

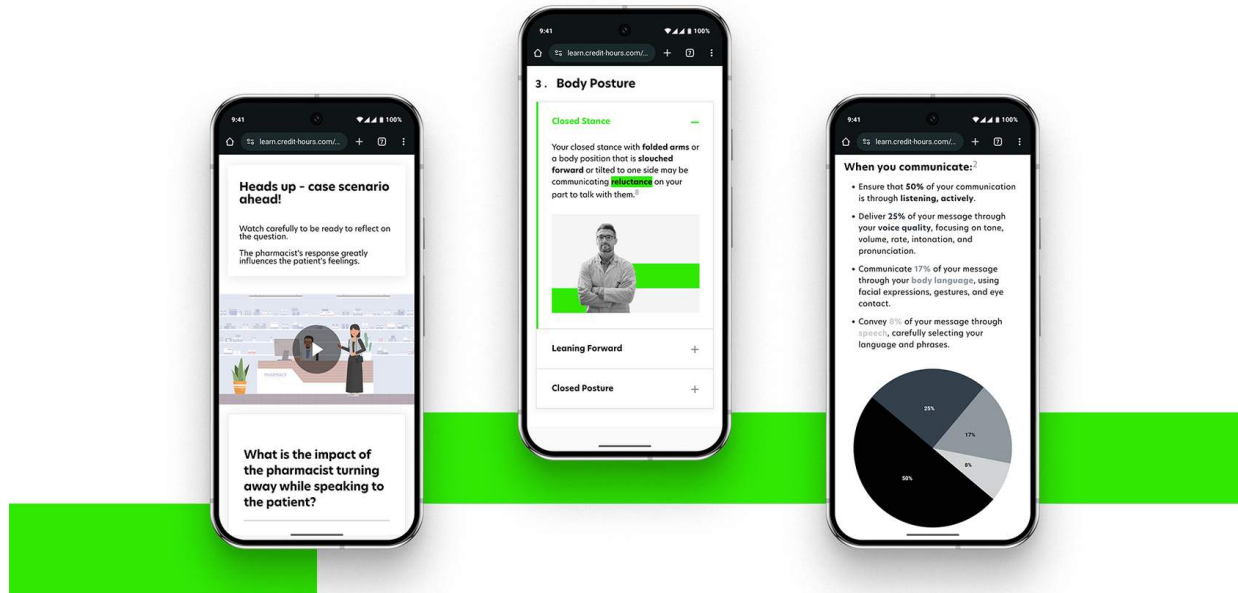
A grayscale photograph of two men in a conversation. On the left, an older man with glasses is seen in profile, looking towards the right. On the right, a younger man with glasses and a beard, wearing a white lab coat over a button-down shirt, is smiling and looking towards the older man. The background is a simple wall with a green rectangular panel on the right.

***Empowering Patient Care Through Effective Communication: Overcoming Barriers and Improving Referral**

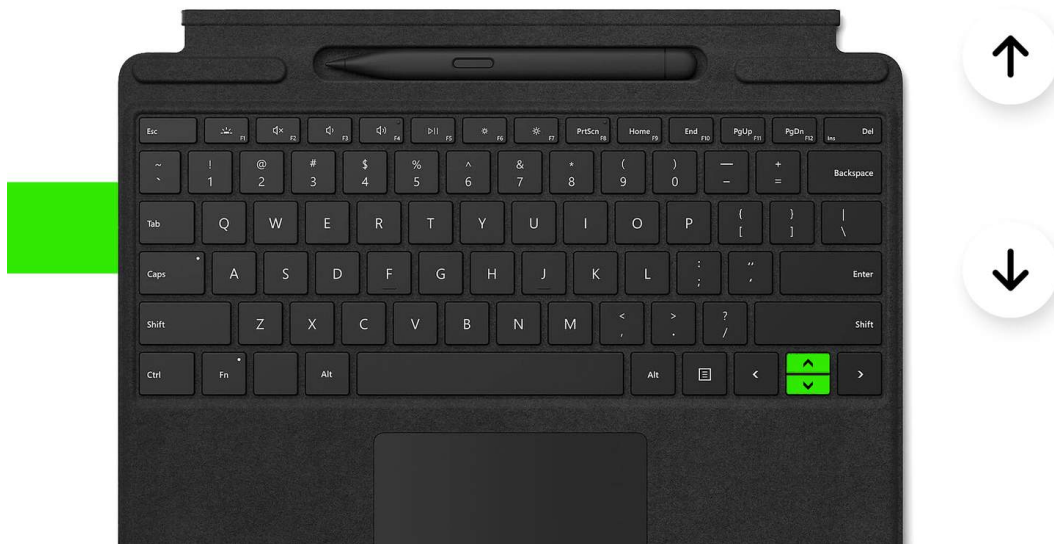
Welcome!



Welcome to this e-learning module on improving patient care and referrals by fostering effective communication. This module should take 30-45 minutes to complete.



This module requires you to often interact with different elements in some sections, while paying attention to case-presentation scenarios in others.



