<table>
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<th>Tool</th>
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<th>Techniques and Examples</th>
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<tr>
<td>Establish a Connection</td>
<td>Create rapport</td>
<td>• Address patient appropriately&lt;br&gt;  * Mr./Ms./Mrs. or asks how patient prefers to be addressed&lt;br&gt;  * Offer warm greeting&lt;br&gt;  * Introduce self (name and role)&lt;br&gt;  * Acknowledge known information about patient&lt;br&gt;  &lt;br&gt;  + E.g. “I see that you are here today for…”, or “I remember last month, you…”&lt;br&gt;  + E.g. “I am sorry you had to wait so long.”&lt;br&gt;  + If information about patient is unknown, ask open-ended question (e.g. “How can I help you today?”)</td>
<td>• Establishes a welcoming atmosphere&lt;br&gt;  • More quickly ascertain true reason for visit&lt;br&gt;  • Uses time efficiently&lt;br&gt;  • Minimizes “oh by the way…” at the end of the visit&lt;br&gt;  • Facilitates negotiating an agenda&lt;br&gt;  • Decreases potential for conflict&lt;br&gt;  • Lays foundation of mutual respect and develops a partnership</td>
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<td>Verify, include, and prioritize patient concerns</td>
<td>Solicit concerns throughout encounter&lt;br&gt;  * Repeat patient’s concerns in their own words&lt;br&gt;  * Your main concern is…”&lt;br&gt;  * Describe how and when they will address the concerns during the encounter&lt;br&gt;  + E.g. “After we get test results back, we will address…”&lt;br&gt;  + E.g. “Once we finish talking about your main concern, we can discuss your other concerns.”&lt;br&gt;  + Let the patient know why an issue won’t be covered or who else will address the problem(s)&lt;br&gt;  + E.g. “That is a great question for your dietitian.”</td>
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<td>• Establish mutual acceptance of visit agenda&lt;br&gt;  • Of your concerns, which should we address first/today?</td>
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<td>Plan the visit with the patient</td>
<td>Let the patient know what to expect, including the pharmacist's role for this encounter&lt;br&gt;  + E.g. “I know you have talked about this with someone else, but I need some additional information.”&lt;br&gt;  + Establish mutual acceptance of visit agenda&lt;br&gt;  + E.g. “Of your concerns, which should we address first/today?”</td>
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<td>• Respects diversity&lt;br&gt;  • Uncovers hidden concerns&lt;br&gt;  • Reveals use of alternative treatments or requests for tests&lt;br&gt;  • Results in a plan which is consistent with patient’s values and priorities</td>
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<td>Ask/acknowledge patient’s perspective throughout (ideas, beliefs, desires and concerns)</td>
<td>Gather relevant information (e.g. patient’s understanding of: the cause(s) of the problem, medication purpose and expected benefit, need for medication, impact of disease and therapy on daily life, prior experiences, values, etc.)&lt;br&gt;  * Elicit specific requests (and goals)&lt;br&gt;  * Avoid making assumptions or inserting own values (cultural, spiritual, traditions, complementary and alternative medicine, etc.)</td>
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<td>• Adds depth and meaning to the encounter for the patient&lt;br&gt;  • Builds trust leading to better adherence and outcomes&lt;br&gt;  • Makes setting boundaries easier</td>
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<td>Affirm and incorporate patient’s perspective throughout (ideas, beliefs, desires and concerns)</td>
<td>Restate patient’s perspective in non-judgmental manner&lt;br&gt;  + E.g. “It sounds like you feel strongly about…”&lt;br&gt;  + Is transparent when decision is influenced by patient’s perspective&lt;br&gt;  + E.g. “Since you feel strongly about…”</td>
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<td>• Increases potential for collaboration&lt;br&gt;  • Influences health outcomes&lt;br&gt;  • Improves adherence&lt;br&gt;  • Reduces unnecessary return calls and visits&lt;br&gt;  • Encourages and enhances confidence in self-care</td>
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<td>Acknowledge emotions</td>
