COMMUNITY PHARMACY

Improving Communication Skills of Pharmacy Students Through Effective Precepting

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Pharmacy students should be given opportunities to learn and practice interpersonal communication skills during their community advanced pharmacy practice experience (APPE). Preceptors have the responsibility of setting the stage for the pharmacy students during their initial encounter. During this orientation to the site, students should become familiar with the history of the practice, the types of services provided, and the staff members. Once the orientation is completed, preceptors can develop strategies for incorporating the students into the practice's patient care activities. Students should participate in patient counseling, interviewing, and educational sessions. Also, students should participate in collaborative work with other health care providers. To ensure the development of communication skills in pharmacy students, preceptors can incorporate the teaching process "see one, do one, teach one" into their teaching activities. By following these strategies, preceptors can effectively and positively impact the communication skills of their students.

Keywords: community pharmacy, advanced pharmacy practice experience, communication skills, preceptor

INTRODUCTION

Interpersonal communication skills are important for pharmacists to master. Whether counseling patients, communicating with physicians, or interfacing with associates, pharmacists use their interpersonal communication skills daily. Effective communication by pharmacists is essential to improve the use of medications by patients and ensure optimal therapeutic outcomes.[1-4] Pharmacists can improve patient adherence to drug therapy through appropriate strategies, including patient counseling and education.[5-6] In addition to verbal communication, appropriately written recommendations to physicians to resolve drug therapy problems can be an effective strategy for drug therapy changes.[7]

Because of the importance of interpersonal communication skills in practice, pharmacy students need appropriate training to develop their own effective communication styles. Practicing these skills is an important component of clinical rotation experiences. Optimally, students should be able to model the behaviors and techniques used by their preceptors. Therefore, pharmacist

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preceptors need to be fully prepared to provide these experiences for students during their community APPE.

There is ample opportunity for students to enhance their communication skills in the community pharmacy. Preceptors have the responsibility to create the environment for clerkship students to practice their skills, provide timely and constructive feedback, and demonstrate the significance of a variety of communication opportunities. This is not always easy in a busy community pharmacy. Preceptors need a well thought out plan to incorporate precepting into the workflow and to provide efficient and effective teaching opportunities for students.

This article reviews the role of the pharmacist preceptor in facilitating development of communication skills for students participating in community advanced pharmacy practice experiences and provides strategies for incorporating communication and collaboration in patient care activities.

Setting the Stage for Communication

The first encounter at the start of the APPE will set the stage for the educational experience. During this first meeting, preceptors can share the history and philosophy of the site. The history of the site will give students a perspective on how the site has grown and why choices were made to go in certain directions in the areas of management, service, and patient care. Preceptors may want to cover the following topics:

- Why were specific services chosen to be offered?

- What role has the site played in the community over the years?
- What are the current expectations of the customers and patients?

Also, the philosophy of the site will offer students insight into the role of the pharmacists in patient care to guide the types of communication experiences they will encounter. The topics covered can include:

- Who makes the offer to counsel the patient?
- Is every patient counseled on every prescription?
- Does the pharmacist counsel on every new prescription?
- Does the pharmacist actively provide non-prescription counseling?
- What patient care services will the student engage in?
- What written information is used frequently?
- What is documented and where?

These practice trends will set the stage for the practice philosophy the students will follow, allow for questions before a patient encounter, and lead to assessment of the students' skills to practice in this environment. This time is also an opportunity to communicate the mission and goals of the practice setting. What is the message that the student will deliver during encounters at the pharmacy? Is the emphasis on convenience and rapid delivery of product or is it on taking care of patients? Setting the stage with these concepts can avoid communication mishaps before they occur.

During the orientation to the site, pharmacists should introduce the students to each staff member and have them describe his/her role in the pharmacy and the types of communication needed to optimize work performance. Students can benefit from spending time with each staff person, learning the role of communication in each position. Some community pharmacies have job descriptions and specific duties assigned to different technicians and clerks. This helps to keep an efficient workflow, maximize patient care activities, and minimize medication errors. This type of system frees up the pharmacist to provide counseling and other value-added services to patients. Sharing with students these job descriptions and having them participate in the technician functions will help them to see the importance of a technician run dispensing process. Also, technicians may serve as a role model to students on how to take phone calls from patients and triaging calls from other health care providers.