To navigate from one section to another, you can scroll up and down using your cursor, arrows on your keyboard, or by swiping up and down.

Communication Barriers in Pharmacy Practice



Communication in pharmacy practice is essential for ensuring patient safety, adherence to treatment, and overall health outcomes. However, pharmacists often encounter various **barriers** that can hinder **effective communication**.



These barriers can be broadly categorized into:^{1, 2}

- Environmental Barriers.
- Personal Barriers.
- Administrative Barriers.
- Time Barriers.
- Socio-psychological Barriers.
- Physical Barriers.

While these barriers are all significant, this module will focus on **the most impactful barriers** that **directly** affect **patient-pharmacist communication** and how they can be **addressed** through targeted strategies.

Specifically, you will explore:³⁻⁵

- ① Cultural Barriers.
- ② Health Literacy Barriers.
- ③ Myths and Misconceptions Barriers.





By addressing these **specific barriers**, you can significantly improve communication, enhance patient trust, and ultimately provide better care. Additionally, you will discuss how improving **referral** practices can serve as an **opportunity** to create a more integrated healthcare experience for patients.⁶

CONTINUE

Overcoming Cultural Barriers in Pharmacy



Cultural competence is your ability to **understand, communicate, and interact** effectively with individuals from **diverse cultural backgrounds**.^{7, 8}

It involves **recognizing** and **respecting** the diversity within communities while **addressing** potential **barriers** to care.^{7, 8}



Hello, I'm Dr. Adam, a community pharmacist.

In this scenario, a female patient visits the pharmacy seeking relief for persistent headaches while fasting during Ramadan.

Observe how my culturally sensitive approach builds trust and addresses her concerns without compromising her fast!



The pharmacist used the terms "suhoor" and "iftar", Why was this important?

- ☐ It demonstrated familiarity with the patient's cultural practices.
- ☐ It was a way to impress the patient with specialized knowledge.

SUBMIT



In your **pharmacy practice**, cultural competence means treating **every individual** with **dignity** and **respect**, regardless of their race, ethnicity, religion, physical or cognitive abilities, gender, sexual orientation, health status, or lifestyle choices.⁷

To achieve Cultural Competence in Pharmacy Practice, you should:^{7, 8}



Be aware of your patient's **preferences**
and **cultural assumptions**.



Adapt your **communication** and care to
meet the unique needs of **diverse**
patients.



Commit to continuous **learning** and **self-reflection** to improve your interactions with patients from all backgrounds.

Challenges to Achieving Cultural Competence and How to Overcome Them

① Cultural Barriers ② Problematic Language

① Cultural Barriers



Cultural Barriers in Healthcare

Cultural barriers often arise from **limited knowledge** about different cultures and communities.⁷

Remember, individuals from the same cultural background **may not share** identical values, beliefs, or behaviors.⁷

Avoid making **assumptions** about a person's preferences or needs based solely on their cultural identity.⁷

The following considerations **are not meant to categorize** patients but to help you

understand how cultural beliefs can **influence** patient interactions:⁵

RELIGIOUS PRACTICES

NATURAL REMEDIES

MEDICATION RULES

For example, during Ramadan, patients may fast and change the time when they take their medications.

- You should help adjust their treatment plans to fit their religious practices.⁵



RELIGIOUS PRACTICES

NATURAL REMEDIES

MEDICATION RULES

Some cultures rely on natural treatments.⁵

- For instance, Polynesian groups may use healing dances, and Korean Americans often focus on natural remedies and exercise.
- Always check these practices to avoid interactions with prescribed medications.



RELIGIOUS PRACTICES

NATURAL REMEDIES

MEDICATION RULES

Some cultures avoid ingredients like **pork or alcohol** in medications.⁵

- You should select medications that align with these cultural preferences.



Here are a few communication strategies, that help in overcoming cultural barriers.





Learn About Diverse Cultures

Take time to educate yourself about the cultures and communities you serve.^{9, 10}
This will help you engage in meaningful conversations and build rapport with your patients.



Ask Open-ended Questions

Instead of making assumptions, show sincere interest in your patient's culture by asking questions to understand the patient's values, beliefs, and specific needs.^{9,}

10

② Problematic Language

Problematic Language in Healthcare



It includes comments, questions, or words that can be offensive, insulting, or insensitive. Also, includes errors in addressing individuals or **mispronouncing unfamiliar names** and terms.⁷

It can make patients feel excluded and negatively impact their well-being.⁷

In healthcare, it can lead to **disengagement** and the perception that services are not relevant to their needs.⁷

Here Are a Few Communication Strategies

That can help you **avoid** problematic language.⁷

CONTINUE

Scene 1 Slide 1

Continue → Next Slide

Refrain From Defining Individuals by Their Conditions or Limitations

✓ Say **"a person living with diabetes"**.

✗ Instead of **"a diabetic person"**.

CONTINUE

Scene 1 Slide 2

Continue → Next Slide

Avoid Broad Terms Like “BAME” (Black, Asian, And Minority Ethnic).

It can homogenize diverse groups.

✓ Instead, **specify ethnicities** (e.g., Black African, Chinese, Indian).

