

The Communicator

A resource for pharmacy students from Pfizer Pharmaceuticals Group and APhA-ASP

PULL OUT AND SAVE FOR FUTURE REFERENCE

“Do you speak English?”

Counseling the non-English speaking patient

Counseling any patient requires training, sensitivity, and skill. When the patient is not a native speaker of English, the challenge increases. Whether that increase is great or small will depend on the patient’s level of language proficiency and health literacy.

According to the 1990 census, 31.8 million residents of the U.S.—14% of the total population—spoke a language other than English at home. Spanish was the most frequently spoken language, followed by French or Creole, German, Chinese, and Italian. A total of 4.5 million Americans spoke an Asian or Pacific Island language. In some states, the percentages of those speaking a language other than English at home were significantly higher than the national average—36% in New Mexico, 31% in California, and 20% each in Arizona, Hawaii, New Jersey, New York, and Texas.

The Census 2000 figures show that the numbers of non-native English speakers are growing. By 2000, the total number of people in the U.S. who spoke a language other than English at home had increased to 47 million—18% of the total population. Of those, more than 21 million people described themselves as speaking English “less than very well.”

When these millions of people are prescribed medications, pharmacists need to be ready to counsel them in a way they can understand and comply with.

The limited English proficiency patient

What does health literacy mean for the non-English speaking patient in America? It may not be the same as for a native English speaker. According to the American Medical Association, low health literacy affects members of all ethnic groups, but is greatest among native-born Caucasians. Health literacy activities might include filling out a medical history form or following medication instructions. It is important to understand that a patient may be literate in his or her native language, but unable to understand English well enough to comply with health care instructions. The U.S. Department of Health and Human Services Office of Civil Rights refers to any patient

who is a non-native speaker of English with limited English skills as a limited English proficiency (LEP) patient,” regardless of their literacy level in their first language.

If the patient has low health literacy (or limited first language literacy) in addition to limited English proficiency, then counseling requires working through both layers to ensure understanding and compliance. The same basic communication issues are at work with the literate LEP patient, but the pharmacist has fewer tools (such as first language brochures) at his or her disposal to create understanding. Having fewer tools, however, does not mean that communication is impossible. A desire to communicate and some basic techniques (see “What You Can Do” sidebar) can open the door to engaging the patient. By adopting current health literacy principles, practitioners can help patients

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Glory days: Countdown to the 20th anniversary of NPCC

Catching up with past winners

Q & A with Marissa Buttaro—Winner of the 1992 National Patient Counseling Competition (NPCC).



Buttaro

The National Patient Counseling Competition (NPCC) will mark its 20th anniversary in 2004 and *The Communicator* is getting nostalgic. Beginning with this issue, past winners will reminisce about their victories, discuss their practice experiences, and detail how the skills acquired during the competition have assisted them in their professional careers.

Marissa Buttaro, the 1992 winner from the Philadelphia College of Pharmacy and Science (PCP), is the first to describe the thrill of NPCC victory.

***The Communicator*: What do you remember about the NPCC?**

Buttaro: One of the reasons that I entered the patient counsel-

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"The Communicator," published six times per year in *Pharmacy Student*, provides practical tips on communication issues that affect the daily life of a student and information about the National Patient Counseling Competition, conducted annually by the American Pharmaceutical Association Academy of Students of Pharmacy in partnership with Pfizer Pharmaceuticals Group.



Techniques to open the communication door

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understand words, directions, and/or materials so they may be empowered to act on information and better manage their health.

Patient culture must be taken into account

Communicating with a non-native speaker is not always just about language; it can also be about culture. It is possible for patients to misinterpret how they should act on the instructions they have been given because of their preconceptions about health. The term now commonly used to describe dealing with this aspect of health literacy is “cultural competence.” Patients’ frames of reference can influence **how they describe or experience** symptoms and how they respond to diagnosis and treatment.

Do not assume that a patient will understand how to take the medication prescribed. Medicines are used in different ways in different cultures, and confusion can result. While this example involved nurses, it is clear that the pharmacist is a key point of contact for avoiding improper medication use in similar situations.

Being sensitive to an entire world full of different cultural approaches to health care can seem like an overwhelming responsibility. But **by dealing with each patient individually**, pharmacists and other health care providers can take cultural differences into account while avoiding stereotypes and offering effective counseling.

Things you can do to improve communication

Some of these techniques apply to medication counseling in general, and some native English speakers **with low health literacy**. Be flexible, and use them in combination based on each counseling circumstance.

■ Learn what you can about the patients in your community. Study resources and talk with your patients informally about their health care whenever you can. If one non-English lan-

guage is prevalent in your area, consider learning some basics.

■ Avoid making assumptions about patients’ beliefs and practices. Patients may or may not hold the views of their native culture. Ask, “Many people from (your home country) practice the custom/hold the belief in question. Do you also?”

