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### INSTRUCTIONS

1. After carefully reading this lesson, study each question and select the one answer you believe to be correct. For immediate results answer online at [www.CanadianHealthcareNetwork.ca](http://www.CanadianHealthcareNetwork.ca).
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## Communicating Effectively with Patients

by Jillian Reardon, BSc(Pharm), ACPR, PharmD, RPh



### Learning objectives

Upon successful completion of this lesson, the pharmacy technician will be able to do the following:

1. Describe techniques for patient-centred communication
2. List examples of questions to enhance communication with patients
3. Identify approaches for communicating effectively in challenging situations

### Introduction

Pharmacy technicians are often a patient's first point of contact with the pharmacy team and uniquely positioned to influence a patient's healthcare experience. A telephone survey of

Saskatchewan residents found that, despite having a favourable view of pharmacists, the majority of respondents (65%) felt like "customers" rather than "patients" when visiting a pharmacy.<sup>(1)</sup> The importance of effective communi-

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**TABLE 1 - NAPRA Professional competency No.7 “Communication and Education”<sup>(4)</sup>**

<b>7.1</b>	Establish and maintain effective communication skills.
<b>7.1.1</b>	Demonstrate proficiency in written and verbal English or French.
<b>7.1.2</b>	Demonstrate appropriate verbal and nonverbal communication skills, including listening skills.
<b>7.1.3</b>	Demonstrate appropriate interview techniques.
<b>7.1.4</b>	Select appropriate communication and education techniques for use with the patient and other health professionals.
<b>7.1.5</b>	Conduct interpersonal interactions, including conflict management, in a professional manner.
<b>7.1.6</b>	Communicate with sensitivity, respect and empathy.

NAPRA–National Association of Pharmacy Regulatory Authorities

cation in reversing this statistic cannot be overstated. Evidence demonstrates that effective communication is associated with improved patient satisfaction, job satisfaction and reduced medication errors.<sup>(2)</sup> No matter how knowledgeable a healthcare provider is, research suggests that if they are not able to communicate effectively with patients, their value is diminished in the eyes of patients.<sup>(3)</sup> Professional competencies for pharmacy technicians issued by the National Association of Pharmacy Regulatory Authorities (NAPRA) in Canada require that: “Pharmacy technicians communicate effectively with patients, the pharmacy team, other health professionals and the public, providing education when required.”<sup>(4)</sup> Details of enabling competencies are highlighted in Table 1. Although communication is embedded in curriculum of technician training programs, the ability to be an effective communicator, like all skills, requires practice and continuous self-improvement to develop and strengthen.

**Patient-centred communication**

Patient-centred care is defined by the US Institute of Medicine as “providing care that

**TABLE 2 - Examples of commonly used healthcare jargon and alternatives\***

Jargon	Patient-friendly alternative
Adhere	Follow, stick to, carry out
Avoid	Stay away from; do not use
Benefit	Cost covered by drug plan
Condition	How you feel; health problem
Chronic	Ongoing
Dose	Amount, number of times
Effect	Result, consequence, how something works
Generic	Product sold without a brand name
Glucose	Sugar
Medication	Medicine
Monitor	Check, watch
Non-benefit	Cost not covered by drug plan
Oral	By mouth
OTC	Product available without a prescription
Reassess	Review and possibly change
Reduce	Lower
Routinely	Often
Side effect	Reaction
Sublingual	Under the tongue
Subcutaneous	Under the skin
Temporary	For a limited time
Topical	Applied to the skin
Vaccine	Shot

\*Adapted from: Words to Watch Fact Sheet. National Patient Safety Foundation. [www.npsf.org](http://www.npsf.org) and CDC Everyday Words for Public Health Communication May 2016. <https://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html>

is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.”<sup>(5)</sup> Integral to providing good patient-centred care is practising patient-centred communication; that is using appropriate verbal and nonverbal communication, being an active listener and showing empathy.<sup>(6)</sup>

*Verbal communication*

Successful verbal communication should be

uncomplicated, specific, use repetition, minimize jargon and check patient understanding.<sup>(7)</sup> The starting point of effective verbal communication is establishing patient relationships. When meeting a new patient, introduce yourself by name and explain your role on their care team as a pharmacy technician. Taking the time to share these simple details about yourself will help to build a foundation of trust.<sup>(8)</sup> On first introductions, it is prudent to address people with an honorific (Mr., Mrs., Miss, Ms., Dr.) unless they give permission to use their given name. Every patient should be given the same level of respect and terms like “honey,” “dear,” or “sweetie” avoided as these can be condescending.