CONTINUE

Scene 1 Slide 3

Continue → Next Slide

Use Gender-Neutral Terms

✓ Say “**partner**”

✗ Instead of “**husband/wife**” to avoid **assumptions** about relationships.

CONTINUE

Scene 1 Slide 4

Continue → Next Slide

START OVER



Scene 1 Slide 5

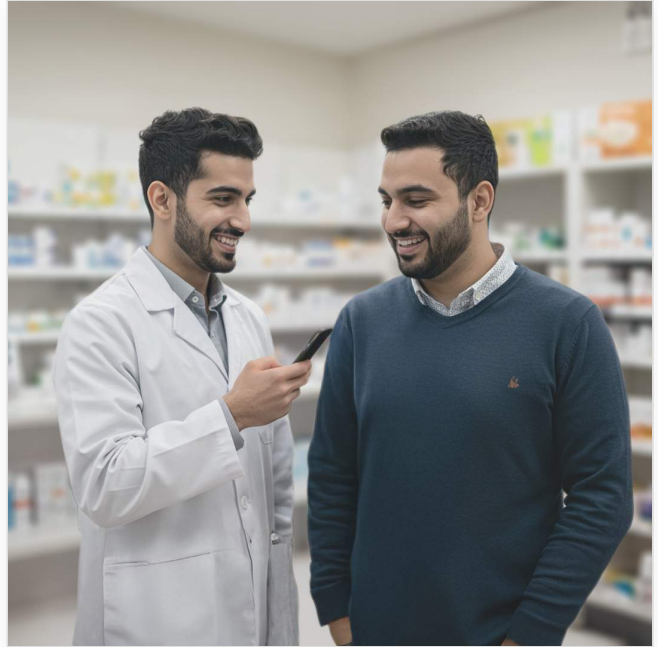
Continue → End of Scenario

Let's Explore How to **Overcome** Language

Barriers:^{7,11}

Use Professional Interpreters

When language barriers exist, rely on trained interpreters to ensure accurate communication.



1 of 4

Use Culturally Appropriate Language

Always use respectful and inclusive language when speaking to patients.



2 of 4

Create Multilingual Materials

Provide written materials, such as medication labels and patient education resources, in multiple languages.



3 of 4

Practice Pronunciation

Take time to learn how to pronounce unfamiliar names and terms correctly.



4 of 4

CONTINUE

Tackling Low Health Literacy Barriers in Pharmacy



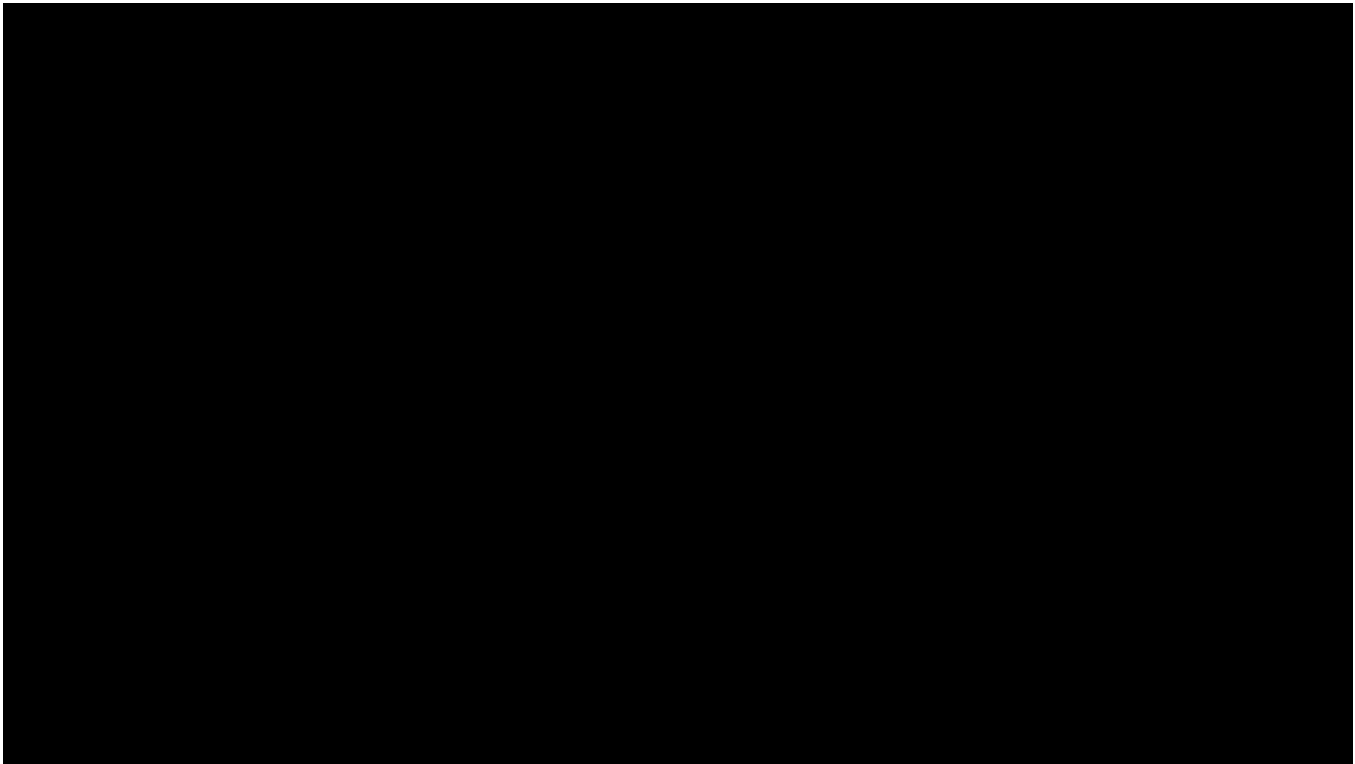
Health literacy refers to your patient's ability to **obtain, process, and understand** basic health information and services.

