



Patient counselling and medicine information...just how far do you go?*

(*see from My Little Black Book of pharmacy practice SAPJ 2013 Vol 80 No 6)

By the early 1980's the four-year pharmacy course had been established for just on a decade with a curriculum emphasis on pharmaceutical chemistry and pharmacology. The practice of community pharmacy had evolved from little old men in white coats mixing their secret *lotions and potions* behind closed doors in a dispensary housed in the back of the premises, to bright new facilities with open dispensaries and the pharmacist in full view of the public, easily accessible. Pharmaceutical care was the new "buzz word" with patient counselling, monitoring and provision of medicine information becoming the focus of community pharmacy practice.

The hero of this story (let us call him John) was an intelligent young colleague who had applied himself diligently during his four years of study as a pharmacy student. Conscientious, dedicated and determined, he emerged top of his class with his head crammed full of knowledge, especially that of his favourite subject, pharmacology. In those days, pharmacy students had little or no training in patient counselling and no compulsory programmes of working directly with patients. Many students did gain some experience by working in pharmacies over weekends or during their vacation time. Borne high on the wings of academic success, John looked forward to his internship and the opportunity to put his substantial knowledge of pharmacology to the test in practice.

John successfully secured an internship in a well-established, suburban community pharmacy. The owner of the pharmacy, Mr Mat, had practised in this middle-class community for many years and was much loved and respected by his clients. He had thought long and hard before choosing John as his intern because he wished to retire and had plans of handing over the reins to the younger man once he had completed his internship. It was vitally important that John should be acceptable to and fit into the community of patients whom he had served for so many years.

Mr Mat had trained and qualified in the late 1950's and registered with the then SA Pharmacy Board as a *Chemist and Druggist*. He was a good pharmacist and excellent tutor, determined to teach his new intern all the skills he had acquired in running a professional, efficient and profitable community pharmacy over many years. So it was that John spent the first few months of his internship learning the basic requirements of running and organizing a clean, well-stocked, and efficient dispensary (including, washing and tidying of shelves,

ordering and marking of stock, etc.). He was then gradually brought into the actual dispensing process and taught to master the important skills of accuracy, neatness, and continuous checking in dispensing according to an agreed system with careful record-keeping (no computers, all scripts hand-written into the prescription book and all originals manually numbered and filed).

Frustrated at not having the opportunity to use his substantial knowledge of pharmacology, John nevertheless, accepted in good spirit, this training in what he considered to be simple routine tasks, but he was "*chomping at the bit*" to be able to engage patients in order to display his real strengths.

Eventually the time arrived when Mr Mat decided that John was ready to be let loose on the public. John, of course, was delighted when an elderly couple shuffled into the pharmacy to obtain a repeat of the old lady's prescription. The prescription was a real laundry list of medicine covering all the old lady's ailments of diabetes, high blood pressure, arthritis and sleeplessness. This challenge was like manna from heaven for our clever young intern. He stepped forward with this array of carefully dispensed medicine, eager now to use all his hard-learned knowledge of pharmacology in counselling the elderly patient. John was in his element as he went through all the "*do's and don'ts*" of each of the many medicines on the prescription. There was so much to tell! John became quite animated as he rattled on about the medicine, without doubt or hesitation and certainly without a break or giving the patient an opportunity to ask a question herself! Meantime, the patient concentrated on trying to keep up and digest this avalanche of information, nodding occasionally but with her eyes growing bigger with every new fact or warning coming her way!

Finally, having seemingly exhausted his diatribe of information, John popped that last vial of tablets into the packet, smiled kindly at the patient and pleasantly wished the old couple a good-day. John stood back with a satisfactory smile on his face, looking like the cat who got the cream! The elderly couple shuffled their way to the exit. Being subject to the slight deafness that comes with age, they spoke loudly to each other. So, before reaching the door, John and all in the pharmacy clearly heard the old lady say to her husband; "*I never knew that these medicines can do all these things the pharmacist told me, sounds dangerous, I really don't know whether I should be taking all that stuff!*"

John later acknowledged, quite publically, that this little experience had taught him far more than all his pharmacology studies ever did!

Lesson learned!

The two words 'information' and 'communication' are often used interchangeably, but they signify quite different things. Information is giving out; communication is getting through. Sydney J. Harris (American journalist and author)

Ek sê maar net!

Gary Black

P.S. I am pleased to report that John did take over the pharmacy successfully, and in turn, himself became well accepted, respected and endeared by that community!