Since each patient population has special needs, pharmacist preceptors will also need to describe the patients and community the pharmacy serves. Along with age, culture, and family size breakdowns, the discussion should also include specific prevalent disease states, conditions, and needs of the patients. Specific communication strategies to overcome barriers should also be discussed.

Incorporating the Student into Patient Care Activities

Once students understand the history, philosophy, and values of the pharmacists and staff members, they will be prepared "to approach/to communicate with patients and physicians" within the pharmacy setting. Communication strategies can differ for each type of relationship that is established with patients and other health care providers. Both written and verbal communication skills will be needed for establishing positive and productive relationships.

Establishing the Pharmacist-Patient Relationship

Pharmacists in all practice settings have opportunities to interface with patients, whether it is through counseling, interviewing, or educating. These sessions provide excellent training opportunities for students to develop therapeutic relationships with patients. This relationship is built on the foundation of trust and an open exchange of information; it is a *collaborative* relationship.[8] Pharmacy students should understand the importance of this relationship and that it builds over time with each patient encounter. This relationship establishes a covenant between pharmacist and patient.[9] Pharmacists promise to utilize their clinical knowledge and skills to provide the best care for their patients. Patients, in turn, provide pharmacists with the information needed to effectively manage their drug therapy. This covenant or promise is one of the most important concepts for students to learn while on rotation: accepting responsibility for their patient care activities. Table 1 lists strategies pharmacists can use to model effective patient communication to students.[10]

Patient Counseling

Counseling patients regarding their medications is an important responsibility for pharmacists and an excellent learning opportunity for students. Pharmacists are often the only health care providers focusing patient education on medication: how to take it, what to expect, and side effects and drug interactions. Many pharmacists have been trained to use a counseling method developed by the Indian Health Service (IHS), which is summarized in Table 2.[11-13] The IHS model has been promoted as an effective strategy for patient counseling because it utilizes open-ended questions (3 prime questions) and feedback (final verification) strategies, which make communication

Table 1. Strategies for Establishing the Pharmacist-Patient Relationship[10]

- Introduce self and the student(s) to patients during an encounter.
- Outline for the patient what will occur during the encounter.
- Demonstrate empathy or caring attitude so that the patient feels at ease.
- Discuss with the patients the amount time needed for the encounter.
- Discuss the expected outcome of the encounter.
- Use feedback strategies throughout the encounter to ensure patient understanding.
- Ensure sufficient time for patients to ask questions towards the end of the encounter.
- Resolve a drug therapy problem in a timely manner.
- Follow up with patients.

between the pharmacist and patient more efficient and engaging. This technique is a useful strategy to teach students while on rotation so that they become accustomed to asking open-ended questions and engaging the patient in a conversation about their therapy.

Though this is an effective counseling strategy, it is important that the students understand that communication between individuals is a complex process involving more than just verbal communication. They need to be aware of other communication strategies that can help make the pharmacist-patient encounter more meaningful. These include active listening (focusing on the patient), eye contact (being attentive, but not staring), being aware of your own body language (facing the patient and giving them your undivided attention), recognizing and interpreting nonverbal cues from the patient (comparing their nonverbal behaviors to their verbal communication), and being aware of barriers that prevent a good exchange between the pharmacist and patient (lack of privacy, interruptions, noise, etc).[14] Pharmacist preceptors can period-

Table 2. Indian Health Service Counseling Model[11-13]

Three prime questions to ask patients who are receiving a new prescription:

- What did your doctor tell you the medication is for?
- How did the doctor tell you to take it?
- What did the doctor tell you to expect?

Final verification or asking the patient for feedback

- Just to make sure that I didn't leave anything out, please tell me how you are going to take your medication?