This is essential for them to make **informed health decisions** in partnership with you as their pharmacist.^{4, 11}



In this scenario, an elderly male patient visits the pharmacy seeking relief for persistent knee pain, frustrated that his medication isn't working.

Watch how I spot a critical dosing error and use simple tools to overcome health literacy barriers. Small adjustments, big impact!

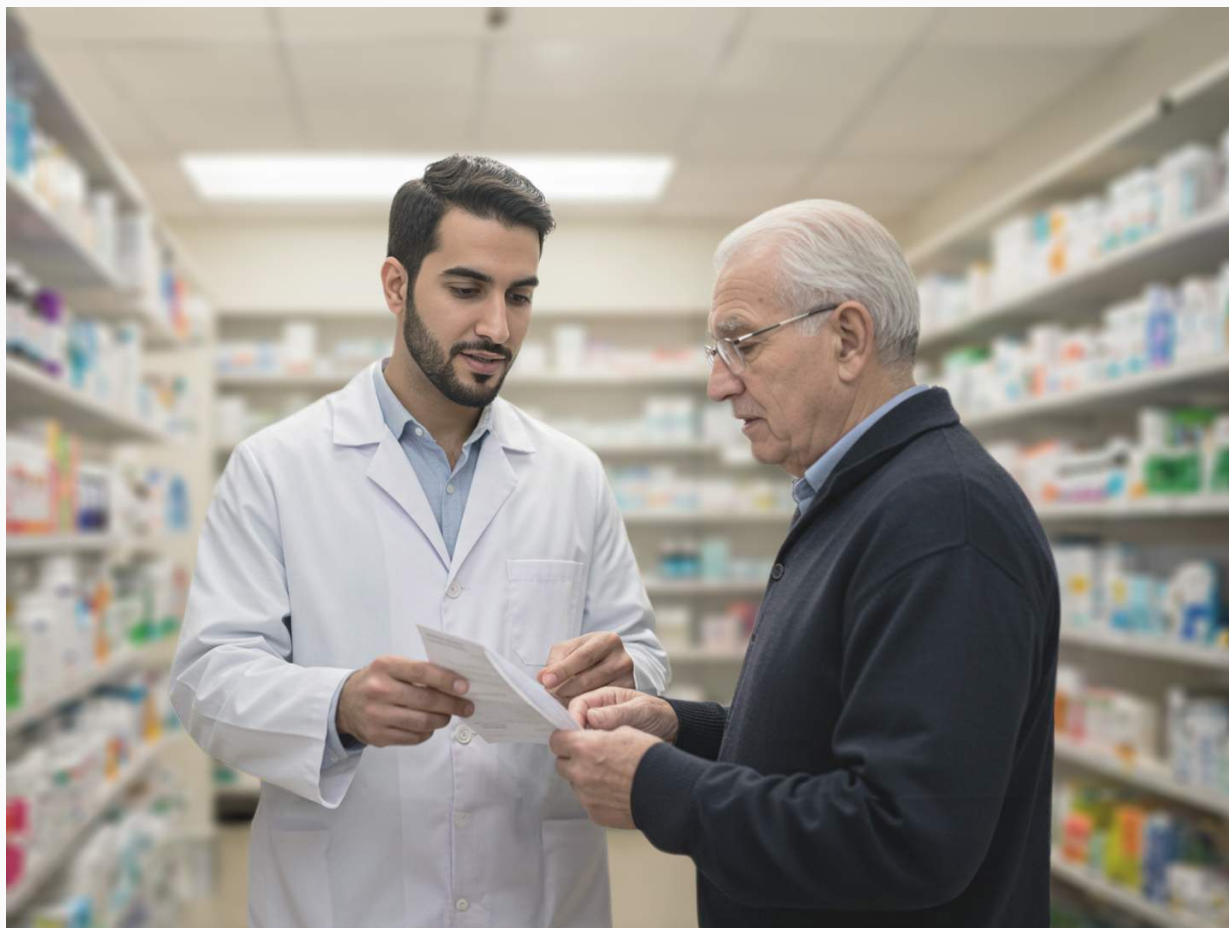


What did the pharmacist's approach demonstrate about their communication skills when using pictures of the sun and the moon?

