

PHARMACIST-PATIENT RELATIONSHIP: A COLLABORATIVE APPROACH

LEARNING OBJECTIVES

At the end of this chapter, students should be able to:

- Define patient empowerment.
- Articulate the importance of understanding and negotiating expectations of patients and pharmacists.
- Use the concept of control to differentiate among modes of pharmacistpatient relationships.
- Generate communication strategies to engage patients as partners in a therapeutic relationship.

KEY TERMS

Collaborative relationship

Consumerist relationship

Paternalistic relationship

Patient empowerment

Unengaged relationship

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The relationship between pharmacists and their patients has been conceptualized in different ways. The pharmacy profession has evolved from its early dispensing role to include responsibilities of patient education, patient advocacy, and medication management, to name a few (Lai, Trac, & Lovett, 2013). With these additional responsibilities, the pharmacist–patient relationship is being redefined. What relationship do you wish to have with your patients? What relationship do you think your patients wish to have with you? More importantly, what relationship will lead to the best health outcomes for the patient?

PATIENT EMPOWERMENT

Healthcare professions have embraced the concept of patient empowerment as an essential component in achieving the ideal patient–provider relationship. Patient empowerment is defined as helping patients discover and develop the inherent capacity to be responsible for one's own life (Funnell & Anderson, 2003). The premise is that while healthcare providers, including pharmacists, may be experts of medical conditions and development of treatment plans, patients are experts of their own illness experiences; only when both sets of expertise are combined can the optimum patient outcomes be achieved. This is an important shift from the paternalistic paradigm where patients were to be obedient and follow providers' orders, a shift that might be difficult for both parties involved. Patients and healthcare professionals must understand the need to see patients as part of the healthcare team to ensure quality of care and to decrease medication errors.

However, it is important to recognize in any relationship, whether personal or professional, that the roles and responsibilities are negotiated by all parties involved. Pharmacists come to patient encounters with expectations for which patient care and relationship outcomes they want to achieve. It is important to recognize that patients also come with expectations, which are likely shaped by a variety of factors including their previous interactions with pharmacists, their experiences with other healthcare professionals, their healthcare needs, and other sociocultural factors such as education and socioeconomic status. The key is to ensure that the pharmacist–patient relationship reflects the expectations of both parties. In a 2007 study of 500 patients and 500 pharmacists conducted by Worley and colleagues, they concluded that when pharmacists and their patients agree on the relationship roles of both parties, both the relationship and patient care outcomes are optimized.

As we consider the importance of patient empowerment, pharmacists must understand the unique needs and expectations of each patient. Instead of a one-size-fits-all approach to patient empowerment, consider the following questions for each patient:

 Given the unique health needs of this patient, what level of empowerment and patient involvement is ideal?

- Will the patient benefit from playing a more active role in his or her care? Is this patient ready to become more involved?
- Which barriers exist that prevent this patient from taking a more active role in his or her health care?
- As a pharmacist, what is the best way for me to enable this patient to become a more educated and involved party in his or her healthcare outcomes?

A COLLABORATIVE APPROACH

It has been argued that any provider-patient relationship can be understood from a perspective of control (Kelner, 2000). Table 2-1 describes four modes of the patient–provider relationship, which differ in how much control the two parties have in the relationship (Greenfield, 2001). In a relationship with high provider control and low patient control, known as a paternalistic relationship, the provider is dominant and decides what he or she believes to be in the patient's best interest while the patient assumes a more passive role. In the less likely scenario of high patient control and low provider control, referred to as a consumerist relationship, the provider adopts a fairly passive role, acceding to the requests of an actively engaged patient—for example, the patient may request a change in medication or the ordering of a specific lab. The general consensus is that the unengaged relationship of low provider control and low patient control is not conducive to informed decision making by the patient. However, a collaborative relationship, one of high provider control and high patient control, closely resembles the concept of patient empowerment and is believed to be ideal for ensuring a truly collaborative relationship between the provider and the patient.

Table 2-1: Four Modes of the Patient–Provider Relationship		
	High Patient Control	Low Patient Control
High Provider Control	Collaborative relationship	Paternalistic relationship
Low Provider Control	Consumerist relationship	Default/unengaged relationship

Every patient encounter offers an opportunity for understanding patient needs and expectations and for negotiating the ideal level of patient empowerment. For instance, in the following scenarios, the patient needs and expectations are all different, each with unique patient care requirements. It is important

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for a pharmacist to take a truly *patient-centered approach* with each patient and negotiate a pharmacist–patient relationship that is most beneficial to the specific patient.

- A single parent in her early 20s whose 2-year-old child is being put on asthma medication for the first time.
- A diabetes patient who has been diligent in taking her daily oral medications is devastated to learn that she has to start taking insulin. Patients typically think that insulin is the last-resort treatment for diabetes.
- A hospice patient who is on several medications for pain control.
- A patient in his 50s who has been on a medication for his heart condition for almost 10 years and is now starting a new medication; the doctor also wants the patient to make changes to his diet and to exercise more.
- A LEP (limited English proficiency) patient is on antibiotics for 10 days for a respiratory infection; it is unclear how much the patient understands about her condition.