Show and tell strategy when a patient is receiving a refill

- What do you take the mediation for?
- How do you take it?
- What kind of problems are you having?

ically review patient encounters that they have had or that students have had to discuss the communication process, problems that they incurred during the patient encounter, what they did to resolve any problems, and what they can do to improve the process in the future.

Patient counseling sessions are also excellent opportunities to briefly review patients' medications and assess them for any drug therapy problems. Pharmacists routinely provide prospective drug utilization review services during the filling or refilling of prescriptions. Students can assist with and learn from this process. If a drug therapy problem is found, students can participate with the pharmacist in the counseling session with the patient, the communication to the physician, and the documentation within the pharmacy. This is also a good activity to demonstrate to students that pharmaceutical care is a continuum: it occurs during the dispensing process as much as in scheduled sit-down patient interviews.

Interviewing Patients

There are times when pharmacists need to go beyond counseling patients during dispensing functions and collect more in-depth clinical information. This may occur during the provision of disease state or case management services, a comprehensive medication review, clinical services, or other types of clinical encounter with patients. During this time, pharmacists need to be systematic and organized with the patient interview to ensure that they are efficient with their time, as well as accurate and comprehensive with data collection. Patient interviewing is an essential skill that the students need to develop and pharmacist preceptors should routinely provide these experiences. Many practices or colleges of pharmacy have developed their own data collection forms to help ensure a complete history is taken (Appendix 1). Pharmacist preceptors can review these forms with the students, discuss how they are used, and demonstrate the use during a patient interview. In addition to these sample forms, Table 3 provides useful tips for conducting an interview that preceptors can review with students.

Educating Patients

There are also several clinical situations where pharmacists should conduct an in-depth educational session to meet patient needs. Students should understand the objectives of the educational session and the most appropriate methods to use.[15] Table 4 summarizes these objectives and methods.[16,17] Educational sessions provide patients with more comprehensive information regarding their medical conditions, treatment strategies, and/or lifestyle changes. Much like the patient interview, patient educational sessions may take more time to complete.

Table 3. Tips for Good Patient Interviews[10]

Greet the patient and introduce yourself.
Explain the interview process.
Direct the patient to the consultation area.
Explain why you need to collect the information, what you will do with it, and that it will be treated confidentially.
Indicate how long the interview will last.
Use words/manners that convey professionalism.
Pay attention to body language.
Ask open-ended questions. Begin with broad questions and then get more specific.
Use active listening skills and demonstrate empathy.
Ask the patient to restate any unclear information and use paraphrasing feedback strategies to ensure that you understood.
Communicate at an appropriate educational level and avoid medical jargon.

The same communication principles apply, but it is also important for students to remember that the adult learner can only process so much information at one time. Therefore, it is important to teach pharmacy students to provide concise information that applies to the patients' needs or relates to what they already know.[15] Asking open-ended questions to determine what patients already know will be key to preventing pharmacists from providing information that is not needed: in other words, the educational session should be personalized.[18] Also, preceptors should discuss with pharmacy students how to use language that patients can comprehend. Sometimes this is a difficult transition for pharmacy students, minimizing difficult to understand medical terminology and utilizing patient friendly language. This requires careful thought about the terms used and possibly learning new terms that may be easier for the patient to understand, and then actively integrating these terms into the counseling/educational sessions.

Pharmacists often use print material as a teaching aid or supplementary material during the educational process. Developing this material can be a good learning experience for pharmacy students. It is important for stu-

Table 4. Targeted Methods for Achieving the Objectives of a Patient Education Session[16-17]

Learning Objective	Most Appropriate Method
Improve knowledge	Lecture, dialogue, reading, audio-visual methods
Improve understanding	Demonstrations, discussions
Develop skills	Encourage the patient to practice techniques
Change attitudes	Discussions, video stimulations

dents to understand that some patients are completely illiterate (13%-40%) or marginally illiterate (20%).[19] The average reading level for the general public is at the 7th-8th grade level.[17] Therefore, students should keep in mind the readability of print material as they develop it. Many word processing programs (eg, Microsoft Office *Word*) can assess the reading level of a document and may be helpful to students in developing educational materials.