- ☐ The pharmacist was skilled in addressing misunderstandings in a non-judgmental manner.
- ☐ The pharmacist was focused on quickly correcting mistakes with written instructions.

SUBMIT

Why Health Literacy Matters



Health literacy levels vary among patients and can significantly impact their ability to understand and follow medical advice.¹¹

As a pharmacist, it's your **role** to ensure that your patients can **access and understand the information** they need to manage their health effectively.¹¹

Identifying Risk Factors for Low Health Literacy

You should be aware of the following risk factors that may indicate low or inadequate health literacy in your patients:¹¹

- 1 Age older than 65 years.
- 2 Less than a high-school education.
- 3 Low income.
- 4 Patients for whom English is a second language.
- 5 Immigrants.



By recognizing these risk factors, you can tailor your communication to meet the specific needs of these patients.

Strategies to Improve Communication with

Low Health Literacy Patients:

To ensure your patients understand and follow your advice, use the following strategies:¹¹

Step 1

Use Simple Everyday Language

Avoid complex medical terms and explain concepts in a way that is easy to understand.

✗ Don't say "chronic pain".

✓ Instead say "long-lasting pain".

Step 2

Avoid Abbreviations and Explain Terms Clearly

✗ Avoid abbreviations like “BID” (twice a day) or “PO” (by mouth) can be confusing.

✓ Instead, try saying “take this medicine twice a day” or “take this by mouth.”.

Step 3

Incorporate Visual Aids

Use pictures, diagrams, or demonstration devices to help your patients understand how to take their medications or follow treatment plans.

💡 Show them how to use an inhaler with a demo device.

CONTINUE

Breaking the Barriers of *Myths and* Misconceptions about Pain



Pain management is often influenced **by myths and misconceptions**, which can lead to misunderstandings or unwillingness to follow prescribed therapies.

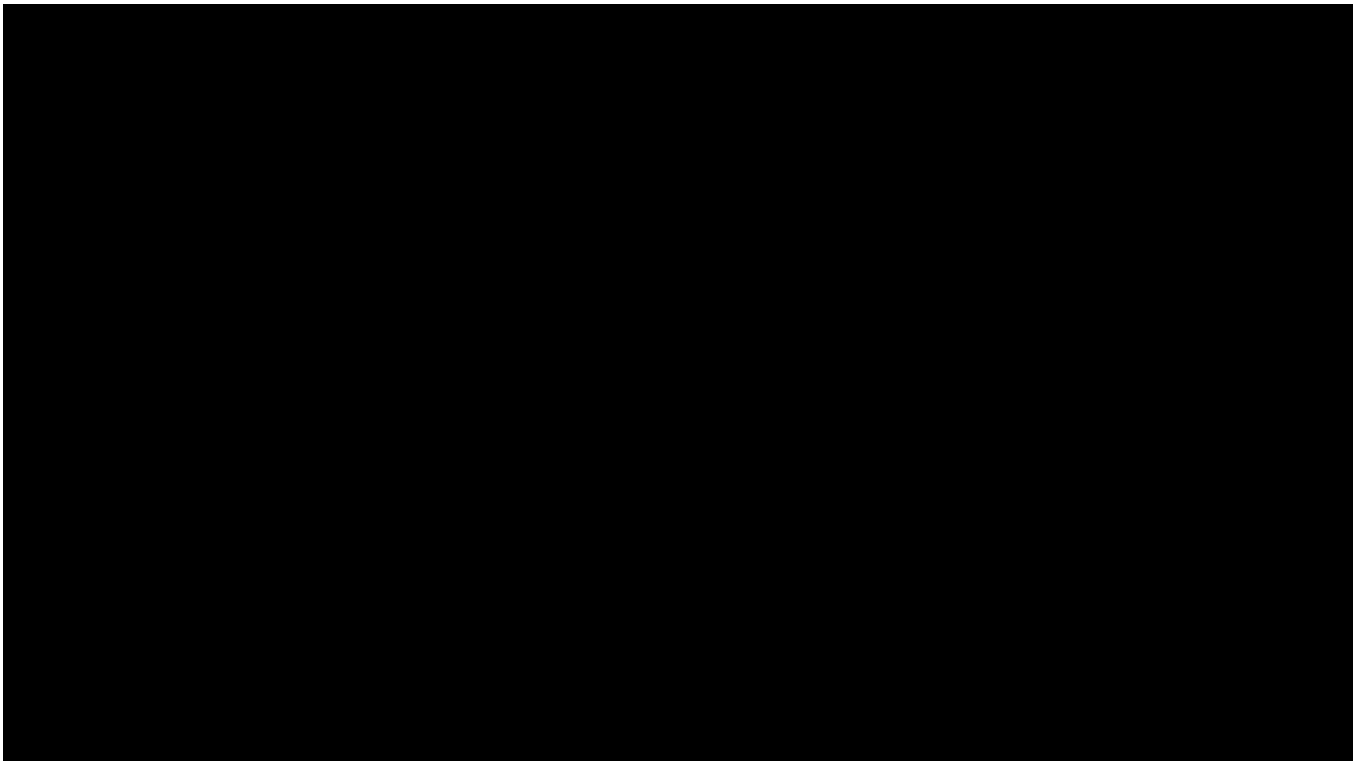
As a pharmacist, it's your role to address these **myths** in a way that respects your patient's **cultural context** while providing accurate, evidence-based information.^{3, 12}



The hidden risks of self-adjusting pain medication

In this scenario, a female patient returns to the pharmacy concerned her pain medication isn't strong enough and reveals she's been taking extra doses.

