Prescription for Learning

Communication Skills for the Practice of Pharmacy

International Pharmacy Graduates

Facilitator’s Guide

2003
Prescription for Learning
Communication Skills for the Practice of Pharmacy

Session 1 – 4
Day 1

Session 5 - 8
Day 2

Session 9 – 12
Day 3

Session 12 – 14
Day 4

Session 15 – 16
Day 5

Session 17 – 19
Day 6

Session 20 – 22
Day 7

Miscellaneous
Information
ACKNOWLEDGEMENTS

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- David Collins - University of Manitoba
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This Curriculum was researched and developed by:

Emerald Education Services
OARS training Inc.
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Prescription for Learning: Communication Skills for the Practice of Pharmacy is a 50-hour program designed to be delivered over seven, seven-hour sessions and integrates communication techniques and knowledge of the workplace with topics and issues facing Canadian pharmacists. Participants are supported by a travelling mentor/coach throughout the program.

- The classes are highly participatory and interactive, featuring a variety of learning techniques including role-play, group discussions, guest speakers and case studies to practise communication skills.
- The program is comprised of the following core areas: The Culture of the Canadian Workplace, Communication, Problem Solving and Written Communication.
- Within each of these core areas the following sub-topics will be discussed.
  - The Culture of the Canadian Workplace: diversity (inc. gender), idioms/acronyms, and mannerisms.
  - Communication: non-verbal, speaking clearly, listening, clarification/paraphrasing, comprehension, patient counselling and the use of appropriate language, resolving conflict and asking questions.
  - Problem Solving: negotiation, critical thinking, decision making, use of professional judgement, setting priorities, organizing, multi-tasking and resolving common errors.
  - Written Communication: email etiquette, note taking, writing conventions, and document navigation.
- Guest speakers will also be invited to present to the class on the following topics: the Canadian health care system, Manitoba Health as it relates to the practice of pharmacy, the role of the pharmacist and the legalities and ethics of professional practice. These topics are used to generate discussion, thus practising appropriate communication skills.

The Role of the Traveling Mentor/Coach

The mentor, a pharmacist, will 'travel' from work site to work site to see how the International Pharmacy Graduate is doing and provide feedback in a constructive, non-judgmental way. S/he will attend the classes, know what has been discussed in class and then can refer directly to situations in the classroom. S/he will provide technical clarification as it relates to the practice of pharmacy. The mentor also ensures that s/he has the appropriate authorization to be working on site with the IPG and liaises with the supervisor/manager at the location as needed. The mentor is available by email/phone during business hours to answer questions and concerns as they arise.
PROGRAM OVERVIEW

THIS SECTION INCLUDES:

1. Program Overview
2. Candidate Recruitment and Enrolment Strategy
3. Application Form and Participant Self-Assessment Checklist
4. Curriculum At a Glance

PROGRAM OVERVIEW

*Prescription for Learning, Communication Skills for the Practice of Pharmacy* has been developed as additional support for recently licensed International Pharmacy Graduates and those in the internship phase of the licensing process in Manitoba. The potential for success of these graduates results not only from the requisite technical skills but also from the communication skills and workplace contact that enable these professionals to feel comfortable in Canadian community and hospital pharmacies.

This 50-hour Program is designed to be delivered over seven, seven-hour sessions and integrates communication techniques and knowledge of the workplace with topics and issues facing Canadian pharmacists.

The resulting detailed curriculum is highly participatory and interactive, featuring a variety of learning techniques including role-play, group discussions, guest speakers and case studies. The program should mirror real life challenges on the job.

This program is designed to be delivered by two part-time instructors accompanied by a travelling mentor. The mentor, who will be an experienced pharmacist, will provide on-site expertise as well as conduct site visits to each participant.

The curriculum is a detailed framework that will evolve over time. Instructors are encouraged to modify the curriculum according to their experiences and feedback from course participants.

Instructors are also encouraged to use the participant self-assessment to further customize the material to meet the needs of individual classes.
CANDIDATE CRITERIA AND ENROLMENT STRATEGY

☑ An IPG who has met the registration requirements of The Manitoba Pharmaceutical Association (MPhA) and has been approved to begin his/her internship.

☑ Alternatively, an IPG whose employer identifies that he/she would benefit from participation in this program.

- Information regarding the program, including start and end dates is disseminated.

- A group orientation will be held – information on the content of the program, how the program will be delivered, time, date, location etc. will be given.

- At the end of the orientation, participants will be asked to complete a self-assessment form. This tool will help to determine if the person is an appropriate candidate for the program and it will also be used to identify participants’ specific learning requirements.

- The support of the employer, preceptor and immediate supervisor of the IPG is critical.

- Participation in this program is not mandatory.

- There is no cost to enrol in the program.
# PRESCRIPTION FOR LEARNING: Application

**Please print in all areas**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

If different, commonly used first name

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Month / day / year</td>
</tr>
</tbody>
</table>

Home Address

Postal Code

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E-mail address:

Language(s) spoken at home

Number of years in Canada

Country of initial pharmacy education and training

Country (Countries) where practice of pharmacy occurred

Number of years worked as a practicing pharmacist since graduation

Number of years since last worked as practicing pharmacist

Other work experience? Part time? Full time?
Name: ________________________________  Employer: ________________________________

1. On what date did you start (or will you start) your internship? ________________________

2. Where are you doing your internship? ____________________________

3. Do you have a preceptor? ____ Yes   ____ No

4. Do you have the support of your immediate supervisor to participate in this program? ____ Yes   ____ No

5. About which aspects of your internship do you feel most confident?

6. What concerns do you have about starting work as a pharmacy intern in Canada?

7. What differences have you noticed between how pharmacy is practised in Canada and how it is practised in the country where you were trained?

8. Did you volunteer to participate in this program?  ____ Yes   ____ No

9. Why did you decide to participate?

10. What hesitations or concerns do you have about participating in the program?

11. Are there any barriers that might make it difficult for you to participate fully in the program? If yes, please explain. ____ Yes   ____ No

12. Are you willing to provide feedback on the tools, process and benefits of this program through questionnaires and/or focus groups? Yes   ____ No
13. On a scale of one to ten (with ten being the highest and one being the lowest), please rate how well you can do the following:

Locate information about medications in reference books or on-line. _______________________

Write reports, notes and memos. _______________________

Use a computer to the standards necessary to practice pharmacy in Canada. _______________________

Send e-mails with proper e-mail etiquette. _______________________

Approach people and start a conversation. _______________________

Ask questions if you need more information from the patient. _______________________

Counsel or provide information for patients in person. _______________________

Counsel a patient over the telephone. _______________________

Phone a doctor to ask for more information or because you think there is a mistake in the prescription. _______________________

Ask your supervisor for information or suggestions. _______________________

Confront a patient who you think may be double doctoring or abusing medications. _______________________

Find solutions when you have a misunderstanding or conflict with a co-worker. _______________________

Be comfortable with people whose beliefs and values are very different from yours. _______________________

Respond appropriately to racist comments or attitudes from the public or co-workers. _______________________

Handle criticisms about your work. _______________________

14. Which of the skills listed above are the most important for you to develop at this time?

15. Are there any other skills that are important for you to develop at this time?
Name: ____________________________  Employer: ____________________________

1. When did you start to work with your current employer? __________________

2. Do you have the support of your immediate supervisor to participate in this program? ____ Yes   ____ No

3. About which aspects of your job do you feel most confident?

4. What concerns do you have about practising pharmacy in Canada?

5. What differences have you noticed between how pharmacy is practised in Canada and how it is practised in the country where you were trained?

6. Did you volunteer to participate in this program? ____ Yes   ____ No

7. Why did you decide to participate?

8. What hesitations or concerns do you have about participating in the program?

9. Are there any barriers that might make it difficult for you to participate fully in the program? If yes, please explain. ____ Yes   ____ No

10. Are you willing to provide feedback on the tools, process and benefits of this program through questionnaires and/or focus groups? ____ Yes   ____ No
On a scale of one to ten (with ten being the highest and one being the lowest), please rate how well you can do the following:

Locate information about medications in reference books or on-line.

Write reports, notes and memos.

Use a computer to the standards necessary to practice pharmacy in Canada.

Send e-mails with proper e-mail etiquette.

Approach people and start a conversation.

Ask questions if you need more information from the patient.

Counsel or provide information for patients in person.

Counsel a patient over the telephone.

Phone a doctor to ask for more information or because you think there is a mistake in the prescription.

Ask your supervisor for information or suggestions.

Confront a patient who you think may be double doctoring or abusing medications.

Find solutions when you have a misunderstanding or conflict with a co-worker.

Be comfortable with people whose beliefs and values are very different from yours.

Respond appropriately to racist comments or attitudes from the public or co-workers.

Handle criticisms about your work.

11. Which of the skills listed above are the most important for you to develop at this time?

12. Are there any other skills that are important for you to develop at this time?
## CURRICULUM AT A GLANCE

<table>
<thead>
<tr>
<th>Day</th>
<th>9 – 10:30 a.m.</th>
<th>10:45 – Noon</th>
<th>12:45 – 3 p.m.</th>
<th>3:15 – 4:30 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Program Introduction</td>
<td>Asking Questions</td>
<td>Personal Communication Styles</td>
<td>Canadian Workplace Culture</td>
</tr>
<tr>
<td>2</td>
<td>Communication Framework</td>
<td>Canadian Health Care System</td>
<td>Apply Communications Framework</td>
<td>Diversity</td>
</tr>
<tr>
<td>3</td>
<td>MB Health Speaker</td>
<td>Problem-Solving in the Workplace</td>
<td>Note-Taking</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Document Navigation</td>
<td>Writing Detailed Reports</td>
<td>E-mail Etiquette</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Role of Health Professionals - Guest Speaker (Case Studies/Role Plays)</td>
<td></td>
<td>Conflict Resolution</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Legalities and Ethics of Professional Practice – Guest Speaker (Case studies)</td>
<td></td>
<td>Workers Rights in Canada</td>
<td>A Session on Self-Esteem</td>
</tr>
<tr>
<td>7</td>
<td>Review and Role-Plays</td>
<td>Personal Learning Plans</td>
<td>Evaluation/ Celebrations</td>
<td></td>
</tr>
</tbody>
</table>
Day 1, includes the following items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Lesson Handouts</th>
<th>Supplementary Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agenda – day 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session #1</td>
<td>Facilitator’s Outline</td>
<td></td>
</tr>
<tr>
<td>Program Introduction</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Handout 1.2.1</td>
<td></td>
</tr>
<tr>
<td>Session #2</td>
<td>Facilitator’s Outline</td>
<td></td>
</tr>
<tr>
<td>Asking Questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Handout 2.2.1</td>
<td>“Introduction: getting started”</td>
</tr>
<tr>
<td>Session #3</td>
<td>Facilitator’s Outline</td>
<td></td>
</tr>
<tr>
<td>Personal Communication Styles</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Handout 3.2.1</td>
<td>“Kiersey Temperament Sorter with answer key”</td>
</tr>
<tr>
<td></td>
<td>Handout 3.2.2</td>
<td>“Key words regarding the pairs”</td>
</tr>
<tr>
<td></td>
<td>Handout 3.2.3</td>
<td>“Introduction to type in Organizations”</td>
</tr>
<tr>
<td>Session #4</td>
<td>Facilitator’s Outline</td>
<td></td>
</tr>
<tr>
<td>Canadian workplace culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Handout 4.2.1</td>
<td>“Cultural Differences”</td>
</tr>
<tr>
<td></td>
<td>Handout 4.2.2</td>
<td>“Cultural values spectrum worksheet”</td>
</tr>
<tr>
<td></td>
<td>Handout 4.2.3</td>
<td>“Culture and Communication”</td>
</tr>
<tr>
<td></td>
<td>Handout 4.2.4</td>
<td>“He works, she works”</td>
</tr>
</tbody>
</table>

Word Puzzles – Day 1

** - Material (i.e. handout) is inserted as a copy for the following reasons: a) the information is current and available on a website, b) the original document is a copy and not available electronically.

