

IMPROVING QUALITY CARE FOR PATIENTS THROUGH PATIENT COUNSELLING: AN OVERVIEW

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ABSTRACT

Drugs take part an indispensable role in health care. Desired results of treatment hang on both the efficacy of medication and patient adherence to the course of therapy. Adhesion to medications is crucial to attain the foremost feasible pharmacotherapy upshot. Patient counselling call attention to the process of coming up with key information, advice and assistance. Patient counselling is done to evaluate the patient understanding of the therapy, including actual use and adverse effects of the medication; enhance patient adherence; and drive the patient to participate effectively in health care management. This article explained the objectives of patient counselling, described the skills for effective patient counselling and presented steps and strategies to improve the counselling activities.

KEYWORDS: Patient counselling, key information, health care management.

INTRODUCTION

Patient counselling is fundamental for greater pharmaceutical care. Enlightened patient's expose higher observance with drug regimens, resulting in enhanced therapeutic outcomes. In 1996 first individual patient counselling centres was established in the Govt. Medical College Hospital, Trivandrum, annexed to the community pharmacy services of the department of Pharmacy Practice. In 1997, counselling centre with separate cabins and library facilities working on the clock basis was established.^[1,4]

Patient counselling is defined as providing medication information orally or in written form to the patients or their representatives on directions of use, advice on side effects, precautions, storage, diet and life style modifications.^[3] An impactful counseling should incorporate all the parameters to make the patient/party understand his/her disease, medications and life style modification required.^[7]

In 1990s Omnibus Budget Reconciliation Act stated certain guidelines that pharmacist should pursue while counselling patient: Name and description of the medication, dosage form and route of administration, unique preventive measures for the preparation, administration or use of medication by the patient, common severe side effects, adverse effects, interactions and contraindications that may be encountered, approaches for self monitoring therapy, appropriate storage of the medication, prescription re-fills data, any measure that should be taken in the event of a missed dose.^[5]

Hospitalization and consequent discharge home frequently involve interruption of care, several changes in therapeutic regimens, and unsatisfactory patient education regarding the instruction of medication use, respiratory devices, and disease information and also lack of information about the drug's side effects that can cause medication nonadherence and low degree of treatment gratification.^[2]

Dispensing the right drug to the right person with right information is the first and foremost duty of pharmacists. Clinical pharmacist has a vital role in offering effective counselling being it a crucial component in ensuring best possible therapeutic results. They help in minimizing medication errors, incidents of adverse events and drug interactions and enhancing patient compliance through patient counselling.

In Maharashtra, the Pharmacy Council initiates 'Patient Counselling Course' for pharmacist and took steps to popularized the counselling activities in the community set up.^[6]

Objectives^[3,7]

1. patient adherence should be enhanced.
2. The importance of medication should be recognized by the patients for their well being.
3. A professional relationship should be developed for continuous interaction and consultation.

4. The patient's understanding of the therapy including proper use and adverse effects of the medication should be assessed
5. Patient becomes an informed, efficient and active participant in disease treatment and self care management.
6. The pharmacist should be perceived as a professional who offers pharmaceutical care.
7. Drug interactions and adverse drug reactions should be averted.

Stages^[7]

The United States Pharmacopoeia (USP) medication counselling behavior guidelines divide medication counselling into the following four stages (USP, 1997).

Stage I

Drug data transfer, during which there is a oration by the pharmacist offering basic, brief data about the secure and actual use of medicine.

Stage II

Medication particulars exchange in course of which the pharmacist answers questions and provides brief particulars adjusted to the patients' circumstances.

Stage III

Medication education, during which the pharmacist provides encyclopedic information regarding the actual utilization of drugs in a collective, interactive learning experience.

Stage IV

Medication counselling, during which the pharmacist and patient have a comprehensive discussion aiming to give the patient guidance that improves problem-solving skills and facilitates with proper management.

Steps^[8]

Steps in the patient counselling process will differ according to the health system's policies and procedures, environment, and practice setting. Generally, the following steps are appropriate for patients receiving new medications or returning for refills.

