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Exploring Effective strategies to Improve Pharmacist-patient Communication

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Abstract:-

Many causes are causing the traditional view of the pharmaceutical profession in community pharmacies to disappear globally these days. Online pharmacies are becoming more and more popular among the many reasons because of their capacity to meet consumer demand.However, they are jeopardizing "face-to-face" engagement, which impacts the development of client loyalty through direct "human" interaction, and as a result, they are making pharmacists into nothing more than commercial entities.It is stressed that the key to developing a strong and suitable interpersonal relationship with the patient, ensuring the effectiveness of the consultation process, and enhancing the professionalism of the pharmacist in community pharmacy is patient-centered care communication. In order to identify the elements influencing pharmacy professional practice and to learn how to enhance patient-centered communication abilities, this study offers a narrative assessment of the body of available literature. Future professionals' ability to approach public relations would be enhanced by a more widespread introduction of in-depth study and practice of behavioral, communication, educational, and sociological methodologies and techniques. This would enable the development of more effective skills used for providing an efficient consultancy service.

Keywords:-

Health literacy, community pharmacy, online pharmacy, modern pharmaceutical services, pharmacists' re-professionalization, effective communication, communication skills development, and effective consulting

Introduction

In order for patients to understand their prescriptions and be able to manage them after discharge, effective communication between patients andhealthcarepractitionersisessential[1,2].Pharmacistscanhelppatients feel more confident about managing their drug regimens and be better prepared for discharge by knowing what patients need to know from a discussionabouttheirprescriptionswithahospitalpharmacist.

Nevertheless, no published research has focused on hospital pharmacists and patients' perceptions of what makes for a productive pharmacistpatient interaction. Rather, studies have only looked at peripheral issues pertainingtopatients'perceptionsofinteractionsbetweenpharmacistsand patients [3,4]. For instance, patients' opinions about interpersonal communicationwereincludedinpharmacistprescriptions[5].

The progress of scientific and technological knowledge, the socioeconomic and political changes, the demographic growth and the development of National Health Systems, and the birth of clinical pharmacy and pharmaceutical care have all contributed to the evolution of the pharmaceutical profession, which began to

expand into other sectors: community pharmacy, hospital pharmacy, pharmaceutical industry, regulatory control, drug management, and academic activity [6]. Because of their easy accessibility to the general people, community pharmacists have been referred to as "the first port of call" among health sector experts [7]. To acknowledge their role in providing primary health care services, such as the management of chronic problems (such as hypertension), the treatment of minor illnesses, and the provision of immunizations, they can also be referred to as "primary care pharmacists" [8,9]. By giving free medical advice over the phone and supplying medications, the pharmacist serves as a go-between for the patient and the physician. Despite the fact that for manypatients, pharmacists may be the initialpoint of contact, they arearesourcethatiscomparativelyunderutilizedandarealmost"invisible" inthecontextofcurrenthealthcarepolicy[10,11,12].

Pharmacists have started to reinvent themselves in order to improve their career by figuring out ways to increase their position in community pharmacies. Generally speaking, they prioritized developing a stronger bond with the patient and raising their level of professionalism by taking on the significant duty of giving pertinent counsel (decision-making power) [13].Prostatecanceristhemostfrequentcanceramongmenworldwide.In 2015, there were approximately 1.6 million incidences of prostate cancer and 366 000 deaths. Regardless of an individual's level of health needs, health communication refers to the methods and strategies used to educate the public and policymakers about health care facts and best practices, with the ultimate goal of enhancing patient outcomes and promoting personal, community, and public health behaviors. Health and health communication are topics that may be discussed in every setting wherepeoplecongregate,andtheirsignificanceisgrowingdaily.[14,15]

The Perceived Obstacles to Community Pharmacists' Professional Status and Practice

Generally speaking, as Hughes and Friedson'd Essentially, a profession has its own unique set of skills, services, and training, and is selfregulatory, requiring the possession of a valid license. Furthermore, a professionnearlyalwayshasexactlinkswiththestategovernmentaswell as the general public. It should act in the public interest and be insured and secured witha professional monopolist status in order to fulfill its own professional ethical duty. Even though they are frequently undervalued, pharmacists are medical professionals with specialized scientific knowledge who work to preserve patients' health and guarantee that pharmaceuticalsareusedappropriately,effectively,andrationally[16,17].