Watch as we navigate common misconceptions!



How would you evaluate the pharmacist's approach when the patient admitted to self-adjusting their medication dosage?

- ☐ It was not the best approach; the pharmacist should have referred the patient to a doctor immediately based on her concerns.
- ☐ It was the best approach; the pharmacist gently explained the risks of self-adjusting the dose and discussed alternative solutions.

SUBMIT

Addressing Common Myths

01

Myth: *Lots of rest is good for back pain.*

Fact: *Complete bed rest is one of the worst things patients can do for back pain or any other type of long-term (chronic) pain.*

- If they are not active, their bodies quickly get out of condition, leading to even **more pain** when they eventually move.
- **Limit exercise** when pain is **intense** but encourage patients to do their normal activities as much as possible.¹³

How to Communicate:

- Respectfully **explain** the benefits of staying active while **acknowledging** cultural practices.
- For example, Suggest gentle activities like walking or yoga that align with the patient's values and preferences.

02

Myth: *I shouldn't take medicine unless I'm in severe pain.*

Fact: *Preventing pain is easier than treating it once it has begun.*

- Taking pain medications on schedule may even **reduce** the total **amount of medication** needed.¹⁴

How to Communicate:

- **Frame pain management** as a way to improve quality of life and maintain functionality.

03

Myth: *If my usual dose helps a little, a larger dose will help a lot.*

Fact: *Taking a larger dose of medications can be dangerous, even fatal.*

- If your patient feels they need to increase their dose, they should always consult their healthcare provider first.¹⁴

How to Communicate:

- Educate your patient about the **risks of self-adjusting doses**.
- Highlight the importance of **following medical advice** to ensure safety and effectiveness.

04

Myth: *If you can tolerate the pain, it's better not to take medication.*

Fact: *Tolerating pain without treatment can lead to chronic pain, decreased quality of life, and the development of pain syndromes.*¹⁵

How to Communicate:

- Discuss how effective pain management can help your patient fulfill their roles and responsibilities, such as caring for family or participating in community activities.

