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Semester 2 - Practical Notes

Communication Skills

Complete Subject Manual

Elective option. Follow the course selected by your college. 15 practical files and activities. Use the PDF bookmarks to navigate. Page numbers restart within each practical; content page counts below exclude promotion pages.

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Introduction to Communication in Pharmacy

Experiment 1 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To distinguish verbal, non-verbal and written communication in pharmacy settings.

Principle

Effective communication gives accurate information in a form the recipient can understand and confirms that understanding. The message, channel, context and feedback all influence whether the purpose is achieved.

Requirements

- Three fictional situations: retail enquiry, ward handoff and academic notice.
- Pairs of students, observer worksheet and timer.

Procedure

1. Identify purpose

For each situation state who is communicating, what the recipient needs and the intended action.

2. Choose a channel

Select an appropriate spoken, written or combined channel. Discuss when written confirmation is useful.

3. Draft the message

Use plain words and a logical sequence: purpose, essential facts, action and clarification.

4. Demonstrate

Deliver a one-minute message. The observer records voice, posture, interruptions and ambiguous terms.

5. Confirm

Ask the receiver to explain the next action in their own words rather than only asking whether they understood.

6. Revise

Repeat after feedback and identify the most useful change.

Communication Skills

Observations and Record

Situation	Channel and purpose	Feedback / improvement
Retail enquiry	_____	_____
Ward handoff	_____	_____
Academic notice	_____	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- For a practical-class notice, "Bring your record book on Tuesday at 10 am to Lab 2" is more actionable than "Come prepared soon." Confirm that the recipient knows the place and time.

Result

Record the completed activity, the feedback received and one specific improvement demonstrated on a second attempt. Use the actual performance record rather than the worked illustration.

Precautions

- Use fictional cases and remove personal identifiers from every worksheet, recording or slide.
- Explain only the instructor-verified prescription or information supplied for the exercise. Refer uncertain clinical questions to the supervising pharmacist.
- Respect the participant's language, comfort and right to pause; obtain permission before recording.

Viva Questions and Answers**1. What is feedback?**

A response showing how the receiver interpreted the message.

2. Is non-verbal communication optional?

No. Posture, expression and tone accompany most spoken interactions.

3. Why identify the intended action first?

It helps select the facts and channel that the receiver actually needs.

Listening and Observation Skills Workshop

Experiment 2 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To practise active listening and distinguish observed cues from assumptions.

Principle

Listening includes attention, open questions, paraphrasing and clarification. A posture or tone is an observable cue, not proof of a person's emotions, adherence or diagnosis.

Requirements

- Fictional patient concern cards and paired role-play groups.
- Listening checklist and three-minute timer.

Procedure

1. Listen first

Allow the speaker to describe the concern without an avoidable interruption.

2. Observe neutrally

Record a cue such as "speaks quietly" rather than a conclusion such as "uncooperative."

3. Ask openly

Use "What has been difficult about following these instructions?" before narrowing to specific details.

4. Reflect

Paraphrase the concern and ask whether the summary is accurate.

5. Clarify barriers

Explore one practical barrier, such as unclear wording or difficulty reading a label, without blame.

6. Close

Summarise agreed questions or actions and exchange roles.

Observations and Record

Listening action	Observed evidence	Next improvement
Open question / pause	_____	_____
Paraphrase / clarification	_____	_____
Neutral cue / final summary	_____	_____

Communication Skills

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- Speaker: "There are too many instructions." Listener: "You are finding the number of instructions difficult. Which part would you like us to go through first?"

Result

Record the completed activity, the feedback received and one specific improvement demonstrated on a second attempt. Use the actual performance record rather than the worked illustration.

Precautions

- Use fictional cases and remove personal identifiers from every worksheet, recording or slide.
- Explain only the instructor-verified prescription or information supplied for the exercise. Refer uncertain clinical questions to the supervising pharmacist.
- Respect the participant's language, comfort and right to pause; obtain permission before recording.

Viva Questions and Answers

1. What is paraphrasing?

Restating the meaning in simpler words and checking accuracy.

2. Does avoiding eye contact prove disinterest?

No. Culture, comfort and individual needs vary.

3. Why avoid blame?

It can discourage disclosure of the actual difficulty.

Dispensing a Prescription - Patient Role-Play

Experiment 3 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To communicate a supplied prescription clearly and verify the patient's understanding.