Nonprescription Medication Consults

In certain practice settings, students will be exposed to counseling opportunities with patients who are self-treating a particular condition or symptom.[20] This provides a great "teaching moment" for pharmacy preceptors because nonprescription drug/product consults provide a unique opportunity for the student to triage a patient. Students are taught to assess the patient by interview and observation and apply their critical thinking skills to differentiate self-treatment from a medical referral depending on how the patient presents. Therefore, taking a mini-history becomes an essential component of the nonprescription drug/product consult. The patient care "work-up" in nonprescription drug/product consults is similar to work-ups associated with medication reviews or case management services. First, a thorough patient history should be taken. The information that should be collected includes basic demographic information (how can you contact the individual), brief past medical history, current medications, chief complaint, any concurrent problems they may be experiencing, and the impact these problems are having on their activities of daily living, and past treatment strategies. After this information is collected, students or preceptors can decide whether the patient should self-treat or be referred to a physician. If it is decided that the patient can be safely self-treated, students should make a recommendation regarding which nonprescription product is most appropriate for the consumer. Once the product is selected, then students should counsel the individual on the nonprescription product's appropriate use, when to expect symptom relief, potential side effects, and how to dose the medication. Also, pharmacists should indicate when they will follow up with the individual, what patient parameters should be monitored, and how long the patient should self-treat. Lastly, students should be taught to document their encounter with the consumer whether it is done through their dispensing system or with a patient chart. Alternatively, a 1-page self-care patient consultation form can be easily created to help the pharmacist document his/her activity (Appendix 2). This form can be stored in individual patient files, 3-ring binders, or self-care consultation folders stored in

a file cabinet. The form can be created as a duplicate so that the consumer receives a copy with the directions on how to use the nonprescription product and a copy is kept at the pharmacy. The documentation system chosen is dependent on the pharmacy and what works best for a particular practice.

Collaborative Working Relationships With Physicians

Developing collaborative working relationships with physicians is key to the success of a pharmacy practice but requires some effort on the part of pharmacists. A theoretical model for the development of a physician-pharmacist collaborative relationship has been developed and utilizes participant, context, and exchange characteristics to describe how pharmacists and physicians move from the earlier stages of collaboration to one where both parties are committed to the professional relationship.[21] A subsequent study tested the model and indicated that certain exchange characteristics seem to influence the movement between the stages: role specification, trustworthiness, and relationship initiation.[22]

Pharmacist preceptors can schedule meetings with physicians and/or the office staff while the student is on rotation. This exercise helps to establish to the students that it will often be the pharmacist who initiates the relationship with the physician. It is important to teach the student to learn as much as they can about the physician's practice during face to face meetings: the types of patients he/she sees, the practice challenges the physician faces, how he/she likes to receive communications from pharmacists, etc. By learning about a physician's needs, the pharmacist can develop services that positively affect the care of mutual patients, which may lead to further interest and collaboration with the physician.

Role specification was the most influential driver for collaboration.[22] This entails pharmacists and physicians understanding each other's role in the patient care process. This role specification may differ with different providers. Some physicians may be comfortable signing off on a collaborative practice agreement with pharmacists in which pharmacists make changes in drug therapy based on a physician approved protocol.[23] Other physicians may not be as comfortable with collaborative practice agreements, yet they will accept pharmacists sending in written recommendations. As pharmacist preceptors and students meet with physicians, agreeing on what each other's role and function is will be important to maintain collaboration.

Trustworthiness was also identified as an exchange characteristic that affects pharmacist-physician collaboration.[22] Physicians need to trust the knowledge and clinical skills of pharmacists and students before they are willing to work with them and/or accept their clinical recommendations.

Physician Consults

Pharmacy preceptors can provide students with opportunities to consult with physicians regarding medication issues affecting patients. This may be done over the phone or it may be done face-to-face depending upon the clinical situation. In either scenario, information should be provided in a standard format to ensure physician acceptance. Table 5 provides strategies for communicating information to physicians.