CONTINUE

Optimizing Referral Practices in Pharmacy

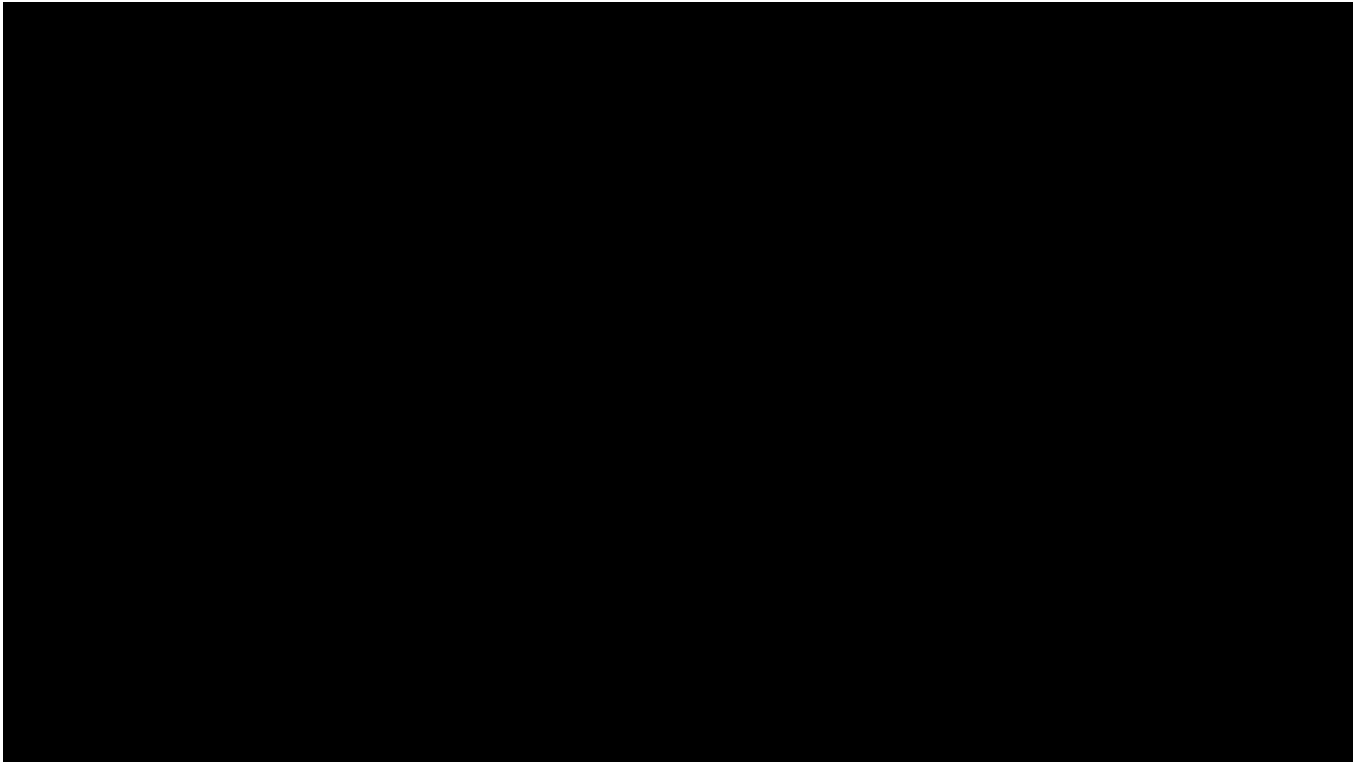


Patients may come to you with symptoms that require you to decide whether you can safely manage their condition or if they need further investigation and referral.¹⁶



In this scenario, an 8-year-old girl with persistent toothache and facial swelling visits the pharmacy with her concerned mother.

Watch how I reassure the concerned mother while ensuring the best care for the child.



Why did the pharmacist recommend seeing a dentist immediately?



Because the pharmacist recognized that the girl's symptoms could indicate a serious dental issue.



Because the pharmacist prefers referring patients to avoid

potential legal liabilities.

SUBMIT



What is a Referral?

Referral is the act of sending a patient from one healthcare provider to another for additional healthcare services.¹⁷

What are Red-Flag Symptoms?

Red-flag symptoms are warning signs that indicate a more serious underlying condition.¹⁶





What is The Pharmacist's Role in Referral?

As a pharmacist, you must feel **confident** in **identifying** red-flag symptoms and ensuring that patients are **referred appropriately to reduce the risk of harm**.^{16, 18}

Communication Technique for Referral in Patients with Pain

To assess patients and decide whether to refer them, follow this clear, step-by-step framework:¹⁶



Step 1: Identify the Primary Complaint

Ask the patient to describe their **main symptom** (e.g., pain).

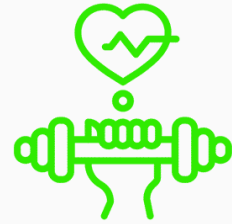
Example: “Can you tell me more about the pain you’re experiencing?”



Step 2: Ask About Associated Symptoms

Use open-ended questions to explore other symptoms.

Example: “Have you noticed any other symptoms like fever, weight loss, or numbness?”



Step 3: Assess Severity and Duration

Determine how **severe** the pain is and how **long** it has been present.

Example: “On a scale of 0 to 10, how severe is your pain? How long have you had it?”



Step 4: Identify Red Flags

Look for **red-flag** symptoms that indicate serious underlying conditions.

Example: “Have you experienced any chest pain, shortness of breath, or



Step 5: Decide Whether to Manage or Refer

If red flags are present, **refer** the patient to a healthcare provider **immediately**.



Step 6: Document Findings

Record all **symptoms, red flags**, and your **decision** to refer or manage.

Example: “Patient reports chest pain radiating to the left arm. Referred to

loss of bladder control?"

If no red flags are present, consider managing the patient in-house (e.g., with OTC medications or lifestyle advice).

general practitioner for urgent evaluation."

Indicators and Red Flags for Referring Patients with Pain

Here are some red flags that require referrals for patients with pain, along with examples of how you can ask about them:^{19, 20}

Alarming Symptoms —

Patients presenting with **pain** accompanied by symptoms like **unexplained weight loss, fever, or night sweat** should be referred immediately.

Assessment Tip:

Ask targeted questions to identify associated symptoms.

 **"Have you noticed any other symptoms like weight loss, fever, or night sweats along with your pain?"**

Recent Trauma —

If a patient reports **pain** associated with a recent **trauma** or **injury**, refer them to a specialist or emergency services.

✓ **Affirming Tip:**

Ask direct questions to identify a possible cause.

💬 **"Did your pain start after any recent injury or accident?"**

Cancer History —

Patients with a history of **cancer** who are present with **new or worsening pain** should be referred to their oncologist or a pain specialist.

⚡ **Illustration Tip:**

Ask sensitively to clarify the nature of the pain.

💬 **"Mr. Ali, I know that you have history of cancer, is this pain new or worsening?"**

Impact on Daily Life —

If a patient's **pain** is significantly interfering with their **daily activities** and **quality of life**, refer them to a multidisciplinary pain clinic.

? **Inquiry Tip:**

Explore the impact of pain on their routine.

💬 **"How is your pain affecting your daily activities and overall quality of life?"**

How to Refer Patients

When referring a patient, follow these steps to ensure clear communication and patient comfort:^{6, 16}

Explain the Reason for Referral

Clearly explain **why** you are recommending **a referral**, highlighting that it is to provide the best possible care for their specific needs.