Principle

Dispensing communication links a verified prescription with practical instructions, relevant precautions and a route for further questions. Teach-back assesses clarity of the explanation rather than testing the patient.

Requirements

- Instructor-verified fictional prescription and corresponding label/leaflet.
- Patient, student pharmacist and observer roles.

Procedure

1. Check the exercise

Identify the fictional prescription, supplied medicine information and questions requiring the supervisor. Do not invent missing directions.

2. Introduce

Confirm the role-play identity privately and ask what the person already understands about the medicine.

3. Explain

Give the name/purpose and supplied dose, route, frequency and duration in small clear steps.

4. Discuss precautions

Explain the relevant supplied common effects, important warning signs and what to do, using the approved information.

5. Teach-back

Ask the person to describe when and how they will use it. Correct the explanation respectfully if it was unclear.

6. Close and document

Invite questions, state how to contact the pharmacist and record what was covered and unresolved.

Communication Skills**Observations and Record**

Counselling element	Completed / evidence	Correction required
Directions and purpose	_____	_____
Precautions and questions	_____	_____
Teach-back / documentation	_____	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- With a fictional label reading "Take one tablet once daily after food," ask: "Please tell me how you will take this at home." The role-play does not authorise use of a real medicine.

Result

Record the completed activity, the feedback received and one specific improvement demonstrated on a second attempt. Use the actual performance record rather than the worked illustration.

Precautions

- Use fictional cases and remove personal identifiers from every worksheet, recording or slide.
- Explain only the instructor-verified prescription or information supplied for the exercise. Refer uncertain clinical questions to the supervising pharmacist.
- Respect the participant's language, comfort and right to pause; obtain permission before recording.

Viva Questions and Answers**1. Why not invent a missing duration?**

It must be verified with the authorised prescriber/supervisor.

2. What if teach-back is incorrect?

Explain again more clearly and recheck understanding.

3. Why document unresolved questions?

They need follow-up rather than being lost at closure.

Handling Angry or Confused Patients - Role-Play

Experiment 4 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To practise calm, respectful communication during a difficult interaction.

Principle

Acknowledging a concern, reducing unnecessary complexity and stating clear next steps can help de-escalate a conversation. Communication should preserve dignity and maintain a safe environment.

Requirements

- Fictional delay complaint and confusing-label scenarios.
- Small groups, observer sheet and a designated escalation role.

Procedure

1. Set a calm tone

Maintain a safe comfortable distance, open posture and an even voice. Avoid arguing about the person's feelings.

2. Acknowledge

Use a specific statement such as "I can see the delay has been frustrating." Do not promise an outcome you cannot deliver.

3. Clarify

Ask one question at a time and listen to the actual concern. Offer a quieter area when appropriate.

4. Explain options

Give concise choices within your role, such as checking the status or asking the supervising pharmacist to review the instructions.

5. Check understanding

For a confused participant, use short steps and teach-back. Involve a chosen support person only with appropriate permission.

6. Escalate and record

If threats, acute confusion or a possible clinical problem arise, seek the appropriate staff response. Record facts without insulting labels.

Communication Skills

Observations and Record

Scenario	Helpful phrase / action	Observer feedback
Delayed service	_____	_____
Confusing label	_____	_____
Escalation decision	_____	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- “I will check the status and return with an update in five minutes” is useful only when that follow-up can actually be completed. Record and honour the stated action.

Result

Record the completed activity, the feedback received and one specific improvement demonstrated on a second attempt. Use the actual performance record rather than the worked illustration.

Precautions

- Use fictional cases and remove personal identifiers from every worksheet, recording or slide.
- Explain only the instructor-verified prescription or information supplied for the exercise. Refer uncertain clinical questions to the supervising pharmacist.
- Respect the participant’s language, comfort and right to pause; obtain permission before recording.

Viva Questions and Answers

1. Does empathy require agreeing with every demand?

No. It acknowledges the concern while preserving appropriate boundaries.

2. Why avoid several questions at once?

They can increase confusion and obscure the answer.

3. When is escalation needed?

When the concern exceeds the role or threatens safety or appropriate care.

Professional Emails and Pharmacy Documentation

Experiment 5 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To write a concise professional email and an objective activity record.

Principle

A useful email gives its purpose early, includes only the necessary facts and requests a clear action. Documentation separates observed facts, actions taken and pending follow-up.

