

KOMUNIKASI EFEKTIF

Praktek Apoteker

Umi Athiyah

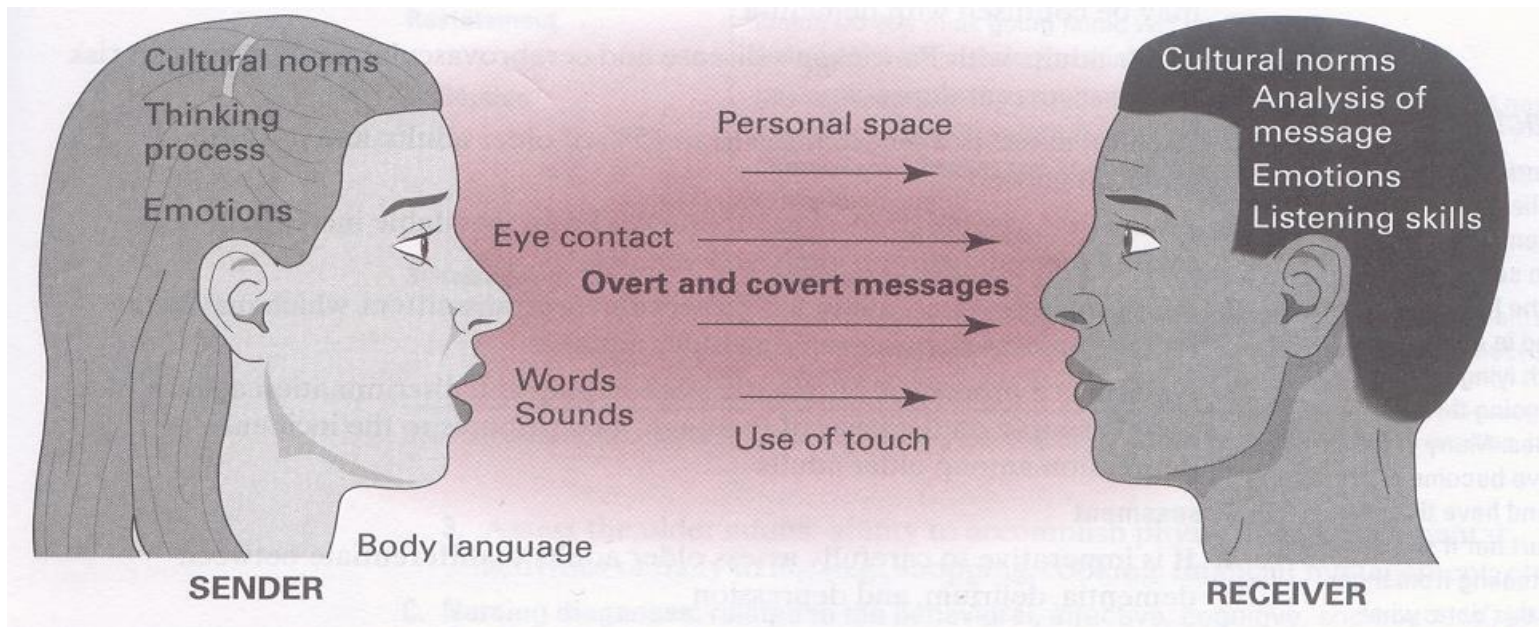
Pharmaedu , PC IAI Surabaya
Harris Hotel, 21 Agustus 2016

Definition of communication :

Is the art of transferring or exchanging information ideas or thoughts easily and correctly through verbal or non-verbal language .

The Communication process:

The communication process could be defined as a sending-receiving process .



Different between social and professional relationship :

<i>Professional relationship</i>	<i>Social relationship</i>
➤Concerned with helping the patients (regardless their sex, religion, race...etc.)	➤Interaction is primarily for reason of pleasure or companion-ship.
➤Require the help of person with scientific knowledge and special skills (the pharmacist).	➤No person is in the position of responsibility of helping the other.
➤There is intention of dealing with other's problem.	➤There is no this intention.
➤The relation ship is purposeful directed toward a therapeutic.	➤The goal is more or less social
➤The relationship should not entail the pharmacist's personal matters or problems.	➤It is up to the partners to share their personal affairs.
➤Time limited.	➤Unlimited.

PENGERTIAN

KOMUNIKASI

Proses penyampaian informasi dari pihak yang satu kepada pihak yang lain dengan satu sasaran yaitu agar kedua belah pihak yang berkomunikasi memiliki pengertian yang sama.