Facilitator’s Checklist – Day 1

- Participant Binders
- Participant handouts
- Contact e-mail information about questions/attendance for participants to use
- Five flip charts with markers
- Pens for participants – blue for all day/red for exercise in Session 4
- Arrangements made for refreshments – pre-session, lunch, and morning and afternoon breaks
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 – 10:30</td>
<td>Session 1</td>
</tr>
<tr>
<td></td>
<td>Program Introduction</td>
</tr>
<tr>
<td>10:30 – 10:45</td>
<td>Break</td>
</tr>
<tr>
<td></td>
<td>Coffee and Refreshments Available</td>
</tr>
<tr>
<td>10:45 – Noon</td>
<td>Session 2</td>
</tr>
<tr>
<td></td>
<td>Asking Questions</td>
</tr>
<tr>
<td>Noon – 12:45</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:45 – 3:00</td>
<td>Session 3</td>
</tr>
<tr>
<td></td>
<td>Personal Communication Styles</td>
</tr>
<tr>
<td>3:00 – 3:15</td>
<td>Break</td>
</tr>
<tr>
<td></td>
<td>Refreshments Available</td>
</tr>
<tr>
<td>3:15 – 4:30</td>
<td>Session 4</td>
</tr>
<tr>
<td></td>
<td>Canadian Workplace Culture</td>
</tr>
<tr>
<td>4:30 – 5:00</td>
<td>Session Review/Questions and Answers</td>
</tr>
</tbody>
</table>
1.0 Session #1: Program Introduction

1.1 Outline

Objectives
The participants will have been introduced to each other, the content of the program and its mode of delivery. Information will have also been provided on the logistics of the program – attendance expectations, location of training, time etc.

Introduce
A representative from The Manitoba Pharmaceutical Association or The Manitoba Society of Pharmacists welcome the participants.

Discuss
The instructors introduce themselves to the participants and provide background on their experience with workplace education.

The mentor will also be introduced to the participants and will explain his/her role in the classes and in the workplace.

If there is sufficient time, an icebreaker can be sued to alleviate initial anxiety within the class.

Debrief with group and have people introduce themselves.

Expand
Review program content and logistics including:
- Dates, times and location of classes
- Attendance expectations and procedures to notify if not attending/late, etc.
- Arrangements for lunch and refreshments. Specific dietary requirements, significant Holy Days etc.
- Location of the washroom.
- Smoking?
- Access to pay phones?
- Ask that all cell phones are switched off during the class
- Course binders will be provided.

Apply
Discussion on how the program will be delivered:
- Fun, engaging, highly interactive, relevant to the internship and will reflect as much as possible the workings of a pharmacy.
- People learn in many different ways and the way that these classes are delivered may not reflect the way that other classes usually take place.
- Encourage the participants to take a risk in a safe learning environment. Learning takes place through role-playing, teamwork, simulations, case studies, solving of problems etc. As a learner you will be tested and challenged.
- We welcome your feedback and are open to suggestions to improve the program.

Handout 1.2.1
“Program Outline”

Guiding principles:
- No question is a stupid question – learning opportunities.
- What goes on here stays here.
- Facilitate with the group a Code of Conduct.
- Post on wall and have it available for all classes.
Session #1: Program Introduction

International Pharmacy Graduates - Program Outline

Prescription for Learning: Communication Skills for the Practice of Pharmacy

Prescription for Learning: Communication Skills for the Practice of Pharmacy is a 50-hour program is designed to be delivered over seven, seven-hour sessions and integrates communication techniques and knowledge of the workplace with topics and issues facing Canadian pharmacists.

- The classes are highly participatory and interactive, featuring a variety of learning techniques including role-play, group discussions, guest speakers and case studies to practise communication skills.
- The classes are comprised of the following core areas: The Culture of the Canadian Workplace, Communication, Problem Solving and Written Communication.
- Within each of these core areas the following sub-topics will be discussed.
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- Communication: non-verbal, speaking clearly, listening, clarification/paraphrasing, comprehension, patient counselling and the use of appropriate language, resolving conflict and asking questions.
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- Written Communication: email etiquette, note taking, writing conventions, document navigation, processes of filling a prescription, patient counselling and dilemma/options/judgements.
- Guest speakers will also be invited to present to the class on the following topics: the Canadian health care system, Manitoba Health as it relates to the practice of pharmacy, the role of the pharmacist and the legalities and ethics of professional practice. These topics are used to generate discussion, thus practising appropriate communication skills.

The Role of the Traveling Mentor/Coach

The mentor, a pharmacist, will 'travel' from work site to work site to see how the International Pharmacy Graduate is doing and provide feedback in a constructive, non-judgmental way. S/he will attend the classes, know what has been discussed in class and then can refer directly to situations in the classroom. S/he will provide technical clarification as it relates to the practice of pharmacy. The mentor also ensures that s/he has the appropriate authorization to be working on site with the IPG and liaises with the supervisor/manager at the location as needed. The mentor is available by email/phone during business hours to answer questions and concerns as they arise.
## 2.0 Session #2: Asking Questions

### 2.1 Outline

<table>
<thead>
<tr>
<th><strong>Objectives:</strong></th>
<th>Participants will be able to define the role of the pharmacist in the Canadian workplace and will have a checklist to use on the first day of the Internship and/or in a new employment situation.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduce:</strong></td>
<td>This section will discuss the role of the pharmacist and prepare the participants for the first day of their internship, and/or in a new employment situation.</td>
</tr>
<tr>
<td><strong>Discuss:</strong></td>
<td>Ask if there is anybody who has already completed the internship? Solicit the following from those participants who have already started the internship:</td>
</tr>
<tr>
<td></td>
<td>What do you know now that you wish you had known or asked on your first day?</td>
</tr>
<tr>
<td></td>
<td>Note the participants’ responses.</td>
</tr>
<tr>
<td></td>
<td>Solicit from the group issues/information that they think are important to know or ask on the first day.</td>
</tr>
<tr>
<td></td>
<td>Note the participants’ responses.</td>
</tr>
<tr>
<td><strong>Expand:</strong></td>
<td>Define FOUR main areas for the orientation</td>
</tr>
<tr>
<td></td>
<td>1) Introduction to staff; brief discussion of duties</td>
</tr>
<tr>
<td></td>
<td>2) Pharmacy layout</td>
</tr>
<tr>
<td></td>
<td>3) Policies and Procedures</td>
</tr>
<tr>
<td></td>
<td>4) Dispensary layout and Routine</td>
</tr>
<tr>
<td></td>
<td>&quot;In the introduction it was discussed how this program is highly interactive and will model what happens in the workplace. Meetings are a common occurrence in the workplace and the classroom is an excellent opportunity to practice meetings. What are some roles in meetings?&quot;</td>
</tr>
<tr>
<td></td>
<td>Prompt note taker/scribe, facilitator/chair and sometimes a presenter.</td>
</tr>
<tr>
<td></td>
<td>&quot;We will use the opportunity to discuss the role of the pharmacist to also practice the skills used in meetings.&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;What skills do you think a facilitator/chair has to have?&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;What skills do you think a scribe/note taker has to have?&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;What skills do you think a presenter has to have?&quot;</td>
</tr>
<tr>
<td></td>
<td>Note the information solicited and post this information for subsequent classes as reference.</td>
</tr>
</tbody>
</table>

### Handout 2.2.1

"Introduction: Getting Started"
Session #2: Asking Questions

Outline continued

Apply:

Divide the class into FOUR groups. Each group has a large flipchart sheet with one of the four main areas as listed on the previous page.

1) Each person within the group works on the topic individually (10 minutes) brainstorming what they think ought to be on the topic.

2) Appoint a Facilitator, Scribe (somebody who writes) and a Presenter within the group.

3) The Facilitator ensures that everybody in the group has an opportunity to contribute to what is been presented by the group to the class e.g., they ‘chair’ the meeting. The scribe is the person who will write what the group decides and the presenter is another person who will present what the group has developed to the class.

4) Each group presents their findings to the class; note the information provided and add, if necessary the information from the resource list below. The information derived serves as a checklist for the first day orientation.
**Session #2: Asking Questions**

**INTRODUCTION**

**GETTING STARTED**

**Orientation**

Begin with an orientation on Day 1 of the internship. Use the following checklists to ensure that you become acquainted with your preceptor, other pharmacists and staff members, pharmacy policies and procedures, and the layout of the pharmacy.

**Orientation Checklist**

- Introduction to staff; brief discussion of duties
  - other pharmacists/manager
  - technicians
  - front store personnel
  - cashiers
  - delivery personnel

- Pharmacy layout
  - front store
  - dispensary
  - storage areas
  - staff areas
  - specialty service areas (long term care, home health care), if applicable
  - other

- Policies and procedures related to:
  - dress code
  - hours of work
  - punctuality
  - breaks
  - telephone procedures
  - customer relations
  - confidentiality
  - security
  - daily operations, if applicable

- Dispensary layout and routine
  - location of all medications
  - location of equipment and supplies
  - prescription files
  - pharmacy reference material
  - dispensary routine
  - computer system
  - patient counselling/education area

**Intern's Self-Assessment**

Next, review the Internship Program Objectives (page 3) and the *Framework of Professional Practice* Role 1 and 2 (Appendix A). Now, turn to the Intern's Self-Assessment on the next pages. Use your self-assessment to identify your internship goals, in conjunction with your preceptor.

The intern and preceptor should now prioritize the initial internship goals, taking into consideration the intern's background, knowledge, skills, practical experience and the opportunities offered by the preceptor and pharmacy site. Make a note of the Personal Learning Plan (page 7).

**The Learning Plan**

Now, develop a learning plan for the first two weeks of your internship. It is important that you develop your own plan, in conjunction with your preceptor, to gain experience in your areas of weakness.

Midway through the internship, the intern and preceptor should again review the Intern's Self-Assessment. Reassess and revise your learning plan accordingly. Constructively discuss your progress and collaborate to adjust the learning goals or develop a new learning plan for the final weeks of the internship, if necessary.

**The Internship Manual**

This manual should guide you through the areas of 7 basic professional skills required for licensing as a pharmacist. Throughout the Internship Manual, there are *QUESTIONS/CASES*. They may aid your preceptor in discerning your expertise in a particular objective or they could be used as the basis for role-playing.

The questions/cases were developed from actual practice situations. In order to simulate day-to-day practice, specific answers are not provided. Day-to-day pharmacy practice has no answer key!

*You should experience or learn most objectives through observation and practical experience of pharmacy practice, rather than through studying the Internship Manual.*
### 3.1 Outline

**Objectives**

At the end of the lesson, the participants will know their own temperament type, the key characteristics of their type, and how their type affects their performance and communication at work.

**Introduce**

- Introduce the Keirsey Temperament Sorter, explain character temperament and explain why it is useful.
- Caution participants about the meaning of the results: this is just a helper!
- Explain what will happen during the class.
- Hand out the Temperament Sorter, explain how to complete and score it.
- Participants complete and score the instrument.

**Discuss**

Chart the 16 types on the flip chart. How many of each is in the group? Where do they fall on the continuum for each pair?

<table>
<thead>
<tr>
<th>E/I</th>
<th>N/S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>T/F</td>
<td>J/P</td>
</tr>
</tbody>
</table>

**Expand**

Explain the key elements of the pairs – describe the opposites

- Extravert/introvert – energy
- Sensing/intuition – information
- Thinking/feeling – decisions
- Judging/perceiving - organizing

**Apply**

Discuss: how type affects what you do and how you communicate at work, with reference to:

- Communication
- Conflict
- Time management
- Meetings
- Leading
- Teamwork
- Change
- Stress

Discuss what happens when a person is under stress or “in the grip” – one tends to go to the opposite type.

---

Handout 3.2.1

“Keirsey Temperament Sorter with answer key”

Handout 3.2.2

“Key words regarding the pairs.”