Using appropriate communication strategies during physician consultations is important. Pharmacists should teach students to use the right words during a consult, to be assertive, but not aggressive, and to be ready to provide clinical recommendations. In other words, pharmacists' recommendations should be concise, provide physicians with information that they may not know (eg, patient adherence to their regimen or other medications that have been prescribed by other providers), and suggest potential solution(s) to drug therapy problems that had been identified. For written or faxed communications to physicians, students can be trained to use standardized forms (Appendix 3). Students should be taught to be concise with their recommendations and provide enough information to physicians to help them assess the clinical situation.

Communication With Colleagues

Most individuals will be working with other pharmacists and support staff once they graduate. Therefore, learning and using interpersonal communication skills within the workplace is an important activity for the student. Good communication in the workplace begins with respect for other coworkers and a willingness to be team player. To help ensure that coworkers are communicating with one another, regular staff meetings should be scheduled to bring up problems or issues in the workplace in a non-confrontational or non-blaming way. A staff meeting is not the time to direct personal attacks and all staff members should be reminded of that. Staff meetings should encourage participation from all coworkers, from pharmacists to technicians to other support staff.

Table 5. Communicating Information to Physicians

- Keep patient focused
- Provide the physician with any meaningful background information
- Clearly and concisely outline the problem the patient is experiencing with the drug therapy
- Propose a solution (pharmacist's intervention)
- If face to face, request physician feedback for the solution

Skills for providing critical feedback to employees can be demonstrated during the student evaluation. Successful practices and clerkships involve ongoing feedback to staff and students, respectively. This feedback from a supervisor or preceptor should be constructive and educational. It should help individuals identify their strengths and weaknesses and discuss ways they can improve to meet the expectations of the evaluator. This type of feedback is not always easy to give or to receive. However, if done appropriately, it can be used to improve performance.

Conflict Management

Whether pharmacists are communicating with patients, physicians, or colleagues, conflicts will occur. Learning appropriate conflict management strategies will help students address conflicts that occur in practice. It is important for students to realize that during conflict, their emotions and anger may escalate. This is a time to take a step back, control one's anger, and try not to take the conflict that is occurring personally. Table 6 summarizes different types of responses that pharmacists can use to diffuse conflict situations.[24,25] Certain conflicts may take just one meeting to resolve, but several weeks to months may be needed to resolve other conflicts. It is important for students to realize that there may be conflicts with patients, other health care providers, and/or staff members that may never be resolved. This is particularly the case when the other party is not open to resolving the conflict. In this situation, it may be best to avoid confrontation with the individual, if possible, or minimize interaction with him/her.

Establishing a Collaborative Education Model

Reviewing the site's philosophy, values, mission, and existing patient care activities will help students grasp the total communication needs for the site. Once students have this understanding, preceptors and students are more capable of assessing the students' needs to assist them with enhancing communication skills during the rotation. A collaborative education model in which preceptors and students are in partnership will assist with setting communication goals for the students. This model mirrors the partner relationship between practitioners and patients. A collaborative education model involves students and preceptors working in a partnership to assess the learning needs, establish goals, decide on a plan of action, and monitor and assess progress.[26] Once the stage has been set, students and preceptors can identify the needs of the student for communication skills development, set the goals, identify activities to meet the goals, and determine the method for feedback. Students can provide input from personal self-assessments as well as build on previous rotation experiences and assessments. The preceptor can observe the student and identify areas to strengthen.

Incorporating Communication and Teaching Into Patient Care Practices

Since the experiential component of the curriculum is intended to be hands-on learning, preceptors want to avoid having students learn only by shadowing and observing and, as much as possible, involving the students in direct patient care activities described previously. With each new communication experience the teaching process "see one, do one, teach one" can reinforce the

Table 6. Types of Responses During Conflict Resolution[24-25]

