BP103T · B.PHARM THEORY

BP103T Healthcare Psychology and Communication Skills

Unit IV — Professional Communication in Healthcare Settings

Final Notes

Pills & Python Notes

From-zero teaching standard: every technical term is defined before use.

Syllabus coverage: Unit IV (3 hours).

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CHAPTER 4: PROFESSIONAL COMMUNICATION IN HEALTHCARE SETTINGS

Unit IV · ~3 hours

4.1 Introduction

"Your mother's reports have come. Please sit down." — six words, and a family's world changes. *How* those words are said decides whether the family trusts the healthcare team or breaks down. Professional communication is communication with a **duty** attached: to patients, to anxious caregivers, to fellow professionals, and to the law. This chapter covers the hardest conversations in healthcare — bad news, angry relatives, confidential information — plus the written side: records, reports, and discharge summaries that must be clear enough to protect a patient you will never meet.

Learning objectives — after studying this chapter, you should be able to:

- communicate effectively with patients, caregivers, and interdisciplinary teams;
- use a structured protocol for delivering difficult news and handling emotionally charged situations;
- explain the legal and ethical issues of confidentiality and consent;
- write clear patient records, reports, and discharge summaries (including SOAP notes);
- describe technology and digital communication tools used in healthcare.

4.2 Definition

> **Scientific definition:** Professional communication in healthcare is purposeful, ethical, and accountable exchange of information among healthcare providers, patients, and caregivers, governed by clinical standards and legal–ethical norms.

> **Simple explanation:** It is communication where you are *answerable* for what you say and write — to the patient, the team, and the law. Casual talk becomes professional the moment a patient's safety depends on it.

4.3 Key Terminology

Term	Meaning	Simple explanation
Caregiver	Family member or attendant caring for the patient	The "bystander" who actually gives the medicines at home
Interdisciplinary team	Professionals from different fields working together	Doctor + pharmacist + nurse + lab + physio as one team
Confidentiality	Duty to keep patient information private	"What the patient tells you stays with you"
Informed consent	Patient's voluntary agreement after understanding the treatment	Permission with *full knowledge*, not just a signature
Handover	Transfer of patient responsibility between professionals	"Passing the baton" without dropping information
SOAP note	Structured clinical note: Subjective, Objective, Assessment, Plan	A fixed format so nothing important is missed
SBAR	Structured handover: Situation, Background, Assessment, Recommendation	A 1-minute format for urgent communication

4.4 Detailed Explanation

4.4.1 Communication with patients, caregivers, and interdisciplinary teams

With patients: use plain language, one idea at a time, teach-back, and written backup. Adjust to age, literacy, and emotion (Chapters 2–3 tools apply fully).

With caregivers: they are co-therapists — the mother who measures the syrup, the son who buys refills. Counsel *them* too, with the patient's permission; give them the schedule, warning signs, and a contact number. Never discuss the patient's condition with relatives the patient has excluded.

With the interdisciplinary team: be brief, structured, and respectful of everyone's expertise. The **SBAR** format prevents the commonest team failure — the vague, rambling handover:

- **S — Situation:** "I am calling about Mrs. Sharma in bed 12 — her BP is 200/120."
- **B — Background:** "She is a known hypertensive; she missed her morning dose."
- **A — Assessment:** "I think this is a hypertensive urgency needing review."
- **R — Recommendation:** "Could you please review her now and advise?"

Pharmacist-to-doctor calls about prescription errors, nurse handovers about a patient's confusion, lab follow-ups — all fit SBAR's 60 seconds.

4.4.2 Delivering difficult news and handling emotionally charged situations

Difficult news = any information that seriously harms the patient's view of their future — a cancer diagnosis, a disability, a treatment failure, a death. The **SPIKES** protocol (six steps) is the standard structured approach:

Step	Action	Example line
S — Setting	Privacy, seating, no interruptions, support person present	"Let's sit in the counselling room where we won't be disturbed."
P — Perception	Ask what the patient already knows	"What have the doctors told you so far about the reports?"
I — Invitation	Ask how much detail they want	"Would you like me to explain the full details, or the main points first?"
K — Knowledge	Give the news in plain words, small chunks, pausing	"The reports show the infection has spread. I know this is hard to hear." (pause)
E — Emotions	Respond to feelings with empathy (NURSE: **N**ame, **U**nderstand, **R**espect, **S**upport, **E**xplore)	"I can see this is devastating *(Name)*. Anyone would feel this way *(Understand)*."
S — Strategy & Summary	Plan next steps together	"Here's what happens next, step by step. We'll face each step together."