The pharmaceutical industry is governed by its own organizations and disciplinary bodies, such as the Federations deli Ordain die Pharmacist Italian (FOFI), the Federal Union of German Associations of Pharmacists (ABDA), and the Royal Pharmaceutical Society of Great Britain (RPSGB), which oversee and regulate the profession and professional training, in addition to the frequently quite varied State legislation (at least in the EU) [18,19,20,22]. The primary threat to this professional framework is incongruent public intervention, whereby policymakers regulate pharmacy as a business entity like any other, disregarding its unique social role, rather than viewing pharmacy as a branch of the health sector and the pharmacist as a health professional [24,24]. The generalized drug liberalizationisone example of sucha policy; it undoubtedlyincreased the amount of over-the-counter (OTC) drugs sold and bought, but it also gave patients more freedom to self-medicate because they were no longer required to seek prescription and medical advice. It must be acknowledged that, in contrast to earlier times, patients now perceive themselves as more knowledgeable about medical-scientific subjects and feelasthoughtheypossessvirtuallyexpert-levelknowledge.[25,26]

1. Consumerism	Public's willingness to challenge professional knowledge and authority
2. Mercantilism	Juxtaposition of market forces and service-orientation
3. CorporatizationofPharmacy	Bureaucracy in pharmacy diminishes professional autonomy
4. Failuretoachievesocial closure	Non-exclusivity of pharmacists' functions
5. Incompletecontrolover medicines	Dependence on physicians and diminishing responsibility for OTC medicines
6. Technology	Automation,routinization,internet

Figure 1 Factors undermining the pharmacy's professional status

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Asaresult,thebiggestconcernisthatmostpeoplefrequentlymakeariskbenefit assessment with a high likelihood of experiencing major side effects due to misinterpretation of online information. The elderly are especially vulnerable because they are often less knowledgeable about the proper dosage of over-the-counter (OTC) medications and/or how such medications mix with other prescriptions. Furthermore, medical professionals frequently are unaware of the over-the-counter medications their patients are taking [27,28]. All of this could result in severe overdosing and redundant therapy, and there are currently no interventions to help prevent the misuse of over-the-counter medications. Therefore,itisthoughtthatthekeytoloweringadversedrugevents(ADEs) isthepharmacist'sinterventioninthedetectionandpreventionofanydrug -related issues. [29,30] As was already indicated, one further issue hurting community pharmacies is the gradual loss of the drug dispensing monopoly, with some exceptions (France, for example) [31]. Consumer purchasing prices are undoubtedly improved by liberalization; however, when it comes to sensitive topics like medicine prescriptions and dispensing, it might be safer to restrict the number of approved suppliers, thereby establishing a professional monopoly held by experts in the field [32] However, non-pharmacy businesses (such as supermarkets in Canada and the USA) that distribute drugs for purely commercial reasons are in direct rivalry with pharmacists in the market [33,34].According to Taylor's observation [35], Since "experts" are not required for monitoring or consultationatthetimeofpurchase,patientsactasconsumerspurchasing medicationsjustlikeanyother.

Other cases are instead represented by de facto community pharmacies, where the perception is that the client/patient-pharmacist relationship and professional intervention are reduced to that of a customer and a shop cashier, with the exception of prescription-only medicines (POM) like antibiotics, due to internal organization (e.g., employment of less qualified personnel) and product placement (e.g., self-service). This cordial relationship is made even more vulnerable by the growing number of pharmaceutical chains (like the Czech Republic) that are present on the market, mostly as a result of horizontal (like competitor takeovers) or vertical (like wholesaler takeovers) integration [36,37,38]. Taking into account everything that has been discussed so far and disregarding the obvious benefits that these alternative pharmacy structures and services provide, many pharmacists and some patients view these new developments as a danger to providing high-quality healthcare. They view mail-order and online pharmacies as impersonal, remote "factories of prescriptions," where a patient-pharmacist connection built on trust and rapport cannot exist. The pharmacist

loses out on face-to-face interactions with patients, has less of a professional role in community pharmacies, and is penalized for providing effective public services.[39,40]