When to Use	Skill	Example
To avoid conflict escalation	Paraphrasing and restating	"Dr. ____, you sound upset because I made this recommendation to discontinue your patient's hydrochlorothiazide."
When the other party has a piece of the truth that needs to be acknowledged	Partial agreement without self-indictment	"You are right, there are some individuals with reduced renal function who still might benefit from hydrochlorothiazide"
Anger that comes your way that is overly vague	Ask for specifics	"What is it about the recommendation that upsets you?"
When the conflict is unfairly abusive and even after inquiry, you still do not know the corrective action to take	Ownership of language and appropriately assertive tone of message	"I am uncomfortable with your tone regarding this situation without understanding my reason for the recommendation"
If the conflict has heated up and emotions are escalating	Contracting to talk at a later time	"I need some time to think about what you said"

fundamentals. For example, preceptors should have students observe them counseling a patient on the use of a glucose meter and review the encounter with the students as soon as the session is completed. After the students observe the preceptors, students should be given the opportunity to counsel patients on the use of a glucose meter. Again preceptors should provide feedback immediately following the encounter. Then preceptors can have the students teach a staff person or an intern how to instruct a patient to use a glucose meter. Students should be able to identify all the issues that can arise in a teaching session when instructing the staff person to perform glucose meter teaching. Once again, preceptors should provide immediate feedback. The students can help write an evaluation tool for observing future students who perform a glucose meter training. Preceptors may consider making a checklist of encounters that could be taught using the "see one, do one, teach one" method. Each one mastered by students can be checked off the list. By the end of the rotation, preceptors would be assured that everything on the checklist had been covered during the rotation.

As the rotation progresses, students can become an extension of the preceptors. The addition of students to the workflow needs to be systematic to avoid disruption of the practice site. If the students are just shadowing the preceptors and mainly observing, they miss valuable communication experience and disruption of the workflow may ensue because the students are not incorporated into the practice site and may be viewed as being "in the way." The students cannot improve their communication skills by just observing. They must participate in the encounter and receive timely feedback in order to learn better communication skills. However, if preceptors think of the students as an extension of themselves, train them in the workflow of the practice, and encourage them to engage in the practice, the students should have more opportunities and the workflow should not be negatively affected.

During the normal workflow of the practice, opportunities and tasks arise for the pharmacists that can provide students ample practice in good communication skills. At first, preceptors can assign simple tasks to the students. Tasks such as researching a patient or physician's drug information question, assisting patients with the location of a nonprescription product, or routine patient counseling on prescription medications, will help to make the student feel comfortable in the workflow. As the students become more comfortable, more complex tasks should be added. For example, in the normal workflow, a patient may request a nonprescription drug or product consultation. Pharmacist preceptors may want to post the "Basic Seven" interview questions listed in Table 7 or other reliable methods to triage a patient and demonstrate

the effectiveness of using a methodical approach to the interview process.[27] As discussed previously, students may want to observe the first encounter. Afterwards the pharmacists should explain why they handled the situation as they did. During this feedback session, students should have an opportunity to ask questions. The next time a nonprescription drug encounter occurs, the pharmacists can observe the student and debrief him/her after the encounter. If the encounter occurs during a busy time, the student can also document the encounter on a 5 x 7 card, which can be reviewed with the preceptor at the end of the day. As the student becomes more comfortable, the preceptor can have the student critique encounters the preceptor has with patients so the student can practice giving verbal feedback.

As community pharmacies become more involved in medication management services, students will also need to learn to communicate information in a more comprehensive manner. Students have been taught a comprehensive, methodical thought process in the classroom for application in the clinical setting. The process feels different in a real-world setting. The APPE is the student's opportunity to practice these skills in a practical way. Observing a few encounters is typically necessary before a student attempts to lead a patient management session. Next, the student should participate in part of the appointment, such as checking in the patients, collecting vital sign data, performing point-of-care testing, and counseling the patients at the end of the session. After assisting several times, the student can become more involved in conducting the interview, collecting the data, identifying the drug related problems, and formulating and implementing the plan under the preceptors' supervision. Feedback from the preceptors at the end of each encounter will enable the student to become more independent over time during the APPE.