Once relationships are established, it is important to ensure that ongoing verbal communication is clear and uncomplicated. Health literacy is the ability to access, comprehend, evaluate and communicate health information.<sup>(9)</sup> The International Adult Literacy and Skills Survey administered by Statistics Canada to over 23,000 Canadians, reported 55% of working age adults and 88% of seniors (age 65 and up) had less than adequate health literacy, respectively.<sup>(10)</sup> Considering this, many of your patients may unknowingly lack the skills required to understand prescription labels, complete insurance forms and read and understand education materials. Furthermore, patients may be embarrassed to tell you they don't understand verbal or written information. Be on alert for indicators of low patient health literacy such as: taking

a long time to complete forms or asking you to complete a form for them, staying quiet when you are reviewing information, telling you they will review the information when they get home, or stating they have forgotten their glasses and can't see properly. Although everyday pharmacy vocabulary may be second nature to you, certain words or “jargon” may cause confusion amongst the general public. Examples of common healthcare jargon and preferred alternatives can be found in Table 2.

*Nonverbal communication*

The majority of what we communicate happens nonverbally. Nonverbal communication is enhanced when you take the time to physically stop whatever else you are doing to talk directly with a patient. This will physically show your engagement and allow you to read their nonverbal cues. When talking with patients, it is important that body language aligns with what we are saying, to appear sincere and prevent mixed messages.<sup>(11)</sup> Nonverbal communication requires self-awareness of one’s own body language and also being attuned to nonverbal cues a patient is sending. A useful acronym “SOLER” (described in Table 3) can be used to ensure you are patient-centred in your nonverbal communication.<sup>(12)</sup> When reading a patient’s nonverbal cues, pay attention to stance, facial expressions and presence or absence of eye contact. Different cultures may interpret nonverbal cues in different ways so it is important to verbally clarify a patient’s emotions if there is uncertainty. The amount of personal space a patient is comfortable with may differ from yours and be influenced by cultural norms. Remember that, while it is important to be close enough to attend to patients, most will require a “bubble area” of about three feet or one arm’s length to feel comfortable.

Additionally, use of nonverbal communication methods may assist you in caring for patients with low health literacy or in the presence of a language barrier. Pictograms are visual depictions of written words and can be a useful tool in this setting. Software with the ability to create custom prescription labels, medication information sheets and medication storyboards has been developed by the International Pharmaceutical Federation and is available for free download here: <https://www.fip.org/pictograms>.<sup>(13)</sup>

*Active listening*

Pharmacies are busy environments necessitating multitasking. Ringing phones, interrupting coworkers and general pharmacy foot traffic all serve to distract you from the patient in front of you. Whenever possible, conversations should occur in a way that provides maximum attention and privacy to patients. This will serve to protect patient confidentiality and minimize distractions to enable active listening. Furthermore, internal

TABLE 3 - SOLER approach for effective nonverbal communication <sup>(12)</sup>	
Nonverbal action	Nonverbal message/why this is effective
Squarely face the patient	- You are giving your full attention to the patient - Allows for reading nonverbal cues - Ensures patients can see your eyes and mouth which may help if they are visually- or hearing-impaired
Open posture (no folded arms)	- Calm, approachable and ready to engage in a nonjudgmental conversation
Lean forward	- Interested and attentive - Creates more privacy by allowing conversation to be conducted at a lower volume - A general rule is to keep one arm’s length of personal space between you and your patient
Eye contact	- You are paying attention and hearing what the patient has said - Note that, in some cultures, making direct eye contact is not appropriate. If you are unsure, the best approach is to ask a patient how they would like to communicate.
Relaxed body posture	- Creates sense of openness and trust - Fidgeting or tensing up may give the impression that you are impatient and also cause the patient to feel tense or distracted

TABLE 4 - Tips for effective communication during first impressions	
Don’t	Do
Assume the patient knows who you are.	Introduce yourself and your role on the team.
Begin to provide patient sensitive information without ensuring you are speaking directly to the patient or designated caregiver.	Confirm whom you are speaking with when making a phone call.
Put a caller on hold without speaking to them.	When answering the phone, greet the caller and—if you must put them on hold- ask their permission first.
Assume it is ok to call a patient by their first name or any other term.	Ask the patient how they would prefer to be addressed.
Use mobile phones or attend to other people, phone calls etc. while interacting with a patient.	Give each patient your full attention.
Use a lab coat as a cover-up for sloppy dress.	Ensure a well-groomed, professional appearance and the use of a visible nametag.
Assume a patient is rude if they choose not to shake hands, make direct eye contact, etc.	Educate yourself on cultural differences that may impact communication styles—if you are not sure, politely asking is better than guessing how patient would prefer to be communicated with.

distractions such as preoccupations, personal biases or assumptions can serve to distort what a patient is telling you. Active listening requires tuning out these external and internal distractions to respond to a patient in way that demonstrates you have not just heard, but have understood them.