Komunikasi melibatkan tiga konsep;

Komunikator

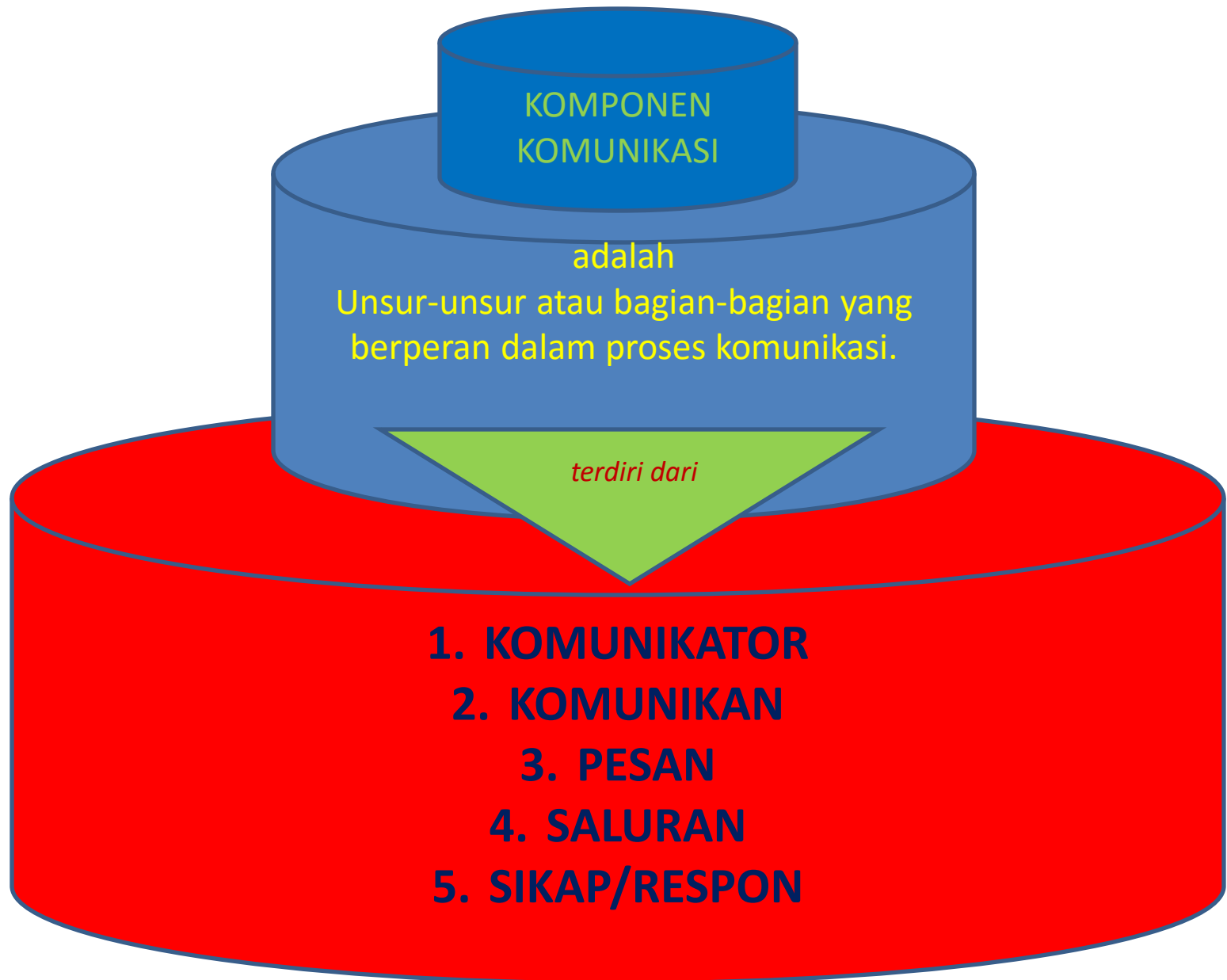
Yaitu
Seseorang yg mampu
memindahkan arti

Simbol

Yang
Berfungsi untuk
memindahkan arti

Penerima

Yaitu
Seseorang yg menerima
simbol dan menerjemahkan
artinya



ASAS
KOMUNIKASI

Orang yang tidak mengerti dalam menerima warta mempunyai kewajiban untuk meminta penjelasan

Komunikasi berlangsung antara pikiran seseorang dengan pikiran orang lain.