Discuss the Specialist's Expertise

Highlight the **specialist's expertise** and the potential benefits of the referral.
Address any **concerns or questions** the patient may have.

Seek Patient Input and Respect Preferences

Involve the **patient in the decision-making process**, respect their preferences, and ensure they feel comfortable with the referral.

Document Findings Accurately

Document both **the presence and absence of red-flag symptoms** in the patient's history to ensure comprehensive records.

CONTINUE

In Summary



Effective communication is critical for **overcoming barriers** in pharmacy practice, including **cultural diversity, low health literacy, and pain management myths**.



Cultural competence involves **understanding, respecting**, and effectively **communicating** with patients from **diverse cultural**

backgrounds.



Health literacy refers to a patient's ability to understand and use **health information** to make **informed decisions**.



The referral process involves explaining the **reasons for referral**, discussing the benefits, and addressing patient concerns.

Take-home Message

Effective communication is crucial in pharmacy practice to overcome cultural barriers, enhance health literacy, dispel pain management myths, and improve referral practices.

Congratulations!

You've successfully completed this e-learning module.



List of Bibliography

1

Kapur R. Understanding Barriers to Effective Communication. 2020; [Last accessed: 2025 Feb 04].

2

Anh M. 8 Types of Communication Barriers in Healthcare and How to Deal with Them [Internet]. 2024 [cited 2025 Feb 04]. Available from: <https://flearningstudio.com/communication-barriers-in-healthcare/> (Last Update: 2025 Jan 16).

3

Russo J. Busting Common Medication Myths: Pharmacists Empowering Patients with Accurate Information. 2023 Jun 30; [Last accessed: 2025 Feb 04].

- 4 CDC. What Is Health Literacy? [Internet]. [cited 2025 Feb 04]. Available from: <https://www.cdc.gov/health-literacy/php/about/index.html>.
- 5 Corsi MP, Jackson JD, McCarthy BC, Jr. Cultural Competence Considerations for Health-System Pharmacists. *Hosp Pharm*. 2019;54:385-388. DOI: 10.1177/0018578718809259; [Last accessed: 2025 Feb 04].
- 6 Li C. Patient Referrals: When and How to Recommend Patients to Another Doctor [Internet]. [cited 2025 Feb 04]. Available from: <https://www.nexhealth.com/resources/patient-referrals-other-physicians?guides>.
- 7 Varia S. How to improve cultural competence in pharmacy practice. *The Pharmaceutical Journal*. December 2022; [Last accessed: 2025 Feb 04].
- 8 The Oxford Review. Cultural competence – Definition and Explanation [Internet]. [cited 2025 Feb 04]. Available from: <https://oxford-review.com/the-oxford-review-dei-diversity-equity-and-inclusion-dictionary/cultural-competence-definition-and-explanation/>.
- 9 Zweber A. Cultural competence in pharmacy practice. *Am J Pharm Educ*. 2002;66:172-176; [Last accessed: 2025 Feb 04].
- 10 Jain A. Ten Strategies for Effective Cross-Cultural Communication: A Comprehensive Guide [Internet]. [cited 2025 Feb 04]. Available

from: <https://digicrusader.com/ten-strategies-effective-cross-cultural-communication/>.

11

McConaha JL. Communication Strategies in Pharmacy [Internet]. [cited 2025 Feb 04]. Available from: https://www.accp.com/docs/meetings/UT18/handouts/Communication_Strategies_in_Pharmacy_Supplemental_Chapter_PH.pdf.

12

Lessinger E. Myths and Truths about Pain and Pain Medicine [Internet]. [cited 2025 Feb 04]. Available from: <https://www.hospicare.org/myths-and-truths-about-pain-and-pain-medicine/>.

13

Sheikh Z. 8 Myths and Facts About Chronic Pain [Internet]. [cited 2025 Feb 04]. Available from: <https://www.webmd.com/pain-management/ss/slideshow-chronic-pain-myths-facts>.

14

Saint Luke's. Common Myths About Pain Medicines [Internet]. [cited 2025 Feb 04]. Available from: <https://www.saintlukeskc.org/health-library/common-myths-about-pain-medicines>.

15

Summit Spine. 10 Myths and Facts About Pain Care Medication [Internet]. [cited 2025 Feb 04]. Available from: <https://summitspine.com/10-myths-and-facts-about-pain-care-medication/>.

16

Warren HPS. How to identify red-flag symptoms and refer patients appropriately. March 22, 2024; [Last accessed: 2025 Feb 04].

17

National Cancer Institute. [Internet]. [cited 2025 Feb 04]. Available from: <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/referral>.

18

Mesgarpour GK, Parmar P, Barnett N. Approaching difficult situations: how to have challenging conversations. November 16, 2021; [Last accessed: 2025 Feb 04].

19

British Columbia. Managing Patients with Pain in Primary Care - Part 1. September 17, 2023; [Last accessed: 2025 Feb 04].

20

Stibbs KG, Jacklin S, Smith I. How to support patients with acute pain in community pharmacy. December 17, 2019; [Last accessed: 2025 Feb 04].