<td>Address emotion (does not ignore emotion)&lt;br&gt;  + Provide a tissue to a crying patient&lt;br&gt;  + E.g. “It sounds like you are frustrated.”&lt;br&gt;  + Encourage patient to expand on expression of feeling/emotion&lt;br&gt;  + Use continuers such as “tell me more”, etc.&lt;br&gt;  + E.g. “It’s ok to be upset.”</td>
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<td>Respond appropriately to emotion</td>
<td>Respond to patient’s verbal and non-verbal cues&lt;br&gt;  + E.g. Notice and ask about patient’s discomfort or address patient’s verbal expressions of frustration&lt;br&gt;  + Re-direct the conversation tactfully back to the goal of the encounter when needed&lt;br&gt;  + E.g. “I wish we could talk more about this, but…”&lt;br&gt;  + Maintain composure in (verbal and non-verbal) reaction to patient expression of feelings and emotion&lt;br&gt;  + Display sincerity and is genuine when using statement that connect with the patient.&lt;br&gt;  + Avoid empty expressions of sympathy&lt;br&gt;  + E.g. “I can see how that would worry you.”&lt;br&gt;  + Offer comfort, compassion, reassurance, or support (apology, nonverbal, referral, etc.)&lt;br&gt;  + E.g. Touch, facial expressions&lt;br&gt;  + E.g. “While this may seem scary, here are things that we can do…”&lt;br&gt;  + E.g. “We are committed to helping you…”</td>
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<td>Involve patient in decision-making to the extent he/she desires</td>
<td>Offer and explain options and choices when appropriate&lt;br&gt;  + E.g. “We have a few options that I’d like to explain if you’d like, and you can help me determine which would be best for you.”&lt;br&gt;  + Respond to patient’s degree of interest in decision-making&lt;br&gt;  + Identify if there are any decision/support partners&lt;br&gt;  + E.g. “Given that you want to make some changes to your diet, and your spouse does the cooking, do you want to involve them?”</td>
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<td>Determine goals with patient</td>
<td>Jointly agree on short and/or long-term goals</td>
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<td>• Reveals use of alternative treatments or requests for tests&lt;br&gt;  • Results in a plan which is consistent with patient’s values and priorities</td>
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<td>Collaborate and Educate</td>
<td>Propose plan&lt;br&gt;  * Provide clear and specific plan&lt;br&gt;  * Frame information in terms of patient’s original concerns and perspective&lt;br&gt;  + E.g. “This is going to relieve the pain that you have described to me.”&lt;br&gt;  * Offer rationale for assessments (physical exams, tests) or treatments&lt;br&gt;  + E.g. “We’d like to do a few tests that will help us determine the cause of the symptoms you are having.”&lt;br&gt;  + E.g. “The reason this medication is very important is because it will prevent…”</td>
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<td>• Establishes a welcoming atmosphere&lt;br&gt;  • More quickly ascertain true reason for visit&lt;br&gt;  • Uses time efficiently&lt;br&gt;  • Minimizes “oh by the way…” at the end of the visit&lt;br&gt;  • Facilitates negotiating an agenda&lt;br&gt;  • Decreases potential for conflict&lt;br&gt;  • Lays foundation of mutual respect and develops a partnership</td>
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<td>Assess baseline knowledge of plan</td>
<td>Ask about previous experience or biases with plan (drug, non-drug, disease, monitoring, etc.)&lt;br&gt;  + E.g. “What do you know or what have you heard about…”</td>
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1* PaCT: Patient-centered Communication Tools
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<td><strong>Collaborate and Educate cont.</strong></td>
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<td></td>
<td>See above benefits.</td>
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| **Explore and discuss patient’s level of agreement to plan** | • Explore capability  
  • E.g. “How easy/hard would it be for you to…” | | |
| | • Explore acceptability  
  • Adherence barriers, cost, locus of control, access, health beliefs, complexity/convenience of regimen, lack of support, psychological stress, etc.  
  • Adherence example “Would you be willing to store your medication in the kitchen instead of the bathroom.”  