Handout 3.2.3

“Introduction to Type in Organizations, pp16-31 – each person gets the one for their type.”
Session #3: Personal Communication Styles

The Keirsey Temperament Sorter

1. At a party do you
   a) interact with many, including strangers  b) interact with a few, known to you

2. Are you more
   a) realistic than speculative  b) speculative than realistic

3. Is it worse to
   a) have your “head in the clouds”  b) be “in a rut”

4. Are you more impressed by
   a) principles  b) emotions

5. Are you more drawn toward the
   a) convincing  b) touching

6. Do you to prefer to work
   a) to deadlines  b) just whenever

7. Do you tend to choose
   a) rather carefully  b) somewhat impulsively

8. At parties do you
   a) stay late, with increasing energy  b) leave early, with decreased energy

9. Are you more attracted to
   a) sensible people  b) imaginative people

10. Are you more interested in
    a) what is actual  b) what is possible

11. In judging others are you more swayed by
    a) laws than circumstances  b) circumstances than laws

12. In approaching others is your inclination to be somewhat
    a) objective  b) personal

13. Are you more
    a) punctual  b) leisurely

14. Does it bother you more having things
    a) incomplete  b) completed

15. In your social groups do you
    a) keep abreast of other’s happenings  b) get behind on the news

16. In doing ordinary things are you more likely to
    a) do it the usual way  b) do it your own way

17. Writers should
    a) “say what they mean and mean what they say”
    b) express things more by use of analogy
Session #3: Personal Communication Styles

The Keirsey Temperament Sorter continued

18. Which appeals to you more
   a) consistency of thought
   b) harmonious human relationships

19. Are you more comfortable in making
   a) logical judgements
   b) value judgements

20. Do you want things
   a) settled and decided
   b) unsettled and undecided

21. Would you say you are more
   a) serious and determined
   b) easy-going

22. In phoning do you
   a) rarely question that it will all be said
   b) rehearse what you'll say

23. Facts
   a) “speak for themselves”
   b) illustrate principles

24. Are visionaries
   a) somewhat annoying
   b) rather fascinating

25. Are you more often
   a) a cool-headed person
   b) a warm-hearted person

26. Is it worse to be
   a) unjust
   b) merciless

27. Should one usually let events occur
   a) by careful selection and choice
   b) randomly and by chance

28. Do you feel better about
   a) having purchased
   b) having the option to buy

29. In company do you
   a) initiate conversation
   b) wait to be approached

30. Common sense is
   a) rarely questionable
   b) frequently questionable

31. Children often do not
   a) make themselves useful enough
   b) exercise their fantasy enough

32. In making decisions do you feel more comfortable with
   a) standards
   b) feelings

33. Are you more
   a) firm than gentle
   b) gentle than firm

34. Which is admirable
   a) the ability to organize and be methodological
   b) the ability to adapt and make do

35. Do you put more value on
   a) definite
   b) open-ended
Session #3: Personal Communication Styles

The Keirsey Temperament Sorter continued

36. Does new and no routine interaction with others
   a) stimulate and energize you b) tax your reserves

37. Are you more frequently
   a) a practical sort of person b) a fanciful sort of person

38. Are you more likely to
   a) see how others are useful b) see how others see

39. Which is more satisfying:
   a) to discuss an issue thoroughly b) to arrive at agreement on an issue

40. Which rules you more:
   a) your head b) your heart

41. Are you more comfortable with work that is
   a) contracted b) done on a casual basis

42. Do you tend to look for
   a) the orderly b) whatever turns up

43. Do you prefer
   a) many friends with brief contact b) a few friends with more lengthy contact

44. Do you go more by
   a) facts b) principles

45. Are you more interested in
   a) production and distribution b) design and research

46. Which is more of a compliment
   a) “there is a very logical person” b) “there is a very sentimental person”

47. Do you value in yourself more that you are
   a) unwavering b) devoted

48. Do you more often prefer the
   a) final and unalterable statement b) tentative and preliminary statement

49. Are you more comfortable
   a) after a decision b) before a decision

50. Do you
   a) speak easily and at length with strangers b) find little to say to strangers

51. Are you more likely to trust your
   a) experience b) hunch

52. Do you feel
   a) more practical than ingenious b) more ingenious than practical

53. Which person is more to be compliments: one of
   a) clear reason b) strong feeling
The Keirsey Temperament Sorter continued

54. Are you inclined more to be
   a) fair-minded
   b) sympathetic

55. Is it preferable mostly to
   a) make sure things are arranged
   b) just let things happen

56. In relationships, should most things be
   a) renegotiable
   b) random and circumstantial

57. When the phone rings do you
   a) hasten to get to it first
   b) hope someone else will answer it

58. Do you prize more in yourself
   a) a strong sense of reality
   b) a vivid imagination

59. Are you drawn more to
   a) fundamentals
   b) overtones

60. Which seems the greater error:
   a) to be too passionate
   b) to be too objective

61. Do you see yourself as basically
   a) hard-headed
   b) soft-hearted

62. Which situation appeals to you more:
   a) the structured and scheduled
   b) the unstructured and unscheduled

63. Are you a person that is more
   a) routinized than whimsical
   b) whimsical that routinized

64. Are you more inclined to be
   a) easy to approach
   b) somewhat reserved

65. In writings do you prefer
   a) the more literal
   b) the more figurative

66. Is it harder for you to
   a) identify with others
   b) utilize others

67. Which do you wish more for yourself
   a) clarity of reason
   b) strength of compassion

68. Which is the greater fault
   a) being indiscriminate
   b) being critical

69. Do you prefer the
   a) planned event
   b) unplanned event

70. Do you tend to be more
   a) deliberate than spontaneous
   b) Spontaneous than deliberate
Session #3: Personal Communication Styles

The Keirsey Temperament Sorter – Answer Sheet

Enter a check for each answer in the column for **a** or **b**.

<table>
<thead>
<tr>
<th></th>
<th>a</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4</td>
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<td>67</td>
<td>68</td>
<td>69</td>
</tr>
<tr>
<td>70</td>
<td>71</td>
<td>72</td>
</tr>
</tbody>
</table>

**Directions for Scoring**

1. **ADD DOWN** so that the total number of “a” answers is written in the box at the bottom of each column. Do the same for the “b” answers you have checked. Each on the 14 boxes should have a number in it.

2. **TRANSFER THE NUMBER** in box No. 1 of the answer sheet to box No. 1 below the answer sheet. Do this for box No. 2 as well. Note, however, that you have two numbers for boxes 3 through 8. Bring down the first number for each box beneath the second, as indicated by the arrows. Now add all the pairs of numbers and enter the total in the boxes below the answer sheet, so each box has only one number.
### Key Words Regarding Pairs (Table 1 of 4)

<table>
<thead>
<tr>
<th>Energizing (orientation of energy)</th>
<th>Extravert (E)</th>
<th>Introvert (I)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vocabulary</strong></td>
<td><strong>Outside thrust</strong></td>
<td><strong>Internal pull</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Blurt it out</strong></td>
<td><strong>Keep it in</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Breadth</strong></td>
<td><strong>Depth</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Involved with people, things</strong></td>
<td><strong>Work with ideas, thoughts</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Interaction</strong></td>
<td><strong>Concentration</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Action</strong></td>
<td><strong>Reflection</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Do-think-do</strong></td>
<td><strong>Think-do-think</strong></td>
</tr>
<tr>
<td><strong>Effects at work</strong></td>
<td><strong>Like variety and action</strong></td>
<td><strong>Like quiet for concentration</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Often impatient with long, slow jobs</strong></td>
<td><strong>Tend not to mind working on one project</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Are interested in the activities of their work</strong></td>
<td><strong>Are interested in the facts/ideas behind their work</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Often act quickly, sometimes without thinking</strong></td>
<td><strong>Like to think a lot before they act, sometimes without acting</strong></td>
</tr>
<tr>
<td></td>
<td><strong>When working on a task, find phone calls a welcome diversion</strong></td>
<td><strong>When concentrating on a task, find phone calls intrusive</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Develop ideas by discussion</strong></td>
<td><strong>Develop ideas by reflection</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Like having people around</strong></td>
<td><strong>Like working alone</strong></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td><strong>Communicate energy and enthusiasm</strong></td>
<td><strong>Keep energy and enthusiasm inside</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Respond quickly without long pauses to think</strong></td>
<td><strong>Like to think before responding</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Focus of talk is on people and things in the external environment</strong></td>
<td><strong>Focus is on internal ideas and thoughts</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Need to moderate expression</strong></td>
<td><strong>Need to be drawn out</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Seek opportunities to communicate in groups</strong></td>
<td><strong>Seek opportunities to communicate one-to-one</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Prefer face-to-face over written communications</strong></td>
<td><strong>Prefer written over face-to-face communication</strong></td>
</tr>
<tr>
<td></td>
<td><strong>In meetings, like talking out loud before coming to conclusions</strong></td>
<td><strong>In meetings, verbalize already well thought out conclusions</strong></td>
</tr>
</tbody>
</table>
### Key Words Regarding Pairs (Table 2 of 4)

<table>
<thead>
<tr>
<th></th>
<th><strong>Attending (perception)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Sensing (S)</strong></td>
</tr>
<tr>
<td><strong>Vocabulary</strong></td>
<td>The five senses</td>
</tr>
<tr>
<td></td>
<td>What is real</td>
</tr>
<tr>
<td></td>
<td>Practical</td>
</tr>
<tr>
<td></td>
<td>Present orientation</td>
</tr>
<tr>
<td></td>
<td>Facts</td>
</tr>
<tr>
<td></td>
<td>Using established skill</td>
</tr>
<tr>
<td></td>
<td>Utility</td>
</tr>
<tr>
<td></td>
<td>Step-by-step</td>
</tr>
<tr>
<td><strong>Effects at work</strong></td>
<td>Like using experience and</td>
</tr>
<tr>
<td></td>
<td>standard ways to solve</td>
</tr>
<tr>
<td></td>
<td>Enjoy applying what they</td>
</tr>
<tr>
<td></td>
<td>have already learned</td>
</tr>
<tr>
<td></td>
<td>May distrust and ignore</td>
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<tr>
<td></td>
<td>their inspirations</td>
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<tr>
<td></td>
<td>Seldom make errors of fact</td>
</tr>
<tr>
<td></td>
<td>Like to do things with a</td>
</tr>
<tr>
<td></td>
<td>practical bent</td>
</tr>
<tr>
<td></td>
<td>Like to present the details</td>
</tr>
<tr>
<td></td>
<td>of their work first</td>
</tr>
<tr>
<td></td>
<td>Prefer continuation of what</td>
</tr>
<tr>
<td></td>
<td>is, with fine tuning</td>
</tr>
<tr>
<td></td>
<td>Usually proceed step-by-step</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>Like evidence (facts,</td>
</tr>
<tr>
<td></td>
<td>details, and examples</td>
</tr>
<tr>
<td></td>
<td>presented first</td>
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<td></td>
<td>Want practical and realistic</td>
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<td></td>
<td>applications shown</td>
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<td></td>
<td>Rely on direct experience</td>
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<td></td>
<td>to provide anecdotes</td>
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<tr>
<td></td>
<td>Like suggestions to be</td>
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<td></td>
<td>straightforward and</td>
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<td></td>
<td>feasible</td>
</tr>
<tr>
<td></td>
<td>Refer to a specific example</td>
</tr>
<tr>
<td></td>
<td>In meetings, are inclined</td>
</tr>
<tr>
<td></td>
<td>to follow the agenda</td>
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</tr>
</tbody>
</table>
## Key Words Regarding Pairs (Table 3 of 4)

<table>
<thead>
<tr>
<th>Vocabulary</th>
<th>Thinking (T)</th>
<th>Feeling (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>Logical system</td>
<td>Heart</td>
</tr>
<tr>
<td>Objective</td>
<td>Justice</td>
<td>Value system</td>
</tr>
<tr>
<td>Critique</td>
<td>Subjective</td>
<td>Mercy</td>
</tr>
<tr>
<td>Principles</td>
<td>Reason</td>
<td>Compliment</td>
</tr>
<tr>
<td>Reason</td>
<td>Firm but fair</td>
<td>Harmony</td>
</tr>
</tbody>
</table>

### Effects at work

<table>
<thead>
<tr>
<th>Deciding (judgment)</th>
<th>Feeling (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use logical analysis to reach conclusions</td>
<td>Use values to reach conclusions</td>
</tr>
<tr>
<td>Can work without harmony</td>
<td>Work best at harmony with others</td>
</tr>
<tr>
<td>May hurt other people’s feelings without knowing it</td>
<td>Enjoy pleasing other people, even in unimportant things</td>
</tr>
<tr>
<td>Tend to decide impersonally, sometimes paying insufficient attention to people’s wishes</td>
<td>Often let decisions be influenced by their own and other peoples’ likes and dislikes</td>
</tr>
<tr>
<td>Tend to be firm-minded and can give criticism when appropriate</td>
<td>Then to be sympathetic and dislike, even avoid, telling people unpleasant things</td>
</tr>
<tr>
<td>Look at the principles involved in the situation</td>
<td>Look at the underlying values in the situation</td>
</tr>
<tr>
<td>Feel rewarded when job is done well</td>
<td>Feels rewarded when other people’s needs are met.</td>
</tr>
</tbody>
</table>

### Communication

<table>
<thead>
<tr>
<th>Deciding (judgment)</th>
<th>Feeling (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefer to be brief and concise</td>
<td>Prefer to be sociable and friendly</td>
</tr>
<tr>
<td>Want the pros and cons of each alternative to be listed</td>
<td>Want to know why an alternative is valuable and how it affects people</td>
</tr>
<tr>
<td>Can be intellectually critical and objective</td>
<td>Can be interpersonally appreciative</td>
</tr>
<tr>
<td>Convinced by cool, impersonal reasoning</td>
<td>Convinced by persona information, enthusiastically delivered</td>
</tr>
<tr>
<td>Present goals and objectives first</td>
<td>Present points of agreement first</td>
</tr>
<tr>
<td>Consider emotions and feeling as data to weigh</td>
<td>Consider logic and objectivity as data to value</td>
</tr>
<tr>
<td>In meetings, seek involvement with tasks</td>
<td>In meetings, seek involvement with people</td>
</tr>
</tbody>
</table>
### Key Words Regarding Pairs (Table 4 of 4)

