

What you say and how you say it – The art of communication in health care

Strategies for effective communication with other health care professionals

By Barbara Gobis B.Sc.(Pharm.), ACPR, M.Sc.Ph., Larry Leung B.Sc.(Pharm.), R.Ph. and Jason Min B.Sc.(Pharm.), R.Ph.
The Pharmacists Clinic, Faculty of Pharmaceutical Sciences, University of British Columbia.

Effective interactions

between pharmacists and other health care professionals are critical for minimizing medication misadventures and optimizing drug therapy outcomes for patients.¹

More than 50 years of research confirms that effective inter-professional collaboration and communication enhances health service delivery, strengthens health systems and reduces costs.² Patients report higher levels of satisfaction, better acceptance of care and improved health outcomes following treatment by a collaborative team.^{3,4} Robust evidence exists that pharmacist involvement specifically improves patient care and health outcomes.⁵

Despite this good news, as pharmacists we still experience ineffective, unpleasant and at times upsetting exchanges with other health care professionals.

Inter-professional communication challenges are multi-factorial and based in large part on changing times. This article presents practical communication and collaboration strategies to help improve your communication effectiveness.

Seek first to understand - role clarification

Role clarification in the health professions

is uniquely important as several professions' roles can overlap and potentially cause conflict. Clarifying each member's role helps mitigate ambiguity, dissolve professional boundaries, reduce conflict and build trusting relationships.

One of our most common challenges at our clinic is helping new physicians understand how we can help their patients, and which patients to refer. So we have developed key messages to describe how we can use our scope of practice to help patients (see Table 1).

Table 1 - Key messages for the Pharmacists Clinic

What we do	We prepare the patient's medication information (including OTCs, supplements and NHPs) so it's complete, accurate, organized and easy for you to use
	We provide in-depth education and answer questions about medications from patients
	We provide expert practical advice and information to physicians for use in making drug therapy decisions
	We assess medications to determine there are potential causes of a patient's symptom or adverse effect
	We are your eyes and ears in the field so you know what your patients are doing with their medications in between visits
How we do it	We use a respectful collaborative approach
	We compliment, not contradict, your care of the patient
	We are accessible and provide timely responses to requests/referrals
Why we do it	Drug therapy is more complicated than it used to be with more drugs, more interactions and co-morbidities
	We are trained specifically to focus on drug therapies and the complexities patients experience with drug therapies
	Our goal is to optimize drug therapy outcomes for patients

The College of Health Disciplines (CHD) at the University of British Columbia recognizes the importance of role clarification and has developed a tool specifically to help health care professionals understand the roles and responsibilities of each other (<http://www.chd.ubc.ca/roles-and-responsibilities/>). All professions indicate their most important responsibilities are related to patient care. This is the common ground can be used as the basis for effective relationships.

Inter-professional etiquette

Communication between a pharmacist and another health care professional is first and foremost an interaction between two human beings. All health professionals report having similar needs to feel supported (administratively and interpersonally), valued, understood and listened to; have work equity and fair compensation.⁶ Professional, courteous and collegial approaches are critical. Both parties deserve to be treated with respect.

Interpersonal and communication skills are important domains in the British Columbia Competency Framework for Inter-professional Collaboration. Our clinicians continually work on developing these skills (see Table 2) so we can consistently and sensitively communicate in a responsive and responsible manner.⁷

Table 2 - Interpersonal and communication skill competencies for health service professionals⁸

Effectively expresses one's own knowledge and opinions to others involved in care	Demonstrate confidence and assertiveness to express one's views respectfully and with clarity
	Employ language understood by all involved in care and explain discipline-specific terminology
	Evaluate effectiveness of communication and modify accordingly
Actively listens to the knowledge and opinions of other team members	Listen to and show genuine interest in the perspectives and contributions of others
	Observe and respect non-verbal as well as verbal communication
	Confirm that one understands all ideas and opinions expressed
Uses information systems and technology to exchange relevant information among all professionals to improve care	Use technology and other tools to keep others continuously updated
	Be aware of and use information resources from other professions
	Plan and document care on a shared health record

Effective verbal communication

Verbal communication includes what is said, how it is said and non-verbal cues. If these three elements are not in sync, the message will not be conveyed effectively. Table 3 provides practical suggestions for effective verbal communication.