There are three key active listening responses: restating, reflecting and clarify-

ing. Restating is simply repeating the patient’s words as you have heard them. This may sometimes seem redundant to you but to a patient it assures them you are listening. Reflecting verbalizes feelings or emotions conveyed by the patient’s words. Examples of reflective phrases are: “You seem to be feeling...” or “It sounds like you...”. Clarifying statements involve para-

**TABLE 5 - Effective questions for patient information gathering**

Closed-ended	Problem	Alternative	Benefit
Are you feeling well today?	This leading question will often be met with a “yes” regardless of how patient is really feeling	How are you feeling today?	Invites patient to be honest about their true state of health.
We already have you on file, right?	This is a missed opportunity to engage in deeper conversation	I see you’ve been here before, what has changed for you since you were last in?	Health, medication or insurance provider changes could all influence patient’s overall state of health.
Do you have any drug allergies?	Disengaged patients more likely to answer yes/no without thinking about the question	Tell me about any drug allergies you have? What type of reaction did you experience? When did this happen?	Gathering details about the nature of the allergy can help inform when a medication change needs to be made
Have you taken this medication before?	It is often assumed that if a medication has been used before the patient will have no questions	What questions or concerns do you have about this medication?	Changes over time to a patient’s health or medications may influence response to long-term medications. Additionally, new side effects or questions can arise at anytime.
Do you take this medication as directed?	Patients often take medications differently than what is on the label either on their own accord or as instructed by another healthcare provider. Patients may also not want to admit they are not taking a medication as prescribed.	How do you take this medication?	Requires patient to provide specific directions; therefore, you are more likely to get an honest answer. It is also less judgmental when phrased this way.
Are you taking any other medications?	Patients may be taking other nonprescription drugs, but do not consider these medications.	In addition to your prescriptions do you take any non-prescription or natural health products? Do you obtain medications from any other sources (e.g., physician samples, naturopaths)?	Often these other medications are missed on history and may have important drug-drug/drug-disease interactions.
Do you want to speak to the pharmacist/ Do you have any questions today?	Many patients will feel it is an inconvenience to ask for additional help and/or are not aware of their own knowledge gaps.	What concerns do you have that need to be discussed with the pharmacist or me today?	This sets the expectation that a patient is welcome and able to ask questions/receive education.
Do you know how to use this device? (e.g., inhaler, blood glucose machine)		What do you know about this device? Can you show me how you normally use it?	

phrasing the conversation as you have understood it and serve to correct any misunderstandings.

Taking time to be an active listener provides several benefits, including allowing patients to feel cared for, reducing misunderstandings (which can lead to conflict or errors) and encouraging patients to be more open.<sup>(14)</sup> When actively listening, if the need to interrupt the conversation cannot be avoided, communicate this to a patient and apologize. Finally, do not assume patients are reciprocating active listening. When providing education to patients, beware of reflexive verbal cues such as “Uh huh” and “yes” that may indicate they are tuning out. Engage patients by stopping periodically to

ask if they have any questions and check their understanding by having them repeat key messages back to you. Prefacing this with a statement like “I’ve provided you with a lot of information so, to be sure I haven’t missed anything, can you please explain back to me...” prevents patients from feeling like they’re being “quizzed”.

*Empathy*

Empathy involves placing yourself in a patient’s situation and responding based on a similar experience or place of understanding. Empathy is different than sympathy where you may feel sorry for a patient but do not see the situation from his or her point of view. Empathy is useful to validate a

patient’s concerns and allows him or her to feel like an individual. Expressing empathy helps build trust and opens up patients to feel more comfortable sharing their personal information with you. Empathy can be as simple as being an engaged, active listener. Avoid statements like “I know how you are feeling” which may be upsetting or feel empty to patients; a more effective statement may be “I understand you have been through a difficult time, how are you doing today? Is there anything I can do to help?” This latter statement acknowledges their feelings and offers support.<sup>(10)</sup>