<table>
<thead>
<tr>
<th>Vocabulary</th>
<th>Living (Orientation to the outside world)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Judging (J)</td>
</tr>
<tr>
<td>Planful</td>
<td>Spontaneous</td>
</tr>
<tr>
<td>Regulate</td>
<td>Flow</td>
</tr>
<tr>
<td>Control</td>
<td>Adapt</td>
</tr>
<tr>
<td>Settled</td>
<td>Tentative</td>
</tr>
<tr>
<td>Run one’s life</td>
<td>Let life happen</td>
</tr>
<tr>
<td>Set goals</td>
<td>Gather information</td>
</tr>
<tr>
<td>Decisive</td>
<td>Open</td>
</tr>
<tr>
<td>Organized</td>
<td>Flexible</td>
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</table>

<table>
<thead>
<tr>
<th>Effects at work</th>
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<tbody>
<tr>
<td>Work best when they can plan their work and follow their plan</td>
<td>Enjoy flexibility in their work</td>
<td></td>
</tr>
<tr>
<td>Like to get things settled and finished</td>
<td>Like to leave things open for last-minute changes</td>
<td></td>
</tr>
<tr>
<td>May not notice new things that need to be done</td>
<td>May postpone unpleasant tasks that need to be done</td>
<td></td>
</tr>
<tr>
<td>Tend to be satisfied once they read a decision on a thing, situation, or person</td>
<td>Tend to be curious and welcome a new light on a thing, situation, or person</td>
<td></td>
</tr>
<tr>
<td>Reach closure by deciding quickly</td>
<td>Postpone decisions while searching for options</td>
<td></td>
</tr>
<tr>
<td>Seek structure and schedules</td>
<td>Adapt well to changing situations and feel restricted without change</td>
<td></td>
</tr>
<tr>
<td>Use lists to prompt action on specific tasks</td>
<td>Use lists to remind them of all the things they have to do someday</td>
<td></td>
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<table>
<thead>
<tr>
<th>Communication</th>
<th></th>
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<tbody>
<tr>
<td>Want to discuss schedules and timetables with tight deadlines</td>
<td>Willing to discuss the schedule but are uncomfortable with tight deadlines</td>
<td></td>
</tr>
<tr>
<td>Dislike surprises and want advance warning</td>
<td>Enjoy surprises and like adapting to last-minute changes</td>
<td></td>
</tr>
<tr>
<td>Expect others to follow through, and count on it</td>
<td>Expect others to adapt to situational requirements</td>
<td></td>
</tr>
<tr>
<td>State their positions and decisions clearly</td>
<td>Present their views as tentative and modifiable</td>
<td></td>
</tr>
<tr>
<td>Communicate results and achievements</td>
<td>Communicate options and opportunities</td>
<td></td>
</tr>
<tr>
<td>Talk of purpose and direction</td>
<td>Talk of autonomy and flexibility</td>
<td></td>
</tr>
<tr>
<td>In meetings, focus on the task to be done</td>
<td>In meetings, focus on the process to be appreciated</td>
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### Brief Descriptors of the Sixteen Types

<table>
<thead>
<tr>
<th>ISTJ</th>
<th>ISFJ</th>
<th>INFJ</th>
<th>INTJ</th>
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<tbody>
<tr>
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<td>compassionate</td>
<td>critical</td>
</tr>
<tr>
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<td>original</td>
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<tr>
<td>steadfast</td>
<td>patient</td>
<td>intense</td>
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<table>
<thead>
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<tr>
<td>logical</td>
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<td>conscientious</td>
<td>traditional</td>
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ISTJ Introverted Sensing with Thinking

ISTJs are thorough, painstaking, systematic, hard-working, and careful with detail.

**Contributions to the Organization**
- Get things done steadily and on schedule
- Are particularly strong with detail and careful in managing it
- Have things at the right place at the right time
- Can be counted on to honor commitments and follow through
- Work well within organizational structure

**Leadership Style**
- Use experience and knowledge of the facts to make decisions
- Build on reliable, stable, and consistent performance to take charge
- Respect traditional, hierarchical approaches
- Reward those who follow the rules while getting the job done
- Pay attention to immediate and practical organizational needs

**Potential Pitfalls**
- May overlook the long-range implications in favor of day-to-day operations
- May neglect interpersonal niceties
- May become rigid in their ways and thought of as inflexible
- May expect others to conform to standard operating procedures and thus not encourage innovation

**Order of Preferences**
1. Sensing
2. Thinking
3. Feeling
4. Intuition

* See pages 8-10 for further explanation.

**Preferred Work Environment**
- Contains hard-working people focused on facts and results
- Provides security
- Rewards a steady pace
- Structured
- Task-oriented
- Orderly
- Allows privacy for uninterrupted work

**Suggestions for Development**
- May need to pay attention to the wider ramifications of problems in addition to present realities
- May need to consider the human element and communicate deserved appreciation
- May need to try fresh alternatives to avoid ruts
- May need to develop patience for those who ignore standard operating procedures while trying out new techniques
ISTP Introverted Thinking with Sensing

ISTPs are adept at managing situations, aware of facts, expedient, realistic, and not likely to be convinced by anything but reasoning.

Contributions to the Organization
- Act as troubleshooters, rising to meet the needs of the occasion or problems of the moment
- Function as a walking compendium of information
- Get things done in spite of the rules, not because of them
- Remain calm during crises and thus have a settling effect on others
- May have a natural bent in technical areas

Leadership Style
- Lead through actions by setting an example
- Prefer a cooperative team approach with everyone treated as an equal
- Respond quickly when trouble is at hand
- Manage others loosely and prefer minimal supervision
- Operate from ruling principles that govern actions

Potential Pitfalls
- May keep important things to themselves and appear unconcerned to others
- May move on before prior effort bears fruit
- May be too expedient, conserve efforts, and take shortcuts
- May appear indecisive and undirected

Order of Preferences*
1. Thinking
2. Sensing
3. Intuition
4. Feeling

*See pages 8–10 for further explanation.

Preferred Work Environment
- Contains action-oriented people focused on the immediate situation
- Project-oriented
- Unconstrained by rules
- Provides many new immediate problems to solve
- Allows for hands-on experience
- Action-oriented
- Fosters independence

Suggestions for Development
- May need to open up and share concerns and information with others
- May need to develop perseverance
- May need to plan and put in the effort necessary to achieve desired results
- May need to develop a habit of setting goals
Session #3: Personal Communication Styles

Introduction to Type in Organizations continued

ESTP Extraverted Sensing with Thinking

ESTPs are action-oriented, pragmatic, resourceful, and realistic individuals who prefer to take the most efficient route.

Contributions to the Organization
- Negotiate and seek compromise to keep things moving
- Make things happen, keep things lively
- Take a realistic approach
- Embrace risk
- Notice and remember factual information

Order of Preferences*
1. Sensing
2. Thinking
3. Feeling
4. Intuition

* See pages 8–10 for further explanation.

Leadership Style
- Take charge readily in crises
- Persuade others to their point of view
- Have a direct and assertive style
- Move along the most expedient route
- Seek action and immediate results

Preferred Work Environment
- Contains lively, results-oriented people who value firsthand experience
- Unbureaucratic
- Allows time for fun
- Provides for flexibility in doing the job
- Technically oriented
- Physically attractive
- Responsive to the needs of the moment

Potential Pitfalls
- May appear blunt and insensitive to others when acting quickly
- May rely too much on improvisation and miss the wider implications of their actions
- May sacrifice follow-through to the next immediate problem
- May get hooked by materialism

Suggestions for Development
- May need to curb their assertiveness and factor in the feelings of others
- May need to look beyond the quick fix, plan ahead, and consider the wider ramifications
- May need to develop more stick-to-itiveness
- May need to look beyond the material pleasures
Session #3: Personal Communication Styles

Introduction to Type in Organizations continued

ESTJ Extraverted Thinking with Sensing

ESTJs are logical, analytical, decisive, and tough-minded and are able to organize facts and operations well in advance.

Contributions to the Organization

- See flaws in advance
- Critique programs in a logical way
- Organize the process, product, and people
- Monitor to see if the job is done
- Follow through in a step-by-step way

Leadership Style

- Seek leadership directly and take charge quickly
- Apply and adapt past experiences to solve problems
- Crisp and direct at getting to the core of the situation
- Quick to decide
- Act as traditional leaders who respect the hierarchy

Order of Preferences*

1. Thinking
2. Sensing
3. Intuition
4. Feeling

* See pages 8-10 for further explanation.

Preferred Work Environment

- Contains hard-working people focused on getting the job done correctly
- Task-oriented
- Organized
- Structured
- Provides stability and predictability
- Focused on efficiency
- Rewards meeting goals

Suggestions for Development

- May need to consider all sides before deciding, including factoring in the human element
- May need to prod themselves to look at the benefits of change
- May need to make a special effort to show appreciation of others
- May need to take time to reflect and identify their feelings and values

Potential Pitfalls

- May decide too quickly
- May not see the need for change
- May overlook the niceties in working to get the job done
- May be overtaken by their feelings and values if they ignore them for too long
ISFJ Introverted Sensing with Feeling

ISFJs are sympathetic, loyal, considerate, kind, and will go to any amount of trouble to help those in need of support.

**Contributions to the Organization**
- Take the practical needs of people into account
- Use strong follow-through skills in carrying out organizational goals
- Are painstaking and responsible with detail and routine
- Expended efforts willingly to serve others
- Have things at the right place at the right time

**Leadership Style**
- May be reluctant to accept leadership at first, but will step in when asked
- Expect themselves and others to comply with organizational needs, structure, and hierarchy
- Use personal influence behind the scenes
- Follow traditional procedures and rules conscientiously
- Use head for detail to reach practical results

**Potential Pitfalls**
- May be overly pessimistic about the future
- May not be seen as sufficiently tough-minded when presenting their views to others
- May be undervalued because of their quiet self-effacing style
- May not be as flexible as the situation or others require

**Order of Preferences**
1. Sensing
2. Feeling
3. Thinking
4. Intuition

*See pages 8-10 for further explanation.

**Preferred Work Environment**
- Contains conscientious people working on well-structured tasks
- Provides security
- Clearly structured
- Calm and quiet
- Efficient
- Allows for privacy
- Service-oriented

**Suggestions for Development**
- May need to work at seeing the future in positive, global terms
- May need to develop more assertiveness and be more direct
- May need to learn to publicize and spotlight their own accomplishments
- May need to work at remaining open to other ways of doing things
ISFP Introverted Feeling with Sensing

ISFPs are gentle, considerate, compassionate toward those less fortunate, and have an open-minded, flexible approach.

Contributions to the Organization
- Attend to the needs of people in the organization as they arise
- Act to ensure others' well-being
- Infuse a quiet joy into their work
- Bring people and tasks together by virtue of their cooperative nature
- Pay attention to the humanistic aspects of the organization

Order of Preferences'
1. Feeling
2. Sensing
3. Intuition
4. Thinking
* See pages 8-10 for further explanation.

Leadership Style
- Prefer a cooperative team approach
- Use personal loyalty as a means of motivating others
- More apt to praise than to criticize
- Rise to the occasion and adapt to what is needed
- Gently persuade by tapping into others' good intentions

Preferred Work Environment
- Contains cooperative people quietly enjoying their work
- Allows for private space
- Has people who are compatible
- Flexible
- Aesthetically appealing
- Includes courteous co-workers
- People-oriented

Suggestions for Development
- May need to develop more skepticism and a method for analyzing information rather than just accepting it
- May need to learn how to give negative feedback to others while appreciating their own accomplishments more
- May need to develop a more future-oriented perspective
- May need to be more assertive and direct with others

Potential Pitfalls
- May be too trusting and gullible
- May not critique others when needed, but may be overly self-critical
- May not see beyond the present reality to understand things in their fuller context
- May be too easily hurt and withdraw
Session #3: Personal Communication Styles

Introduction to Type in Organizations continued

**ESFP** Extraverted Sensing with Feeling

ESFPs are friendly, outgoing, fun-loving, likeable, and naturally drawn towards people.

