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NACDS Regional Chain Conference

“Creating Patient Relationships and Customer Loyalty”

Target Audience

Program participants are community-based pharmacy staffs who regularly interact with patients.

Program Goal

To enhance the communication skills of community-based pharmacy staff to effectively determine the specific needs of each patient. Participants will learn and practice specific skills that can help improve the quality of patient interactions with the ultimate goal to increase customer satisfaction and loyalty.

Learning Objectives

Upon completion of the program, the pharmacist will be able to:

1. Proactively initiate consultation with each patient.
2. Identify the specific communication needs of each patient.
3. Enhance communication skills in regard to listening, questioning, and directing, to determine the best solutions for each patient.
4. Develop patient relationships of trust leading to long-term associations to further enhance the participant’s ability to better serve patients.

Program Agenda & Outline

The program objectives may require participants to adopt behaviors that are new to his or her current workplace routine. Changing behavior involves a three-step process: Awareness, Commitment, and Practice.

1. Participants will see examples to help create the awareness that change is necessary to improve their effectiveness interacting with patients.
2. Program participants also will have an opportunity to make specific commitments to add new communication techniques to his or her existing methods.
3. And finally, participants will practice these new skills in a safe environment where new behaviors can be explored.

The following outline follows the three-step process above, allowing participants to gain new and practical tools to bring to the workplace.

Part I-Awareness

Total Time: 15 minutes

The facilitator and volunteer from the group demonstrate two common interactions between the patient and the pharmacist.

1. The first interaction shows a patient who is in need of consultation, but who does not approach the pharmacy counter. Since the pharmacist does not step from behind the counter to engage the patient, this scenario demonstrates a missed opportunity for the pharmacist to develop a relationship with the patient.

2. The second scenario involves a patient at the pharmacy counter having a prescription filled. The facilitator demonstrates the many opportunities that exist for the pharmacist to offer deeper consultation, a better outcome for the patient, and a longer lasting relationship.

Part II-Commitment

Commitment is gained in two ways:

- 1) Participating in active exercises that solidify the message and offer alternatives.
- 2) Completing the Individual Action Plan at the end of the session.

Part III-Practice

Total Time: 40 minutes

All sessions involve a facilitator who will demonstrate the exercises first so participants have a clear idea of the objectives. Each exercise is followed by discussion/debriefing so the participants leave with new techniques for use in the community pharmacy. A key issue addressed during the debriefing of the exercises is *How does the work environment affect the pharmacy staff's ability to communicate with patients and how can each participant address this in their own way?* In this session, interactive exercises include:

A. Bridging the Gap

Time: 12 minutes

Objective: Help the pharmacy staff to speak in language the layperson can understand.

Exercise: The participants sit in pairs. One participant is the explainer, the other participant is the listener. The listener must approach the exercise as if he or she were from the colonial era. This creates an extreme gap in understanding, which increases the challenge of the exercise. The explainer must explain a modern device or concept to the listener in terms the listener can understand.

Debrief: The explainer must allow the listener to have an active role in directing the conversation. Explanations must be made at a metaphoric level of thinking, not at a definitional level. Explaining with metaphor allows for greater understanding than technical definitions.

Take-aways: Pharmacist staff face the same challenge as many professionals:

- 1) They must explain the same type of information repeatedly throughout the day. This poses a risk of “flying through” the information that is well-understood by the pharmacy staff but may be new to patients, thus leaving the patient out of the interaction.
- 2) Many technical/medical terms may confuse patients. Many patients, rather than admit they don't understand, will feign understanding, but may leave the interaction frustrated. This exercise gives the pharmacist the awareness and ability to determine if a patient is disconnected and to adapt their interaction to increase the understanding of patients.

B. Go With the Flow

Time: 12 minutes

Objective: Enhance the participant's ability to determine what type of interaction will work best with each individual patient.