■ Simplify your language when speaking with any LEP patient, regardless of their native language level of literacy. Instead of technical words, use plain words, such as: slow heart beat (bradycardia), high blood pressure (hypertension), high blood sugar (hyperglycemia), good cholesterol (LDLs), and bad cholesterol (HDLs).

■ Speak slowly; do not shout. It is a common pitfall for people to speak more loudly to a non-native speaker. It does not help and can intimidate the patient.

■ Underline or highlight important passages in pamphlets given to patients. Do not assume that patients can read the material. Review it verbally. This is also another opportunity to assess the patient’s health literacy. You can ask, “Many people have trouble reading and remembering these materials. Is this difficult for you, too?”

■ Ask patients to repeat instructions back to you in their own words. This technique is known as “teach-back.” Patients who cannot teach back simple instructions have probably not understood them. Teach-back can also be non-verbal. You can make your instructions interactive by having patients do or show something to demonstrate their understanding. For example, you can show patients their medication and ask, “This is your medicine, can you tell me or show me how you would take it?”

■ Make the instructions relevant to the patient’s life. For example, ask the patient when they expect to take medicine (after breakfast, before feeding the baby, after work, etc.).

Marlene Lipson is a project coordinator for external relations, Pfizer Pharmaceuticals Group, and a master’s candidate in applied linguistics at Columbia University Teachers College.

Web resources

There are a variety of resources on health literacy and cultural competence. Here is an annotated list of some useful Web sites.

■ The Pfizer Health Literacy Initiative (www.pfizerhealthliteracy.com). This site is part of a commitment to advancing health literacy among health care professionals by generating knowledge, creating solutions, supporting research, increasing awareness, and attracting new scholars to the initiative’s service.

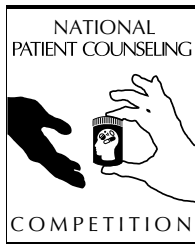
■ EthnoMed (<http://ethnomed.org>). Contains information about cultural beliefs, medical issues, and other related issues pertinent to the health care of recent immigrants to Seattle or the United States, many of whom are refugees fleeing war-torn parts of the world.

■ Diversity Rx (www.diversityrx.org/HTML/DIVRX.htm). A clearinghouse of information on diversity issues and programs.

■ Multi-Cultural Education Services (<http://user.pro-ns.net/~larue>). Good resource for translated materials.

■ Cultural Diversity in Healthcare (www.ggalanti.com). Contains articles on culture and health care, concepts relevant to understanding diversity in health care, and cultural profiles of various ethnic groups.

■ Office of Minority Health Resource Center (www.omhrc.gov). Offers customized database searches, publications, mailing lists, referrals, and more regarding American Indian and Alaska Native, African American, Asian American and Pacific Islander, and Hispanic populations.



The National Patient Counseling Competition

Dates and Deadlines

Chapters should begin planning now for their next National Patient Counseling Competition (NPCC). Each chapter will set a specific date for its Awards Program that meshes with its academic session schedule. The schedule presented below is based on that Awards Program date. Winners must be chosen and registered for the NPCC no later than February 7, 2003.

13 weeks out Announce competition, recruit volunteers, and notify school officials of the dates and times of competitions and awards ceremony.

12 weeks out Organize meeting to determine program budget. Set up Program Committee, Publicity Committee, and Finance Committee.

11 weeks out Organize meetings of the Program Committee, Publicity Committee, and Finance Committee.

10 weeks out Program Committee determines potential judges, patients, and counseling scenario author; Publicity Committee investigates publicity opportunities; Finance Committee contacts alumni, pharmacy associations, local pharmacies, etc., to seek support.

9 weeks out Program committee confirms scenario author; Publicity Committee contacts local press for coverage; Finance Committee plans fund-raisers.

8 weeks out Program Committee selects keynote speaker and writes program for awards ceremony.

7 weeks out Program Committee ensures that scenarios are written and confirms judges and patients; Publicity Committee distributes posters and announcements to promote fund-raisers; Finance Committee finalizes plans for fund-raisers.

6 weeks out Program Committee completes arrangements for judging rooms and audiovisual equipment; Publicity Committee addresses faculty meeting.

5 weeks out Program Committee meets with plaque company; Publicity Committee begins distributing announcements and handouts to classes, signing up student participants; Finance Committee holds fund-raisers.

4 weeks out Program Committee finalizes details of awards program.

3 weeks out Program Committee copies all materials for competition; Publicity Committee finalizes student sign-ups.

2 weeks out Program Committee conducts preliminary rounds of competition; Finance Committee invites supporters to awards ceremony.

12 days out Program Committee oversees judging; Publicity Committee publicizes finalists, awards ceremony.

7 days out Program Committee conducts final rounds of competition.