Table 3 - Tips for effective verbal communication

Element	Tip	Examples
What is said	Stay focused on the most important issue	No: Mrs. Smith has a bunch of problems. Yes: Mrs. Smith is most concerned about her risk of falling
	Be concise and specific	No: Mrs. Smith takes too much medication. Yes: Mrs. Smith is ready to taper and stop her benzodiazepine
	Avoid making assumptions - ask if necessary and admit when wrong	No: Mrs. Smith should never have taken this drug. Yes: Mrs. Smith doesn't recall why she is taking this medication. Can you please check and let me know if it is still needed?
	Pre-think about alternatives and options	No: I think Mrs. Smith should take Drug X. Yes: The first line treatment for Mrs. Smith is Drug X. Drug Y is the second option.
Confirm next steps	No: Someone will check with Mrs. Smith Yes: Mrs. Smith has an appointment with you next week so this could be a good time to start Drug X.	



Actively listening to and showing genuine interest in the perspective of the nurse helps pharmacist Jason Min consult more effectively with her.

Table 3 - Tips for effective verbal communication (cont.)

How it is said	Be prepared, confident and respectful	No: I know what's right for Mrs. Smith. Yes: I've checked the options for Mrs. Smith and Drug X is what I recommend based on what I know about Mrs. Smith.
	Align the voice, intonation and speed of talking to the intent of the message	No: Any communication that is rapid, mumbled, or could be perceived by the listener as yelling Yes: Neutral tone, moderate pace, respectful
	Use neutral language and avoid statements that can sound like accusations	No: Why didn't you fix Mrs. Smith's problem sooner? Yes: Mrs. Smith indicates that she is ready to address this problem that has come up.
	Don't take anything personally	No: Don't get mad at me because you made this mistake. Yes: This misunderstanding is regrettable but it's good we are sorting it out now.
	Be empathetic to the listener	No: I don't want to hear about your problems. Yes: Thank you for calling me back. I appreciate that you are very busy so this will only take a minute.
Non-verbal cues	Keep emotions in check	No: I'm fed up with having to fix your mistakes. Yes: It's my job to work with you so Mrs. Smith gets the best possible drug therapy outcomes.
	Be attentive (eye contact and body language)	No: Eyes darting around Yes: Look at the person and lean slightly forward to indicate engagement
	Pause from writing or typing	No: Carrying on two conversations, typing or making notes while talking Yes: Pause and focus on the conversation.

Remember, non-verbal cues account for more than 50 per cent of direct communication and, because they mirror our innermost thoughts and feelings, are difficult to fake.⁹

Effective written communication

It's important to get to the point as soon as possible when writing notes to clinical colleagues. A practical approach¹⁰ you may want to consider includes providing essential information and a summary section up front followed by details on clinical rationale for the drug therapy problem and recommendations. Other tips about effective written communication are provided in Table 4.

Table 4 - Tips for effective written communication

Tip	Examples
Focus on the patient and patient perspective	No: I'm concerned that Mrs. Smith is at risk of falling. Yes: Today Mrs. Smith expressed concerned about her fall risk.
Be concise but include the information necessary for a physician to make a decision about a recommendation	No: Mrs. Smith came to speak with me today about being shaky on her feet and worrying about possibly falling. She asked me to check if her medications could be making her shaky. Yes: Mrs. Smith is concerned about her fall risk and has agreed to stop Drug A.
Provide specific recommendations that are easy for a physician to implement	No: Reassess Drug A. Yes: Taper Drug A as follows: decrease current dose to 5mg for one week, then 2.5mg for one week, then stop.
Be diplomatic. Unsolicited recommendations need to be presented in a way that the physician can decline the recommendation without incurring liability	No: Mrs. Smith is in danger and you need to stop Drug A. Yes: Mrs. Smith is willing to stop Drug A if you think this is a good option for her.
Be clear on next steps	No: Someone should check on Mrs. Smith. Yes: I told Mrs. Smith I will check on her in a week and keep you informed.

As with any skill, communication skills must be continually developed and refined over time for best results including good inter-professional collaboration. The result is better patient care and we all want that!

In the next issue of The Tablet we will look at strategies for effective written and oral communication with patients.

References available upon request; please contact the BCPhA Communications team.