The Process of Re-Professionalization–Interaction and Patient-Centered Care

One could characterize the pharmacist's exposure to all of the aforementioned changes as "de-skilling." Due to these considerations, the profession is facing two risks: the public may view pharmacists as suppliers of pre-packaged medications and their abilities may be viewed as outdated. It is obvious that the profession itself needs to be revitalized in some way, and that policies that are suitable must play a critical supporting role in creating improved health services that pharmacists may provide to each patient. In addition to gaining essential information in science and medicine, community pharmacists also need to expand their education in areas relevant to communication. "Re-professionalization" is the term used to describe this opposite trend. The foundation of community pharmacy professional practice is a loyalty-based relationship, which the pharmacists must fortify. More precisely, the pharmacist must concentrate on fostering an open exchange of information and involving patients in the treatment decision-making process in order to be classified as an effective communicator, as first made clear by the 1997 WHO report Preparing the Pharmacist of the Future: Curricular Development [41,42, 43]In order to give patients the support and guidance they need, it is imperative that effective communication techniques be used [44] All of it adds up to a more fruitful

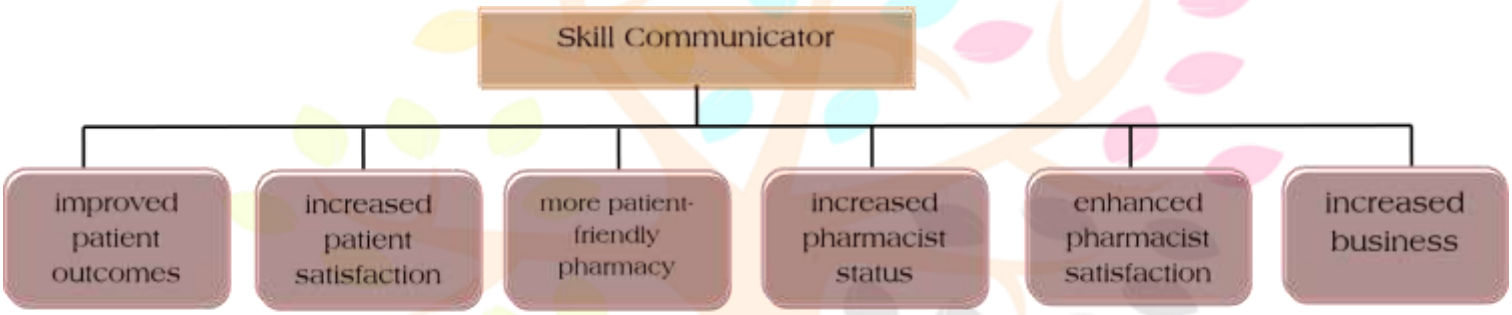
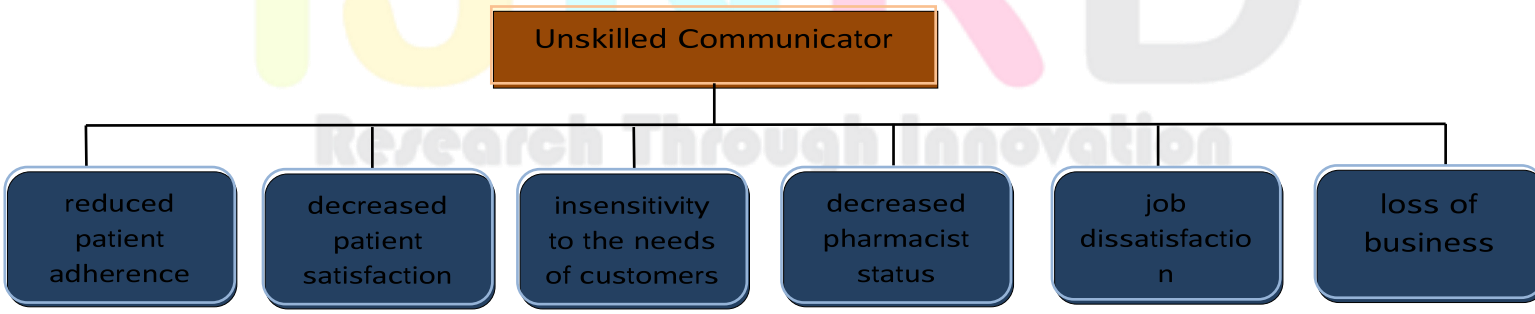


Figure 2. Consequences of the pharmacist as an unskilled or skilled communicator.

conversation with patients and an effective patient-centered care program (PCC). The definition of PCC is "providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions," despite the fact that there is no consensus on what it means
[45,46].

Figureno2.1factorunderminingthepharmacy'sprofessional status



Figureno2.2

Put differently, PCC refers to the pharmacist's capacity to identify, comprehend, and manage each patient individually prior to offering pertinent guidance through cognitive pharmaceutical services (CPS) [47]. Furthermore, "person-centered" care which encompasses much more than a person's medical or clinical requirements and preferences has been preferred in recent years above "patient-centered" care [48].