In a feature story published in *Academic Pharmacy Now*, the Medication Therapy Management Clinic operated by the University of Chicago College of Pharmacy uses a patient empowerment approach to counsel a diverse patient population on how to handle multiple medications (American Association of Colleges of Pharmacy, 2008). The program's goal is to enable patients to play an essential part in their own care rather than taking that role away from them. This is key to building a collaborative relationship with patients. Patients will always present with unique needs and challenges when it comes to understanding their conditions and managing their medications. A truly collaborative approach to building relationships with patients will allow pharmacists to better understand each and every one of their patients and respond to their unique needs and challenges.

LEARN, PRACTICE, AND ASSESS







CASE STUDY EXERCISES



LEARN: Example Patient Dialogues

Directions: Read the following case study. After completing Patient Dialogue One and Patient Dialogue Two, consider the differences between them and answer the questions provided.

PATIENT CASE

A 49-year-old female who has had diabetes for the last 8 years has been taking her oral diabetes medications daily with minimal missed doses. She visits her endocrinologist for a follow up and is discouraged by the current uncontrolled state of her diabetes, despite taking her medications and "cutting back" on her meal portions. She is maxed out on the oral medications and is told by her doctor that she has to start insulin today to get her diabetes under control.

Current HgA1C = 9% (goal = less than 7%)

She is referred to the pharmacist for education on insulin injection, and the patient shows both verbal and nonverbal cues of nervousness (minimal eye contact, wringing of hands, and consistent use of "um's" when talking).

PATIENT DIALOGUE ONE

Pharmacist: Hello, Ms. Todd. I am the clinical pharmacist, and your doctor wants me to discuss with you how to start and adjust your insulin.

Patient: (The patient has minimal eye contact with the pharmacist and wrings her hands.) Um, okav.

Pharmacist: You can inject insulin into three different places: your stomach, your buttock, or the back of your arm. You should choose just one part of the body because each place absorbs the insulin at different rates. I recommend that you inject into your stomach. You should rotate sites on the stomach each time you inject. You will be starting Lantus 10 units and will inject at night before going to bed and . . . (As the pharmacist is talking, the patient starts sweating and continues fidgeting more in her chair.)

Patient: (*The patient interrupts the pharmacist*.) Um, will this hurt?

Pharmacist: It will hurt a little, but you will get used to it, and it will help to better control your diabetes. You should pinch up the fat on your stomach and inject 10 units directly into this area (demonstrating to patient using a ball) and hold for 10 seconds to allow all of the insulin to go into the stomach. You will increase by 3 units every other day until your fasting blood sugar is 100-130. Do you have any questions?

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Patient: Um, I really do not want to start taking insulin.

Pharmacist: It will be okay. There are many people on insulin and, like I said before, it will help better control your diabetes. I will call you this week to see how it is going.

Patient: Um, okay (still wringing hands, visibly nervous).

(One week later the pharmacist calls the patient to inquire about insulin use and blood sugar readings, and the patient states that she did not start insulin.)

PATIENT DIALOGUE TWO

<u>Pharmacist</u>: Hello, Ms. Todd. I am the clinical pharmacist, and your doctor wants me to discuss with you how to start and adjust your insulin.

<u>Patient</u>: (The patient has minimal eye contact with the pharmacist and wrings her hands.) Um, okay.

<u>Pharmacist</u>: (*Looks up and sees the patient's body language*.) Ms. Todd, you seem a bit worried to me. Can you share your concerns?

<u>Patient</u>: (Looks up at the pharmacist.) Well, to be honest, I am really nervous about starting insulin.

<u>Pharmacist</u>: That is a normal feeling, and I want to help you feel more comfortable. What concerns you about starting insulin?

<u>Patient</u>: I am afraid of needles; the idea of having to inject myself every day is just too much. Also, it wasn't supposed to get this bad. I guess I am frustrated that my diabetes has gotten to this point because I have been taking my medications every day and changed my diet! (*Frustrated and deflated*.)

Pharmacist: I understand your frustration, and you should be commended for all of your efforts. I want to clear up the misunderstanding about being at a bad point in your diabetes control. Many people think that if you have to start insulin then your diabetes is bad, but that couldn't be further from the truth. Insulin should actually be used sooner rather than later to help control your diabetes better. This is going to be a great and effective step in getting your diabetes under control. My uncle has had diabetes for 20 years, and I remember him feeling the same way you do when he had to be put on insulin. But once he conquered his fears and started taking the insulin as prescribed, he told me how much better he felt: He had more energy, his eyesight improved, and above all, his blood sugar was the best it had ever been. Are these goals that you want to achieve?

<u>Patient</u>: Yes, I would love to have more energy and have my blood sugars where they need to be. I guess since you put it that way, this would be best for me, but how do I inject myself? Will you help me?

