

PRACTICAL CLINICAL PHARMACY
LAB 1

COMMUNICATION WITH
PATIENTS

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Outline



Community Pharmacist

Approaches to differential diagnosis

Acronyms

Case study

Community Pharmacist

- Community Pharmacist is the most accessible health care professional, no appointment is needed to consult a pharmacist and patient can receive free, unbiased advice.
- In UK 6 million people a day visit community pharmacies.

Community pharmacy

- Community pharmacists expected to see 5-15 patients in a typical day, patients present to the pharmacy requesting advice about symptoms, asking to purchase a named medicine, requiring general health advice.

Community pharmacy

Pharmacists have great **challenge** to make correct differential diagnosis

- ❑ No access to patient medical records.
- ❑ Physical examination and diagnostic tests are not used.
- ❑ A detailed conversation needs to be initiated
- ❑ The issue of privacy might be missing
- ❑ The symptoms may be presented on behalf of another person
- ❑ The patient may already have sought advice, information or treatment from another source.

therefore the pharmacist should possess **excellent communication skills** to obtain correct information so this will need **good questioning technique, listening actively** and picking up **non-verbal communications**.

Approaches to differential diagnosis

- Acronyms
 - Clinical reasoning
1. **Acronyms** means using abbreviations to remind the pharmacist what questions are needed to ask the patients, acronyms are **rigid, inflexible** and **inappropriate**. Since every patient is different. Also **full history** will be missed, like family history, lifestyle, and social factors.

A/ Acronyms

- **WWHAM**: is the simplest but the worst one to use.
- It provides very limited information to the pharmacist.

W: Who is the patient?

W: What are the symptoms?

H: How long have the symptoms been present?

A: Action taken?

M: Medication being taken

B/ SIT DOWN SIR, AS METHOD, ENCORE

- They are more comprehensive and can establish the nature and the severity of the presenting complaint.

Case study using Acronyms

J.O is a 25 years old male works as a bartender in a restaurant. He is generally healthy and takes no prescribed medication. During the winter months he gets a few colds and blames this on customers coughing and sneezing near him in the restaurant.

This winter he has had two colds each cold seems to start with a sore throat. For the past four days his throat has felt quite sore, especially when he swallows, but he has no other symptoms. He looked in the bathroom mirror this morning and noticed that his throat was looking a little red and inflamed. He decides to go to the local pharmacy for some advice.

Case study using Acronyms

SIT DOWN SIR

S: Site or location – throat

I: Intensity or severity – quite sore

T: Type or nature – worse on swallowing

D: Duration – four days

O: Onset – usually associated with cold

W: With (other symptoms) – no other symptoms

N: annoyed or aggravated by – no information

S: Spread or radiation – no spread of symptoms

I: Incidence or frequency pattern – two recent colds and usually associated with sore throat

R: Relieved by – has not tried any medication, throat continually sore but worse on swallowing

This method established the nature and severity of the problem but no consideration to the patient appearance or general lifestyle factors. It has missed out the patient's throat looks a little inflamed, the patient is generally healthy.

Case study using Acronyms

ASMETHOD

- A:** Age/appearance? - 25-year-old male, looks generally healthy but he is not taking care of himself
- S:** Self or someone else ? - requesting information for himself
- M:** Medication ? - no regular medication
- E:** Extra medicines ? - has not taken anything for the sore throat
- T:** Time persisting - 4 days
- H:** History ? - has a tendency to have sore throats associated with cold symptoms, blames this on workplace
- O:** Other symptoms ? - no other symptoms
- D:** Danger symptoms ? - no symptoms to cause concern

In this example there is some exploration of patient history but the exact nature and intensity of the symptoms is not taken into account and social, family or workplace factors are not considered.

Case study using Acronyms

ENCORE

- E: Explore** - sore throat symptoms - little information apart from throat looks a little sore
- N: No medication** - not taking any medication - not an adverse drug reaction
- C: Care** - **No warning symptoms are present** - for example bacterial infection such as swollen glands or white tonsil exudate. Sore throat only of 4 days' duration.
- O: Observe** - 25-year-old male, looks generally healthy but a little run down as if he is not taking care of himself
- R: Refer** - no need to refer in this case
- E: Explain** - suck a lozenge to soothe throat, take a systemic painkiller such as paracetamol tablets, explain dose, advise to see GP if the throat is severe/persistent for more than 2 weeks.

The patient appearance and any symptoms that would suggest a more serious condition are eliminated. Beside the 'refer' and 'explain' sections do not add to the differential diagnosis.

Approaches to differential diagnosis

2. Clinical reasoning

- It is a thinking processes, the most commonly used method.
- It differs completely from acronyms in that it depends on **clinical knowledge** and **skills** that are applied to individual patients.
- It gives full picture of the presenting compliant , it is flexible and specific to each individual.

Clinical reasoning

- Pharmacist will use limited information to make hypothesis then test them by asking questions, the answers will narrow down the possible diagnosis by either eliminating certain conditions or confirming his or her suspicions of a particular condition.

Clinical reasoning

Steps in the process

1. Making a diagnosis based on the patient and the presenting complaint, like patient appearance, age, sex, and what are the presenting complaint(law of probability or epidemiology).

Clinical reasoning

2. Asking questions (asking targeted and specific questions).

Clinical reasoning

3. Confirm facts: before making recommendation to the patient it is helpful to try and re- cap or summarize the information.
 - A. This will be helpful to the pharmacist to formulate the final diagnosis.
 - B. Also it will help patient to add or to correct information that might pharmacist failed to remember correctly.

Case study

A. R is a 31 years old female asks for advice about a headache she has.

Consider the patient appearance, age, gender, and the epidemiology (low of probability) of headache.

Need to ask specific and targeted questions, i.e nature of the pain, location of the pain, severity of the pain.

Make recommendation



Thanks for listening