Personfocused, effective, safe, comprehensive/complete, longitudinal, collaborative, equitable, accessible, and integrated should actually be the profession's guiding principles. To ensure the safest and most effective care possible, these should form the cornerstone of the services offered by the pharmacist. There are several papers on the subject, and they all identify various angles that frame the idea of PCC, sometimes not even from the perspective of a pharmacist. Mead and Bower's groundbreaking work, which established five PCC elements that are also applicable to community pharmacy practice, is one of these. It is important to keep in mind that the different PCC dimensions should be regarded as associated and dependent on one another, regardless of the selected reference material[49,50].

Specifically,thepharmacistneedstobeableto:

1. comprehend the social, psychological, and biological aspects of the patient'sillnessexperience

2.recognizethateverypatient'sexperienceisuniqueandprioritizetreating themasindividuals

3. encourage, to the best of the patient's ability, an equitable relationship withallpatients

4. form a "therapeutic alliance" with patients to accomplish goals of mutual interest

5.becomeself-awareofthepersonaleffectsonpatients.

As a result, the pharmacist must be able to determine which patients lack the necessary degree of medical-scientific understanding and which do. This component is essential to the pharmacist's use of medical terminology, which must be communicated in the clearest, most understandable, and private manner possible [51]. Once more, to carry out a consultancyprocedure that is more successful, it is necessary to identify the patient as either passive or active and to customize the message based on the patient's age, gender, and social background. Furthermore, the pharmacist frequently deals with patients from various linguistic, cultural, ethnic, and religious backgrounds, as well as possible disorders linked to eating habits (such as rickets and osteocalcin brought on by malnutrition or nutritional deficiencies) [52], certain dietary restrictions or customs connected to one's religion (such as the Muslim fast of Ramadan andtheavoidanceofpork),difficultiescommunicatingverballyorinwriting, etc. Therefore, pharmacists need to first ascertain each patient's needs before tailoring their message to the intended audience. A pharmacist "must maintain a high level of humility about their scientific knowledge so that the knowledge of the patient can be recognized" since a health provider's attitude might occasionally stand in the way of good patientcentered communication [53].Following this initial "analyzing" phase, once the patient feels comfortable enough to ask for help, the pharmacist can evaluate the patient's condition and initiate a customized interpersonal conversation that results in advice and recommendations regarding pharmacological treatment, drug intake modalities, and potential side effects. The pharmacist can also recommend that the patient seek additional medical advice if needed. In light of the aforementioned circumstances and the potential complexities that can arise when a pharmacist and patient communicate, it is imperative that the professional take an active role in offering the patient information and guidance, communicating both orally and in writing, and, if required, working in conjunction with other agencies or health professionals. The Stages of Change model, also known as the Prochaska and DiClemente TransTheoretical Model (TTM) of intentional behavioral change, which was developedbydrawingonvariousdisciplinesandtestedinawiderangeof behaviors, could be a potential support for the pharmacist-patient interactioninthelate1970s[54].

There are five primary scenarios that may be distinguished when it comes totheapplicationofTTMinthecontextofcommunitypharmacies:

1. Pre-contemplation: the pharmacist canattempt to convince the patient to alter the "bad habit" even when the patient is content with his or her "modusvivendi"(i.e.,lifestyle)andisnotlikelytochangebehavior;

2. Contemplation: the patient considers whether to break the unhealthy habit,andthepharmacistcanassistincreatingapotentialplantocarryout theseadjustments;

3. Preparation: the patient made the decision to change, and the pharmacistassistsincreatingastrategyandestablishingobjectives;

4. Action: the patient carried out the modification and the pharmacist adoptedahelpfulstance,forgingalong-lastingalliance;

5. Upkeep: once the patient learns how to in order to prevent relapses, the pharmacist can carry on in their supportive capacity by offering words of encouragementandpositivereinforcement.