Requirements

- Fictional supplier query, doctor clarification and institutional request.
- Word processor or email draft area; no real patient data.

Procedure

1. Select recipient

Check the intended role and approved address. Do not put personal health information in an unsecured practice draft.

2. Write subject

Use a precise subject such as "Clarification requested - teaching prescription directions."

3. Draft body

Add greeting, purpose, relevant facts, requested action and an appropriate closing/signature.

4. Check attachments

Name any attachment in the body and verify the correct file, permissions and readable format.

5. Document separately

Write a brief dated note: concern, person contacted, factual response/action and pending item.

6. Review

Proofread tone and accuracy, then obtain instructor feedback. Send only within the authorised class exercise.

Communication Skills

Observations and Record

Email / record component	Entry
Subject / recipient role	_____
Purpose / essential facts / action	_____
Attachment check / closing	_____
Objective dated record	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- Draft: "Dear Supervisor, the teaching prescription has no duration entered. Please confirm the intended duration before we complete the role-play label. The fictional prescription is attached. Regards, [student name]."

Result

Record the completed activity, the feedback received and one specific improvement demonstrated on a second attempt. Use the actual performance record rather than the worked illustration.

Precautions

- Use fictional cases and remove personal identifiers from every worksheet, recording or slide.
- Explain only the instructor-verified prescription or information supplied for the exercise. Refer uncertain clinical questions to the supervising pharmacist.
- Respect the participant's language, comfort and right to pause; obtain permission before recording.

Viva Questions and Answers

1. Why use a specific subject?

It helps the recipient identify and act on the request.

2. What is objective documentation?

A factual account rather than an unsupported opinion about the person.

3. Should a draft be sent automatically?

No. Check the recipient and exercise authorisation first.

Patient Information Leaflets and Drug Labels

Experiment 6 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To prepare a clear teaching leaflet and label from verified information.

Principle

Patient-facing writing should be readable, accurate and usable. A label gives essential directions; a leaflet can explain purpose, administration, precautions and routes for questions without crowding the label.

Requirements

- Instructor-approved fictional medicine facts and condition-awareness material.
- A4 layout sheet or document editor, readability checklist and peer reviewer.

Procedure

1. Choose audience

Define the intended reader, language and purpose. Use only verified facts supplied for the exercise.

2. Organise leaflet

Arrange purpose, how to use, relevant precautions, important actions and contact route under clear headings.

3. Prepare label

Include required teaching identifiers and the exact supplied directions. Avoid vague phrases such as "as usual" when specific instructions are available.

4. Simplify

Use familiar words, short sentences and adequate spacing. Explain unavoidable medical terms.

5. Check icons

Use any icon with supporting words and confirm interpretation; a symbol alone may be misunderstood.

6. Test with a reader

Ask a peer to locate the next action and repeat it. Revise unclear wording and obtain instructor review.

Communication Skills

Observations and Record

Document element	Draft content	Reader feedback
Leaflet sections	_____	_____
Label directions	_____	_____
Warning / contact route	_____	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- A leaflet section titled "How to use" followed by the verified directions is easier to locate than one long unbroken paragraph. Readability does not justify omitting an essential precaution.

Result

Record the completed activity, the feedback received and one specific improvement demonstrated on a second attempt. Use the actual performance record rather than the worked illustration.

Precautions

- Use fictional cases and remove personal identifiers from every worksheet, recording or slide.
- Explain only the instructor-verified prescription or information supplied for the exercise. Refer uncertain clinical questions to the supervising pharmacist.
- Respect the participant's language, comfort and right to pause; obtain permission before recording.

Viva Questions and Answers**1. Why separate label and leaflet purposes?**

Space and information needs differ.

2. Can an attractive icon replace instructions?

No. Its meaning must be clear and supported by words.

3. Who verifies the medicine facts?

The supervising pharmacist/instructor and the approved information source.

Non-Verbal and Cross-Cultural Communication

Experiment 7 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To adapt posture, voice and communication approach to individual needs.

Principle

Non-verbal cues can reinforce or conflict with spoken words. There is no single universal rule for eye contact, gesture or interpersonal distance; ask about preferences and avoid stereotypes.

Requirements

- Role cards involving language differences, hearing needs and cultural preferences.
- Observer checklist and a quiet role-play area.

Procedure

1. Observe baseline

Deliver a short explanation while the observer notes pace, volume, posture and interruptions.

2. Ask preference

Ask about the person's preferred language and whether another communication format would help.

3. Adapt

Use clear face-to-face speech, suitable lighting and a comfortable distance. Do not shout or exaggerate gestures.

4. Arrange support

Use the institution's approved interpreter/accessibility arrangements where needed; protect privacy.

5. Verify meaning

Ask the participant to describe the message, including any gesture or icon that may have been unclear.

6. Reflect

Identify one adjustment that improved understanding and one assumption you corrected.

Observations and Record

Cue / need	Observed behaviour	Adaptation and effect
Voice / pace	_____	_____
Posture / distance	_____	_____
Language / accessibility	_____	_____

Communication Skills

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- A person who looks away may still be listening. Check understanding directly instead of labelling the person inattentive.

Result

Record the completed activity, the feedback received and one specific improvement demonstrated on a second attempt. Use the actual performance record rather than the worked illustration.

Precautions

- Use fictional cases and remove personal identifiers from every worksheet, recording or slide.
- Explain only the instructor-verified prescription or information supplied for the exercise. Refer uncertain clinical questions to the supervising pharmacist.
- Respect the participant's language, comfort and right to pause; obtain permission before recording.

Viva Questions and Answers

1. Why avoid cultural stereotypes?

Individuals differ within every cultural group.

2. What if spoken language is not shared?

Use the approved interpretation route and check understanding.

3. What matters more than forced eye contact?

Comfort, accessibility and demonstrated understanding.

Individual Presentation Skills

Experiment 8 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To deliver a short organised pharmacy-related presentation.

Principle

A clear presentation has a defined purpose, a small number of supported points and an understandable close. Voice and visuals should help the audience follow the argument.

Requirements

- A simple assigned pharmacy topic and verified facts.
- Three-minute timer, brief outline and optional three-slide visual aid.

Procedure

1. Define takeaway

Write one sentence stating what the audience should understand or do after the talk.

2. Plan structure

Use an opening, two or three main points, one example and a short closing.

3. Prepare visuals

Choose readable text and a simple labelled figure. Remove decorative clutter that obscures the point.

4. Rehearse

Practise aloud, check time, pause between points and use a natural volume.

5. Present

Face the audience, explain technical terms and avoid reading every word from the visual.

6. Review

Answer within your knowledge, record feedback and repeat a section with the agreed improvement.

Observations and Record

Criterion	Evidence	Improvement
Structure / clarity	_____	_____
Voice / time / visual	_____	_____
Questions / revised attempt	_____	_____

Communication Skills

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- For a three-minute talk, an opening of about 20 seconds, main explanation of 140 seconds and closing of 20 seconds provides an initial timing plan, not a mandatory scoring rule.

Result

Record the completed activity, the feedback received and one specific improvement demonstrated on a second attempt. Use the actual performance record rather than the worked illustration.

Precautions

- Use fictional cases and remove personal identifiers from every worksheet, recording or slide.
- Explain only the instructor-verified prescription or information supplied for the exercise. Refer uncertain clinical questions to the supervising pharmacist.
- Respect the participant's language, comfort and right to pause; obtain permission before recording.

Viva Questions and Answers

1. Why state one takeaway?

It prevents an unfocused collection of facts.

2. What if a question exceeds your knowledge?

Acknowledge it and identify the appropriate follow-up.

3. Why rehearse aloud?

It reveals timing and wording problems that silent reading can miss.

Group Health-Awareness Presentation

Experiment 9 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To prepare and deliver a coordinated group presentation.

Principle

Group communication requires shared content standards, clear responsibilities and smooth transitions. An awareness message should distinguish general education from personalised treatment advice.

Requirements

- Assigned topic such as safe medicine storage or asking medicine-related questions.
- Team planning sheet, five-minute timer and peer/faculty feedback form.

Procedure

1. Set purpose

Agree on audience and a single awareness objective using approved facts.

2. Assign roles

Allocate content checking, visuals, speaking sections and timing. Ensure every member understands the whole message.

3. Build flow

Arrange a problem, key facts, practical actions and contact/help route. Agree on transition phrases.

4. Rehearse together

Check total time, consistent terminology and duplicate/contradictory points.

5. Present

Each speaker introduces the next section clearly; one member coordinates questions.

6. Evaluate

Collect audience understanding and faculty feedback. Record individual contribution and one shared revision.

Communication Skills

Observations and Record

Member / role	Contribution	Feedback / next action
_____	_____	_____
_____	_____	_____
_____	_____	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- For a safe-storage campaign, the team can explain reading storage directions, keeping medicines secure and asking the pharmacist about uncertain conditions. Avoid claiming one storage rule fits every medicine.

Result

Record the completed activity, the feedback received and one specific improvement demonstrated on a second attempt. Use the actual performance record rather than the worked illustration.

Precautions

- Use fictional cases and remove personal identifiers from every worksheet, recording or slide.
- Explain only the instructor-verified prescription or information supplied for the exercise. Refer uncertain clinical questions to the supervising pharmacist.
- Respect the participant's language, comfort and right to pause; obtain permission before recording.

Viva Questions and Answers

1. Why rehearse transitions?

They prevent gaps and repeated explanations.

2. What is a shared content standard?

An agreed rule that every statement is verified and suitable for the audience.

3. How should individual work be recorded?

List actual contributions without giving everyone automatic identical credit.

Case-Based Counselling for Chronic Illness

Experiment 10 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To explore a fictional patient's concerns and explain an approved long-term treatment plan.

Principle

Long-term counselling benefits from understanding the person's goals and practical barriers. A student should explain the supplied plan, check understanding and refer concerns requiring a clinical decision.

Requirements

- Fictional hypertension or diabetes case with an instructor-approved medicine plan.
- Patient, counsellor and observer roles; follow-up worksheet.

Procedure

1. Explore priorities

Ask what the person wants to understand and what is difficult about the supplied plan.

2. Assess knowledge

Invite the person to describe how they currently follow the fictional directions; avoid judging adherence from appearance.

3. Explain essentials

Use the supplied information to discuss regular use, monitoring and relevant precautions in small steps.

4. Plan support

Agree on an achievable support action, such as a written schedule or discussing a practical barrier with the pharmacist.

5. Teach-back

Check the directions and agreed action in the person's own words.

6. Refer and document

Record questions about effects, changes or symptoms for supervisor review. Do not independently change the prescribed plan.

Communication Skills**Observations and Record**

Concern	Agreed explanation / support	Follow-up
Knowledge or practical barrier	_____	_____
Verified directions / teach-back	_____	_____
Question for supervisor	_____	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- If a fictional patient says they forget the evening instruction, explore their routine and discuss an appropriate reminder with the supervisor. Do not solve the role-play by changing the prescribed frequency.

Result

Record the completed activity, the feedback received and one specific improvement demonstrated on a second attempt. Use the actual performance record rather than the worked illustration.

Precautions

- Use fictional cases and remove personal identifiers from every worksheet, recording or slide.
- Explain only the instructor-verified prescription or information supplied for the exercise. Refer uncertain clinical questions to the supervising pharmacist.
- Respect the participant's language, comfort and right to pause; obtain permission before recording.

Viva Questions and Answers**1. Why ask about goals?**

They help make the conversation relevant and realistic.

2. Can the student change treatment during the exercise?

No. Changes need authorised clinical review.

3. Why agree on one achievable step?

It is easier to explain, follow and review than an unfocused list.

SBAR Handoff Drug-Information Request and Referral

Experiment 11 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To organise professional communication using a structured handoff.

Principle

SBAR separates Situation, Background, Assessment and Recommendation. It helps organise a concise message, but the assessment must remain within the communicator's competence and be supported by known facts.

Requirements

- Fictional unclear prescription or medicine-record discrepancy.
- SBAR sheet, telephone role-play and written referral template.

Procedure

1. Verify facts

Gather the supplied case facts and distinguish confirmed information from assumptions.

2. Situation

State who you are, which fictional case you are discussing and the immediate concern.

3. Background

Give only the relevant supplied history, medicine record and timing.

4. Assessment

Describe the discrepancy or concern and any known consequences without inventing a diagnosis.

5. Recommendation

Request a specific authorised review or clarification. Repeat back the response to confirm understanding.

6. Document

Record contact, response, action and pending follow-up. Use a clear referral note when the case requires it.

Communication Skills**Observations and Record**

SBAR element	Case statement
Situation	_____
Background	_____
Assessment	_____
Recommendation / confirmed response	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- S: "I need clarification of this teaching prescription." B: "Two records show different frequencies." A: "The directions are inconsistent." R: "Please verify the intended frequency before the label is completed."

Result

Record the completed activity, the feedback received and one specific improvement demonstrated on a second attempt. Use the actual performance record rather than the worked illustration.

Precautions

- Use fictional cases and remove personal identifiers from every worksheet, recording or slide.
- Explain only the instructor-verified prescription or information supplied for the exercise. Refer uncertain clinical questions to the supervising pharmacist.
- Respect the participant's language, comfort and right to pause; obtain permission before recording.

Viva Questions and Answers**1. Does SBAR require every historical fact?**

No. Include what is relevant to the current concern.

2. Why repeat back the response?

It helps detect misunderstanding of the requested action.

3. What makes a useful recommendation?

A specific action requested from the appropriate professional.

Mock Interview and Group Discussion

Experiment 12 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To answer professional questions clearly and participate respectfully in a group discussion.

Principle

An effective interview answer connects a claim with a concrete example. Group discussion requires listening, relevant contributions and a fair opportunity for others to speak.

Requirements

- Fictional pharmacy internship vacancy and interview question cards.
- Discussion topic such as generic and branded medicines; timer and observer sheet.

Procedure

1. Prepare examples

Select real academic examples of teamwork, accuracy and learning; do not invent employment experience.

2. Structure answers

Describe situation, task, action and result where useful, keeping the answer relevant to the question.

3. Practise interview

Give a brief introduction and answer three questions. Ask one sensible question about supervision or the role.

4. Discuss

State a supported point, invite other views and summarise before disagreeing. Separate product evidence from brand assumptions.

5. Handle uncertainty

Acknowledge missing knowledge and describe how it would be checked.

6. Reflect

Record specific feedback on clarity, evidence, listening and time; repeat one answer.

Communication Skills

Observations and Record

Question / contribution	Example or evidence	Feedback
Introduction / teamwork	_____	_____
Accuracy / uncertainty	_____	_____
Group discussion	_____	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- “In our practical group I checked the unit conversion, found an error and helped revise the record” is stronger than an unsupported “I am always accurate.”

Result

Record the completed activity, the feedback received and one specific improvement demonstrated on a second attempt. Use the actual performance record rather than the worked illustration.

Precautions

- Use fictional cases and remove personal identifiers from every worksheet, recording or slide.
- Explain only the instructor-verified prescription or information supplied for the exercise. Refer uncertain clinical questions to the supervising pharmacist.
- Respect the participant’s language, comfort and right to pause; obtain permission before recording.

Viva Questions and Answers**1. Why use a concrete example?**

It lets the listener assess the claimed skill.

2. Does dominating discussion show good teamwork?

No. Listening and coordinated contribution also matter.

3. How should uncertainty be handled?

State it honestly and explain a credible verification step.

Digital Health Posts and Teleconsultation Communication

Experiment 13 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To draft a responsible educational post and practise a fictional digital support conversation.

Principle

Digital messages are easily shared outside their original context. Clear scope, verified information and privacy protection matter. Remote chat also requires checking identity, understanding and whether a concern needs in-person or urgent review.

Requirements

- Instructor-approved awareness facts, a blog/post template and fictional chat cards.
- Offline draft area; no real patient accounts or public publishing during practice.

Procedure

1. Define audience

Choose one awareness objective and the intended platform. Draft for its reading conditions.

2. Write post

Use a clear title, two or three verified points and an appropriate action/help route. Avoid guaranteed outcomes.

3. Check privacy

Exclude personal health details, identifiers and photographs without permission.

4. Practise chat

Introduce the role, verify only the permitted fictional details and ask concise clarifying questions.

5. Set boundaries

Explain what the service can do and escalate uncertain or urgent clinical concerns through the institution's process.

6. Review

Ask a peer to identify the key action and any misleading wording. Submit the draft for instructor review before any publication.

Communication Skills

Observations and Record

Digital item	Essential message	Review finding
Awareness post	_____	_____
Fictional chat	_____	_____
Privacy / escalation check	_____	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- Draft awareness line: "Unsure about a medicine instruction? Ask your pharmacist to explain it and repeat the plan in your own words." This is general education, not a personalised prescription.

Result

Record the completed activity, the feedback received and one specific improvement demonstrated on a second attempt. Use the actual performance record rather than the worked illustration.

Precautions

- Use fictional cases and remove personal identifiers from every worksheet, recording or slide.
- Explain only the instructor-verified prescription or information supplied for the exercise. Refer uncertain clinical questions to the supervising pharmacist.
- Respect the participant's language, comfort and right to pause; obtain permission before recording.

Viva Questions and Answers**1. Why review before posting?**

A public message can spread quickly and may be read without context.

2. Can remote chat answer every clinical concern?

No. Some concerns require another professional or direct assessment.

3. What is the minimum necessary information principle?

Use only the details needed for the permitted purpose.

Ethics Confidentiality and Informed Communication

Experiment 14 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To recognise privacy and consent issues in fictional pharmacy conversations.

Principle

Respectful professional communication explains the purpose of an interaction, supports a voluntary informed choice and limits unnecessary disclosure. Confidentiality decisions follow the institution's applicable rules and authorised care processes.

Requirements

- Fictional cards: family enquiry, public-counter conversation and recording request.
- Private role-play area and decision worksheet.

Procedure

1. Identify issue

State whose information is involved, who is asking and the purpose of the request.

2. Check permission

Clarify the permitted disclosure/consent route rather than assuming family relationship grants access.

3. Offer privacy

Move sensitive discussion to an appropriate setting and limit what can be overheard.

4. Explain choice

Use clear information, allow questions and check understanding before asking for the relevant permission.

5. Escalate dilemmas

Refer unresolved disclosure or safety questions to the authorised supervisor and follow the institution's rules.

6. Document

Record the facts, permission obtained or declined, action and reason without exposing extra personal details.

Communication Skills

Observations and Record

Scenario	Issue / permission needed	Appropriate action
Family enquiry	_____	_____
Public conversation	_____	_____
Recording request	_____	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- A request from “a relative” does not by itself establish permission to disclose. The role-play should demonstrate verification and a respectful route for follow-up.

Result

Record the completed activity, the feedback received and one specific improvement demonstrated on a second attempt. Use the actual performance record rather than the worked illustration.

Precautions

- Use fictional cases and remove personal identifiers from every worksheet, recording or slide.
- Explain only the instructor-verified prescription or information supplied for the exercise. Refer uncertain clinical questions to the supervising pharmacist.
- Respect the participant’s language, comfort and right to pause; obtain permission before recording.

Viva Questions and Answers**1. Is silence always valid consent?**

No. The relevant consent process must be followed.

2. Why explain the purpose?

It helps the person understand the requested choice.

3. What should a student do with an unresolved privacy dilemma?

Seek the authorised supervisor rather than improvise a disclosure.

Final Communication Assessment and Reflection

Experiment 15 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To demonstrate improved communication and prepare an evidence-based reflection.

Principle

Reflection links actual performance with feedback and a realistic next step. Assessment criteria should be set before the demonstration and should measure observable behaviour.

Requirements

- Instructor-selected presentation or counselling case.
- Agreed assessment checklist, peer/faculty feedback and earlier practice record.

Procedure

1. Set criteria

Agree on accuracy, organisation, empathy, teach-back/listening, privacy and time as applicable.

2. Prepare

Review the supplied case information and plan the demonstration without memorising an inflexible script.

3. Demonstrate

Complete the assigned task while the observer records concrete evidence.

4. Receive feedback

Ask for examples of one effective behaviour and one area needing improvement.

5. Repeat

Demonstrate the selected improvement in a second attempt or short focused section.

6. Reflect

Write what changed, the evidence for improvement and one action to practise next. Do not convert an informal checklist into a validated clinical score.

Communication Skills

Observations and Record

Criterion	Observed evidence	Next practice action
Accuracy / organisation	_____	_____
Listening / empathy / privacy	_____	_____
Understanding / time	_____	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- Reflection: "I originally gave all directions at once. After feedback I used two short steps and teach-back; the partner then repeated both correctly. I will use that structure in the next role-play."

Result

Record the completed activity, the feedback received and one specific improvement demonstrated on a second attempt. Use the actual performance record rather than the worked illustration.

Precautions

- Use fictional cases and remove personal identifiers from every worksheet, recording or slide.
- Explain only the instructor-verified prescription or information supplied for the exercise. Refer uncertain clinical questions to the supervising pharmacist.
- Respect the participant's language, comfort and right to pause; obtain permission before recording.

Viva Questions and Answers**1. What makes reflection useful?**

Specific evidence and an actionable improvement.

2. Why set criteria beforehand?

It makes observation and feedback more consistent.

3. Does a successful role-play prove independent clinical competence?

No. It is one supervised learning demonstration.

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