

03_PDL_Jess Hadley_Transcript Mastered

[00:00:03] **Nic:** Welcome to be Risk Ready, the PDL podcast your space to explore how risk intersects with pharmacy practice, leadership and professional growth.

Communication is often referred to as a soft skill, but when it comes to clinical safety, what's said and how it's interpreted may be anything but soft because it directly affects patient outcomes, it can reduce complaints and strengthen inter-professional care.

It's so important, in fact, that we're dedicating two episodes to exploring communication as a core clinical skill. In this episode, we cover how to clearly communicate clinically sound information in a way that's safe and professional. And in episode four, we'll move from why communication matters to what to do when it's under pressure. Host of be Risk Ready.

Amy Minion is PDL's Lead Pharmacist in Education and Professional Development, and joining her to discuss safe communication practices is Jess Hadley, a PDL Professional Officer and registered pharmacist with 18 years of extensive experience. Jess is also a community pharmacist with a strong interest in risk management and proprietor legislation. Together, they'll discuss how clinical decisions can go sideways if not communicated effectively and what to do if they don't.

[00:01:34] **Amy:** The lovely Jess Hadley. Hello and welcome to the podcast today.

[00:01:38] **Jess:** Hi, Amy. Thanks for having me.

[00:01:41] **Amy:** To kick things off, let me pose a question to our listeners. Sometimes the clinical decision you've made is objectively the right call, yet the explanation you give still triggers a complaint. Why does that happen? When we talk about effective communication, we often think about things like clear verbal skills, active listening, good written communication including, say, documentation, reporting, proper record keeping. But there's more to it than that.

Emotional and cultural awareness can also play a big role. Just as important is how the information we provide is received. There's little value in saying all the right things. If the other person can't process or interpret the message in the way we intended.

For something that feels like a fairly obvious concept, you might be wondering why people have chosen to put such a strong focus on effective communication. But from our perspective, communication sits right at the heart of pharmacy practice. It influences patient outcomes, professional relationships, and quite often risk. But that's enough from me. Let's get stuck into it. So, Jess, from your work as a PDL professional officer, what do we see that explains why communication is so critical in pharmacy? And how does it tend to show up in the matters that come to PDL.

[00:03:00] **Jess:** Thanks, Amy. It's sometimes not obvious that it's the cause of an incident. Often it's something else that has occurred. First, there's been an error, and then a complaint comes through. And what the pharmacist is expecting the complaint to be about isn't necessarily the error. So what we see in many incidents reported to PDL is that they could have actually been prevented with improved communication.

For example, a pharmacist may have supplied the correct and clinically appropriate medication, but there's been a lack of or ineffective counselling. Failure to identify a health literacy or language barrier. And that's actually resulted in the medication being taken incorrectly, leading to suboptimal health care or even patient harm. In fact, in the 2023 to 24 Ahpra annual report, 8.8% of complaints about pharmacists were regarding communication. In my experience at PDL, many of the regulatory complaints we have assisted our members with regarding other complaint types.

So that might be dispensing errors, vaccination adverse events. These were escalated due to poor incident handling, which boils down to communication. In other words, even though a mistake or error may have occurred, the matter was only escalated due to poor communication following the incident. Often in these complaints, the patient is concerned that they didn't receive an apology.

They feel as though the pharmacist was defensive, or it may feel as though they've downplayed the error that they haven't been heard or taken seriously. So it is in everyone's best interest to reflect on communication style and think about how it can be improved. Um, it does take practice though.

[00:04:53] **Amy:** Yeah, I hear that. And while it does take practice, what are some benefits you might see on the other side, and who could it benefit?

[00:05:02] **Jess:** The flip side of this is that improving your communication skills leads to improved patient safety, which is all of our goals. Protection of your own reputation or registration supports collaboration with other healthcare practitioners, which then supports optimal health outcomes and patient centred care. But you also build trust and rapport with the patient or their family or carers, and that is good for everybody. It's good for the patient, it's good for the pharmacist, and it's good for business.

[00:05:36] **Amy:** So we've just talked about why communication matters and how it can influence everything, as you say, from patient safety to your own professional risk. Even the soundest clinical call, however, can land badly if the message isn't clear. So, Jess, if we were to narrow this down and I know it's not easy to. Three core communication Skills, practical things that pharmacists can use day to day that really address the contributing factors that PDL receive many incidents about. Can you walk us through those starting with the first.