In daily practice, TTM enables the pharmacist to appropriately assess a patient's progress, customizing prescription recommendations and delivering the most precise medical treatment. Altogether, Caponata [55]. Inordertoprovidesocialsupportandeasilyavailablehealthcareservices, to uphold patient-treatment confidentiality, and to navigate the maintenance phase, health practitioners can benefit greatly from the TTM framework. In this context, Yamarthi et al.'s. According to the 2019 Schindel et al. thorough study, the adoption of the Alberta (Canada) thorough Annual Care Plans (CACPs) is an intriguing example of a realistic applicationcombiningalloftheaforementionedrequirementsandfeatures. The goal of the CACPs, which are the outcome of a cooperation between a pharmacist and patient, is to record the customized health care path that every patient takes and communicate that information with other medical experts. Patients who used pharmacists to create "customized" health plans benefited primarily from time savings when compared to waiting for appointments with specialists. Furthermore, because of the less formal tone of the interactions, "the community pharmacy environment was more conducive to conversations about health and concerns," indicating the "trust and confidence in the relationships built between patients and the pharmacists. What was also intriguing was that patients were more willing toaskpharmacistsmore in-depthinquiriesabouthealthissuesthat weren't directly related to their CACP because of this familial atmosphere. The CACP's ongoing monitoring activity strengthened and enhanced the pharmacist-patient connection following an initial trust-building phase in which the patients' willingness to cooperate was crucial. Eventually, the patients began to view the pharmacist as a "secret doctor." The study notes that at the same time that "pharmacists derived greater satisfaction with their work," feeling that "they were «contributing more» to patient care and primary health care, that they were staying «more current]," and "patients began to see pharmacists as primary health care providers who could do more than «fill prescriptions, “The CACP's ongoing monitoring activity strengthened and enhanced the pharmacist-patient connection following an initial trust-building phase in which the patients' willingness to cooperate was crucial. Eventually, the patients began to view the pharmacist as a "secret doctor." According to the study, "pharmacists derived greater satisfaction with their work," feeling that "they were «contributing more» to patient care and primary health care, that they were staying «more current], and that they enjoyed having "people depend on them." At the same time, "patients began to see pharmacists as primary healthcareproviderswhocoulddomorethanfillprescriptions"[56]

Excellent dialogue

"This is a crucial responsibility, as it is difficult to think of anyone who could pose a greater risk to public safety than a pharmacist who may make mistakes when distributing potentially harmful medications." The Pharmaceutical Journal quoted Sir Gordon Willmer as the Chairman of the Statutory Committee of the Pharmaceutical Society. We argued that a bilateral, communication-based relationship between the pharmacist and the patient is ultimately necessary to establish a deeper and stronger contact between the two parties. The evaluation of the quality of the communication between the pharmacist and the patient is now a crucial step that must be taken in order to ensure the success of the previously statedcommunication-basedrelationship.

As a matter of fact, miscommunication, erroneous information, selfmedication, inadequate patient "health literacy," and other factors can readily result in drug misuse, misinterpretations of medical advice, and deviations from recommended treatment plans. With respect to this, Ley and Llewellyn in 1995 [57] emphasized the significance of connecting the understanding, memory, satisfaction, and adherence components with respect to the patient's quality of information received. In particular, adherence refers to the patient taking a more active role in their therapy, making them more prepared and competent of working with the pharmacist and other health sector specialists to create and carry out the treatment plan. [58] Therefore, in order for the patient to fully comprehend the advice given, the pharmacist's communication skills must be improved through the simplicity and explanation of medical terminology. The study carried out in 1996 by Dickson and colleagues [59] highlighted the need of effective communication between the patient and the healthcare provider once more, identifying five primary effects of inadequate correspondence (Figure2):

1. information overload or overcomplexity: the patient is unwilling to ask clarifying inquiries since they do not grasp or forget the information they havebeengiven;

2. relational deficiencies (such as the inability to make eye contact or start an empathic conversation): the patient is not happy with the information they were given, the counsel they received, or the manner in which the conversation was handled; Points 1 and 2's inadequacies result in points 3 and4:adeclineinpatientsatisfactionandadherencetotherecommended therapy;

3. disregard for the psychological needs of the patient (e.g., the professional is oblivious to the patient's needs, opinions, and uncertainties andisunable toreadthe patient's nonverbalcues). Elevenimportant areas of communication abilities have generally been recognized in academic research[60].