1. Relationship with patients

Begin a caring relationships with patients as appropriate to the practice setting and stage in the patient's health care management. First introduce yourself as a pharmacist, explain the

purpose of counselling and expected duration of the sessions, and obtain the patient's inclination to participate. The counsellor should make sure about the patients convenient spoken language.

2. Assessing patient's knowledge

Assess the patient's knowledge by questioning them about his or her health issues and medications. whether they are capable of using the medications appropriately, and patients perspective toward the health issues and medications. Ask open-ended questions about their medication's and purpose of each medication, and ask the patient to demonstrate how he or she will use the medication. Patients who returns to refill medications should be asked to demonstrate how they have been using their medications and they should also be asked if any problems, concerns, or uncertainties they are experiencing with their medications.

3. Furnish information

Provide information orally and also use visual demonstrations for clear understanding of the patients. Open the medication containers in front of patients to show the colors, sizes, shapes, and markings on oral solids, For oral liquids and injectables, show the dosage level on measuring devices and demonstrate the usage of administration devices such as nasal and oral inhalers. After the face-to-face oral communication, in addition to this provide an written handouts, that will help the patient to recall the informations. If a patient is experiencing any type of problems with his or her medications, gather the appropriate data and assess the problems. Then adjust the pharmacotherapeutic dosage regimens according to protocols or notify the prescribers.

4. Evaluating patient's knowledge and apprehension

Atlast evaluate patients' knowledge and understanding of their medication use by asking he or she to demonstrate how they will use their medications and identify their effects. Observe patients' medication use capability and perspective towards their pharmacotherapeutic regimens and monitoring plans.

Who Is a Counselor?^[9]

A counselor is an independent who-□

- Understands the inner feelings of a patient and treats accordingly □
- Keeps all personal information private □
- Facilitates argumentation on the issues in question form□

- Develops self-respect of the patients
- Reassures if the patient is unconfident
- Understands the patient's own feelings and provides ideas for solutions
- Be compassionate to the patient and show care
- Has patience throughout their work
- Avoids distraction during interaction with patient
- Develops self confidence of the patient
- Think about the patient's medium and long term targets
- Does not act like an well skilled person
- Has a BIG ear and SMALL mouth that indicates they are capable of listening more than speaking.

Patients who should always be counselled^[10]

- Confused patients, and their caretakers
- Patients who have vision or hearing disability
- Patients with poor ability to read and write
- Patients whose case report shows a change in medication or drug dosing □
- Newer patients, or patients who receive a medication for the first time (transfer prescription) □
- Children and parents receiving medication
- Patients receiving medication with special instructions like storage conditions , complicated directions and notable side effects. □

Patients who should be counselled at certain intervals^[10] □

- Asthmatic patients
- Diabetic patients
- Patients taking four or more prescribed medications
- Patients who are mentally disturbed □
- Patients who use special devices □
- Epileptic patients □
- Patients with dermal problems
- Patients who misuse the drugs □
- Patients who are extremely weak

Strategies to improve the counselling activities^[20]

- legalisation of patient counselling
- introduction of counseling fee
- continuous professional development programs

Barriers^[11,12,13]

Loads of barriers to effective counselling are those related to communication. Often barriers Meddle with the counselling procedure because they hinder the patient/client from being able to make free and informed decisions about the course of treatment, how to act on them and to continue using them. Barriers to effective communication include physical, psychological, administrative or time conflict.

Physical/Environmental Barriers include

- A counseling room which does not tender secrecy;
- Poor lighting;
- Filthy and scruffy room;
- Distracting noise;
- Excessive temperatures;
- Inconvenient seating arrangement;
- Distractions in the room such as equipment and visual aids;
- Objects and chemicals which are hazardous to the patient/client;

creates physical barriers between patients and doctors/pharmacists can hamper effective communication. Environmental barriers are examples of physical barriers.

Semantics pertain to meanings of words and symbols used in interindividual communication. Words only contain meaning in terms of people's reactions to them. Words can also have several sense. Consequently, electable words should be used in patient communication. Jargon should be clearly defined or avoided. Semantics is an example of a psychological barrier.