[00:06:10] **Jess:** Definitely. There are so many. We could spend all day talking about this, but I've selected a few that. I just think they're simple to implement and they're quick and easy wins. So the first is gathering information using open ended questions. I feel like everyone has heard this at university. It was drilled into us. We need to remember that patients will say yes or no without having really heard the question. And that can very quickly lead to misunderstanding and poor patient outcomes.

So patients are often coming into the pharmacy or the practice setting that you're in. They're going to be distracted. Often they're in a hurry. They've already been Through a long wait period with the doctor, they might have kids in tow. They're in a hurry. They don't feel well a lot of the time, so they're not focusing on what you are saying. They just want to get out of there.

So by asking an open ended question, they need to actually think about their answer. And it's more difficult for them to respond with a yes or no. And if they do respond with a yes or no, that's a pretty good indicator that you might have a communication barrier and you might need to look at ways to address that. So open ended questions are really important when assessing a patient's needs.

[00:07:34] **Jess:** Identifying the patient and particularly when counselling. So pharmacists need to be able to extract the information that we need to make our clinical decisions. And we need to be able to do this in an efficient way so that we can support patient safety. If we're relying on a person just to say yes or no, they may not be giving us all of the information. So a simple example of this is confirming the indication of the medication.

You might say to the person, is it okay if I just confirm a few things about your medication so I can make sure this is the right medication for you? What are you using this medication for? Rather than are you taking this medication for high blood pressure? This style of communication gives you a better idea of the patient's understanding and helps you identify potential knowledge gaps and assist in identifying, prescribing, or dispensing errors as well.

So that directly impacts your clinical outcome because the patient might say, oh, I think it had something to do with my heart, but you've actually dispensed an antidepressant, and that's going to prompt you to look further into the prescription and question, is there an error? Has the patient not understood what they saw the doctor for? Did the doctor make an error?

[00:08:55] **Amy:** So what that really highlights is how easy it is to assume understanding. And Jess, you've highlighted the importance of how open ended questions might uncover gaps that might otherwise go unnoticed.

[00:09:07] **Jess:** And that's really important. You know, we can't make assumptions and we really do need to identify those gaps before we proceed. So the second point that I think is critical is tailoring your counselling or advice to the patient's needs. While we might be knowledgeable and we say the same thing over and over again to patients every day, we can start to assume that everybody knows what we're going to say to them anyway, but it's really not the case.

So we need to consider communication barriers, health literacy, and think about what the patient needs to take their medication or manage their health safely. And how are you going to communicate that information to them. So if you think about a scenario where a young person, they've had limited experience with medications previously,

maybe their mom or dad have always been the ones to collect the medications and they just get given it every day and they don't question anything.

They might need more thorough counselling on what time to take the medication, how to store it, even how repeats work. I've heard of cases where a young person has thrown the repeats in the bin with the bag, because they didn't actually know that's what's needed for the next supply. They might not realize when they need to book the next appointment with their doctor, and without clear guidance, they could think, oh, you know what? I'm going to leave this medication in my car.

So I remember to take it on the way to school or work. Not realising that just something as simple as storage could affect how that medication works. Another example is a prescription being collected for a young child.

[00:10:50] **Jess:** It's important to think about who is administering the medication. It could be multiple people, not just mum and dad. There might be other carers involved grandparents, daycares. They may need written information to pass on to other caregivers or even for themselves. Parents may be busy, distracted, tired, and they might forget the advice that you've given them. A simple tweak to your counselling with any medication in a liquid is.

If a syringe is required to administer the medication, consider marking the syringe at the correct dose volume. Think of a parent you know late at night. They've maybe had to get up bleary eyed and they don't remember. They don't draw up the right amount. But if you've got that marking there, it's just that one extra step in the process to help prevent misadventure. Another area to tailor your communication is when you identify a language barrier.

Think about offering a translation service or one step better, is to consider displaying signage about the availability of translation services so that the patients are aware it's an option, and they're going to feel more comfortable requesting that as well. And we want patients to feel safe and able to trust their health professionals. So rather than saying, would you like a translation service, they have that signage there if they feel uncomfortable. Cultural awareness is also essential in healthcare to improve patient safety and health outcomes by delivering respectful, tailored care. Recognizing diverse beliefs.

It actually does reduce health disparities. It increases patient satisfaction and treatment adherence. But most importantly, it's about building trust. And that's really the foundation of quality health care.

[00:12:46] **Amy:** All interesting points. And again, Jess, it's about thinking not just what information to give, but who you're giving it to and how they're actually going to use it. And the third core skill.

[00:12:58] **Jess:** The third skill is to always consider privacy. And that might not be an obvious communication skill, but it is so critical to have addressed any privacy concerns so that a person feels comfortable to talk to you. As pharmacists, we're used to discussing health concerns that others might feel uncomfortable to talk about. Some obvious examples would be vaginal thrush, emergency contraception, erectile dysfunction.