**First impressions**

Pharmacy technicians are often the first per-

TABLE 6 - Examples of communication challenges and approaches

What is observed from the patient	Possible causative factor	Provocative response (avoid)	Patient-centred response (preferred)
"I don't understand why you're asking me so many questions." "That's none of your business."	Patient has chronic diseases and many healthcare appointments, is asked the same questions multiple times in one day.	"Because it's my job."	"I understand it's frustrating to have to repeat yourself; however, this information will help us make sure your medicines are the right ones for you."
"I'm tired of waiting, how long does it take to slap a label on a box!?"	Patient has spent the last 2 hours waiting at the walk-in clinic with a migraine.	"You have to wait your turn like everyone else."	"I'm sorry for the wait and I understand you're upset." Could offer a place to sit, or offer to have prescription delivered.
"How am I supposed to afford this medication?"	Patient is paying to put 2 children through university and has a limited income.	"There's nothing I can do. You'll have to talk to your insurance company."	"I can understand how frustrating this must be for you. Let me explain why this drug is not paid for." "The pharmacist may be able to work with your doctor to find a more affordable alternative."
"No one seems to know how to do their job around here!"	Patient was just let go from their job.	"Calm down Sir/ Ma'am."	"You seem upset. Is there anything I can do to help?"
"Every time I come here, I get interrogated like I'm a drug addict."	Patient is suffering from untreated chronic back pain and is unable to work.	"Why are you always picking up your prescriptions early?"	"How has your pain control been?" "Would you like to discuss pain management with the pharmacist?"
Quiet patient, avoiding eye contact	Patient is coping with a new diagnosis of breast cancer.	Remain silent, rush to help them	"I can't help but notice you don't seem like yourself today. How are you feeling?"
Patient impatiently tapping fingers on counter	Patient had to stay behind at work and now is late for parent-teacher interviews at their child's school.	"Yes?"	"How can I help you?"

son a patient encounters when visiting or calling a pharmacy. Creating positive first impressions with patients is key to establishing the patient-provider relationship and ensuring they will continue to choose your pharmacy to meet their medication-related needs. First impressions over the phone should be treated with the same care as a face-to-face encounter. When interacting with a new patient, smile and introduce yourself. Ask them how you should address them and use this at least once in conversation to confirm you are listening to them as an individual. Prescription drop-off, pick-up and counselling areas should be clean and free of clutter and any personal conversations or use of mobile phones halted when patients are present. Cultural differences may influence first impressions and, given that each patient is an individual, the best approach is to be respectfully curious and ask how they prefer to be communicated with if unsure. For example, eye contact and handshakes may be desired in some cultures but not others; some patients may

expect you to address the elder family members present first etc. When you are initially getting to know a patient, making a brief note on their file of any personal details they may share with you such as a hobby, favourite food, family member names, pets etc. can serve as reminders for future visits. Patients will be surprised and impressed when you ask them about these personal details and enhance their experience of care. Over time of course, these reminders will likely not be needed, as you will grow to know your regular patients. Additional tips for ensuring good first impressions are detailed in Table 4.

#### Asking the right questions

The patient interview is the best way to obtain a complete picture of the patient and their health history. The questions that you ask a patient and the technique used will dictate how much a patient will reveal. Generally it is useful to start a conversation with open-ended questions and move to more specific, closed-ended questions.

When discussing personal health information, patients have a right to privacy and every effort must be made to conduct patient interviews in a private area.

Open-ended questions are those that require more than a simple yes or no response and invite two-way communication. Examples of open-ended questions you may find helpful for generating patient dialogue are found in Table 5. When trying to learn more about a patient and their health, it is usually best to avoid closed-ended questions unless a precise answer is required (e.g., Do you have difficulty swallowing tablets?). It is also important to avoid leading questions; that is phrasing questions in a way that leads patients to give the answer they think you want to hear. Above all, be curious and respectful. If you are asking about a potentially sensitive topic (e.g., pregnancy status, drug and alcohol use), you can reduce the chance a patient will feel embarrassed or offended by leading with: "to ensure we can provide you the best care, I am going to ask you some questions

I ask all our patients.” Be cautious about starting questions with “why” as it can sound accusatory and put a patient on the defensive. Although a subtle difference, asking what causes something to happen rather than why allows patients to reflect on their behaviours without feeling judged.<sup>(12)</sup>