<u>Pharmacist</u>: Of course, that's what I am here for. I will walk you through the entire process and follow up with you by phone in a week to help you. I also would like to meet with you at least once a month to provide more diabetes education and

address any concerns and questions you may have. We also have monthly diabetes group meetings that you can attend that discuss everything there is to know about diabetes and insulin. I am here to work with you and your doctor to help better control your diabetes. It is important that we work *together* to accomplish the goal of improved diabetes control and prevention of complications. Are you ready to get your diabetes under control?

<u>Patient</u>: Yes, I am! Thank you so much for helping me to put things into perspective.
I guess a second of pain from the needle each day does not compare to possibly going blind, my kidneys failing, or losing a limb.

<u>Pharmacist</u>: Exactly, Ms. Todd. It's great to see that you are ready to take this under your control. What I've seen with my diabetes patients is that when the patient sticks to the treatment plan, diabetes really does not need to take over your life. If you run into any problems, please be sure to let us know and we'll be happy to help.

<u>Patient</u>: I really appreciate you taking the time to talk with me and offering to help me along the way. Thanks!

Discussion Questions for the LEARN Exercise

- **1.** What key signs of apprehension were displayed by the patient during the first healthcare encounter?
- **2.** Compare and discuss the perspectives of control displayed in the two patient dialogues.
- **3.** How did the pharmacist empower the patient to start insulin in Dialogue Two?

LEARN, PRACTICE, AND ASSESS







CASE STUDY EXERCISES



PRACTICE: Build Your Own Dialogue

Directions: Now it is time to practice what you have learned about the topic of this chapter. Reflecting on concepts from this chapter and the patient dialogues in the LEARN exercise, develop your own pharmacist-patient dialogue using the following patient information and guidance questions.

PATIENT CASE

A 22-year-old mother has an 18-month-old daughter with newly diagnosed asthma. The mother is not familiar with asthma and is unsure of how her daughter "caught" asthma. The child's pediatrician orders a nebulizer machine (an electric breathing machine usually for pediatric patients with asthma that compresses liquid medicine into an inhaled mist) for the child and sends prescriptions for albuterol solution to be used in the nebulizer. The mother presents to your pharmacy to pick up the albuterol but is very unsure of how to use the nebulizer machine and what she can do to help prevent her daughter from having an asthma attack. She is really frustrated.

As you plan your dialogue, keep in mind what you have learned about communicating with a collaborative approach. Use the following questions to help plan and assess your dialogue.

- 1. An important part of planning a dialogue is setting goals for the conversation. Given the situation, what would you like to accomplish in this dialogue? Be sure to think about both short- and long-term goals. For instance, you may want to initially dispel the mother's thought of the daughter catching asthma, provide education about the etiology of asthma, and discuss and demonstrate how to use a nebulizer machine. However, a more important goal is to communicate to the mother that you want to help her and her child and would like to listen to what she has to say.
- 2. It is important to recognize that patients come with expectations that are shaped by various factors. The patient is frustrated because no one has taken the time to educate her on the details of asthma and how to use a nebulizer. How will you address the mother's preconceived expectations during your dialogue?
- 3. Ensure that you are not displaying a paternalistic approach when communicating with the mother. How do you plan to involve the patient's mother as part of the healthcare team? What will be her specific role in managing her daughter's asthma?

Case Studies

- **4.** Define *empowerment*. How will you empower the mother to take an active role in her daughter's health? What challenges might make it difficult for the mother to take more control of her child's health condition?
- **5.** How will you ensure that the mother understands how to treat her daughter's asthma with both nonpharmacologic and pharmacologic treatments?

YOUR DIALOGUE HERE

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CASE STUDY EXERCISES



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ASSESS: Build Your Own Dialogue

Directions: Now it is time to assess what you have learned about the topic of this chapter. In this exercise, no guidance questions are provided. Reflect on what you have learned from the LEARN and PRACTICE exercises, and develop your own pharmacist-patient dialogue using the following patient information.

PATIENT CASE

A 47-year-old truck driver was recently discharged from the hospital after being diagnosed with a pulmonary embolism. He smokes two packs of cigarettes per day and is in the contemplation stage of smoking cessation. He presents to the warfarin clinic for his initial visit and an INR check and warfarin dose adjustment by the pharmacist. The pharmacist wants the patient to understand the importance of taking an active role in his health by quitting smoking and taking his warfarin as prescribed. The patient is not completely motivated to guit smoking and is not clear on how his social history contributed to the pulmonary embolism. This is his first one-on-one interaction with a pharmacist.

YOUR DIALOGUE HERE

DISCUSSION QUESTIONS

- **1.** Which techniques do you plan to use when educating patients who may need empowerment for their health care?
- **2.** In your opinion or observation, are there any scenarios in which a paternalistic or consumerist approach to the patient–pharmacist relationship is better than a collaborative approach? Please explain.
- **3.** Which patient or provider factors might make it difficult to maintain a truly collaborative relationship between a patient and a pharmacist?
- **4.** Have you encountered cases in which patients could benefit from taking a more active role in their health care? What prevented the patients from taking a more empowered role then?

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