**Contributions to the Organization**
- Bring enthusiasm and cooperation
- Present a positive image of the organization to others
- Offer action and excitement
- Link people and resources
- Accept and deal with people as they are

**Leadership Style**
- Lead through the promotion of good will and teamwork
- Manage crises well
- Ease tense situations by pulling conflicting factions together
- Make things happen by focusing on the immediate problems
- Facilitate effective interactions among people

**Potential Pitfalls**
- May over-emphasize subjective data
- May not reflect before jumping in
- May spend too much time socializing and neglect tasks
- May not always finish what they start

**Order of Preferences**

|------------|------------|-------------|-------------|

*See pages 6-10 for further explanation.*

**Preferred Work Environment**
- Contains energetic and easygoing people focused on present realities
- Lively
- Action-oriented
- Includes people who are adaptable
- Harmonious
- People-intensive
- Attractive

**Suggestions for Development**
- May need to include logical implications in their decision making
- May need to plan ahead when managing projects
- May need to balance task effort with socializing
- May need to work on time management
ESFJ Extraverted Feeling with Sensing

ESFJs are helpful, tactful, compassionate, orderly, and place a high value on harmonious human interaction.

**Contributions to the Organization**
- Work well with others, especially on teams
- Pay close attention to people's needs and wants
- Complete tasks in a timely and accurate way
- Respect rules and authority
- Handle day-to-day operations efficiently

**Order of Preferences**
1. Feeling
2. Sensing
3. Intuition
4. Thinking

*See pages 8-10 for further explanation.

**Leadership Style**
- Lead through personal attention to others
- Gain good will through good relationships
- Keep people well informed
- Set an example of hard work and follow-through
- Uphold organizational traditions

**Preferred Work Environment**
- Contains conscientious, cooperative people oriented towards helping others
- Goal-oriented people and systems
- Organized
- Friendly
- Includes people who are appreciative
- Has people who are sensitive
- Operates on facts

**Potential Pitfalls**
- May avoid conflict and sweep problems under the rug
- May not value their own priorities enough because of a desire to please others
- May assume they know what is best for others or the organization
- May not always step back and see the bigger picture

**Suggestions for Development**
- May need to learn how to value and manage conflict
- May need to factor in their personal needs
- May need to listen hard to what others really need or want
- May need to consider the logical, global implications of their decisions
INFJ Introverted Intuition with Feeling

INFJs trust their own vision, quietly exert influence, have deeply felt compassion, are insightful, and seek harmony.

Contributions to the Organization
- Provide future-oriented insights directed at how to serve human needs
- Follow through on commitments
- Work with integrity and consistency
- Prefer jobs which require solitude and concentration
- Organize complex interactions between people and tasks

Order of Preferences*
1. Intuition
2. Feeling
3. Thinking
4. Sensing

* See pages 8-10 for further explanation.

Preferred Work Environment
- Contains people strongly focused on ideals that make a difference to human well-being
- Provides opportunities for creativity
- Harmonious
- Quiet
- Has a personal feel to it
- Allows time and space for reflection
- Organized

Suggestions for Development
- May need to develop political savvy and assertiveness skills to champion their ideals
- May need to learn to give constructive feedback to others on a timely basis
- May need to check their visions with others
- May need to relax and be more open to what can be accomplished in the present situation

Potential Pitfalls
- May find their ideas overlooked and underestimated
- May be reluctant to intrude upon others and thus keep too much to themselves
- May operate with single-minded concentration, thereby ignoring other tasks that need to be done

Leadership Style
- Lead through their vision of what is best for others and the organization
- Win cooperation rather than demand it
- Utilize a quiet yet persistent course of action
- Work to make their inspirations real
- Inspire others with their ideals
Session #3: Personal Communication Styles

Introduction to Type in Organizations continued

INFP Introverted Feeling with Intuition

INFPs are open-minded, idealistic, insightful, and flexible individuals who want their work to contribute to something that matters.

Contributions to the Organization

- Work to find a place for each person in the organization
- Are persuasive about their ideals
- Draw people together around a common purpose
- Seek new ideas and possibilities for the organization
- Quietly push for organizational values

Order of Preferences*

1. Feeling
2. Intuition
3. Sensing
4. Thinking

* See pages 8-10 for further explanation.

Leadership Style

- Take a facilitative approach
- Prefer unique leadership roles rather than conventional ones
- Work independently toward their visions
- Are more likely to praise than to critique others
- Encourage others to act on their ideals

Preferred Work Environment

- Contains pleasant and committed people focused on values of importance to others
- Cooperative atmosphere
- Allows privacy
- Flexible
- Unbureaucratic
- Calm and quiet
- Allows time and space for reflection

Potential Pitfalls

- May delay completion of tasks because of perfectionism
- May try to please too many people at the same time
- May not adjust their vision to the facts and logic of the situation
- May spend more time in reflection than in action

Suggestions for Development

- May need to learn to work with reality rather than seeking the perfect response
- May need to develop more tough-mindedness and a willingness to say “no”
- May need to factor in facts and logic along with their personal values
- May need to develop and implement action plans
ENFP Extraverted Intuition with Feeling

ENFPs are enthusiastic, insightful, innovative, versatile, and tireless in pursuit of new possibilities.

**Contributions to the Organization**
- Initiate change
- Focus on possibilities, especially for people
- Energize others through their contagious enthusiasm
- Originate projects and actions
- Appreciate others

**Leadership Style**
- Lead with energy and enthusiasm
- Like to be in charge of the start-up phase
- Communicate and often become spokespersons for values relating to people
- Work to include and support others
- Pay attention to what motivates others

**Potential Pitfalls**
- May move on to new ideas or projects without completing those already started
- May overlook relevant details
- May overextend and try to do too much
- May procrastinate

**Order of Preferences**
1. Intuition
2. Feeling
3. Thinking
4. Sensing

*See pages 8–10 for further explanation.

**Preferred Work Environment**
- Contains imaginative people focused on human possibilities
- Colorful
- Participative atmosphere
- Offers variety and challenge
- Idea-oriented
- Unconstrained

**Suggestions for Development**
- May need to set priorities and develop follow-through
- May need to focus on important details
- May need to learn to screen projects rather than trying to do all that is initially appealing
- May need to learn and apply time management skills
ENFJ  Extraverted Feeling with Intuition

ENFJs are interpersonally adept, understanding, tolerant, appreciative, and facilitators of good communication.

**Contributions to the Organization**
- Bring strong ideals of how organizations should treat people
- Enjoy leading and facilitating teams
- Encourage cooperation
- Communicate organizational values
- Like to bring matters to fruitful conclusions

**Leadership Style**
- Lead through personal enthusiasm
- Take a participative stance in managing people and projects
- Responsive to followers’ needs
- Challenge the organization to make actions congruent with values
- Inspire change

**Potential Pitfalls**
- May idealize others and suffer from blind loyalty
- May sweep problems under the rug when in conflict
- May ignore the task in favor of relationship issues
- May take criticism personally

**Order of Preferences**
1. Feeling
2. Intuition
3. Sensing
4. Thinking

*See pages 8-10 for further explanation.

**Preferred Work Environment**
- Contains individuals focused on changing things for the betterment of others
- People-oriented
- Supportive and social
- Has a spirit of harmony
- Encourages expression of self
- Settled
- Orderly

**Suggestions for Development**
- May need to recognize the limitations of people and guard against unquestioning loyalty
- May need to learn to manage conflict productively
- May need to pay as much attention to the details of the task as to the people
- May need to suspend self-criticism and listen carefully to the objective information contained in feedback
INTJ Introverted Intuition with Thinking

INTJs are independent, individualistic, single-minded, and determined individuals who trust their vision of possibilities regardless of universal skepticism.

Contributions to the Organization
- Provide strong conceptual and design skills
- Organize ideas into action plans
- Work to remove all obstacles to goal attainment
- Have strong visions of what the organization can be
- Push the organization to understand the system as a whole with its complex interaction among parts

Order of Preferences*
1. Intuition
2. Thinking
3. Feeling
4. Sensing

*See pages 8-10 for further explanation.

Leadership Style
- Drive themselves and others to attain the organization's goals
- Act strongly and forcefully in the field of ideas
- Can be tough-minded with others
- Conceptualize, design, and build new models
- Are willing to relentlessly reorganize the whole system when necessary

Preferred Work Environment
- Contains decisive, intellectually challenging people focused on implementing long-range visions
- Allows privacy for reflection
- Efficient
- Includes effective and productive people
- Encourages and supports autonomy
- Opportunities for creativity
- Task-focused

Suggestions for Development
- May need to solicit feedback and suggestions
- May need to learn how to appreciate others
- May need to learn when to give up an impractical idea
- May need to focus more on the impact of their ideas on people
Session #3: Personal Communication Styles

Introduction to Type in Organizations continued

INTP Introverted Thinking with Intuition

INTPs are rational, curious, theoretical, abstract, and prefer to organize ideas rather than situations or people.

Contributions to the Organization
- Design logical and complex systems
- Demonstrate expertise in tackling complex problems
- Have short- and long-range intellectual insight
- Apply logic, analysis, and critical thinking to issues
- Cut directly to the core issue

Leadership Style
- Lead through conceptual analysis of problems and goals
- Apply logical systems thinking
- Prefer to lead other independent types while seeking autonomy for themselves
- Relate to others based on expertise rather than position
- Seek to interact at an intellectual rather than an emotional level

Potential Pitfalls
- May be too abstract and therefore unrealistic about necessary follow-through
- May over-intellectualize and become too theoretical in their explanations
- May focus overly on minor inconsistencies at the expense of teamwork and harmony
- May turn their critical analytical thinking on people and act impersonally

Order of Preferences*
1. Thinking
2. Intuition
3. Sensing
4. Feeling

* See pages 8-10 for further explanation.

Preferred Work Environment
- Contains independent thinkers focused on solving complex problems
- Allows privacy
- Fosters independence
- Flexible
- Quiet
- Unstructured
- Rewards self-determination

Suggestions for Development
- May need to focus on practical details and develop follow-through
- May need to make efforts to state things more simply
- May need to show appreciation of others’ input
- May need to get to know more about others’ personal and professional sides
Session #3: Personal Communication Styles

Introduction to Type in Organizations continued

**ENTP  Extraverted Intuition with Thinking**

ENTPs are innovative, individualistic, versatile, analytical, and attracted to entrepreneurial ideas.

**Contributions to the Organization**
- View limitations as challenges to be overcome
- Provide new ways to do things
- Offer conceptual frame of reference to problems
- Take initiative and spur others on
- Enjoy complex challenges

**Order of Preferences**
1. Intuition
2. Thinking
3. Feeling
4. Sensing

* See pages 8-10 for further explanation.

**Leadership Style**
- Plan theoretical systems to address organizational needs
- Encourage independence in others
- Apply logical systems thinking
- Use compelling reasons for what they want to do
- Act as catalysts between people and systems

**Preferred Work Environment**
- Contains independent people working on models to solve complex problems
- Flexible and challenging
- Change-oriented
- Includes competent people
- Rewards risk-taking
- Encourages autonomy
- Unbureaucratic

**Potential Pitfalls**
- May become lost in the model, forgetting about current realities
- May be competitive and unappreciative of the input of others
- May over-extend themselves
- May not adapt well to standard procedures

**Suggestions for Development**
- May need to pay attention to the here and now
- May need to acknowledge and validate input from others
- May need to set realistic priorities and time lines
- May need to learn how to work within the system for their projects
Session #3: Personal Communication Styles

Introduction to Type in Organizations continued

**ENTJ** Extraverted Thinking with Intuition

ENTJs are logical, organized, structured, objective, and decisive about what they view as conceptually valid.

**Contributions to the Organization**
- Develop well-thought-out plans
- Provide structure to the organization
- Design strategies which work toward broad goals
- Take charge quickly
- Deal directly with problems caused by confusion and inefficiency

**Leadership Style**
- Take an action-oriented energetic approach
- Provide long-range vision to the organization
- Manage directly and are tough when necessary
- Enjoy complex problems
- Run as much of the organization as possible

**Order of Preferences**
1. Thinking
2. Intuition
3. Sensing
4. Feeling

* See pages 8-10 for further explanation.