But it's important to remember that a patient has the right to privacy at all times, and complaints regarding lack of privacy can occur for any health concern or medication. It could be cholesterol medication, an antidepressant, pain relief. You don't know what a person might feel sensitive about discussing. Privacy should be at the forefront of our minds in every interaction. Just some quick things to think about is to avoid speaking to a patient from the dispensary.

Shouting across the counter. And be mindful of the surrounding area. Think about are there any customers nearby? I'm sure everyone has experienced someone else waiting in line, listening eagerly to everything you're saying to the person in front of them. Move to a private area or consult room out of earshot of others. And it's important to consider this also when reviewing pharmacy layout and workflow as well, so that the workflow makes sense so that you can move quickly from scripts out to a private area or even better, have the privacy built in to the scripts out.

Also, just some simple things like introducing yourself and who you are and asking if it's okay to have a chat about the medication before you just go in and unload a whole heap of information on them. Patients need to know who they're talking to, and they need to understand why you're the one talking to them. And remember that a patient who is concerned about their privacy may withhold information that is going to be pertinent to your clinical decision making.

[00:15:08] **Amy:** Thanks, Jess. Some really sound information there and well done for narrowing down a huge topic into just three core skills. So when you look at all three together, open ended questioning, tailoring information to the patient, and always considering privacy, there's simple enough skills, but they have a huge impact on patient safety. And again, professional risk. Correct me if I'm wrong, but for anyone who might be thinking I really don't have time for this, it's a useful reminder that a calm, clear 30s up front could save 30 minutes of conflict or ongoing angst later.

[00:15:44] **Jess:** You're absolutely right. We often see incidents where rectifying an issue takes far longer than the extra time that could have been spent being thorough and preventing the incident in the first place. I have a lot of conversations with our members who, in hindsight, say, I wish I'd just done this simple thing and then we wouldn't be here in this mess.

If medication is taken incorrectly, you might need to deliver it out to their house. You need to make phone calls, potentially write apology letters or worst case, respond to a regulator. And that's a really stressful situation to be in. So while it may initially take a little bit of extra time while you're practicing these skills and trying to put all of this into action, you will find your own flow and your own style. And the more you practice, the more efficient you will become.

[00:16:41] **Amy:** Amazing. We've talked about why communication matters, and we've unpacked three core skills in practice. So let's bring it all together now. It can be really helpful to look at how these skills or lack thereof, can play out in real world situations. The kind that pharmacists come up against every day. Jess, I understand you've pulled together a scenario or two from the types of incidents that PDL see regularly. Can you walk us through one?

[00:17:09] **Jess:** I find case scenarios really useful because you can really put yourself in the situation. And this case is something that a lot of pharmacists would have experienced something similar. So picture this. You have an older patient. They have low proficiency in the English language. They present a script for Tirzepatide 7.5mg per dose. You go to dispense it. There's no dispense history. The doctor has written the directions as weekly.

You identify that there may be a language barrier, but the pharmacy is really busy and you feel a little bit uncomfortable about asking them if they'd like a translation service. You're not sure if that will offend them. So you show them the box and ask, have you had this before? And they nod, yes, yes. You assume that the 7.5mg dose must be correct because they've had perhaps the lowest strengths, and now they're up to this dose. So you supply with no further counselling.

Fast forward a little bit. The patient is then taken to their GP by their son. They are experiencing severe nausea and stomach pain. The GP has ascertained that they have used 7.5mg per dose, but they had actually intended for them to start with 2.5. The GP feels that this is due to the lapse of professional standards and counselling from the pharmacist. They had not had the medication before.

They did not understand your question due to the language barrier. They had limited health literacy and the GP and the son feel that the pharmacist should have picked that up and the doctor had intended for the patient to use the click method, which a lot of pharmacists see. And there may be some confusion with how to use that as well.

[00:19:04] **Amy:** So where did this start to unravel?

[00:19:08] **Jess:** So there's a range of things that have gone wrong. And yes, there were unclear directions at the core of this. The directions of just weekly doesn't communicate clearly that the intended dose was 2.5mg. But we need to focus on the responsibility of yourself as the pharmacist. There's also a language barrier. The patient answered, yes, but this is why pharmacists exist.

Our responsibility is to ensure safe supply and use of medicine. It's our role to navigate the language barrier. Use a translation service if necessary. Think about those open ended questions. What dose have you used previously? If there is a language barrier, this is where you're going to identify it and take the opportunity to use that translation service so that you can ask these questions and get appropriate answers. Make sure they know how to use the medication correctly. I'd just like to make sure you're getting the best out of your medication.