Theyareasfollows:

1. Greeting the patient (maybe by name) and looking it up in the prescription;
2. Establishing a rapport: maintaining the conversation's confidentially by conducting it in a suitable setting, offering assistance and being reachable, acting politely, demonstrating engagement and genuine concern,providingcomfort,attendingtothepatient'srequirements;
3. Active listening: empathetic, objective, goal-oriented, refraining from stereotyping,andsupportiveofthepatient;
4. Nonverbal communication: making eye contact, observing body language, assuming an open stance to be close to the patient, employinggestures,grinning,nodding,andprovidingexamples;
5. Explaining: Providing clear information using simplified scientific and medical terminology to ensure a proper and simple explanation, as well as motivating instructions and explanations with the goal of reassuring application and comprehension, reiterating and stressing, employing examples or analogies, and, if required, supplementing thespokenwordwithawrittenorvisualaid;
6. Questioning: askingopen-ended inquiries toget the patient involved, enquiring about other drug intakes and potential symptomatology, conducting a thorough investigation of the case by gathering specificfactsanddemonstratinginterest;
7. Making recommendations or offering advice: offering expert or subjective judgments to steer the patient toward one course of actionordecisionoveranother;
8. Assertiveness: gently conveying one's own ideas and sentiments while bolstering one's credibility by advising the patient to seek additionalguidancefromothermedicalspecialistsasneeded,

9. Self-disclosure: relating personal tales to the patient in order to calm them or demonstrating your involvement in the circumstance that is causingthemdistress;

10. Persuading: encouraging each person to fulfill their moral obligation or expressing care to encourage the patient to give up certain negativebehaviors;

11. Closing involves being courteous, summarizing the key topics covered during the patient consultation and ensuring that you get positive feedback about it, establishing a connection for possible follow-up interactions by encouraging the patient to visit the pharmacy again, expressing gratitude and praise to the patient, starting the last stage of the interaction by physically moving away from the counter, and, lastly, using closing indicators to bring the conversation to a close [61]. Inadequate communication can have negativeeffectsonboththepatientandthepharmacist.

For example, increased patient anxiety may cause the pharmacist's standing to decline, to a loss of consumers, a decrease in business, and job discontent. Conversely, if the pharmacist was an effective communicator, the patient-pharmacist relationship would be more positive and productive, with a particular benefit to patient satisfaction as the patients would view pharmacy as a practice that is responsive to their individual needs. The pharmacist would witness an increase in customers, gain more self-worth and personal fulfillment, and secure a competitive edgetofortifyhisorherenterprise(Figure2).

Program for Health Literacy and Communication Training

In the context of health promotion, communication and health education are essential components. One of the key determinants of a patient's health condition is thought to be the pharmacists' effective provision and proper utilization of health services in community pharmacies. Health promotion is impacted by various personal, societal, and structural elements that can be altered by using particular techniques and models. The goal is to make health promotion accurate and successful.[62] "Health literacy" specifically refers to those social, cognitive, and personal abilities that assess people's capacity to access, comprehend, and apply fundamental health information as well as all services meant to support andsustainahealthylifestyle[63,64].

Use"Bloodpressurepill"	Insteadofantihypertensive
Use"sideeffect "	InsteadofAdversereaction
Use"lowsugar "	InsteadofHypoglycemia
UseonSkin	InsteadofTopical
Use Take the pill about two hours beforelunch	Insteadoftakeonanemptystomach

Figure 3 What a pharmacist could say instead of using medical terminology [62].

Figure 3 What a pharmacist could say instead of using medical terminology (62)

Considering this, Freebody and Luke differentiate between three categoriesofliteracylevels,eachdefinedbythepresenceof:

1.fundamentalabilitiesrequiredforwritingandreadingandforcopingwith dailylife;

2. critical literacy, or those more advanced cognitive abilities that, when combinedwithsocialskills,canbeappliedtocriticallyanalyzeinformation;

3. communicative/interactive literacy, which consists of more advanced cognitive and literacy skills that, when combined with social skills, allow formoreactiveparticipationindailyactivities[65].

According to this classification, critical and interactive literacy are necessary components of health literacy when applied to community pharmacy practice. Because the pharmacist by definition possesses these two forms of literacy, he should not confine himself to reading pamphlets and brochures. Instead, he should be able to offer guidance on how to improve people's access to health information and how to use it most effectively. Regarding Europe, Veenker and Paans calculated that 10%–30% of the population lacks adequate health literacy in EU member states,whichleadstoincreasedratesofmorbidityandmortality.

Additionally, treatment outcomes are subpar and health services utilization is higher. Furthermore, just 12% of Europeans are proficient in health literacy, and for 35% of them, the situation is significantly worse [64]. Moreover, the analysis of the findings from Sorensen et al.'s first comparative European survey on health literacy in populations [66] has revealed that at least 1 in 10 (12%) of respondents had inadequate health literacy, and nearly 1 in 2 (47%) had limited (insufficient or problematic) health literacy, despite the distribution of levels being significantly different among nations. Taking intoaccount the fact that patients withlowerhealth literacy are more prone than those with marginal or acceptable literacy to misreadthedirectionsonamedicinelabel[67,68].