Handling emotionally charged situations (anger, shouting, tears, blame):

1. **Stay calm** — your calm is contagious; your panic is too.
2. **Let them vent briefly** — don't interrupt the first wave.
3. **Acknowledge the emotion** — "I can see you're very angry, and I understand why."
4. **Set gentle boundaries** — "I want to help you, and I need us to talk without shouting so I can understand."
5. **Solve one thing** — pick the most urgent actionable issue first.
6. **Document and escalate** — record what happened; involve seniors/security if threatened. Never tolerate abuse silently, and never argue back.

4.4.3 Legal and ethical issues: confidentiality and consent

Confidentiality: patient information — diagnosis, medicines, reports, even the *fact* that someone visited the pharmacy — must not be shared without permission. Breaks allowed only in narrow, serious situations: risk of serious harm to others, legal compulsion (court order), or when the patient consents. *Pharmacy examples:* never announce "your HIV medicines are ready" across a crowded counter; never share a neighbour's prescription details with curious relatives; keep records locked and screens angled away.

Informed consent: valid consent needs three things — **information** (what, why, risks, alternatives, in understandable language), **voluntariness** (no pressure or threats), and **capacity** (the person can understand and decide; for children or incapacitated patients, a legal guardian decides). A signature on a form the patient didn't understand is *not* informed consent. The pharmacist's role: check understanding ("Can you tell me what this procedure involves?"), never coerce, and refer doubts to the doctor.

Ethical core: autonomy (respect the patient's right to decide), beneficence (do good), non-maleficence (do no harm), justice (fair treatment for all). When in doubt, the patient's welfare and dignity come first.

4.4.4 Writing patient records, reports, and discharge summaries

Written words outlive spoken ones — and in court, **"if it wasn't documented, it wasn't done."** Rules: write promptly, legibly (or typed), dated and signed; be factual, not judgemental ("patient smells of alcohol" → "alcohol-like odour noted"); never alter records afterwards (draw one line, initial, and rewrite).

SOAP notes — the standard progress-note format:

- **S — Subjective:** what the patient *says* — "I feel dizzy since starting the new tablet."
- **O — Objective:** what you *observe/measure* — BP 100/70, pale, strip count shows 6 tablets taken of 7.
- **A — Assessment:** your professional judgement — possible orthostatic hypotension related to new antihypertensive.
- **P — Plan:** what next — counselled to rise slowly, take at bedtime; advised to report; doctor informed.

Discharge summary essentials: diagnosis, procedures done, medicines at discharge (name, dose, timing, duration — in plain language too), warning signs to return for, follow-up date, diet/activity advice, and a contact number. A good discharge summary is what stands between the patient and a readmission.

4.4.5 Technology and digital communication tools in healthcare

Tool	Use	Communication caution
Telemedicine (video/phone consults)	Reaching distant patients	Confirm identity; ensure privacy on both ends; document like an in-person visit
Electronic Health Records (EHR)	Shared digital patient files	Enter accurately — errors copy everywhere; never share passwords
mHealth apps & SMS/WhatsApp reminders	Dose reminders, report sharing	Use for reminders and general info, never for diagnosis; protect patient privacy in groups
Hospital paging / secure messaging	Urgent team communication	Use SBAR; confirm receipt for critical messages
E-prescriptions	Digital prescriptions	Verify authenticity; clarify illegible/ambiguous entries with the prescriber

Golden rules for digital: no patient-identifiable information on personal phones or public social media; professional tone always; technology *supports* but never *replaces* the human conversation — a WhatsApp message cannot hold a crying patient's hand.

4.5 Easy Analogy

- **SBAR handover:** A cricket commentator doesn't describe the whole match to tell you the score — "Last over, 12 needed, new batsman, yorker coming" — situation, background, assessment, recommendation in 10 seconds. SBAR is the *commentary box* of clinical communication.
- **SPIKES:** Delivering bad news is like *lowering someone into cold water* — you don't push them in (blunt announcement); you let them sit at the edge (Setting), ask if they're ready (Invitation), lower them inch by inch (Knowledge in chunks), and stay in the water with them (Emotions + Strategy).

4.6 Diagram — The SPIKES Pathway

```
DIFFICULT NEWS TO DELIVER
          |
  S — SETTING: private room, seated, no interruptions, support person
          |
  P — PERCEPTION: "What have you been told so far?"
          |
  I — INVITATION: "How much detail would you like?"
          |
  K — KNOWLEDGE: plain words, small chunks, pause between chunks
          |
  E — EMOTIONS: NURSE — Name, Understand, Respect, Support, Explore
          |
  S — STRATEGY & SUMMARY: next steps, written plan, follow-up
          |
  DOCUMENT the conversation factually
```

AI Image Prompt: "Clean educational textbook diagram, white background, a vertical six-step flowchart with hexagonal boxes labelled S Setting, P Perception, I Invitation, K Knowledge, E Emotions (NURSE), S Strategy and Summary, each with a one-line description and a small simple icon (room, ear, hand, speech bubble, heart, clipboard), arrows connecting top to bottom, clean black labels, minimal decoration, professional pharmacy textbook style."