Could you please show me how you use it? If there's any doubts when they're demonstrating it to you, delay supply and wait until you can confirm the intention with

the prescriber. The Shared Code of Conduct states that positive professional relationships are built on effective communication between a practitioner and the patient they're caring for.

It lays out the expected standards of all health practitioners, and it says that the expectation is to take all practical steps to meet the specific language, cultural and communication needs of patients and their families, including by using, translating and interpreting services where necessary and being aware of how these needs affect understanding.

[00:20:58] **Amy:** I think a lot of pharmacists listening would recognise elements of the scenario you presented. Let's extend it a little bit further because as we know, the issues don't always end there. What happens, say, when a family member, such as the patient's son comes back into the pharmacy raising concerns or accusations, or even making a formal complaint? How should pharmacists approach that conversation?

[00:21:25] **Jess:** It is challenging. These types of situations are not pleasant for anybody, and it does take practice. It's usually tempting to immediately point out that the directions were unclear, that you asked if they'd had it before, and they said yes. But it's really important to pause because this is a critical turning point where a complaint at store level can very quickly escalate to a regulatory notification.

So it's important to avoid being defensive if you start using what may come across as excuses about the ambiguous directions and the answers provided by the patient. That can be seen as passing the blame for your own professional responsibilities and seems like you're being defensive. So listen to their concerns. Show empathy, and apologize when things go wrong. Demonstrate that you care about what's occurred and that you do take it seriously. Often all a complainant is looking for is a genuine apology and that they've been heard.

So you can certainly point out that there were some contributing issues here with the prescription and a miscommunication. But stay focused on your role and your responsibilities. And remember the expectations on health practitioners set out in the Shared Code of Conduct. Remember that having a good partnership between you and your patients and their families means encouraging them to be well informed about their

health. Always be courteous and respectful and considerate of roles of relatives and caregivers.

The caregivers themselves can sometimes be the complainant, and they're often quite emotional and upset because their family member and loved one has just experienced a negative health outcome. And they do feel that it's from your actions or the pharmacy. So make sure that you do have that awareness of patients with additional needs or those with language, cognitive or other barriers to communication using those core skills that we've mentioned already so that you provide safe care to patients while protecting yourself from professional risk as well. And again, the more you practice improving the communication skills, the more efficient you'll become at it.

[00:23:48] **Amy:** Mhm. Yeah, that's a really helpful reminder. And it really sums it up. As we wrap up, it's worth remembering that everything we've talked about today isn't extra or aspirational. It's grounded in what pharmacists are already expected to do under the Ahpra and National Boards Shared Code of Conduct, as you've mentioned throughout, particularly around effective communication. And importantly, it isn't about being perfect or saying the right thing every time. Small, intentional changes in how we communicate can make a real difference for patients and for managing ourselves as well. Just to finish, do you have any parting words for our listeners, Jess?

[00:24:29] **Jess:** Look, this can be quite overwhelming if you are listening to this and thinking I have some areas of improvement here, just think about those little steps you can take. You don't have to get it perfect straight away. Just think about how you currently practice. Are you using communication effectively to identify a patient's needs. So the open ended questions, are you actively listening and do you tailor your communication to the patient needs to support them in using their medication safely. When you're handing medication out, do you use counseling as an opportunity to do that? Extra check identifying, prescribing or dispensing errors, identifying gaps in the patient's understanding of their medication? Or are some of these steps being skipped? And that's where you can start making those changes.

[00:25:21] **Amy:** Lots of food for thought covered today. A big thank you again to you, Jess, for such a thoughtful discussion.

[00:25:28] **Jess:** Thanks, Amy. Great to be here.

[00:25:30] **Amy:** It's not what you say, but how you say it. That's really been the heart of this episode. Developing the skills around nuance, professionalism and communication can make a real difference when conveying clinically correct information. Make sure you tune in next time. When episode four continues the conversation. Looking at communication as a clinical risk management skill, not an optional soft skill, particularly in conflict and challenging situations. You can find the resources and links mentioned in today's episode in the show notes. And if you have questions, comments, or would like to share your own experiences, we'd love to hear from you at [info at PDL dot org.au](mailto:info@PDL.org.au). Thanks for tuning in.

[00:26:17] **Nic:** You've been listening to be Risk Ready, the PDL podcast produced by Sound Cartel. Listen at pdl.org.au/podcast and follow free wherever you listen to podcasts.