As a result, a large number of individuals in Europe—particularly the elderly and the impoverished—have health literacy skills that are below what is required for them to correctly and effectively comprehend drugrelated information. The majority of people who fit into the aforementioned categories are frequently able to conceal their cognitive impairments, which presents another issue. Therefore, the pharmacist needs to be able to decipher certain signals that the patient sends, including particular inquiries or statements (like "I forgot my glasses," "let me take this home," or "I'll read it later"), in order to understand these scenarios. Given that this isn't always feasible and that pharmacists should be guided in their communication by "making sense" and "supporting autonomy in making choices," it would be more appropriate to adopt a simplified universal language for all circumstances and contexts (Figure 3). In this regard, Jacobson and Kripalani provide a set of techniques that the pharmacist might use every day to enhance communication with the patient, enabling themtodosomuchmoreeffectively.

Therewouldbefivemaincomponentstothisplan:

1. to provide explanations and clear, non-medical explanations, with a strongemphasisonavoidingtheuseofmedicaljargon;

2. to pay attention to the information being conveyed and to repeat it multipletimesthroughoutthediscussion;

3. to check whether the patient has fully grasped the information by using the "teach back" strategy, also known as "show me" (retroactively instructing) (for example, the pharmacist could ask the patient to repeat whathesaidduringtheconsultationratherthanaskingdirectly);

4. asking effective questions of the patient, such as "what questions do you have to ask me?" rather than "do you have any questions?" or
"questions?"

5. to combine the spoken elements with supporting materials, such as information that is written clearly and succinctly, which, when supported bygraphicsandpictures,areevenmoreeffective

The Educational System and the Future

The Educational System and the Future

The aforementioned requirement to reduce medical jargon to a more private and understandable language might be challenging for pharmacists. To ensure that students possess the necessary abilities to have a thorough and understandable conversation with the patient, tutors should incorporate instructional strategies

that encourage students to thoughtfully consider the "language register" they use and, if needed, help them acquire new and more appropriate vocabulary. After that, this ought to be incorporated into counseling sessions so that students can experience firsthand how to apply their newly acquired theoretical communication abilities. In order to develop into health care professionals with unique communication styles that can be used for counseling and all the other phases that define their field, students must receive training. Interaction (listening, asking questions, etc.) between a pharmacist and a patientinpatient-centeredcareservices[69].

Regarding this, Wallman et al. found that patient-focused communication activities (such as learning interviewing methods, patient counseling, or public health advocacy) provide effective training in pharmacy education. The inclusion of student pharmacist assessments on oral patient communication(e.g.,structuredexam,pre/postevaluations) isdescribedin another research [70]. Establishing guidelines that recently graduated pharmacists should adhere to in order to cover and carry out their duty of patient communication. Training courses based on Introductory Pharmacy Practice Experiences (IPPEs) and Advanced Pharmacy Practice Experiences (APPEs) in the training curriculum have been shown to offer value forthe pharmacystudypath. Asa result, thisstudyallowed students to expand their expertise in order to effectively perform the additional services that pharmacies currently offer, such as medication dispensing and advice-giving. Additionally, the APPEs allowed students to practice their communication skills in a practical setting while simultaneously fosteringapersonalrelationshipwiththepatient.[71,72]

The US curricula for pharmacy schools include IPPEs and APPEs programs [73,74]. As well as in Australia, where obtaining communication skills and completing a social pharmacy training course are now requirements for professional qualification, and Canada also needs to comply with this [75,76,77]. Within the EU, Denmark requires students to take a social pharmacy course as part of their academic program, and Finland requires students pursuing a bachelor's degree in pharmacy to learn effective communication techniques for everything from patient education to health counseling. This route also entails learning foreign languages and employing communication strategies (particularly to initiate contact with the patient) [78]. The literature on pharmacy patient-centered communication is scant, and the few examples that have been adapted to pharmacy practice come from the field of medicine. [79, 80] Like the Calgary-Cambridge guide (CCG) [81] for example.in addition to the Four Habitsmodel (FHM) [82]. Pharmacists can customize medical consultations by utilizing the CCG, an evidence-based paradigm, to enhance 71 communication skills and behaviors. Instead, the FHM incorporates 23 components of communication behaviors used by health professionals, which are divided into four "habits" [83,84,].The results of using the FHM application in the pharmacy profession highlighted the necessity for the development of a new tool designed specifically to measure student pharmacist-patient communication abilities and evaluate the relationship betweenthetwo.