Orang hanya bisa mengerti sesuatu hal dengan menghubungkan nya pada suatu hal lain yang telah dimengerti.

Orang yang melakukan komunikasi mempunyai suatu kewajiban untuk membuat dirinya dimengerti.

 **RUMAH SAKIT ST. THERESIA**
Jl. Dr. Sutomo 19 ☎ (0741) 23119 (Hunting)
JAMBI

[Redacted]

Jambi, 19 - 10 2007

R/ Levocin 500 mg XV
538.500

4. Polopale 500 mg IX
258.000

4. Tripanzyl 100 mg IX
368.000

4. Imu Syon VI
142.000

4. Tranexyl 100 mg IX
103.500

4. Counterpain 100 mg IX
51.700

4. Laz 100 mg IX
262.000

W: 1392.500

PRO : [Redacted]
Umur :

 **RUMAH SAKIT ST. THERESIA**
Jl. Dr. Sutomo 19 ☎ (0741) 23119 (Hunting)
JAMBI

[Redacted]

Jambi, 19 - 10 2007

R/ 480u Dexametason 100 mg ✓
32.500

480u Kalnex 100 mg ✓
143.000

7 480u Tebogan 100 mg ✓
48.000

480u Merislon 100 mg ✓
48.000

480u Tradolik 100 mg ✓
48.000

480u 88u sp see 100 mg ✓
88.000

900u sp see 100 mg ✓
90.000

480u H/W parit 100 mg ✓
48.000

480u Trometopha Gel 100 mg ✓
48.000

480u 48.000

PRO : [Redacted]
Umur : 70 th

R/Levocin 500mg

R/ Salofalk

R/ Tripanzyl

R/ Sanmag syr

R/ Vometa

R/ Counterpain

R/ Laz

R/

Dexametason

Kalnex

Brainact

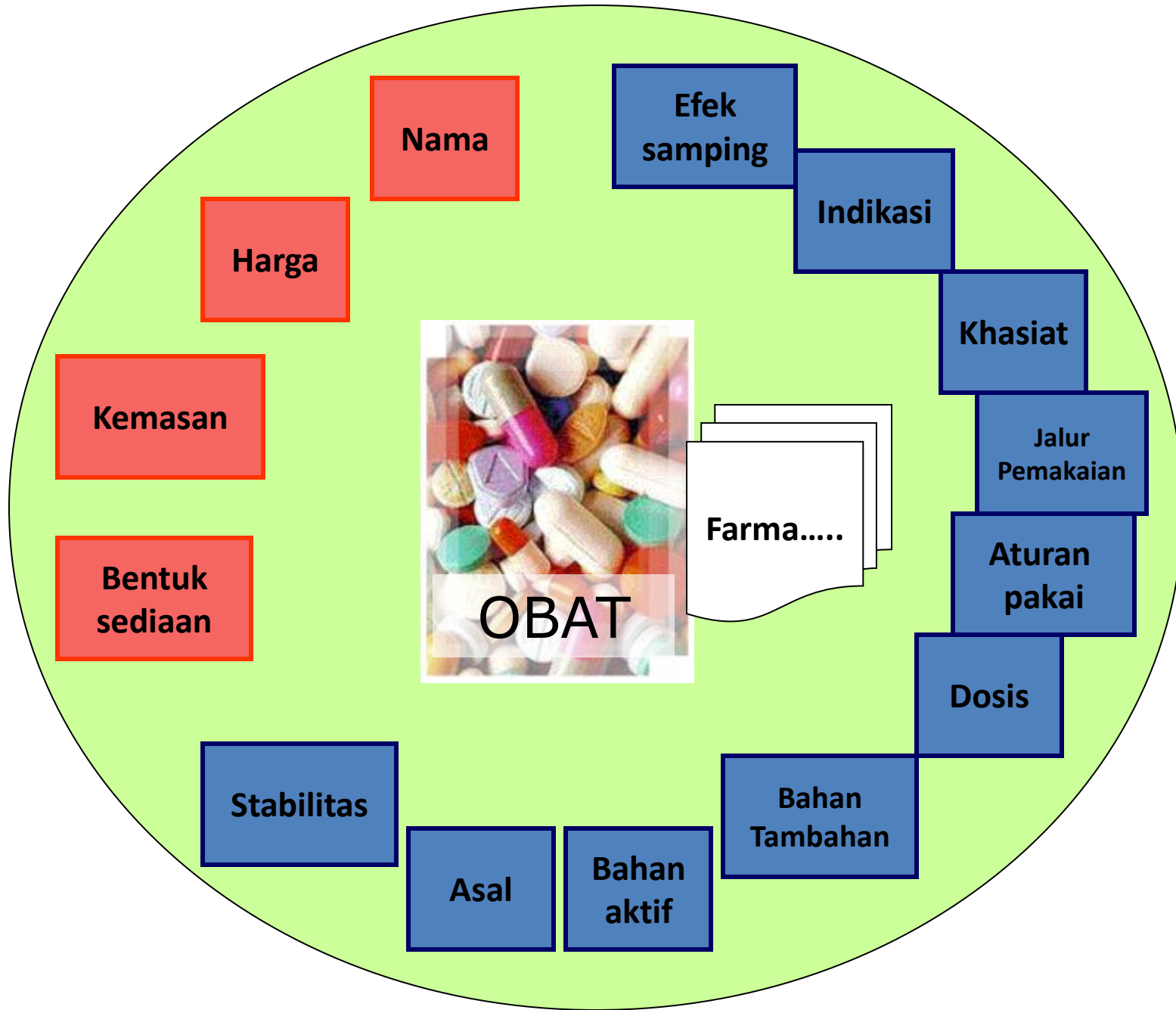
R/

Tebokan

Merislon

Tradolik

KARAKTERISTIK OBAT



Praktik Dispensing yang Baik

- **Dispensing obat** adalah proses yang mencakup berbagai kegiatan yang dilakukan apoteker,
 - Mulai dari penerimaan resep (atau permintaan obat bebas bagi pasien)
 - Dengan memastikan penyerahan obat yang tepat bagi pasien tsb