  • Diet example: “What changes of the ones we talked about do you think you could make with your eating habits?” | | |
| | • Ask permission prior to challenging patient’s perspective and acceptability  
  • E.g. “Would it be ok if I asked you a little more about that?” | | |
| | • Provide personalized strategies to overcome barriers  
  • E.g. “I know that the side effects are concerning to you; I have some suggestions that may help lessen them.” | | |
| | • Revise plan based on patient’s needs when appropriate  
  • E.g. “Since you mentioned this might be too expensive, why don’t we…” | | |
| | • Explore capability  
  • E.g. “How easy/hard would it be for you to…” | | |
| **Provide education and verify patient understanding** | • Use education methods appropriate for patient, information, and situation  
  • Teachback, ShowMe™, Universal Precautions, Chunk N’ Check, demonstration, use of analogies, etc.  
  • Incorporate patient’s preferred learning styles (written, verbal, electronic, etc.)  
  • E.g. “Since you seem to be internet savvy, I have a few websites to recommend.” | | |
| **Complete the visit** | • Provide summary (verbal and/or written)  
  • Discuss plan for follow-up (including timeline)  
  • E.g. “I will call you in a few days to see how you are doing. You should also see your physician in…” | | • Builds a relationship  
  • Uses time efficiently  
  • Establishes the patient’s confidence in practitioner  
  • Avoids misunderstandings and/or mistakes |
| **Maintain rapport** | • Use conversation to keep patient at ease  
  • E.g. "What a neat hobby; it’s something I’ve always wanted to do."  
  • Encourage questions  
  • Respond to questions  
  • Allow patient to talk  
  • Do not interrupt or cut off patient  
  • Demonstrate attentive listening and interest in patient  
  • Look at patient, nod in acknowledgement, respond to statements  
  • Suppress own negative reactions  
  • Acknowledge patient’s efforts toward understanding key messages, changing behaviors, and improvement  
  • E.g. “Exactly; you’ve got it!”  
  • E.g. “It’s great that you have started…” | | • Builds a relationship  
  • Uses time efficiently  
  • Establishes the patient’s confidence in practitioner  
  • Avoids misunderstandings and/or mistakes |
| **Effective question-style** | • Use open-ended or closed-ended at appropriate times  
  • Closed-ended for review of symptoms and for follow-up questions; open-ended all other times  
  • Use prompts/continuers to encourage expansion when appropriate  
  • Use non-leading or unbiased questions  
  • Phrase questions tactfully  
  • Sequence questions in logical manner  
  • Avoid compounded and/or redundant questions  
  • E.g. “How often, what time of day do you take your…?” | | |
| **Verbal expression** | • Enunciate clearly; pronounce accurately  
  • Use proper grammar  
  • Modulate tone, volume, and rate of speech  
  • Use transitions seamlessly and maintain fluency  
  • Reflect patient vernacular without using offensive slang | | |
| **Appropriate language to patient’s health literacy** | • Use proper vocabulary and clear, jargon-free language  
  • Use applicable analogies and/or specific examples  
  • Verbal or pictoral | | |
| **Non-verbal expression** | • Maintain appropriate eye contact and spacial relationship  
  • Distance, level, eliminating barriers, etc.  
  • Display suitable posture, body language  
  • Use silence/pauses when appropriate  
  • Avoid annoying habits/behaviors and disruptive note-taking | | |
| **Confidence** | • Confident when stating what one knows or does not know  
  • Function within the boundaries of a pharmacist’s responsibilities  
  • Display confidence during encounter | | |
| **Professionalism** | • Display appropriate physical appearance, comportment, demeanor, tact, manners, etc. | | |
| **Organization** | • Balance patient and pharmacist priorities  
  • Maintain focus  
  • Flexible, yet retains control of interview | | |
| **Special considerations (could be N/A)** | • Interpreters, deaf/blind patient  
  • Manage the challenging patient (angry, uncommunicative, sad, frustrated, confused, cognitively-impaired, etc.) | | |

*Based loosely on The Four Habits Model* with permission from The Permanente Medical Group

*do not need to have all of these

*This tool is not intended to measure accuracy*