Community pharmacists typically have established solid relationships with many of the customers, patients, and health care providers who frequent the pharmacy. These faithful clients often prefer to speak with their pharmacist rather than work with a new student every month. Students need to understand how these relationships are

Table 7. Basic Seven (History of Present Illness)[27]

- Location
- Quality
- Severity
- Timing
- Setting
- Modifying factors
- Associated symptoms

built and how important they are to maintaining an effective practice. Preceptors should model the relationship building process and discuss their approach to building long-lasting relationships. Preceptors should give the students the opportunity to practice relationship-building skills with some of the patients they encounter during the normal workflow of the practice.

Student Exercises to Develop Written Communication Skills

Community pharmacists communicate in writing to patients and other healthcare providers in a variety of ways. Establishing routine writing tasks for the student to complete during a rotation helps him/her to develop written communication skills. Exercises that the student could create and complete during the APPE include: (1) developing patient education materials, (2) writing a store newsletter, (3) writing a staff newsletter, (4) preparing a journal club presentation, (5) preparing a patient case presentation, and (6) producing a marketing flyer for a pharmacy event. Each month could have a theme surrounding national or local health observances, such as National Heart Month, National Pharmacy Month, and National Smoke Out Day (see www.healthfinder.gov/library/nho/nho.asp for listings).

Documentation is becoming more and more important in all practice settings. Preceptors should evaluate the documentation they do routinely in their practice. By critically evaluating their documentation system, they can determine the areas they need to document more effectively. Minimally, pharmacists document on prescriptions and in the notes section of the computer dispensing system. As situations arise in the workflow, students should be engaged in the documentation process. This can be done by having the student determine what needs to be documented following a patient encounter, and after receiving approval from the preceptor, enter the documentation. Frequently, pharmacists send a fax to a physician's office for clarification, request more information, or report care. Preceptors can have the student prepare the faxes and be responsible for following through with the tasks. This could include a telephone call or e-mail to the physician's office. Other interventions may require that a letter be written to the patient or a healthcare provider. The student could write the letter and then modify/revise it according to feedback from the preceptor. If possible, students should be responsible for following up with the intervention.

As pharmacists provide more direct patient care, more community pharmacists are documenting SOAP notes and maintaining electronic or paper charts on patients. The student can review existing charts to become familiar with the pharmacists's documentation system. If the student observes an encounter or completes an encounter on his/her own, the student should complete the documentation with oversight from the preceptor. The pharmacist can co-sign the note. One strategy that can be used to help students practice documentation is to create a "teaching chart." The teaching chart allows preceptors to provide written and verbal feedback to the students before they begin to document in an actual patient's chart. These teaching charts can be shredded at the end of the APPE.

Many students are apprehensive about their writing skills. The more opportunities the clerkship students have to write and to receive feedback, the more concise and confident they will become. Writing exercises in the community pharmacy provide real-world examples to the student and demonstrates the importance of developing professional writing skills.

CONCLUSION

Communication in various forms is becoming more important in the evolving world of community pharmacy. Community pharmacy preceptors have a wonderful opportunity to strategically incorporate communications training into the APPE. The outcome can positively impact the pharmacy site, preceptor, student, and more importantly, the patient.

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APPENDICES

Appendix 1. Patient medical history form. Reprinted with permission from the American Pharmaceutical Association.

Patient Medical History Form

Name: _____ Phone: (H) _____ (W) _____
Address:_____ City:_____ State:_____
Date of Birth:_____ Height:____ Weight:_____ Gender:_____
Marital Status:_____ Pregnancy Status:_____
Medical Alerts (examples; hearing aids, prosthesis, heart valves, eyeglasses, artificial hips):_____
Allergies/reactions:_____

Smoking History:	**Caffeine History:**
_____ Never Smoked	____ Never Consumed
_____ Packs Per Day for _____ Years	____ Drinks Per Day
_____ Stopped _____ Years Ago	_____ Stopped _____ Years Ago
Alcohol History:	**Dietary History:**
_____ Never Consumed	_____ Number of Meals Per Day
_____ Drinks Per Day	_____ Food Restrictions (explain)
_____ Stopped _____ Years Ago	Other: _____

Medical History: Have you or any blood relatives had any of the following? (mark all that apply)

Disease State	Self	Dx Date	Relative
High Blood Pressure			
Heart Disease			
Stroke			
Diabetes			
Kidney Disease			
Asthma			
Lung Disease			
Cancer			
Depression			
Mental Illness			
Substance Abuse			
Other			

Medical Problem List: Have you experienced or do you have any of the following?