How an information is received by a patient is said to be perception. The patient points of view may be the doctor as only being interested in diseases, drugs and money, not people. If the patient views the doctor as being inept or inattentive, he/she is highly improbable to rely on doctor's recommendation. Perception is an example of a psychological barrier.

Negative attitude from doctors or pharmacists are usually caused by a

- Inadequate conviction
- Contemptible self-esteem
- Gesturing
- Frowning
- Showing signs of boredom or humour
- Showing signs of loathing
- Displaying signs of despise towards a patient
- Nodding the head
- Shaking the head

This is why, making a good gestures will exhibit attention, concern and comprehension of the patient's expressions. Doctors or pharmacists should struggle to upgrade their skills through practice. Negative attitude is an example of a psychological barrier.

Personal barriers take into account ignoble self-confidence, bashfulness, inoperable internal monologue, lack of neutrality, cultural diversities, inconvenience in sensitive situations, and contradictory values to healthcare practice.

Barriers caused by patient/client

These include;

- Lack of interest in being counselled
- Patient's appearance
- Patient's emotions

The pharmacist should incite the patients curiosity by using visual aids and also by encouraging them. Offering a shared experience instigates energetic thinking and training. Lack of interest makes a patient inattentive and unfair in thinking. If there is something troubling a patient, such as a family or social problem, pharmacist should be able to discover it. If you think the patient is so afflicted that they cannot gain knowledge from the session, pharmacist should postpone it to another day.

Following are 10 features of effective patient counselling^[14-19]

1. Establish Trust

Pharmacists are one, among the most friendly and trusted health care professionals. Before starting a counselling session, pharmacists should introduce themselves to the patients with a brief and friendly greeting to make patients feel more comfortable to ask questions about their medication therapies and health problems. Pharmacists who demonstrate a genuine interest in patient care are more likely to encourage dialogue.

2. Communicate Verbally

The patients knowledge should be assessed by the pharmacist like encouraging dialogue by questioning them about his or her medications. As it may modify the counselling points to meet the needs of each individual patient. Ask patients about what their physician has told them about the current therapy and the condition for which they are being treated.

3. Communicate Nonverbally

In supplement to verbal communication, it is necessary that every pharmacist should be aware of nonverbal communication, like maintaining eye-to-eye contact with the patient, to show interest in providing information according to the patients expectation. While interacting with patients pharmacists should also be aware about other nonverbal clues, such as facial expressions, tone and volume of voice.

4. Listen

At the time of counselling, listening to the compliance, questions, troubles and needs of the patient is essential. Listening skills can be categorized into 4 classes: passive listening, acknowledgment responses, encouragement, and active listening. Passive listening is that the pharmacist encourage the patient to communicate without interruption. An acknowledgment response alerts the patient that the pharmacist is indeed listening by nodding action during passive listening. Pharmacists can also use encouragement strategies by using the words such as "yes" or "go on." Active listening involves 2- way interactions between the patient and the pharmacist and always should be implemented after passive listening.

5. Ask Questions

When the patient is questioned by the pharmacist, pharmacists should also mention the reason for asking certain questions, so as not to upset the patient. Asking open-ended questions helps

pharmacists to gather more information about patients knowledge and provides further assess to the patients.

6. Persist Clinically Objective

It is crucial for pharmacists never let personal convictions? either ethical or religious? to influence their potential to advice a patient concretely. Pharmacists should make every possible effort to be unbigoted, to dwell on patient care, and to sustain a expert behavior.

7. Demonstrate compassion and Encouragement

Disclosing compassion and encouragement makes a patient find more convenient discussing his or her health status and drug use. thereby empoweting the pharmacist to gain relevant particulars on the patients necessities and difficulties. During counselling pharmacist should pinpoint patients to call the pharmacy or their physician with any concerns about a medications. It is the duty of the pharmacist to stress on medication regimen adherence and active role in the management of health to the patients.

8. Offer secrecy and Confidentiality

special and equipped counselling areas in pharmacies to address privacy concerns and confidentiality empower patients to feel comfortable discussing personal medical issues. Privacy can be assured by pharmacist by monitoring voice levels and counseling patients far from the dispensing area.