 - Serta kemampuannya mengonsumsi sendiri dengan baik
- **Praktik dispensing yang baik** adalah suatu proses praktik yg memastikan bahwa suatu bentuk yg efektif dari obat yg benar
 - Dihantarkan kepada pasien yang benar
 - Dalam dosis dan kuantitas yang tertulis
 - Dengan instruksi yang jelas, dan
 - Dalam suatu kemasan yang memelihara potensi obat

Praktik Dispensing yang Baik

- Praktik dispensing mencakup semua kegiatan yg terjadi antara waktu resep diterima dan obat atau bahan lain yg ditulis disampaikan kepada pasien
- Dispensing merupakan salah satu unsur vital dari **penggunaan obat secara rasional**, selain unsur lain yaitu kebiasaan penulisan obat secara rasional

Kegiatan dalam Proses Dispensing

- Menerima dan memvalidasi resep/order
- Mengerti dan menginterpretasi maksud dokter penulis resep
- Pengisian Profil Pengobatan Pasien (bila di RS)
- Menyediakan/ meracik dengan teliti
- Memberi wadah dan etiket yang benar
- Merekam semua tindakan
- Mendistribusikan obat/ bahan lain kepada pasien, disertai nasehat atau informasi yg diperlukan pasien dan perawat.

Dr. Arraihana
SIP : DU/27/I/2005
Alamat : Jl Harum 01 Yk
Telp. 081555666777

Yogyakarta, 18 Feb 2009

Iter 3x

R/ Isoniazid mg 100

Piridoxin mg 5

Rifampicin mg 300

M f pulv dtd No XV

h

Alamat : Jl Seroja 5 Yk

verifikasi :

- Identitas penulis resep
- Identitas obat
- Identitas pasien

Indikasi :

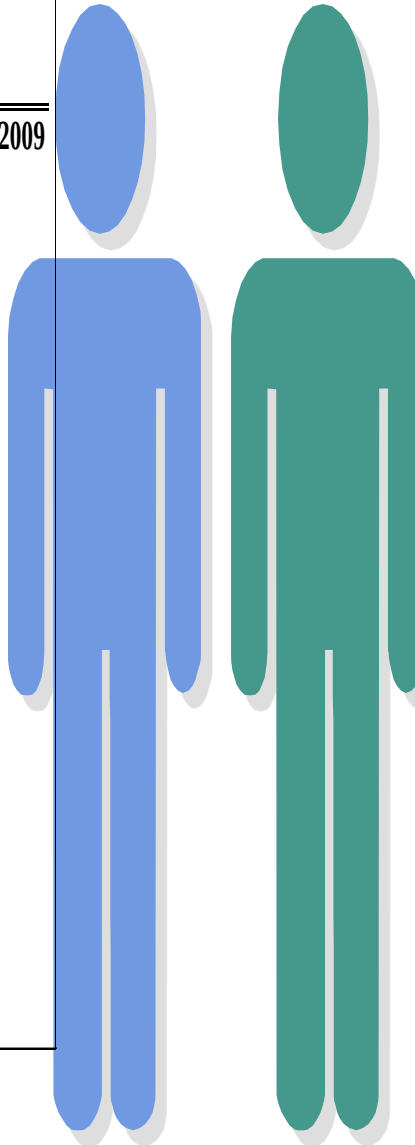
- ✧ Obat untuk apa
- ✧ Apa keluhan yang terkait

