### Patient-centered Communication Tools (PaCT) Assessment Form for Training

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### A. Establish a Connection

#### A1. Create rapport
- Address patient appropriately
  - Mr./Ms./Mrs. or asks how patient prefers to be addressed
- Offer warm greeting
- Introduce self (name and role)
- Acknowledge known information about patient
  - E.g. “I see that you are here today for…” or “I remember last month, you…”
  - E.g. “I am sorry you had to wait so long.”
  - If information about patient is unknown, ask open-ended question (e.g. “How can I help you today?”)

#### A2. Verify, include, and prioritize patient concerns
- Solicit concerns throughout encounter
- Repeat patient’s concerns in own words
  - E.g. “Your main concern is…”
- Describe how and when they will address the concerns during the encounter
  - E.g. “After we get test results back, we will address…”
  - E.g. “Once we finish talking about your main concern, we can discuss your other concerns.”
- Let the patient know why an issue won’t be covered or who else will address the problem(s)
  - E.g. “That is a great question for your dietitian.”

#### A3. Plan the visit with the patient
- Let the patient know what to expect, including the pharmacist’s role for this encounter
  - E.g. “I know you have talked about this with someone else, but I need some additional information.”
- Establish mutual acceptance of visit agenda
  - E.g. “Of your concerns, which should we address first/today?”

### B. Explore and Integrate the Patient’s Perspective

#### B1. Ask/acknowledge patient’s perspective (ideas, beliefs, desires and concerns)
- Gather relevant information (e.g. patient’s understanding of: the causes(s) of the problem, medication purpose and expected benefit, need for medication, impact of disease and therapy on daily life, prior experiences, values, etc.)
- Elicit specific requests (and goals)
- Avoid making assumptions or inserting own values (cultural, spiritual, traditions, complementary and alternative medicine, etc.)

#### B2. Affirm and incorporate patient’s perspective (ideas, beliefs, desires and concerns)
- Restate patient’s perspective in non-judgmental manner
  - E.g. “It sounds like you feel strongly about…”
- Is transparent when decision is influenced by patient’s perspective
  - E.g. “Since you feel strongly about…”
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### C. Demonstrate Interest and Empathy

**C1. Acknowledge emotions**

- Address emotion (does not ignore emotion)
  - Provide a tissue to a crying patient
  - E.g. “It sounds like you are frustrated.”
- Encourage patient to expand on expression of feeling/emotion
  - Use continuers such as “tell me more”, etc.
- Prompt patient to express emotion as appropriate
  - E.g. “It’s ok to be upset.”

**C2. Respond appropriately to emotion**

- Respond to patient’s verbal and non-verbal cues
  - E.g. Notice and ask about patient discomfort or address patient’s verbal expressions of frustration
- Re-direct the conversation tactfully back to the goal of the encounter when needed
  - E.g. “I wish we could talk more about this, but…….”
- Maintain composure in (verbal and non-verbal) reaction to patient expression of feelings and emotion
- Display sincerity and is genuine when using statements that connect with the patient
  - Avoid empty expressions of sympathy
  - E.g. “I can see how that would worry you.”
- Offer comfort, compassion, reassurance or support (apology, nonverbal, referral, etc.)
  - E.g. Touch, facial expressions
  - E.g. “While this may seem scary, here are things that we can do…”
  - E.g. “We are committed to helping you…”

### D. Collaborate and Educate

**D1. Involve patient in decision-making to the extent he/she desires**

- Offer and explain options and choices when appropriate
  - 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.”
- Respond to patient’s degree of interest in decision-making
- Identify if there are any decision/support partners
  - E.g. “Given that you want to make some changes to your diet, and your spouse does all the cooking, do you want to involve them?”

**D2. Determine goals with patient**

- Jointly agree on short and/or long-term goals

**D3. Propose plan**

- Provide clear and specific plan
  - Frame information in terms of patient’s original concerns and perspective
  - E.g. “This is going to relieve the pain that you have described to me.”
- Offer rationale for assessments (physical exams, tests) or treatments
  - E.g. “We’d like to do a few tests that will help us determine the cause of the symptoms you are having.”
  - E.g. “The reason this medication is very important is because it will prevent…”
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D4. Assess baseline knowledge of plan

- Ask about baseline knowledge or previous experience or biases with plan (drug, non-drug, disease, monitoring, etc.)
  - E.g. “What do you know or what have you heard about...”

D5. 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 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...”

D6. 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.”

D7. 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...”
- Assure patient of ongoing support and relay how support can be accessed
  - E.g. “Here is my phone number if you have concerns or questions when you get home.”
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### E. Communicate with Finesse

#### E1. 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...”

#### E2. 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...?”

#### E3. 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

#### E4. 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

#### E5. 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

#### E6. Confidence
- Confident when stating what one knows or does not know
- Function within the boundaries of a pharmacist’s responsibilities
- Display confidence during encounter
### E7. Professionalism

- Display appropriate:
  - Physical appearance
  - Comportment
  - Demeanor
  - Tact
  - Manners
  - Etc.

### E8. Organization

- Balance patient and pharmacist priorities
- Maintain focus
- Flexible, yet retains control of interview

### E9. Special considerations (could be N/A)

- Interpreters, deaf/blind patient
- Manage the challenging patient (angry, uncommunicative, sad, frustrated, confused, cognitively-impaired, etc.)

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

*Skills* are A1-E9 headings

*This tool is not intended to measure accuracy