**Preferred Work Environment**
- Contains results-oriented, independent people focused on solving complex problems
- Goal-oriented
- Efficient systems and people
- Challenging
- Rewards decisiveness
- Includes tough-minded people
- Structured

**Potential Pitfalls**
- May overlook people's needs in their focus on the task
- May overlook practical considerations and constraints
- May decide too quickly and appear impatient and domineering
- May ignore and suppress their own feelings

**Suggestions for Development**
- May need to factor in the human element and appreciate others' contributions
- May need to check the practical, personal, and situational resources available before plunging ahead
- May need to take time to reflect and consider all sides before deciding
- May need to learn to identify and value feelings
### Effects of Preferences in Work Situations

<table>
<thead>
<tr>
<th>Extraversion</th>
<th>Introversion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Like variety and action</td>
<td>Like quiet for concentration</td>
</tr>
<tr>
<td>Often impatient with long, slow jobs</td>
<td>Tend not to mind working on one project for a long time uninterrupted</td>
</tr>
<tr>
<td>Are interested in the activities of their work and in how other people do it</td>
<td>Are interested in the facts/ideas behind their work</td>
</tr>
<tr>
<td>Often act quickly, sometimes without thinking</td>
<td>Like to think a lot before they act, sometimes without acting</td>
</tr>
<tr>
<td>When working on a task, find phone calls a welcome diversion</td>
<td>When concentrating on a task, find phone calls intrusive</td>
</tr>
<tr>
<td>Develop ideas by discussion</td>
<td>Develop ideas by reflection</td>
</tr>
<tr>
<td>Like having people around</td>
<td>Like working alone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sensing</th>
<th>Intuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Like using experience and standard ways to solve problems</td>
<td>Like solving new complex problems</td>
</tr>
<tr>
<td>Enjoy applying what they have already learned</td>
<td>Enjoy learning a new skill more than using it</td>
</tr>
<tr>
<td>May distrust and ignore their inspirations</td>
<td>May follow their inspirations, good or bad</td>
</tr>
<tr>
<td>Seldom make errors of fact</td>
<td>May make errors of fact</td>
</tr>
<tr>
<td>Like to do things with a practical bent</td>
<td>Like to do things with an innovative bent</td>
</tr>
<tr>
<td>Like to present the details of their work first</td>
<td>Like to present an overview of their work first</td>
</tr>
<tr>
<td>Prefer continuation of what is, with fine tuning</td>
<td>Prefer change, sometimes radical, to continuation of what is</td>
</tr>
<tr>
<td>Usually proceed step-by-step</td>
<td>Usually proceed in bursts of energy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thinking</th>
<th>Feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use logical analysis to reach conclusions</td>
<td>Use values to reach conclusions</td>
</tr>
<tr>
<td>Can work without harmony</td>
<td>Work best in harmony with others</td>
</tr>
<tr>
<td>May hurt people’s feelings without knowing it</td>
<td>Enjoy pleasing people, even in unimportant things</td>
</tr>
<tr>
<td>Tend to decide impersonally, sometimes paying insufficient attention to people’s wishes</td>
<td>Often let decisions be influenced by their own and other people’s likes and dislikes</td>
</tr>
<tr>
<td>Tend to be firm-minded and can give criticism when appropriate</td>
<td>Tend to be sympathetic and dislike, even avoid, telling people unpleasant things</td>
</tr>
<tr>
<td>Look at the principles involved in the situation</td>
<td>Look at the underlying values in the situation</td>
</tr>
<tr>
<td>Feel rewarded when job is done well</td>
<td>Feel rewarded when people’s needs are met</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judging</th>
<th>Perceiving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work best when they can plan their work and follow their plan</td>
<td>Enjoy flexibility in their work</td>
</tr>
<tr>
<td>Like to get things settled and finished</td>
<td>Like to leave things open for last-minute changes</td>
</tr>
<tr>
<td>May not notice new things that need to be done</td>
<td>May postpone unpleasant tasks that need to be done</td>
</tr>
<tr>
<td>Tend to be satisfied once they reach a decision on a thing, situation, or person</td>
<td>Tend to be curious and welcome a new light on a thing, situation, or person</td>
</tr>
<tr>
<td>Reach closure by deciding quickly</td>
<td>Postpone decisions while searching for options</td>
</tr>
<tr>
<td>Seek structure and schedules</td>
<td>Adapt well to changing situations and feel restricted without change</td>
</tr>
<tr>
<td>Use lists to prompt action on specific tasks</td>
<td>Use lists to remind them of all the things they have to do someday</td>
</tr>
</tbody>
</table>

*Adapted from *Introduction to Type* by Isabel Briggs Myers, Consulting Psychologists Press, Inc., 1987.*
# Preferred Methods of Communication

## Extraversion
- Communicate energy and enthusiasm
- Respond quickly without long pauses to think
- Focus of talk is on people and things in the external environment
- Need to moderate expression
- Seek opportunities to communicate in groups
- Prefer face-to-face over written communication
- In meetings, like talking out loud before coming to conclusions

## Introversion
- Keep energy and enthusiasm inside
- Like to think before responding
- Focus is on internal ideas and thoughts
- Need to be drawn out
- Seek opportunities to communicate one-to-one
- Prefer written over face-to-face communication
- In meetings, verbalize already well thought out conclusions

## Sensing
- Like evidence (facts, details, and examples) presented first
- Want practical and realistic applications shown
- Rely on direct experience to provide anecdotes
- Use an orderly step-by-step approach in presentations
- Like suggestions to be straightforward and feasible
- Refer to a specific example
- In meetings, are inclined to follow the agenda

## Intuition
- Like global schemes, with broad issues presented first
- Want possible future challenges discussed
- Rely on insights and imagination to provoke discussion
- Use a round-about approach in presentations
- Like suggestions to be novel and unusual
- Refer to a general concept
- In meetings, are inclined to use the agenda as a starting point

## Thinking
- Prefer to be brief and concise
- Want the pros and cons of each alternative to be listed
- Can be intellectually critical and objective
- Convinced by cool, impersonal reasoning
- Consider emotions and feelings as data to weigh
- In meetings, seek involvement with tasks

## Feeling
- Prefer to be sociable and friendly
- Want to know why an alternative is valuable and how it affects people
- Can be interpersonally appreciative
- Convinced by personal information, enthusiastically delivered
- Present points of agreement first
- Consider logic and objectivity as data to value
- In meetings, seek involvement with people

## Judging
- Want to discuss schedules and timetables with tight deadlines
- Dislike surprises and want advance warning
- Expect others to follow through, and count on it
- State their positions and decisions clearly
- Communicate results and achievements
- Talk of purpose and direction
- In meetings, focus on the task to be done

## Perceiving
- Willing to discuss the schedule but are uncomfortable with tight deadlines
- Enjoy surprises and like adapting to last-minute changes
- Expect others to adapt to situational requirements
- Present their views as tentative and modifiable
- Communicate options and opportunities
- Talk of autonomy and flexibility
- In meetings, focus on the process to be appreciated

---

Adapted from Talking in Type by Jean Kummerow, Center for Applications of Psychological Type, 1985.
4.0 Session #4: Canadian Workplace Culture

Special thanks to Judith Hayes, who developed the materials for Session #4. Used with permission.

4.1 Outline

**Objective**
The participants will identify the role of culture in an organization.

**Introduce**
Solicit from the participants and record their answers to the following question:

What, in your opinion are the essential skills that a pharmacist needs?

Define skills as the ability to do.

**Prompts**
- Read – different types of texts – forms, tables, journals, patient charts etc.
- Writing – memos, reports etc
- Numeracy – calculating mixtures when compounding medicines, tablets etc.
- Oral Communication – co-workers, doctors, nurses, patients, pharmaceutical reps etc.
- Problem Solving – See Reports of Observational studies
- Decision Making – See Reports of Observational studies
- Job Task Planning/Organization - See Reports of Observational studies
- Significant use of Memory - See Reports of Observational studies
- Finding Information - See Reports of Observational studies
- Computer Skills - See Reports of Observational studies
- Continuous Learning - See Reports of Observational studies

Other issues:
- Reliability
- Punctuality
- Teamwork – participate in projects and tasks
- Be responsible
- Be adaptable
- Work safely

**Discuss**
Also discuss the ‘unseen’ skills within the workplace, e.g. its culture.

Solicit from the group the answers to the following

What is culture?

Culture is a pattern of values and beliefs reflected in outer behaviours.

The values supporting those outer behaviours are a key to understanding cultural differences (Watson).

Culture is a way of life of a given society, passed down from one generation to the next through learning and experience (Concise Columbia Encyclopaedia).
Session #4 - Canadian Workplace Culture

Outline continued

**Prompts**

Language, religion, social activity, food, holidays, values, music, dance, age, relationships, habits, gender, disability, race, body language, marital status, children, income, where do you live? Politics, culture within a culture, nationality, clothing.

What do we notice right away? With a different coloured pen check off items such as language, food, gender, body language, clothes etc. that are seen or noticed immediately.

In the information provided, there will be items that cannot be seen – this is culture.

Where do we get our culture? Families primarily.

List three of your personal values that were instilled by the person most influential in your developmental years.

Solicit from the group their answers – inherently the core of the answers will be RESPECT. There is no right answer and there is no wrong answer; it is just different.

**Expand**

We can see even within this group how diverse the cultural values are for each person. Consider at a higher level the diversity of values that are within a workplace.

Review pages 4 – 9 Judith Hayes’s presentation on Cultural Values Spectrum. Cite examples from each page e.g.,

Where do you think that people from other cultural groups might be along the control-fate spectrum?

Where do you think that people from other cultural groups might be along the individual – group spectrum?

Where do you think that people from other cultural groups might be along the competition – co-operation spectrum?

How does this influence your behaviour when working with people from different cultures?

We will do, say things that will either enhance or upset the working relationship with the person.

**Apply**

See attached Exercises

What have we learned today?

Culture affects perceptions

Values are on a spectrum – they’re not right, they’re not wrong, just different.

Sometimes our values are very different from our workplace.

Handout 4.2.2 “Cultural Values Spectrum”

Handout 4.2.3 “Values, Perceptions and Expectations Assessment”

Handout 4.2.4 “Culture and Communication”

Handout 4.2.5 “He works, she works”
Cultural Differences

Diverse cultures have divergent views on a variety of subjects. Three of these differences have to do with time, body language, and semantics.

Time

In North America, time is considered to be a precious commodity. Thus, giving deadlines to people, or expecting them to be on time for meetings is considered perfectly reasonable. In other cultures, however, time may not be regarded in the same way. Consider these examples:

- In the Middle East, giving someone a deadline is considered rude.
- In Latin America, business appointments are made for specific times, but people are often kept waiting for 30 minutes or more.

Body Language

Body Language can also vary among cultures, as the following examples indicate:

- North Americans like to keep about 1.5 to 2.5 meters between themselves and others when talking; Latin Americans prefer a much smaller space.
- In Canada, winking communicates friendship, but it is considered rude in Australia, Hong Kong, and Malaysia.
- Raising an eyebrow in Tonga means, “I agree”, but in Peru it means, “pay me”.
- Circling your ear with your finger means “crazy” in most European countries, but in the Netherlands it means, “You have a phone call”.
- Waving at someone is a sign of recognition in Canada, but it is considered a severe insult in Nigeria.
- Nodding your head means, “yes” in Canada and the United States, but it means “no” in Bulgaria and Sri Lanka. In Turkey, people say “no” by shutting their eyes, raising their chin, and throwing their head back.
- In Canada, giving a person the “thumbs up” signal is a sign that things are gong well, but in Bangladesh it is a rude sign.
- Slapping a person on the back is inappropriate in Japan because touching is viewed as unacceptable.

Semantics

The meaning of words from another language can also be misconstrued because of unfamiliarity with the nuance of the terms. Consider these examples:

- A company wanted to sell its shirts in Mexico with the following phrase: “When I wore this shirt, I felt good,” but it was translated “I felt good until I wore this shirt”.
- General Motors wanted to advertise “Body by Fisher”, but it came out “Corpse by Fisher” when translated into Flemish.
- Pepsi’s advertisement “come alive with Pepsi” was translated “come out of the grave with Pepsi” in German; in Asia the phrase was translated “bring your ancestors back from the dead”.
- An advertisement for a battery that was “highly rated” came out as “highly overrated” when translated for use in Venezuela.
SUCCESSFUL TEAMS - THE ROLE OF CULTURE IN THE ORGANIZATION

CULTURAL VALUES SPECTRUM

<table>
<thead>
<tr>
<th>Cultural Value</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTROL</td>
<td>FATE</td>
</tr>
<tr>
<td>INDIVIDUAL</td>
<td>GROUP</td>
</tr>
<tr>
<td>CHANGE</td>
<td>STABILITY</td>
</tr>
<tr>
<td>SELF-MADE</td>
<td>BIRTHRIGHT</td>
</tr>
<tr>
<td>EQUALITY</td>
<td>HIERARCHY</td>
</tr>
<tr>
<td>TIME</td>
<td>PERSONAL INTERACTION</td>
</tr>
<tr>
<td>COMPETITION</td>
<td>COOPERATION</td>
</tr>
<tr>
<td>FUTURE</td>
<td>PAST</td>
</tr>
<tr>
<td>DOING</td>
<td>BEING</td>
</tr>
<tr>
<td>INFORMALITY</td>
<td>FORMALITY</td>
</tr>
<tr>
<td>DIRECT</td>
<td>INDIRECT</td>
</tr>
<tr>
<td>PRACTICALITY</td>
<td>IDEALISM</td>
</tr>
<tr>
<td>MATERIAL</td>
<td>SPIRITUALITY</td>
</tr>
</tbody>
</table>

1Adapted from L. Robert Kohls
Cultural Values Spectrum: Definitions of Both Poles

For each spectrum on the previous page, a definition of each pole is provided.