4.7 Flowchart — Handling an Angry Relative at the Counter

```
Relative shouts: "You gave the wrong medicine! My father is worse!"
        ↓
Stay calm — breathe — do NOT argue or match the volume
        ↓
Acknowledge: "I hear how worried and angry you are — let's sort this out."
        ↓
Move to a private corner; ask them to describe exactly what happened
        ↓
Check facts quickly (prescription, strip, label) — SBAR to the doctor if needed
        ↓
Explain what you found, plainly; apologise sincerely IF an error occurred
        ↓
Agree on next steps + document the incident + inform your senior
        ↓
If threats/violence → disengage, ensure safety, call security/senior immediately
```

4.8 Examples

- **SBAR call:** "Situation: Mr. Rao's prescription says 500 mg but the label says 250 mg. Background: new prescription from OPD today. Assessment: possible prescribing or labelling error. Recommendation: please confirm the intended dose before I dispense." — 20 seconds, zero confusion.
- **Confidentiality fail:** telling a patient's neighbour "he's on TB medicines" — a serious ethical breach, even if said casually.
- **Good discharge line:** "Take one white tablet every morning after breakfast for 30 days. Come back *immediately* if you get swelling of the face or difficulty breathing."
- **SOAP in action:** S: "I vomit every morning after the iron tablet." O: pale, Hb report 9 g/dL. A: iron-induced gastritis likely; anaemia persists. P: counselled to take after food; doctor contacted for formulation review.

4.9 Pharmacy Relevance — Counselling Scenarios

Scenario 1 — Breaking difficult news gently (pharmacist's part):

> **Pharmacist:** *(private corner, seated)* "Before I explain these new medicines, can you tell me what the doctor has told you about your reports so far?" *(Perception)* **Patient:** "He said the sugar is very high... and something about the kidney." **Pharmacist:** "Would you like the full details, or shall I start with what matters most for your medicines?" *(Invitation)* **Patient:** "Tell me everything. I can handle it." **Pharmacist:** "Your kidneys are being affected by long-standing high sugar. *(pause)* I know that's frightening to hear. The good news is that these medicines, taken regularly, can slow this down a lot. Let's go through them one by one, and I'll write everything down." *(Knowledge in chunks + Strategy) Why it works: SPIKES steps S–P–I–K–S in miniature — the pharmacist stays within their role while being fully human.*

Scenario 2 — SBAR to save a patient:

> **Pharmacist:** *(phone to doctor)* "Doctor, situation: Mrs. Iyer was prescribed warfarin 5 mg but she's also been taking aspirin on her own. Background: 62, atrial fibrillation, started warfarin last week. Assessment: I'm concerned about bleeding risk from the combination. Recommendation: could you please advise whether to stop the aspirin and whether she needs an urgent review?" *Why it works: 30 seconds, all facts, clear ask — the doctor can act immediately.*

4.10 Important Points to Remember

1. **Remember:** Professional communication = purposeful, ethical, accountable exchange — you are answerable for it.
2. **Exam Pearl: SBAR** — Situation, Background, Assessment, Recommendation — the 60-second structured handover.
3. **Exam Pearl: SPIKES** — Setting, Perception, Invitation, Knowledge, Emotions (NURSE), Strategy & Summary — for delivering difficult news.
4. NURSE for emotions: **N**ame, **U**nderstand, **R**espect, **S**upport, **E**xplore.
5. Angry relatives: stay calm → acknowledge → move private → check facts → solve one thing → document; never argue back.
6. **Exam Pearl:** Confidentiality — share patient information only with consent, except serious-harm or legal compulsion; informed consent needs information + voluntariness + capacity.
7. **Exam Pearl: SOAP** — Subjective (patient says), Objective (you measure), Assessment (your judgement), Plan (next steps); "if it wasn't documented, it wasn't done."
8. Discharge summary must include: diagnosis, discharge medicines in plain language, warning signs, follow-up date, contact number.
9. Digital tools (telemedicine, EHR, reminders) support but never replace human conversation; never put patient data on personal/public platforms.

4.11 Common Confusions & Common Mistakes

> **Do not confuse:**

- **Confidentiality ≠ Secrecy at all costs:** it can be broken for serious harm to others or legal orders — but never for curiosity or convenience.
- **Consent form ≠ Informed consent:** a signature without understanding is just paper; understanding is the real consent.
- **SBAR ≠ SOAP:** SBAR is for *urgent verbal handovers* (forward-looking, ends with a recommendation); SOAP is for *written progress notes* (records what happened and the plan).
- **Empathy (NURSE) ≠ Agreement:** you can acknowledge anger without agreeing that an error occurred — check facts first.