#	Disease	Yes	No	#	Disease	Yes	No
1	Known Kidney Problems			17	Sores on Legs or Feet		
2	Frequent Urinary Infections			18	Known Blood Clot Problems		
3	Frequent Urination at Night			19	Leg Pain or Swelling		
4	Known Liver Problems/Hepatitis			20	Unusual Bleeding or Bruising		
5	Trouble eating certain foods			21	Anemia		
6	Nausea/Vomiting			22	Thyroid Problem		
7	Constipation/Diarrhea			23	Known Hormone Problem		
8	Bloody or Black Bowel Movements			24	Arthritis or Joint Problem		
9	Abdominal Pain or Cramps			25	Muscle Cramps or Weakness		
10	Frequent Heartburn/Indigestion			26	Memory Problems		
11	Stomach Ulcers in the Past			27	Dizziness		
12	Shortness of Breath			28	Frequent Headaches		
13	Coughing up Phlegm or Blood			29	Rash or Hives		
14	Chest Pain or Tightness			30	Change in Appetite/Taste		
15	Fainting Spells or Passing Out			31	Walking or Balance Problems		
16	Thumping or Racing Heart			32	Other		

Appendix 2. Nonprescription consultation form.

Nonprescription Consultation Form

Name: ———————————————————— Date: ————————————————

Address: ———————————————————— Phone: ————————————————

City: ———————————————————— State: —————— Zip: ——————

Gender: M or F   Age of patient: Allergies ————————————————
Pregnant: Y or N   ————————————————
Breast Feeding: Y or N   ————————————————

Medical Conditions: **Current Medications (OTC/Prescription/Other):**

——————————— ——————————————————————
——————————— ——————————————————————
——————————— ——————————————————————
——————————— ——————————————————————
——————————— ——————————————————————
——————————— ——————————————————————
——————————— ——————————————————————
——————————— ——————————————————————
——————————— ——————————————————————
——————————— ——————————————————————

Chief Complaint: ——————————————————————
——————————————————————————————
——————————————————————————————
——————————————————————————————

New Problem ————— Recurrence ——————— Worsening of existing problem —————
Concurrent Problems ——————————————————————
——————————————————————————————
————————————————————————

Past self-treatment strategies ——————————————————
——————————————————————————————
——————————————————————————————

Self Treat ———————   Referral to: ——————————————————

Product(s) recommendations: ——————————————————
——————————————————————————————

Instructions for use and product information ————————————
——————————————————————————————
——————————————————————————————

Follow up on —————   Outcomes ——————————————————

Pharmacists Signature: ——————————————————————

Appendix 3. Physician communication form. Reprinted with permission of the American Pharmaceutical Association.

Main at Locust Pharmacy Clinic

Physician Communication Form

Physician: ———————————— Fax: ———————————— Provider # ————————————

☐ Initial   ☐ Follow-up   ☐ Other

Patient Name: ———————————————————— Patient ID

Birthdate: ———————————————— Sex: ————————

Pharmacist: ———————————————————— Date: ————————————

Subjective Findings:

Objective Findings:

Assessment:

Plan:

Recommended Pharmacist Follow-up Assessment: ☐ 4 weeks ☐ 8 Weeks   ☐ 6 months   ☐ Other

Pharmacist Signature: ————————————————————————

Physician: ———————————————————————— Date: ————————

☐ I agree with the above recommendations:

☐ Proposed modified plan:

Pharmacist Follow-up   ☐ As recommended   ☐ Other: ————————————————————

Physician
Signature: ————————————————————————

Information on this fax is confidential.
If received in error please call or Fax to: