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Linguistic and nonlinguistic recommendations for training future pharmacists to counsel patients with psychiatric disabilities: a Delphi consensual method among pharmacy educators, practicing pharmacists and pharmacy students

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**Linguistic and nonlinguistic recommendations for training future pharmacists to counsel patients with psychiatric disabilities: a Delphi consensual method among pharmacy educators, practicing pharmacists and pharmacy students**

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**Abstract**

In today’s healthcare delivery systems, pharmacists are required by law to educate patients on prescription drug therapy. Pharmacists often educate their patients by making declarative statements. The activity in which pharmacists make declarative statements to patients about what they should do or how they should behave in relation to their disease state and drug therapy is known as “patient counseling”. Patient counseling by pharmacists may include but is not necessarily limited to a general description of the medication dispensed, directions for use, storage requirements and common adverse effects. Not surprisingly, pharmacists experience difficulties counseling patients with psychiatric disabilities, for example those with depression, schizophrenia, or bipolar disorders. Such difficulties are related to patients’ cognitive, expressive and/or receptive capacities. As patients are increasingly involved in their own medical care, pharmacists might have to counsel patients with psychiatric disabilities on a daily basis. Therefore, it is necessary to train future pharmacists to communicate effectively with those patients. Thus far, there have been a few studies on counseling patients with psychiatric disabilities.

This article reports on a research process in which a formal consensus technique was used to achieve consensus and develop a core list of linguistic and nonlinguistic recommendations to be used during training future pharmacists to counsel patients with psychiatric disabilities in order to improve their communication skills with those individuals. This was a descriptive study using the Delphi technique. The main outcome measure was agreement or disagreement of a panel composed of pharmacy educators, practicing pharmacists and pharmacy students on a series of recommendations to reach consensus and develop a core list of recommendations to be used in pedagogic and during training sessions of future pharmacists on counseling patients with psychiatric disabilities.

The Delphi technique is a formal consensus technique that is carried out in iterative rounds. In the first Delphi round, often termed as opinion generation round, key contacts were interviewed and their views and recommendations on counseling patients with psychiatric disabilities were explored. An extensive literature review was conducted to gather all potential recommendations. These potential recommendations together with those provided by the key contacts interviewed in the first round were compiled into a questionnaire. The questionnaire was delivered in a second Delphi round to a panel of pharmacy educators, practicing pharmacists and pharmacy students and each panelist was requested to indicate the level of his/her agreement or disagreement on the proposed recommendations using a nine-point scale (1 indicated strong disagreement and 9 indicated strong agreement). Equivocal recommendations were included in a revised questionnaire in a third Delphi round and each panelist was asked if he/she wished to change his/her agreement or disagreement in view of the scores of other panelists. Analysis of the iterative process showed that consensus was achieved to include 36 (78.3%) of the 46 proposed recommendations in the core list. Panelists agreed that recommendations related to: 1) becoming aware of the cognitive, receptive and communicative capabilities of the patient, 2) choosing vocabulary and communication pace, 3) using gestures and facial expressions, and 4) dealing with particular communicative situations should be included in the core list. Moreover, general communicative recommendations related to tone, style and politeness were also included.

In this study, consensus was reached on a core list of essential recommendations to be used while training future pharmacists to counsel patients with psychiatric disabilities. Utilizing such consensual recommendations might enhance communications with those patients and promote congruence in daily clinical practice.

**Key words:** Patient counseling; linguistic; non-linguistic; Delphi technique; communication

**Introduction**

In today’s healthcare delivery systems, pharmacists are required by law to educate their patients on prescription drug therapy. Pharmacists often educate their patients by making declarative statements ([Pilnick](#_ENREF_20)). The activity in which pharmacists make declarative statements to patients about what they should do or how they should behave in relation to their disease state and drug therapy is formally known as “patient counseling” ([Pilnick](#_ENREF_20)). Patient counseling by pharmacists may include but is not necessarily limited to a general description of the medication dispensed, directions for use, storage requirements and common adverse effects ([Dyck, Deschamps and Taylor](#_ENREF_9)). Patients with psychiatric disabilities exhibit a wide range of perplexing behaviors and social interactions as their mood might swing between euphoria and elation, and their thoughts might go speedy kipping between different topics ([Bowers et al.](#_ENREF_4)). Moreover, patients can be deeply depressed, feeling guilty, inundated with painful emotions, and might display considerably slowed speech. Alternatively, they could display flattened, dampened, unresponsive or incongruous emotions ([Bowers et al.](#_ENREF_4)). Therefore, it won’t be surprising that pharmacists might experience difficulties counseling patients with psychiatric disabilities. Difficulties experienced by pharmacists are related to patients’ cognitive, expressive and/or receptive capabilities.

In modern healthcare systems, patients are increasingly involved in their own medical care. As pharmacists need to counsel patients on a daily basis, many pharmacy schools have recognized the importance of incorporating courses of communication skills into the pharmacy curricula. These courses often cover generic communication skills like eye contact, body orientation, demonstrating empathy, and are not necessarily specific to counseling patients with psychiatric disabilities ([Lee et al.](#_ENREF_15); [Wright](#_ENREF_28); [Stevenson](#_ENREF_26); [Egan](#_ENREF_10); [Hargie](#_ENREF_13); [Rogers, Pilgrim and Lacey](#_ENREF_22)). However, specific recommendations on how to counsel patients who are apathetic, withdrawn, hallucinating, thought disordered, agitated/overactive, upset/distressed or irritable/aggressive are still missing. As pharmacists are counseling an increasing number of patients with psychiatric disabilities, it might be important to train future pharmacists to communicate effectively with those patients. Thus far, there have been a few studies on counseling patients with psychiatric disabilities.

Literature does not detail specific linguistic and nonlinguistic recommendations for pharmacists and future pharmacists to communicate effectively during counseling sessions with patients with psychiatric disabilities. Needless to say that it would be impractical to provide pharmacists with a script of words, phrases, or sentences to effectively counsel patients with psychiatric disabilities ([Bowers et al.](#_ENREF_4)). Instead, it would be preferable to use their own communication skills to operationalize counseling sessions with those patients.

Recently, formal consensus techniques were used to develop definitions, concepts and achieve consensus on issues in healthcare ([Dean, Barber and Schachter](#_ENREF_7); [Ghaleb et al.](#_ENREF_12); [Shawahna et al.](#_ENREF_25)). We conducted this study to develop and achieve consensus on a core list of linguistic and nonlinguistic recommendations to be used during training future pharmacists to counsel patients with psychiatric disabilities by a panel of pharmacy educators, practicing pharmacists and pharmacy students.

**Methods**

In this descriptive study, the Delphi technique was used to develop and achieve consensus on a core list of linguistic and nonlinguistic recommendations to be used during training future pharmacists to counsel patients with psychiatric disabilities. In this study, the Delphi technique was preferred over other formal consensus techniques to develop and achieve consensus on the core list of recommendations as the technique has emerged as a valuable tool in developing and achieving consensus on subjects with limited or lacking formal consensus in healthcare ([Asselin and Harper](#_ENREF_3); [Hasson, Keeney and McKenna](#_ENREF_14); [Antcliff et al.](#_ENREF_2); [Shawahna et al.](#_ENREF_25)). Advantages of the Delphi technique over other methods like nominal group include practicality and cost effectives when panelists are from different geographical locations ([McKenna](#_ENREF_17)). Furthermore, it would not be possible for one panelist to monopolize the discussion and panelists would remain anonymous to each other ([Page et al.](#_ENREF_19); [McKenna](#_ENREF_17)).

The Delphi technique is a formal consensus technique that is carried out in iterative rounds. In the first Delphi round, often termed as opinion generation round, views and recommendations of experts on counseling patients with psychiatric disabilities are exposed ([Hasson, Keeney and McKenna](#_ENREF_14)). Subsequently, these views and recommendations are presented to a panel of experts in subsequent rounds in which each panelist expresses the level of his/her agreement or disagreement with these views and recommendations on a scale of nine. Statistical summaries and comments obtained from previous rounds are provided to panelists who are asked to reconsider their prior opinions in view of the opinions of other panelists in a trial to reach consensus in the least number of iterative rounds ([Asselin and Harper](#_ENREF_3); [Hasson, Keeney and McKenna](#_ENREF_14); [Antcliff et al.](#_ENREF_2)).

## The panel

As heterogeneity of the expert panel is very crucial for the validity of the results, in this study we recruited pharmacy educators, practicing pharmacists and pharmacy students. Recruitment of panelists implies that they have prior knowledge of the topic being investigated, therefore, a judgmental sampling technique was used to recruit panelists for this study. Panelists were approached and invited to participate through personal contacts in the field. The study design and objectives were explained to potential participants. Participants were included when they consented to take part in the study, were available for the entire process, and declared all potential conflicts of interest.

The literature is largely inconclusive on the ideal size of a panel of experts in Delphi technique. Previous panels varied significantly in size which ranged from 10 to over 1,000 panelists ([Akins, Tolson and Cole](#_ENREF_1); [Page et al.](#_ENREF_19)). Previous studies involving consensus on issues in healthcare used panels of 50 members or less ([Dean, Barber and Schachter](#_ENREF_7); [Ghaleb et al.](#_ENREF_12); [Duffield](#_ENREF_8); [Shawahna et al.](#_ENREF_25); [Franklin and O'Grady](#_ENREF_11)). The panel recruited for this study included pharmacy educators, practicing pharmacists and pharmacy students. The panel was composed of both genders who belonged to different age groups, and had different experiences. Panelists were not offered any financial incentives for taking part in this study.

**Opinion generation: First Delphi round**

This round was conducted to investigate the pharmacists and future pharmacists’ views and recommendations on counseling patients with psychiatric disabilities. A total of 8 key contacts in the field were asked open-ended questions to elicit their views and recommendations on counseling patients with psychiatric disabilities. Views and recommendations provided by the key contracts were noted. A comprehensive literature review was conducted to identify further potential recommendations. Some recommendations were extracted from nurses’ views on communicating with patients with psychiatric disabilities ([Bowers et al.](#_ENREF_4); [Lee et al.](#_ENREF_15); [Wright](#_ENREF_28); [Stevenson](#_ENREF_26); [Egan](#_ENREF_10); [Hargie](#_ENREF_13); [Rogers, Pilgrim and Lacey](#_ENREF_22); [Walker](#_ENREF_27); [Savard](#_ENREF_23); [McCabe and Priebe](#_ENREF_16); [Meredith and Mazel](#_ENREF_18); [Brody et al.](#_ENREF_5)). All potential recommendations provided in previous studies were identified and noted. Recommendations were compiled together and included in a questionnaire. The questionnaire was piloted for understanding. Some recommendations were rephrased based on the pilot trials.

## Second Delphi round

Questionnaires were administered on a total of 38 panelists in the second Delphi round. The questionnaire contained two parts. The first part gathered panelists’ demographic details. The second part contained a series of recommendations to which each panelist had to indicate his/her agreement or disagreement on a scale numbered from 1-9 (1 indicated strong disagreement and 9 indicated strong agreement). Panelists were encouraged to include written comments justifying or qualifying their scores.

## Data analysis

Data were entered into Excel sheet (Microsoft Excel 2013). Descriptive statistics like the first quartile (Q1), median (Q2), third quartile (Q3), and interquartile range (IQR) of the responses of all panelists were calculated. The data were analyzed as follows: 1) when the median of the scores of panelists fell within the range 7-9 with an IQR of 0-2, consensus was said to have been achieved and the recommendation was included in the core list, 2) when the median of the scores of panelists fell within the range 1-3 with an IQR of 0-2, consensus was said to have been achieved and the recommendation was not included in the core list, 3) when the median of the scores of panelists fell within the range 4-6 or the IQR was larger than 2, partial agreement was said to have been achieved and the recommendation was considered equivocal and included in the third Delphi round. In this study, more than 80% of the panelists’ scores were required to fall within a specific range to be considered for consensus.

## Third Delphi round

Recommendations that were considered equivocal in the second Delphi round were included in a revised questionnaire. Panelists were provided with: 1) reminder of their scores on each equivocal recommendation, 2) median and IQR of scores of other panelists on each equivocal recommendation, and 3) summary of comments made by other panelists to justify or qualify their scores. Panelists were asked to reconsider their scores in view of other panelists’ scores. Such practice was previously proven to reduce the number of iterative rounds needed to reach consensus ([Dean, Barber and Schachter](#_ENREF_7); [Ghaleb et al.](#_ENREF_12); [Duffield](#_ENREF_8); [Page et al.](#_ENREF_19); [Shawahna et al.](#_ENREF_25)). Scores in the third Delphi round were analyzed as in the second Delphi round.

**Results**

**Characteristics of the participants**

A total of 38 panelists took part in this study. In the first Delphi round, views and recommendations were taken from 8 key contact experts. In the second Delphi round, all 38 panelists responded to the questionnaire giving a response rate of 100%. In the third Delphi round, responses were obtained from 31 panelists giving a response rate of 81.6%. Table 1 displays the demographic details of the panelists. The panel included pharmacy educators, practicing pharmacists and pharmacy students. Students were in their 4th or 5th year and took a communication skills course. The practicing pharmacists had experience in the range of 5 to 22 years. Pharmacy educators had academic experience in the range of 4 to 10 years. Ofall 38 panelists, 30 (78.9%) were females and 8 (21.1%) were males.

**Table 1: Demographic details of the panelists who took part in the study**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Number of participants** | **%** |
| **Gender** | Male | 8 | 21.1 |
| Female | 30 | 78.9 |
| **Age (years)** | 20-39 | 28 | 73.7 |
| 40 and above | 10 | 26.3 |
| **Qualifications** | Pharmacy students | 15 | 39.5 |
| Practicing pharmacists | 15 | 39.5 |
| Pharmacy academicians | 8 | 21.1 |

**Core list of recommendations**

In the second Delphi round, consensus was achieved to include 24 (63.2%) of the 46 recommendations presented to the panelists. In the third Delphi round, consensus was achieved to include further 11 (23.9%) recommendations in the core list.

At the end of the third Delphi round, 36 (78.3%) recommendations were included in the core list. In general, panelists agreed that recommendations related to: 1) becoming aware of the cognitive, receptive and communicative capabilities of the patient, 2) choosing vocabulary and communication pace, 3) using gestures and facial expressions, and 4) dealing with particular communicative situations should be included in the core list. Moreover, general communicative recommendations related to tone, style and politeness were also included. These recommendations are displayed in Table 2.

**Table 2: Recommendations that should be included in the core list**

|  |  | **Round 2** | | **Round 3** | |
| --- | --- | --- | --- | --- | --- |
| **#** | **Recommendation** | **Median** | **IQR** | **Median** | **IQR** |
|  | **Becoming aware of the cognitive, receptive and communicative capabilities of the patient** |  |  |  |  |
| **1** | Future pharmacists should learn that they need to assess the level of receptive vocabulary and communicative skills that patients exhibit for executing an effective counseling session. | 7 | 2 | NA | NA |
| **2** | Future pharmacists should be aware that some patients could be cognitively compromised, therefore, they should assess and respect the communicative pace at which it is comfortable for the patient. | 8 | 1 | NA | NA |
| **3** | Future pharmacists should recognize that some patients might be cognitively compromised, therefore, it is recommended that they should use short sentences to make misunderstandings less likely. | 7 | 2 | NA | NA |
| **4** | Future pharmacists should recognize that some patients might be cognitively compromised, therefore, it is recommended that they should repeat information again and again to make sure the patient understood the message. | 7 | 3 | 7 | 2 |
| **5** | Future pharmacists should learn that it might be useful to repeating verbal information for the patient multiple times. | 6 | 3 | 7 | 2 |
|  | **Choosing vocabulary and communication pace** |  |  |  |  |
| **6** | Future pharmacists should learn to use simple vocabulary avoiding "medical jargon" and "technical terms". | 8 | 2 | NA | NA |
| **7** | Future pharmacists should learn that to speak simply and concretely so that the patient is able to follow. Pharmacists should refrain from using a long paragraph with many abstract ideas. | 8 | 1 | NA | NA |
| **8** | Once a message was delivered, future pharmacists should learn to check for understanding immediately and after allowing for a short time delay. | 7 | 2 | NA | NA |
| **9** | Future pharmacists should learn to express positive feelings while counseling their patients. Ex. I like it when you comply with your dosing schedule. | 6 | 3 | 7 | 2 |
| **10** | Future pharmacists should learn to express positive requests while counseling their patients. Ex. I would like you to take your medications on time. | 6 | 2 | 7 | 2 |
| **11** | Future pharmacists should learn to express negative feelings while counseling their patients. Ex. I feel sad when you do not take your medications. | 5 | 4 | 7 | 1 |
| **12** | Future pharmacists should learn to express phrases that display confidence in the patient. Ex. I know that can handle it and you will do fine. | 7 | 1 | NA | NA |
| **13** | Future pharmacists should learn to express phrases that recognize efforts and improvement. Ex. Looks like you made a real effort and you started taking medications on time. | 7 | 1 | NA | NA |
| **14** | Future pharmacists should learn to express phrases that display acceptance. Ex. I'm glad you feel good about taking your medications. | 7 | 2 | NA | NA |
| **15** | Future pharmacists should learn to express phrases that acknowledge appreciation, strengths, and contributions. Ex. I really appreciated your help; it made my job a lot easier when you adhered to taking your medications. | 8 | 2 | NA | NA |
|  | **Using gestures and facial expressions** |  |  |  |  |
| **16** | Future pharmacists should learn to use open hands and inviting facial expressions. | 8 | 1 | NA | NA |
| **17** | Future pharmacists should learn to use open gestures, and refraining from any gestures associated with ordering, commanding, hierarchy and authoritarianism. | 7.5 | 1.5 | NA | NA |
|  | **Dealing with particular communicative situations** |  |  |  |  |
| **18** | Future pharmacists should learn that anxious, agitated or overactive patients need more attention than other patients. | 7.5 | 2 | NA | NA |
| **19** | Future pharmacists should learn to listen to patients' point of view, being polite and apologetic to angry and agitated patients. | 8 | 1 | NA | NA |
| **20** | Future pharmacists should learn that they should not be confrontational with patients, rather they should be gentle conveying a message with low emotional content. | 7 | 3 | 7 | 2 |
| **21** | Future pharmacists should recognize that talking quietly might have a calming effect on agitated, overactive, and irritable patients. | 7 | 2 | NA | NA |
| **22** | Future pharmacists should learn how to use sympathetic, empathetic and caring tone of voice while dealing with upset and distressed patients. | 7 | 4 | 7 | 1 |
| **23** | Future pharmacists should learn that it is not advisable to over gesticulate or fidget while counseling agitated, overactive, and irritable patients. | 6 | 2 | 7 | 2 |
| **24** | Future pharmacists should learn that hallucinating patients need more personal space than usual and it might be intimidating to touch them. | 8.5 | 0.5 | NA | NA |
| **25** | Future pharmacists should learn how to listen to silence as people often need time to process their own thoughts while trying to make sense of difficult feelings. | 7 | 3 | 7 | 1 |
|  | **General recommendations** |  |  |  |  |
| **26** | Future pharmacists should learn to talk in a compassionate, empathetic, and warm manner, expressing concern towards patients. | 7 | 3 | 7 | 1 |
| **27** | Future pharmacists should learn not to express boredom in response to patient symptoms or distress. | 8.5 | 1 | NA | NA |
| **28** | Future pharmacists should learn to respect their patients and should refrain from making fun of their behaviors and/or delusions. | 8.5 | 1 | NA | NA |
| **29** | Future pharmacists should learn to listen actively to patients showing attentiveness through posture, facing the patient, eye contact, use of ‘mm’s’ and ‘ah’s’, and head nodding. | 6 | 3 | 7 | 2 |
| **30** | Future pharmacists should learn to speak slowly even to patients with hallucinations, agitated, irritable or overactive. | 8 | 1 | NA | NA |
| **31** | Future pharmacists should learn how to be assertive without raising their voice, shout or being loud. | 7 | 3 | 7 | 2 |
| **32** | Future pharmacists should learn to consider gender, cultural and religious differences. | 8 | 0.5 | NA | NA |
| **33** | Future pharmacists should learn that some cultures may use different expressions to explain feelings or mental health issues. Pharmacists should allow themselves to be led by the patients and use the phrases and words they are using. Pharmacists are recommended to use terms like ‘low’, ‘down’ and ‘on edge’ rather than overtly psychological terms. | 7 | 2 | NA | NA |
| **34** | Future pharmacists should learn to set their personal experience aside and give the patient the space to talk about how the feel; especially patients experiencing pain and distressed feelings. | 8 | 2 | NA | NA |
| **35** | Future pharmacists should learn that patients are relatively more at ease describing their physical symptoms; it may therefore recommended to initiate the conversation on such symptoms like sleep, appetite and energy levels. | 7 | 1 | NA | NA |
| **36** | Future pharmacists should learn to stand close to their patients without crowding their personal space. | 7 | 1 | NA | NA |

NA: not applicable; IQR: interquartile range.

The panel decided that 2 (4.3%) potential recommendations should not be included in the core list. The two excluded recommendations are shown in Table 3.

**Table 3: Recommendations that should not be included in the core list**

|  |  | **Round 2** | | **Round 3** | |
| --- | --- | --- | --- | --- | --- |
| **#** | **Recommendation** | **Median** | **IQR** | **Median** | **IQR** |
| **1** | Future pharmacists should learn that they might use humor as an expression of ‘friendliness’ with patients and as a mean to diffuse tension, anger and anxiety. | 3 | 3 | 3 | 2 |
| **2** | When talking to a patient with psychosis, it is often difficulty to understand his/her whole story. Future pharmacists should learn to listen for themes. Ex. If the patient is repetitively speaking about bloody knifes ask him or her if he/she is feeling frightened. | 3 | 4 | 3 | 2 |

At the end of the third Delphi round, 8 (17.4%) recommendations were neither included or excluded and remained equivocal. It was concluded that consensus will not be achieved in a fourth Delphi round. Therefore, these recommendation might be considered or not depending on the trainer’s and/or trainee individual needs. These recommendations are shown in Table 4.

**Table 4: Recommendations that may be considered or not depending on the trainer’s and/or trainee individual needs**

|  |  | **Round 2** | | **Round 3** | |
| --- | --- | --- | --- | --- | --- |
| **#** | **Recommendation** | **Median** | **IQR** | **Median** | **IQR** |
| **1** | Future pharmacists should learn that they might need to seek help from care givers, whenever possible, to convey the message they need the patient to understand. | 6 | 3 | 6 | 2 |
| **2** | Future pharmacists should learn that they need to talk to patients about their symptoms including hallucinations and delusions. These symptoms should not be ignored during a counseling session and pharmacists should not change the topic when patients bring them up. | 5.5 | 4 | 6 | 3 |
| **3** | Future pharmacists should learn that patients exhibiting apathy and withdrawal might need more time than other patients. | 5 | 3 | 6 | 2 |
| **4** | Future pharmacists should recognize that some patients might be cognitively compromised, therefore, it is recommended that they should allow their patients long pauses to elicit some response in some cases. | 6 | 3 | 6 | 3 |
| **5** | Future pharmacists should learn that they may convey a message using diagrams and pictures when verbal communication is not proving effective. | 6 | 3 | 6 | 2 |
| **6** | Future pharmacists should learn that it might be more effective to use gesticulations instead of giving verbal instructions to patients with thought disorders. | 5 | 4 | 6 | 2 |
| **7** | Future pharmacists should learn that actual physical contact or reassuring physical touch is more likely to be acceptable for apathetic, withdrawn, distressed or upset patients. | 5 | 3 | 5 | 3 |
| **8** | Future pharmacists should learn to use open questions, offer prompts and repeat or paraphrase the patient’s statements. | 5 | 4 | 6 | 2 |

**Discussion**

In this study we sought consensus on a core list of linguistic and nonlinguistic recommendations be used during training future pharmacists to counsel patients with psychiatric disabilities in order to improve their communication skills with this population of patients. Although physicians, particularly psychiatrists, and nurses in psychiatry wards were previously trained to communicate with patients with psychiatric disabilities ([Bowers et al.](#_ENREF_4); [Seale et al.](#_ENREF_24)), to the best of our knowledge, a core list of linguistic and nonlinguistic recommendations was not previously developed. This is the first core list of recommendations developed using a formal consensus technique. Previously, trainers must have used standard communication skills training tools or must have improvised while training future pharmacists to communicate with patients in general ([Walker](#_ENREF_27)). However, when asked if they have received special training to communicate with certain patient populations including those with psychiatric disabilities, pharmacists and pharmacy students stated that they did not receive any special training on this issue.

Counseling patients on medications is arguably one of the main activities pharmacists do in their daily practice. The General Medical Council of the United Kingdom has emphasized the role of good communication in achieving therapeutic relationship between healthcare providers and patients ([McCabe and Priebe](#_ENREF_16)). Communicating effectively might have an impact on the patient’s adherence to take medications, satisfaction with the therapy, severity of the symptoms, referral to other services and willingness to file lawsuits against healthcare providers ([McCabe and Priebe](#_ENREF_16); [Cruz and Pincus](#_ENREF_6)). We believe that using the consensual recommendations of this study would improve the communication between future pharmacists and their patients.

In the current study, judgmental sampling was used to recruit the panelists. Although judgmental sampling was long considered biased in conservative views ([Page et al.](#_ENREF_19)), however, other randomized sampling techniques were not suitable for this study. This sampling technique allowed the inclusion of panelists who are familiar and concerned with the topic being investigated (Table 1). Interestingly, in this study all invited panelists accepted to take part, a strength which adds to the validity of the study.

In their editorial for the British Journal of Psychiatry, McCabe and Priebe stated that communication is not solely technical but involves emotions, especially when discussing deeply unpleasant experiences as those of psychiatric disabilities ([McCabe and Priebe](#_ENREF_16)). In this study, the panelists agreed to include many recommendations focused on patients’ emotions (Table 2). Previous studies showed that structuring patient–clinician communication improved patient’s satisfaction and quality of life ([Priebe et al.](#_ENREF_21)).

Panelists did not agree to include the use of humor as a sign of friendliness and to diffuse tension, anger and anxiety with patients with psychiatric disabilities (Table 3). Many commented that there is a risk that it could be taken as making fun of those patients which might negatively affect the counseling session. However, recommendations like those of physically touching apathetic, withdrawn, distressed or upset patients would be included or excluded depending on the trainers or trainee individual needs (Table 4). We believe that pharmacists working in psychiatric wards might need these recommendations more than community pharmacists. Therefore, it would be recommended for trainers to use such recommendations while training those pharmacists.

In conclusion, if pharmacists want to make better use of counseling sessions with patients with psychiatric disabilities, this core list of recommendations could be crucial. Utilizing such consensual recommendations might enhance communications with patients with psychiatric disabilities and promote congruence in daily clinical practice.

**Works cited**

Akins, R. B., H. Tolson, and B. R. Cole. "Stability of Response Characteristics of a Delphi Panel: Application of Bootstrap Data Expansion." *BMC Med Res Methodol* 5 (2005): 37. Print.

Antcliff, D., et al. "The Development of an Activity Pacing Questionnaire for Chronic Pain and/or Fatigue: A Delphi Technique." *Physiotherapy* 99.3 (2013): 241-6. Print.

Asselin, Marilyn, and Mary Harper. "Revisiting the Delphi Technique: Implications for Nursing Professional Development." *Journal for nurses in professional development* 30.1 (2014): 11-15. Print.

Bowers, L, et al. "Talking with Acutely Psychotic People: Communication Skills for Nurses and Others Spending Time with People Who Are Very Mentally Ill." *London: City University*  (2009). Print.

Brody, David S, et al. "Strategies for Counseling Depressed Patients by Primary Care Physicians." *Journal of general internal medicine* 9.10 (1994): 569-75. Print.

Cruz, Mario, and Harold Alan Pincus. "Research on the Influence That Communication in Psychiatric Encounters Has on Treatment." *Psychiatric Services* 53.10 (2002): 1253-65. Print.

Dean, Bryony, N Barber, and M Schachter. "What Is a Prescribing Error?" *Quality in Health Care* 9.4 (2000): 232-37. Print.

Duffield, C. "The Delphi Technique: A Comparison of Results Obtained Using Two Expert Panels." *Int J Nurs Stud* 30.3 (1993): 227-37. Print.

Dyck, A., M. Deschamps, and J. Taylor. "Pharmacists' Discussions of Medication Side Effects: A Descriptive Study." *Patient Educ Couns* 56.1 (2005): 21-7. Print.

Egan, G. *The Skilled Helper*. Pacific Grove, CA: Brooks/Cole, 2002. Print.

Franklin, Bryony Dean, and Kara O'Grady. "Dispensing Errors in Community Pharmacy: Frequency, Clinical Significance and Potential Impact of Authentication at the Point of Dispensing." *International Journal of Pharmacy Practice* 15.4 (2007): 273-81. Print.

Ghaleb, MA, et al. "What Constitutes a Prescribing Error in Paediatrics?" *Quality and Safety in Health Care* 14.5 (2005): 352-57. Print.

Hargie, Owen. "Skill in Theory: Communication as Skilled Performance." *The handbook of communication skills* 3 (2006): 7-36. Print.

Hasson, F., S. Keeney, and H. McKenna. "Research Guidelines for the Delphi Survey Technique." *J Adv Nurs* 32.4 (2000): 1008-15. Print.

Lee, Soo, et al. "Physical Restraint Training for Nurses in English and Welsh Psychiatric Intensive Care and Regional Secure Units." *Journal of mental Health*  (2009). Print.

McCabe, Rose, and Stefan Priebe. "Communication and Psychosis: It's Good to Talk, but How?" *The British Journal of Psychiatry* 192.6 (2008): 404-05. Print.

McKenna, H. P. "The Delphi Technique: A Worthwhile Research Approach for Nursing?" *J Adv Nurs* 19.6 (1994): 1221-5. Print.

Meredith, Lisa S, and Rebecca M Mazel. "Counseling for Depression by Primary Care Providers." *The International Journal of Psychiatry in Medicine* 30.4 (2000): 343-65. Print.

Page, A., et al. "Prescribing for Australians Living with Dementia: Study Protocol Using the Delphi Technique." *BMJ Open* 5.8 (2015): e008048. Print.

Pilnick, A. ""Patient Counselling" by Pharmacists: Four Approaches to the Delivery of Counselling Sequences and Their Interactional Reception." *Soc Sci Med* 56.4 (2003): 835-49. Print.

Priebe, Stefan, et al. "Structured Patient–Clinician Communication and 1-Year Outcome in Community Mental Healthcare." *The British Journal of Psychiatry* 191.5 (2007): 420-26. Print.

Rogers, Anne, David Pilgrim, and Ron Lacey. *Experincing Psychiatry: User's Views of Services*. Macmillan, 1993. Print.

Savard, Marie. "Bridging the Communication Gap between Physicians and Their Patients with Physical Symptoms of Depression." *Prim Care Companion J Clin Psychiatry* 6.Suppl 1 (2004): 17-24. Print.

Seale, Clive, et al. "Sharing Decisions in Consultations Involving Anti-Psychotic Medication: A Qualitative Study of Psychiatrists’ Experiences." *Soc Sci Med* 62.11 (2006): 2861-73. Print.

Shawahna, R., et al. "Medication Administration Errors from a Nursing Viewpoint: A Formal Consensus of Definition and Scenarios Using a Delphi Technique." *J Clin Nurs*  (2016). Print.

Stevenson, Sharilyn. "Heading Off Violence with Verbal De-Escalation." *Journal of psychosocial nursing and mental health services* 29.9 (1991): 6-9. Print.

Walker, Charles Alan. "Caring for the Patient with Acute Psychosis." *Nursing made Incredibly Easy* 13.3 (2015): 40-47. Print.

Wright, Steve. "Control and Restraint Techniques in the Management of Violence in Inpatient Psychiatry: A Critical Review." *Medicine, science and the law* 43.1 (2003): 31-38. Print.