9. customize Counselling to address Patient necessities

The capability to adapt patient counselling to meet individual needs is critical. Pharmacists should be conscious of patients with disabilities and be prepared to treat them with high esteem and comprehension. When the medication therapy involves certain administration techniques, such as the use of an inhaler, an injection, or a monitoring device, pharmacists should demonstrate the proper technique via verbal counseling or the use of visual aids and demonstrations to assure that patients are adequately trained.

10. Motivate Patients

Patients can be motivated by discussing the benefits of medication adherence, offering support, and explaining the pros and cons of treatment by pharmacists. For example, when counselling a diabetic patient, in addition to teaching the patient about medications, the pharmacist can pinpoint the importance of maintaining tight glycemic control to decrease or

prevent the entanglements associated with diabetes. Pharmacists also can make suggestions, such as the use of medication reminder containers, to improve patient adherence and hence the quality of life.

Counselling of some diseases^[21-23]

Coronary Heart Disease

Like any other endemic illness, the goal of therapy is to mitigate the mortality, morbidity and relevant disability in the standard of living. A pharmacist can be actively involved in the guidance of this chronic disease differently.

Non-pharmacological steps: It contains education regarding diet, smoking, and exercise and stimulating the patients to retain a diary on anginal attacks, pain symptoms etc.

Pharmacological steps: Educating the patients on the usage of nitrates in the event of an acute anginal attack is one of the major roles of pharmacists.

Diabetes

Diabetes is a long term illness with modified carbohydrate, lipid and protein metabolism(Kapur et al., 1998). The chronic entanglements of diabetes are known to have an impact on standards of living of diabetic patients. Diverse factors like perception of the patients about their disease, dietary regulation, self-monitoring of blood glucose are known to play a major role in diabetes management. Patient counseling and education are known to boost the living standards of these patients (Rasheed et al., 2002).

Non-pharmacological steps: The pharmacist can offer an summary of diabetes, stress and psycho-social adjustment, family involvement and social support, nutrition, exercise and activity, monitoring and use of results, relationship between nutrition, exercise, medication, and blood glucose level.

Pharmacological steps: Studies revealed that the entanglements of diabetes can be minimized by tight glycemic control. (Table 1) lists some of the vital pharmacological measures a pharmacist should pinpoint while counselling diabetic patients.

Table 1: Drug counseling points in Diabetes (USPDI, 1997; British National Formulary, 2003; Sweetman, 2002).

Drug class	Pharmacists role
Sulfonylurea's	Explain the methods to prevent detect and manage hypoglycemia. Monitor for symptoms of jaundice. Discuss the administration time in relation to food and need for alcohol abstinence.
Insulin	Explain the methods to prevent detect and manage hypoglycemia. Educate the patient regarding newer insulin administration techniques, proper storage conditions for insulin.
Metformin	Advise the patient to take with/after food. Monitor for muscle pain, unusual sleepiness, nausea, stomach pain, weight loss.

DISCUSSION

Counselling patients during discharge and routine monitor promotes patient's medication adherence and treatment contentment and thereby enrich clinical results.

Pharmacists should grab entire possibility to advise patients about their treatment schedule. Thereby pharmacist confers patients with the data appropriate to impact the quality of their health and verify that patients clearly understand the actual usage of their medication. Setting up caring kinship promotes patients to seek counsel, thus increasing the likelihood of positive therapeutic outcomes. Even though every pharmacist has a different perception of what patient counselling should entail, all pharmacists should strive for one goal when counseling patients: to assure that patients are adequately informed about the actual use of their medications.

On behalf of organization, providing a private area for secrecy exchange of views along with enriching the consumer waiting area to be more functional such as inclusion of an aquarium, newspaper, kids play area and coffee machine etc. may aid in minimizing patient frustration and hasty manner. This may lead to an reinforced duty assessment as well as achieving a flourishing results.

CONCLUSION

Pharmacists have to play a well-rounded role from prescribing to compliance. A proper patient counselling leads to improve patient compliance and hence the therapeutic outcomes and quality of life.

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