Exercise: The participants form four groups. The group selects one person to act as a customer. They assign the customer a secret motivating condition (nervous about speaking to authority figures, has a busy schedule that day, too much ego to admit lack of knowledge about medication, etc.). The four customers approach the facilitator at the front desk. The facilitator acts as a pharmacist and

greet the customer. The customer must react while keeping in mind his or her secret condition. After a few interchanges, the conversation is stopped and the audience must write down their guesses as to the secret condition. They must also write down what approach the pharmacist should employ to best suit the customer.

Debrief: The participants will share their guesses to see how accurately they can read the motives and needs of patients.

Take-aways: When the workplace gets busy, it is common for people to shift into “auto-pilot.” As with any rushed communication, we risk missing subtle signals people may send that can help to develop a deeper connection. This exercise allows the pharmacy staff to increase their confidence in reading subtle signals that patients may provide—improving patient interactions.

C. Two-Minute Talk

Time: 6 minutes

Objective: To improve the listening skills of the participant.

Exercise: The participants work in pairs. One will speak for two minutes, uninterrupted. The other must listen without speaking the entire time. At the end of the two minutes, the listener must recount as much of the information that he or she remembers from the talk.

Debrief: Two minutes is a long time to speak, and to listen. This exercise is designed to push the limits of comfort for both the listener and the speaker. The listener must resist the urge to jump in and direct the conversation. He or she also must maintain awareness of other occurrences in the room without allowing them to detract from listening.

Take-aways: In a busy work environment, as soon as a professional hears certain words or phrases that lead to solution, they often cut off the speaker and jump to a solution. While this may be effective for some patients (those “on-the-go”), others may not respond favorably. Having an image of “the pharmacy team who really listens” may go a long way to developing lasting patient relationships.

D. Patient Conflict

Time: 10 minutes

Objective: To give participants tools to deal with objections.

Exercise: In pairs, one participant will approach the other with an objectionable attitude. The receiver must maintain command of the interaction. The objector will express dissatisfaction in an entirely unreasonable manner and be unhappy with any of the solutions the pharmacy staff member offers. The pharmacy staff member must maintain flexibility and continue to uncover information that may lead to different solutions to the patient’s problem.

Debrief: This exercise allows the participant to develop a broad approach to communication. It allows the pharmacy staff to resist the temptation to “quote from the book,” and instead create solutions that are unique to the needs of each patient.

Even if the same solution is appropriate for many patients, the approach is individual enough that the patient develops greater trust in the pharmacy staff and therefore is more likely to follow through with the advice.

Take-aways: When in conflict, the most common response is, “Yeah, but...” (referred to as a “negation”). This exercise replaces negation responses with, “Yes, and...” alternatives. The pharmacy staff can use “Yes, and...” responses in myriad situations to enhance their relationship with patients.

Note: Patient Conflict provides valuable tools for communication, even during normal consultation where no conflict involved.

Part IV-Individual Action Plan

Total Time: 5 minutes

At the end of the session, each participant will complete an Individual Action Plan that supervisors may gather to develop an actionable follow-up plan. In the plan, they will:

- 1) Identify three personal challenges they face when dealing with patients that were illuminated in the workshop
- 2) List three action steps they will take to enhance their ability to connect with patients.
- 3) List three techniques from the workshop that they will practice every day for the next 21 working days to bring their patient-service skills to the next level
- 4) Offer specific measurements that will help to track the success of these goals, (e.g. Be able to call X patients by name as they approach the counter. Leave from behind the counter X number of times per day to engage patients in the aisles. Be able to describe medication details and side-effects in X different ways, depending on the type of patient in the interaction.)

Summary

The time allotted for each exercise is not meant to fully engage in training for each skill. Participants will gain enough exposure to understand the technique involved and be able to bring a new tool to practice in the workplace.

The one-hour session is conducted in a light-hearted and fun atmosphere to encourage greater participation, increased comprehension and longer retention of the material. Participants will leave the workshop energized, and with specific techniques that may be implemented immediately upon return to work so they may develop a more productive and helpful relationship with each patient.



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