- **CONTROL** ----------------------------- **FATE**
  
  **Personal control over the environment:**
  - It is normal and right for humans to control nature.
  - Individuals control their own environment and lives.

  **Fate or destiny:**
  - Some things lie beyond the power of humans.

- **INDIVIDUAL** ---------------------------- **GROUP**
  
  **Individualism:**
  - Each individual is unique and special.
  - Privacy is a positive and desired condition.
  - Independence is valued.

  **Group orientation:**
  - Strong identification with the group.
  - Privacy may mean loneliness or isolation.
  - Dependence is normal.

- **CHANGE** ------------------------------- **STABILITY**
  
  **Change is a good and positive condition:**
  - It is linked to development, improvement, progress and growth.
  - It is seen as natural.

  **Change is disruptive:**
  - It is a destructive force to be avoided.
  - Stability, continuity, tradition and ancient heritage are valued.
Session #4 – Canadian Workplace Culture

Cultural Values Spectrum (page 3 of 5)

- **SELF-MADE** ~ BIRTHRIGHT

  Accomplishment decides condition of life:
  - Condition of birth is not credited.
  - Hard work and sacrifice are keys to success.
  - Take the initiative.

  Family background decides the conditions of life:
  - Individual accomplishment is within the context of birthright.
  - Inheritance is a major factor.

- **EQUALITY** ~ HIERARCHY

  Equality is valued as a right:
  - All people are created equal.
  - All people have an equal opportunity to succeed in life.
  - All people are treated just like everyone else.

  Rank, status and authority are desirable:
  - They give a sense of security and certainty.
  - It is reassuring to know who and where one is in society.
  - People are treated differently according to their status.

- **TIME** ~ HUMAN INTERACTION

  Time is of utmost importance:
  - Concern with schedules is of high priority.
  - Language is filled with references to time.

  Relationships are more important than schedules:
  - Abruptly cutting off a conversation is worse than being late.

- **COMPETITION** ~ COOPERATION

  Competition brings out the best:
  - In the classroom, work and sports.
  - Every individual is competing with all others.

  Cooperation leads to the best results:
  - Team spirit and group effort are most important.
Session #4 – Canadian Workplace Culture

Cultural Values Spectrum (page 4 of 5)

- **FUTURE-----------------------------PAST**

  The future will bring improvement and greater happiness:
  - Energy is directed toward the future.
  - Planning for the future is important.

  **Orientation to the past:**
  - Remembering the past is important.
  - Planning for the future is futile or even sinful.

- **DOING-------------------------------BEING**

  **Action orientation:**
  - Work is primary.
  - Plan full schedules.
  - Leisure activities are only to re-create ability to work hard.

  **Just being has value and gives value:**
  - Hard work, especially physical labour, may not be prized.

- **INFORMALITY----------------------------FORMALITY**

  **Informality is valued:**
  - Dress is casual.
  - Individuals are called by their first names.
  - Greetings are short.

  **Formality maintains stability in society:**
  - Dress is according to status.
  - Individuals are addressed by their titles.
  - Greetings are respectful.
Cultural Values Spectrum (page 5 of 5)

- DIRECT----------------------------------------------------INDIRECT

  Directness:
  - Evaluations are short and succinct, even when negative.
  - Honesty and openness are valued.
  - Use of an intermediary is seen as manipulative.

  Subtleness:
  - Ritualistic ways of giving bad news are used.
  - Saving face is important.
  - Use of an intermediary may preserve harmony.

- PRACTICALITY---------------------------------------------IDEALISM

  Practical considerations are given high priority:
  - Efficiency is a source of pride.
  - Individuals control their own environments and lives.
  - Take the initiative.

  Theory is valued:
  - Subjective and emotional ideals have a place.

- MATERIAL-----------------------------------------------SPIRITUAL

  Materialism is a natural benefit of hard work:
  - Acquiring objects is a prime motivator in life.
  - Individuals give a high priority to obtaining, maintaining and protecting their material objects.

  Detachment from material objects is a value:
  - The meaning of life is found in the realm of the spirit.
Session #4 – Canadian Workplace Culture

**Objective**
To understand the impact of culture within the Canadian workplace.

**Materials**
- A copy of handout 4.2.2 of the Values, Perceptions, and Expectations Assessment for each participant and a copy for each of three groups.
- A blue pen and red pen for each participant.

**Instructions**
Ask participants individually, using a blue pen, to complete the sheet.

Ask participants to get into three groups and using a red pen, use the same worksheet for the following exercise. Within each group, identify the scribe, the facilitator and the presenter:

- **Group #1**: Identify within your group where on the scale a Canadian pharmacy rates as to the work ethic, view of authority, outlook on age and individualism. What is the reasoning behind each rating?
- **Group #2**: Identify within your group where on the scale a Canadian pharmacy rates as to feelings, formality, geography and accents, privacy and space issues. What is the reasoning behind each rating?
- **Group #3**: Identify within your group where on the scale a Canadian pharmacy rates as to the role of management in front line work, expressing religious views on the job, speaking up, stereotypes. What is the reasoning behind each rating?

The participants are asked to use their individual sheets and record in red the ratings for a Canadian pharmacy. Each group presents to class.
### Values, Perceptions, and Expectations Assessment

#### Values

**The Work Ethic**

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work is a major part of who I am and I dedicate myself to it first and foremost.</td>
<td>My personal and family life define who I am and make priority over work.</td>
<td></td>
<td></td>
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</tbody>
</table>

**View Of Authority**

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>The boss alone should make decisions about how things are done and who should do them.</td>
<td>The boss should ask for, listen to, and act on the ideas, inputs, and suggestions of his/her staff.</td>
<td></td>
<td></td>
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**Outlook On Age**

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<tbody>
<tr>
<td>Older people have very set ideas about how work should be done and are not willing to change.</td>
<td>Older people are a source of information and should be consulted for their wisdom and advice.</td>
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**Individualism**

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<tbody>
<tr>
<td>Achievements should be recognized and rewarded on an individual basis only. The best team is one with high-performing individuals.</td>
<td>Group success is much more important than individual success.</td>
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**Feelings**

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<tbody>
<tr>
<td>It is completely appropriate for individuals to express their true feelings about others.</td>
<td>Personal feelings should be kept to yourself. Face-saving is more important than self-expression.</td>
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Developed by Judith Hayes for Manitoba Culture Heritage and Citizenship
**Perceptions**

### Formality

|   |   |   |   |   |   |   |   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

In an organization, employees should show respect for others who have a higher level of authority. Work only within the chain-of-command.

The best approach to organizational and team success is to encourage people to interact comfortably on a personal level, regardless of position or title.

### Geography And Accents

|   |   |   |   |   |   |   |   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

A person’s place of origin and manner of speaking is a strong indication of their work habits.

A person’s work habits are very individual and have nothing to do with their place of origin or their accent.

### Privacy And Space Issues

|   |   |   |   |   |   |   |   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Getting the job done and the message across is more important than adjusting to other people’s privacy and space needs.

Everyone has their own privacy and space needs, which should be understood and respected by everyone at all times.

### Expectations

#### The Role Of Management In Front-Line Work

|   |   |   |   |   |   |   |   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Management should not be performing the tasks of the front-line workers.

Management should be encouraged to roll up their sleeves and get involved in front-line work on a regular basis.
## Expressing Religious Views On The Job

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People have the right to express their religious views on the job.  

Religious convictions are personal and do not belong in the workplace.

## Speaking Up

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You should speak your mind, express your views, and blow your own horn.  

Good work will automatically be recognized and rewarded.

## Stereotypes

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</table>

The things we heard about people who are different than us must be based on fact.  

People have their own individual strengths and weaknesses, regardless of their ethnic, cultural language, religion, gender, age, or other differences.
Culture & Communication

**Objective**
To relate an understanding of the impact cultural influences have on our perceptions of different-ness.

**Materials**
Handout 4.2.4 & 4.2.5

**Time**
15 minutes

**Instructions**
The final step in this process is to have participants evaluate their differences based on their answers to the questions from the previous handouts. Break the group into smaller groups of 4 to 5 participants. Handout the Culture and Communication handout and ask participants to answer the following questions:

- What have you learned about the affect cultural influences have on how we view different-ness?
- Do you ever receive any negative messages about being different at home? ...At work? ...In the community? ...Elsewhere?
- How do you send messages to others about their different-ness?
- How do you feel about being judged by other people because of your differences?
- How do you think your own cultural learning and influences has affected your ability to communicate effectively?

Additional information on stereotyping is included within this session.
Culture and Communication

❖ What have you learned about the affect cultural influences have on how we view different-ness?

❖ Do you ever receive any negative messages about being different at home? ...At work? ...In the community? ...Elsewhere?

❖ How do you send messages to others about their different- ness?

❖ How do you feel about being judged by other people because of your differences?

❖ How do you think your own cultural learning and influences has affected your ability to communicate effectively?
"He Works, She Works: But What Different Impressions They Make"¹

The Family Picture Is On The Desk
A solid responsible family man
Her family comes before her career

A Cluttered Desk
He's a hard worker and very busy
She's a disorganized scatterbrain

Talking with Co-Workers
He's discussing his latest deal
She's gossiping

Not at Your Desk
He must be out at a meeting
She must be in the ladies room

Not in the Office
He's meeting with customers
She's out shopping

Having Lunch with the Boss
He's on his way up
They're having an affair

Criticized by the Boss
He'll improve his performance
She'll be very upset

He's Getting Married
He'll become more stable and dependable
She'll get pregnant and leave

Having a Baby
He'll need a raise
Maternity leave costs the company money

Going on a Business Trip
It's good for his career
What will her husband say

Leaving for a Better Job
He recognized a good opportunity
She's just not dependable

¹Adapted from Paths to Power by Natasha Josefowitz, 1980
Examining Stereotypes

Before you begin the next exercise with participants, have them define stereotype. Ensure that the group understands and accepts that stereotypes are simplified generalizations about certain groups that are derived from a social and cultural bias regarding difference. Reinforce that generalizations are information barriers because they blind the receiver in the communication process to the characteristics of an individual. Stereotypes are most often the product of the expectations of the receiver rather than the characteristic of the sender.

Most stereotypes are determined by cultural upbringing. But we also find them useful because they speed up our perception process. Assessing individual differences can be burdensome and time consuming. It is often far quicker to leap to a conclusion based upon preconceived notions about a person's culture, race, religion, gender, disability, etc.

We are all inclined to think in generalizations and stereotypes. Have participants think of some of the stereotypes they are aware of. We are also familiar with, even when we do not hold these views ourselves, many of the generally accepted stereotypical views present in our social milieu. The next exercise will help participants practice three strategies for overcoming and changing these commonly understood stereotypes.

Listening Sensitively and with Respect

In general, encountering a stereotype that has its roots in our own cultural and social upbringing is a common experience. Often the best way to deal with these situations is to simply listen respectfully to the views being expressed and acknowledge that you know that many people continue to hold these views. For example, how might you respond to the first comment in the exercise, "Women are better off staying at home?"

Reply: A lot of people in our parent's generation believed that, but I think things are changing in our generation.

Offering Counter-evidence

Drawing upon personal experience or accurate and specific information to counter the stereotype can help the holder of the stereotype to see the information in a different light.

Reply: I was reading the other day that the majority of Canadian households require two income earners in order to stay above the poverty line. I believe it, because I know how much it costs to keep my kids fed and dressed.

Emphasizing the Benefits of Seeing Individuals on Their Own Merit

There are many obvious benefits that can be pointed out in this area. For example, the opportunity to learn more about another culture, improved relationships at work, new friendships, a more inclusive view of the world, a better feeling about self and others, etc.