This framework, known as the Patient-centered Communication Tools (PaCT), consists of 23 abilities that should be taught to students at the academic level. The skills are arranged into five broad "tools. Taking everything into account, colleges must to provide even more specialized pre- and post-graduate training for individuals who want to work in neighborhood pharmacies. By doing this, the recently graduated students would be able to pursue a specialization designed especially for the community pharmacy setting, which would include instruction in social andcommunicationskills.[85]

These improvements in the educational area allowed the pharmacist to practice developing the communication skills necessary to ensure the professional future of the pharmacist job in community pharmacies, as well as learning how to provide information about drugs in an appropriate manner.Inlightofeverythingthathasbeendiscussedthusfar,community pharmacists, the regulatory environment, and undergraduate academic education, for instance in the European Nordic context (Norway), have reacted to the change in the role of the pharmacist toward a greater emphasis on the communicative interactions with the patient. In order to build and train communication skills for the patient encounter,

pharmacist practice is crucial. Nevertheless, not all schools offer experiential learning; instead, it is typically concentrated in the final quarter of the academic education curriculum, which spans five years and involves anything from six to 92 hours of instruction. Consequently, the role of the pharmacist is not being adequately supported by the regulations. One of the objectives of the course, which was created by leaders in the Nordic pharmacy, is to define and build communication skills in order to strengthen the professional role of the community pharmacist and to augment their training.[86]

Taking everything into account, colleges must to provide even more specialized pre- and post-graduate training for individuals who want to work in neighborhood pharmacies. By doing this, the recently graduated students would be able to pursue a specialization designed especially for the community pharmacy setting, which would include training in social and communication skills as needed. In addition to receiving communication-based training, aspiring community pharmacists must also be knowledgeable about a wide range of other essential subjects, such as survey consulting, monitoring adverse reactions, computer data analysis, pharmacymanagement,prescribingprocedures,andhealthlegislationand economics. These developments in the field of education would enable the pharmacist to practice the communication skills development necessary to secure the professional future of the pharmacist role in community pharmacies, as well as learn how to properly provide informationonmedications.[87]

Conclusions

Since the commercial vision of the profession produced for pharmacists incorporates the image of the shopkeeper, the profession of the pharmacist in the community pharmacy is no longer highly appreciated. In several nations, pharmacists now solely supply the medication and offer advise rather than dispensing it. Community pharmacists are the only medical professionals who are not paid primarily for providing healthcare, despite having received significant training in this area. Community pharmacists may contribute to decreased rates of adverse drug events (ADEs) and more medication adherence, which may decrease needless doctor visits and hospital stays and strengthen integrated primary care delivery throughout the healthcare system. In addition, the community pharmacy's opinion of the pharmaceutical industry is under threat, particularlyinlightofthesocialeffectsoftheInternet.

The pharmacist and patient's personal communication has decreased or evenvanishedasaresult ofusing theseartificialcommunicationmethods. Since counseling is one of the main responsibilities of a pharmacist in a communitypharmacy,effectivecommunicationiscrucialtothepharmacist carryingouthismainethicalobligation.Forthepatienttoachievethemost benefit from the therapy to be administered, as well as to obtain all the information required on how to take a particular medication in an interactive, direct, clear, and detailed manner, communication is also essential. Completed. To retain patients, make the consultation process efficient, and fortify the future of the pharmacist profession in community pharmacies, it is imperative to establish a strong interpersonal relationship based on communication. In the long run, it will be crucial to make appropriate and standard modifications to the academic curricula, which must be continuously reviewed and updated, in order to revive the community pharmacist position and enhance his or her unique patientcenteredcommunicationabilitiesandhealthliteracy.[88]

Even greater efficacy in pharmacological counseling methods would be ensure Even greater efficacy in pharmacological counseling methods would be ensured by a more widespread adoption of in-depth research and professional training in behavioral, communicative, educational, and sociological methodologies and strategies. Learning a single, standard patient-centered communication style could enable the pharmacist to adopt a simpler, more direct, and clearer language in his or her daily practice, starting fromthe examined practical experiences (PaCT and MPC, in particular). by a more widespread adoption of in-depth research and professional training in behavioral, communicative, educational, and sociological methodologies and strategies. Learning a single, standard patient-centered communication style could enable the pharmacist to

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