### Patients that present communication challenges

Inevitably not every patient you encounter will be in the right frame of mind or state of health to engage easily in conversation. We cannot forget that patients and caregivers are often dealing with the burdens of acute illnesses, new diagnoses and chronic diseases, all of which may present unique barriers to effective communication. Although it is impossible to be prepared for all scenarios, some key approaches can help you use communication as a tool to diffuse difficult situations. Firstly, do not take a patient’s behaviour personally; in all likelihood it has nothing to do with you. Anger, frustration and irritability are often manifestations of stress, anxieties and fears. When dealing with an emotional patient, remain calm and respectful. Resist the natural tendency to raise your voice or use a stern tone as this will only serve to further escalate the situation. If you feel yourself growing frustrated,

take a pause, reflect on your feelings and respond to the patient in a calm manner, using empathy and active listening. Depending on the scenario, offering an apology can quickly de-escalate a patient’s anger. Rather than just saying “I’m sorry,” offer a specific reason and acknowledge their feelings around the situation. Often all a patient needs is to feel heard and know you are on their side trying to help. Be transparent with your communication and if there is a problem, let the patient know what you are doing to fix it and when they can expect a resolution. If a patient is unable to be calmed or becomes verbally abusive, let the patient know you would like to help them but are unable to when they are behaving inappropriately.<sup>(7,11)</sup> Table 6 provides examples of challenging scenarios and communication approaches.

### Conclusion

Honing your communication skills is a learned technique that takes time and practice to perfect. By employing patient-centred communication techniques, asking relevant questions and being prepared to navigate communication challenges, your relationships with patients will strengthen, as will your confidence and abilities to provide exemplary care.

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## QUESTIONS

Please select the best answer for each question and answer online at [www.CanadianHealthcareNetwork.ca](http://www.CanadianHealthcareNetwork.ca) for instant results.

### 1. Effective patient communication has been shown to:

- a) Increase prescription volumes
- b) Increase patient satisfaction
- c) Reduce health care costs
- d) Reduce pharmacy wait times

### 2. Patient-centred communication uses all of the following, except?

- a) Passive listening
- b) Active listening
- c) Empathy
- d) Nonverbal communication

### 3. Health literacy is defined as:

- a) The ability to read and write about healthcare topics

- b) The ability to comprehend health information and communicate this to others

- c) The ability to navigate the healthcare system to access appropriate care
- d) The ability to access, understand, evaluate and communicate health information

### 4. What percentage of Canadian seniors is estimated to have low health literacy?

- a) 60%
- b) 52%
- c) 88%
- d) 76%

### 5. Which of the following is considered medical jargon:

- a) Sickness
- b) Poisonous

- c) Medicine
- d) Side effect

### 6. Most of what we communicate is done through:

- a) Spoken words
- b) Written words
- c) Body language
- d) Our actions

### 7. What is a comfortable distance to keep between yourself and patients for effective communication?

- a) Arm’s length
- b) Length of the pharmacy counter
- c) 1 foot
- d) There is no recommended distance

8. Which of the following is not an active listening technique?

- a) Restating
- b) Sympathizing
- c) Reflection
- d) Clarification

9. Which of the following responses demonstrates active listening?

- a) If you come earlier in the day, you won't have to wait for your prescriptions
- b) It sounds like you're frustrated you've had to wait for your prescriptions
- c) I'm sorry you've had to wait for your prescriptions
- d) I know how you feel having to wait so long for your prescriptions

10. Reasons to stand with your body square to a patient when communicating include all of the following, except?

- a) Allows you to give your full attention to the patient
- b) Allows you to read nonverbal cues
- c) Demonstrates you are calm and relaxed

d) Makes it easier for patients with hearing or sight difficulties to understand you

11. Which of the following is an example of an open-ended question?

- a) Do you have any questions today?
- b) How do you take this medication?
- c) Have you taken this medication before?
- d) Your medications haven't changed, right?

12. When might a closed-ended question be appropriate?

- a) When precise information is required
- b) When time is limited
- c) When establishing a relationship with a patient so as not to invade their privacy
- d) Closed-ended questions are never appropriate

13. Which of the following best describes empathy?

- a) Understanding how a person feels because you are in the same situation
- b) Feeling sorry for a person
- c) The process of becoming aware and in tune

with another person's feelings or motives

d) The process of taking on a patient's problems together with them

14. Which of the following statements about effective questioning is true?

- a) Choice of words when asking questions is not important as long as the intent is clear
- b) Starting a question with "why" can make a patient feel they need to defend their choices
- c) Starting a question with "what" can make a patient feel they need to defend their choices
- d) Starting a question with "why" allows a patient to reflect without feeling judged

15. A patient comes to the pharmacy angry that his medication is not covered; he is blaming you. What tactic may help to defuse this conflict?

- a) Walk away from the situation
- b) Engage in debate
- c) Tell the patient to calm down
- d) Offer an apology

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## Communicating Effectively with Patients

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