Safety :

- ❖ Efek samping obat
- ❖ Interaksi obat

Compliance:

- ☐ Aturan pakai
- ☐ Lama pemakaian



Keterampilan dasar komunikasi

- Kemampuan mendengar
- Empathy
- Assertive
- Assessment
- Menggunakan bahasa yang lugas
- Kemampuan mempersuasi
- Ada umpan balik

Basic Counseling and Communication Skills

■ Courtesy and rapport:

– Quite possibly the most critical skills you will need to develop, and includes:

- How to address patients
- Introducing yourself
- Learning patient names
- Being aware of your appearance, attitude, issues
- Respecting patient privacy issues
- Avoiding stereotypes
- Using appropriate body language

Body Language

■ Message impact:

- 7% verbal
- 38% vocal
- 55% body movements

■ Often more believable than words

■ Composed of

- Body movements
- Facial expression
- Gestures
- Posture and breathing
- Space

Basic Counseling and Communication Skills

- Body language (we will spend more time on this later)
 - Facial expression – smile
 - Eye contact
 - Open posture
 - Distance
 - Tone of voice
 - Get “CLOSER”
 - Control distractions, lean in, open posture, smile, make good eye contact, relax

Some samples of facial body language....





Listening



Basic Skills: Listening

- Listening Skills:

- Be aware of perceptions (F test)
- Be non-judgmental
- Be an active listener
 - Summarizing, paraphrasing, clarifying, feedback (immediate, honest and supportive)
- Use appropriate listening body language
- Use silence where appropriate

- Listening Skills:

- Sit up.
- Look and act interested.
- Lean forward.
- Actually Listen!
- Nod your head to show your attention.
- Make eye contact with the speaker.

Basic Skills: Information

- When communicating important information to patients, be sure to:
 - State the purpose of your communication
 - Inquire about what the patient needs
 - Use markers for critical information
 - *“Now, Ms. Smith, this is really important.....I need you to...”*
 - Talk in lay terms, but don’ t oversimplify
 - Avoid technical jargon
 - Avoid information overload
 - Keep it short and simple, to the point

Basic Skills: Gathering Information

- When gathering information
 - Ask open-ended questions
 - Much more information can be gained
 - Saves time
 - Provides opportunities for patients to reveal information we might not be thinking about
 - *“How are you supposed to be taking this...?”*
 - *“Tell me more about this...”*

Basic Skills: Assessment

- The question is, did your patient learn anything from you? In other words, did the other person understand what you said, and meant?
- To assess:
 - Summarize your teaching
 - Verify what your patients know
 - *“Ms. Smith, can you tell me how you will take your medication?”*
 - Reinforce patient understanding when you can
 - *“That ’s right, this medication will make you sleepy...”*

Basic Skills: Empathy

- Seek to understand what your patients feel
 - Empathy is not sympathy
 - Realistically, may not be attainable because you are not the other person
 - Empathy will help you shape your communication so that others better understand you!
- Listening and Responding Test: (p47 Tindall Book)

Basic Skills: Questions

- Encourage patients to ask questions
 - *“Just let me know if you have any other questions, OK?”*
- *Key Point:* When your patients are comfortable asking you questions, you know you have rapport and are doing a good job communicating.

Basic Skills: Assertiveness and Persuasion

- Assertive versus aggressive.
- Persuasive versus pushy.
 - What is the difference?

Counseling Methods We Will Learn:

- Basic Counseling
 - Interactive patient counseling
 - The Prime Questions
- Counseling in challenging situations
 - The PAR technique
 - Prepare, assess and respond
- Counseling for compliance
 - The RIM technique
 - Recognize, identify and manage



Terima Kasih