> **Common mistakes:** announcing sensitive medicines aloud at a crowded counter; arguing with an angry relative; documenting opinions instead of facts ("patient is difficult"); altering a record after the fact instead of striking through and initialling; diagnosing or giving prognosis beyond the pharmacist's role when breaking news.

4.12 Memory Tricks

- "SBAR — **S**ay what's happening, **B**ackground, **A**ssess, **R**ecommend."
- "SPIKES — **S**it privately, ask **P**erception, seek **I**nvitation, give **K**nowledge gently, handle **E**motions, plan **S**trategy."
- "SOAP — the patient **S**peaks, you **O**bserve, **A**ssess, **P**lan."
- "NURSE — **N**ame it, **U**nderstand it, **R**espect it, **S**upport, **E**xplore."

4.13 Exam-Oriented Summary

Professional communication carries duty: to patients (plain language, teach-back), caregivers (include with permission), and teams (SBAR handovers). Difficult news follows SPIKES; emotions are handled with NURSE; angry situations need calm, privacy, facts, and documentation. Confidentiality and informed consent (information + voluntariness + capacity) are legal–ethical pillars. Write SOAP notes and complete discharge summaries — "if it wasn't documented, it wasn't done." Digital tools extend reach but demand privacy discipline and never replace human contact.

One-Minute Revision: SBAR = urgent handover in 60 seconds. SPIKES = bad news in 6 steps. NURSE = handle emotions. Confidentiality: share only with consent. Consent = informed + voluntary + capable. SOAP = Says/Sees/Assess/Plan. Document everything. Digital: useful, but private and professional.

4.14 Questions

Very Short Answer (1–2 marks)

1. Expand SBAR, SOAP, and SPIKES. 2. Define confidentiality. 3. What are the three requirements of informed consent? 4. What is a handover? 5. Expand NURSE.

Short Answer (3–5 marks)

1. Explain the SBAR technique with a pharmacy example.
2. Describe the SPIKES protocol for delivering difficult news.
3. Discuss confidentiality and informed consent with pharmacy examples.
4. Write a SOAP note for a patient reporting dizziness after starting a new antihypertensive.

Long Answer (5–10 marks)

1. As a pharmacist, how would you communicate with patients, caregivers, and the interdisciplinary team? Illustrate with SBAR and a counselling dialogue.
2. Discuss the legal and ethical issues in health communication. How should a pharmacist handle difficult news and emotionally charged situations?

MCQs

1. Which step of SPIKES asks the patient how much detail they want? (a) Setting (b) Perception (c) Invitation (d) Knowledge — **Ans: (c)**.
2. "Situation, Background, Assessment, Recommendation" is used for: (a) written progress notes (b) urgent verbal handovers (c) discharge summaries (d) prescriptions — **Ans: (b)**. SBAR is forward-looking and ends with a recommendation.
3. In SOAP, the "O" stands for: (a) Opinion (b) Objective (c) Order (d) Outcome — **Ans: (b)**. Measurable observations.
4. Valid informed consent requires all EXCEPT: (a) information (b) voluntariness (c) capacity (d) payment of fees — **Ans: (d)**.
5. A pharmacist loudly announces a patient's HIV medicines at a crowded counter. This violates: (a) autonomy (b) confidentiality (c) justice (d) non-maleficence — **Ans: (b)**. Disclosure without need or consent.

Viva

1. When — if ever — may you break patient confidentiality?
2. Why is a signed form alone not proof of informed consent?
3. Demonstrate a 30-second SBAR call about a suspected prescription error.
4. What would you do first if a relative starts shouting at the counter?
5. Why must records never be altered after the fact?

Application-based

1. *You must inform a young father that his child's prescribed medicine is out of stock for a week and the alternative needs the doctor's approval. The father is already anxious and raises his voice. Write your full response using SPIKES/NURSE principles and the anger-management steps, staying strictly within the pharmacist's role.*
2. *Draft a complete discharge summary for a 58-year-old discharged after a heart attack, on four medicines, with low literacy: include diagnosis, medicines in plain language with pictorial cues, warning signs, follow-up, and one SBAR-style note you would send to the doctor about his confusion over two similar-looking tablets.*

INFOGRAPHIC CONCEPT — "The Pharmacist's Psychology Toolkit" (one page)

- **Panel 4 — Know the duty:** SBAR lightning card; SPIKES six hexagons; SOAP notepad; lock icon for confidentiality.
- *Footer line: "Treat the person, not just the prescription."*

COMBINED REFERENCES

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4. Ogden, J. *Health Psychology: A Textbook*. Open University Press / McGraw-Hill.
5. Egan, G. *The Skilled Helper*. Cengage Learning. (SOLER framework)
6. World Health Organization. *Psychological First Aid: Guide for Field Workers*. WHO, Geneva.