maintenance of skills and providing feedback.<sup>23,33</sup> Pharmacists are given the choice of studying the communication module completely online or attending an optional one day workshop in addition to online learning. The online learning environment allows pharmacists to structure their learning in a non-linear manner, adopting different stages of MI learning at various time points, creating a novel approach to teaching and learning complex communication skills.<sup>34</sup>

Both groups have access to the same resources through the online course platform, including a number of journal articles and book excerpts describing and videos presenting MI. In addition, the online only study group is required to deconstruct and analyze a video showing an expert conducting a motivational interview and submit their analysis for marking and constructive feedback. Students who attend the 8-h workshop also discuss and deconstruct MI techniques. They then practice and role-play MI in small groups (3–4) on average four times under the guidance of experienced facilitators, who have been trained in and practiced MI for years. The initial online and face-to-face training integrates the eight stages of learning MI, with ongoing support and encouragement provided through an online community of practice.<sup>23,33</sup> Aims of the training are to enable pharmacists to elicit consumers' needs and negotiate strategies to change behaviors, which may have adverse impact on their health.

After participation in the one day workshop and/or completion of the online study module on patient-centered communication pharmacists are encouraged to integrate MI into their practice environment for the duration of a 12 week course, promoting experiential learning in their socio-cultural and authentic, professional environment.<sup>35,36</sup> It is expected that completion of the study module will take approximately 20 h. Pharmacists then reflectively journal their experiences of using MI techniques in patient communication throughout the 12 week period (one semester) in an open forum, with a required minimum of two entries, one each at the beginning and end of the semester, and provide a brief comment on one other pharmacist's post as a minimum. The only other requirement for journal entries is that they have to reflect on actual, recent practice of MI techniques. The forum is facilitated by an experienced MI practitioner who provides feedback, further guidance and prompts critical discussion. Fig. 1 illustrates the multi-faceted design of the study module and training.

### 1.2. Study objective

This study investigated whether training and practice in patient-centered communication, with integration of MI and its

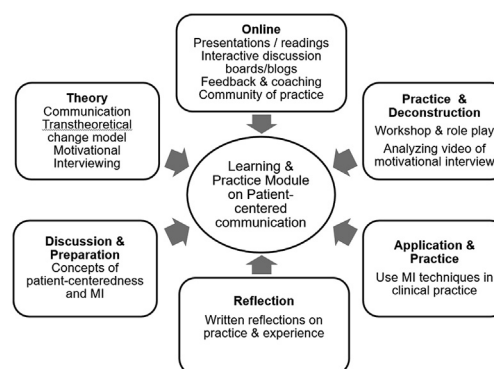


Fig. 1. Design of study module on patient-centered communication.

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