6 days out Program Committee oversees judging of final rounds.

4 days out Program Committee has plaques engraved; Finance Committee secures checks for winners.

Award Program Day Program Committee conducts awards program; Publicity Committee follows up with local press.

February 7, 2003 By this date, chapter winners should schedule appointments for participating in the National Patient Counseling Competition.

March 28–April 1, 2003 National Patient Counseling Competition at APhA2003 in New Orleans.



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Q & A with...Marissa Buttarò

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ing competition was to improve my patient counseling skills, since I had worked in a hospital throughout pharmacy school and had limited patient contact. The whole patient counseling competition experience was quite amazing. After I had been chosen as a finalist, I remember waiting in the room with the other students. Some had been there in the previous year. It was my first, and only, time at the competition, and I felt a bit intimidated! I never expected to win. My goal was to do my best, and be satisfied with any outcome.

Although I had originally planned to stay in San Diego, which was the location of the 1992 meeting, for the APhA-ASP Awards presentation and reception, I did not intend to stay for the closing banquet. After winning, of course, my plans changed. I had to change my plane ticket and have my mother FedEx an evening dress to the hotel. Soon after the dress arrived the next morning, I realized that I did not have appropriate dress shoes. Ahh, those shoes. My friend and I went shoe shopping at Nordstroms. When I walked into the shoe department, I knocked over a display. Then, when I went to select the correct size from a pyramid of boxes, the whole pyramid collapsed. The saleswomen must have been happy when we finally left. The banquet was fun, the shoes matched the dress, the meeting ended, and it was time to go home.

TC: What do you remember about the final round?

Buttarò: The finalists counseled the patient on how to give an insulin injection. I remember thinking that 5 minutes was surely not enough time to spend on diabetes education. However, I tried to stay focused on what needed to be communicated about self-injections.

TC: What was your reaction when you won?

Buttarò: Shocked and happy. In addition to winning, a highlight of the award ceremony was meeting David Kessler, who was FDA commissioner at the time.

TC: How did it feel returning to campus as the NPCC winner?

Buttarò: It felt wonderful to bring the honor back to the school that was instrumental in supporting the competition. Professor Ken Leibowitz had helped to organize the first NPCC and was the coordinator that year. When I came home, there were banners in my dormitory, and my fraternity (sorority?) (Lambda Kappa Sigma) sisters had made signs of congratulations. A feature article was written for the school paper, and my efforts were recognized at a variety of school functions.

TC: Where have you worked since graduation?

Buttarò: After an internship, I felt that it was important to gain experience as a practicing pharmacist, so I accepted a position as a staff pharmacist at Lancaster General Hospital in Lan-

caster, Pa. I had worked primarily in hospital pharmacy in college, and this position was a great fit. There were opportunities to instruct patients about their medicines as part of their post-surgical cardiac care, counsel patients upon discharge, and teach a health class at the local vocational school. During that time, I also worked as a freelance writer.

The next position that I accepted enabled me to use both my writing and counseling skills, first as a pharmacist and later as a director of educational initiatives, at Amherst Pharmacy (later Hospice Pharmacia) in Lumberton, N.J. Calvin Knowlton, past APhA president, owned Amherst and was a strong advocate for patient counseling. In addition to patient counseling for community, long-term care, and hospice patients, the pharmacy was actively involved in developing written continuing education materials for other pharmacists and providing education on asthma, women's health, diabetes, and anticoagulation therapy.

After working in both hospital and community pharmacy, I went to work in the pharmaceutical industry as a drug information manager at Wyeth Ayerst Pharmaceuticals, in Radnor, Pa. As in my previous positions, both oral and written communication skills were integral components of my job. Currently, I am employed as a director of medical communications for Scientific Connexions, a medical communications firm, in Yardley, Pa. We provide publication planning and editorial services for the pharmaceutical industry.

TC: How have the skills you acquired during the competition assisted you during your career?

Buttarò: The principles that I learned through the patient counseling competition have been important throughout my varied career. When the staff at PCP was helping me prepare for the national competition, they stressed the importance of listening and asking open-ended questions. These two pointers have been essential in each position that I have held. Whether counseling a patient about a medication or advising a client on a publication plan, you must first try to understand the needs of the individual or organization through active listening and questioning.

TC: Have you followed the NPCC since you won? Are you impressed with how much it has grown?

Buttarò: I still follow the competition, but not as closely as I once did. It is not surprising that the competition has grown. It is a phenomenal program.

TC: How important is it for students to hone their patient counseling skills while in school?

Buttarò: As medication choices increase, and the amount of time that physicians are able to spend with their patients decrease because of managed care pressures, it is very important that today's pharmacy students are encouraged to develop their patient counseling skills. NPCC fosters an environment of friendly competition that is conducive to learning.