Reply: Actually, most of the women I know are quite good at their jobs. I liked the way Jo-Anne suggested we tag all the stored parts.
Everyday Medical Terms

U F A I B I T E S P W R C
P I I C U R H R A I T U A
C A T H E T R O T S E N N
H K C A C P O B H S N S K
U E H R R E W M L E N P E
C S Y L A E U E E D I A R
K J P I D C P I T I S I F
B O W E L M O V E M E N T
U C T H E C A N S R L K H
N K B O C B A R F U B I E
I I I R A S H M O N O L J
O T F S P O O P O N W L O
N C F E V O M I T Y R E H
N H Y Y HE A R T B U R N

poop  bowel movement  runny  BM
barf  upchuck  throw up
charlie horse  the trots  itchy
the can  BM
athletes foot  runs
heartburn  flakes
BM
painkiller
pee
pissed
biffy
the john
canker
vomit
Everyday Medical Terms – Answer Key

- poop
- bowel movement
- upchuck
- charlie horse
- bites
- the trots
- cradle cap
- the can
- jock itch
- athletes foot
- tennis elbow
- heartburn

- runny
- BM
- painkiller
- barf
- throw up
- pee
- itchy
- pissed
- runs
- biffy
- flakes
- the john
- bunions
- canker
- rash
- vomit
Session #4: Canadian Workplace Culture

Word Puzzles

Everyday Medical Terms – Answer Key

Source of Information: Donna Woloschuk, WRHA, March 2003

- Positive "Q" sign (mouth open, tongue deviated to side = asleep or intoxicated)
- TLC (tender loving care)
- Okey dokey/hunky dorry (all right, perfectly fine)
- Up-chuck, barf, puke, hurl, spew, woof (vomit)
- "Hacked out a chunk of lung" (harsh, dry, deep, painful cough)
- "Score a hit" (IV drug user)
- Skull cramps (headache)
- Crabs (pubic lice)
- Yank (pull vigorously)
- Nothing upstairs; "out to lunch/OTL" (cognitively impaired)
- Dopey (having the appearance/mannerism of Dopey, the Walt Disney character)
- Loopy, out of it, out of his gourd (not in control of one's faculties; may be drug or disease induced)
- "...knows squat"
- Brain freeze (usually referring to the Slurpee variety; sometimes used to describe seizure)
- "Take a dump"
- "...Went ballistic"
- Doin' the shake, rattle & roll (fever w/ sweating & rigors)
- Praying to the porcelain god (vomiting into the toilet)
- Puke my guts out (severe vomiting)
- The trots (severe diarrhea)
# DAY 1: ATTACHED RESOURCE LISTING

<table>
<thead>
<tr>
<th>Title/Subject</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>The Manitoba Pharmaceutical Association</td>
<td>Special General Meeting agenda and minutes June 23, 2003</td>
</tr>
<tr>
<td>Canada Health Act Website</td>
<td><a href="http://www.hc-sc.gc.ca/medicare/home.htm">http://www.hc-sc.gc.ca/medicare/home.htm</a></td>
</tr>
<tr>
<td>Health Canada Website</td>
<td>Health Canada is advising Canadians not to use Empowerplus</td>
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<tr>
<td>National Association of Pharmacy Regulatory Authorities (NAPRA).</td>
<td>Drug warnings for Consumers</td>
</tr>
<tr>
<td><a href="http://www.napra.ca/docs/0/509.asp">http://www.napra.ca/docs/0/509.asp</a></td>
<td></td>
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</tbody>
</table>
1. First Day on the Job!

2. The Manitoba Pharmaceutical Association
~ Special General Meeting agenda and minutes June 23, 2003

3. Canada Health Act Website


5. Health Canada Website
Health Canada is advising Canadians not to use Empowerplus

6. National Association of Pharmacy Regulatory Authorities (NAPRA). Drug warnings for Consumers
First day on the Job!

I. Introduction to staff; brief discussion of duties

1. Names, job titles
2. Who is the store manager? Pharmacy manager? Staff Pharmacist(s)? Technicians? Cashier? Front store personnel (OTC)?
3. Where is the Accounting department? Where are deliveries accepted? How are orders for new stock taken? Do specific pharmacists only meet with specific pharmaceutical representatives?

II: Pharmacy Layout

1. Location in the store.
2. Layout of the pharmacy
3. Number of computer terminals.
4. Number of people working in the pharmacy – pharmacists and technicians.
5. The layout of the expensive OTC medication and the dispensary itself.
7. Generics vs. brand medications
8. Records and Files
9. Balance owing(s)
10. LIBRARY
11. Laboratory – distilled water, measuring tools
12. Garbage – is there recycling? Shredding of confidential information
13. Counselling area
14. Area for the disposal of ‘stale’ drugs.
15. Lock & Leave procedure
16. Alarm
17. Emergency Contact Information – Fire, theft and computer
18. Cash till
19. Drop off and pick up of prescriptions
20. Staff areas

III: Policies and Procedures

1. Is the pharmacy unionized or non-unionized? Is your job a non-unionized position within a unionized environment?
2. Company regulations with respect to the practice of pharmacy.
3. Security
4. Narcotics – safety and record
5. Lock and Leave
6. Business hours
7. Alarms
8. Vacation
9. Hours of work
10. Expectations of overtime
11. Incidence reporting
12. Cash out and refunds policy and procedure
First day on the Job! continued

III: Policies and Procedures continued

13. Safety – fire, staff hurt, First Aid
14. Ethics
15. Standards of Practice
16. Dress code
17. Punctuality
18. Breaks – are they at a fixed time or are they flexible?
19. Flow of information – where is company or regulatory information posted?
20. Telephone procedure in the event of a family emergency.
21. Customer relations – mystery shopper?
22. Who provides the training in diagnostics?
23. Can a customer pay for a non-prescription item(s) at the Pharmacy?
24. What is the policy on the return of medications? OTC? Prescriptions can be returned – it is company policy whether or not the money is refunded. The medication CANNOT be reused – MPhA regulation.
25. Can blister packs be returned? If the medication has been stored correctly, then it can be returned.
26. CONFIDENTIALITY
27. How are complaints handled?
28. Advertisements
29. What is the company/hospital policy on accepting gifts from Pharmaceutical reps?
30. Promotional/Rewards Programs

IV: Dispensary Layout and Routine

1. Automatic dispensers
2. Tylenol 1
3. Refrigerators
4. Fax/Telephone/Printers
5. Storage of old/stale prescriptions
6. End of day reports
7. The locations of all medications, equipment and supplies.
8. Prescription files
9. ROUTINE, i.e. work flow
10. Handling of chemotherapeutic agents
11. Compounding equipment
12. Mutagenic compounds – handling of these products by female staff?
## Facilitator’s Framework for Day 2

### Day 2, includes the following items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Lesson Handouts</th>
<th>Supplementary Material</th>
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</thead>
<tbody>
<tr>
<td>Agenda – day 2</td>
<td></td>
<td>**Communication Skills&lt;br&gt;**Canada Health Act&lt;br&gt;www.hc-sc.gc.ca/medicare/home.htm&lt;br&gt;**Interprovincial Comparison of Drug Plans&lt;br&gt;**NABP – newsletter</td>
</tr>
<tr>
<td>Session #5</td>
<td><strong>Facilitator’s Outline</strong>&lt;br&gt;Handout 5.2.1&lt;br&gt;“Are You Listening?”&lt;br&gt;Handout 5.2.2&lt;br&gt;“Defining Oral Communication”&lt;br&gt;Handout 5.2.3&lt;br&gt;“Characteristics of Basics of Communication”&lt;br&gt;Handout 5.2.4&lt;br&gt;“What happens when the ball gets dropped”&lt;br&gt;Handout 5.2.5&lt;br&gt;“Exercising Rights”</td>
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<tr>
<td>Session #6</td>
<td><strong>Facilitator’s Outline</strong></td>
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<td>Session #7</td>
<td><strong>Facilitator’s Outline</strong></td>
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<tr>
<td>Session #8</td>
<td><strong>Facilitator’s Outline</strong></td>
<td></td>
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<tr>
<td>Word Puzzles – day 2</td>
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** - Material (ie. handout) is inserted as a copy for the following reasons: a) the information is current and available on a website, b) the original document is a copy and not available electronically.

### Facilitator’s Checklist – Day 2:

- Participant handouts
- Contact e-mail information about questions/attendance for participants to use
- Five flip charts with markers
- Pens/paper for participants
- Overheads, acetate and acetate markers
- Arrangements made for refreshments – pre-session, lunch, and morning and afternoon breaks
- Bio of the guest speaker – Session 6
- Pre-reading information supplied by the guest speaker
- Invoice for honorarium – Session 6
- Basic Communication Processes module from WEMSC
9:00 – 10:30  Session 5  Communications Framework

10:30 – 10:45  Break  Coffee and Refreshments Available

10:45 – Noon  Session 6  Canadian Health Care System
  ✦ Guest Speaker

Noon – 12:45  Lunch

12:45 – 3:00  Session 7  Applying the Communication Framework

3:00 – 3:15  Break  Refreshments Available

3:15 – 4:30  Session 8  Diversity

4:30 – 5:00  Session Review/Questions and Answers
### 5.0 Session #5: Communication Framework

#### 5.1 Outline

| **Objectives** | The participant will be able to identify and explain basic communications in the workplace. |
| **Introduce** | The purpose of this session is to build upon the knowledge of communication that learners already possess, and adapt it to the Canadian workplace. |
| **Discuss** | Identify existing communications knowledge. Ask if anyone has studied/taken communications courses in any language. Solicit some general information about what communications means to them. Note participant’s responses. Refer to these responses as needed throughout the lesson. |
| **Expand** | Introduce the importance of oral communications in the workplace. Further defined oral communication processes. |
| **Apply** | Conduct the exercise: “Are You Listening?” Refer to instructors notes on page 59 Conduct the exercise “Clarifying the Process” Refer to Instructors notes on page 79 |
| **Reflect** | General discussion – solicit responses from participants. What did you learn in this session? How will you apply the learning when in the Canadian workplace? |

**Handout 5.2.1**
“Are You Listening?”

**Handout 5.2.2**
“Defining Oral Communication”

**Handout 5.2.3**
“Characteristics of Basics of Communication”

**Handout 5.2.4**
“What happens when the ball gets dropped”

**Handout 5.2.5**
“Exercising Rights”
### Are You Listening

**Objective**
To identify participants’ current listening skills and to assess areas for development

**Materials**
Handout # 5.2.1 “Are You Listening?”

**Time**
30 minutes

**Instructions**
- Instruct participants to complete the questionnaire and to be as honest as they can.
- Debrief desired answers and discuss how to improve their listening skills.
# Session #5: Communication Framework

## Are you Listening? (page 1 of 3)

### ARE YOU LISTENING?

#### OBJECTIVE

- To identify your current listening skills and to assess areas for development.

#### WHAT TO DO

- Complete the following questionnaire. Be as honest as you can!

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Score</th>
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<tbody>
<tr>
<td>1. Do you interrupt other people while they are speaking?</td>
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<tr>
<td>2. Does your mind wander when someone tells you a story?</td>
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<tr>
<td>3. Do you fake attention and just pretend to be listening?</td>
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<tr>
<td>4. Do you look for the point the speaker is trying to make?</td>
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<tr>
<td>5. Do you think about other things you have to do while another person is speaking to you?</td>
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<tr>
<td>6. Are you easily distracted by the speaker’s gestures or mannerisms, external noises or other activities going on around you?</td>
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<tr>
<td>7. Do you tell the person in your own words what you understood?</td>
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<td>8. Do you pick out parts of a message or conversation that interest you and ignore the rest?</td>
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<td>9. In conflict situations, do you look for the first opportunity to jump in with your opinion?</td>
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<tr>
<td>10. Do certain words trigger an emotional response from you?</td>
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</table>
### Session #5: Communication Framework

#### Are you Listening? (page 2 of 3)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>11. Do you listen with an open mind without assuming you know what the person will say?</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>12. Do you try to do several things at once while you are talking on the phone?</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>13. Do you tend to focus only on the words being spoken and ignore how the person is feeling?</td>
<td>Yes □ No □</td>
<td></td>
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<tr>
<td>14. Do you complete other people’s sentences for them?</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>15. Do you listen to others as you would like to be listened to?</td>
<td>Yes □ No □</td>
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<tr>
<td>16. Do you make assumptions about a person based upon your previous experience with them?</td>
<td>Yes □ No □</td>
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</tr>
<tr>
<td>17. Do you get defensive in conflict situations?</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>18. Do you jump to conclusions about a person based on your first impression of them?</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>19. During in-person interactions, do you establish eye contact with the other person?</td>
<td>Yes □ No □</td>
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<tr>
<td>20. Do you consciously block out distractions and focus on the other person?</td>
<td>Yes □ No □</td>
<td></td>
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</tbody>
</table>
Are you Listening? (page 3 of 3)

**YOUR SCORE**

Put a ✓ on the score line next to each answer you got right, then count up the number of correct answers.

**Desired Answers**

“No” is the desired answer to questions 1, 2, 3, 5, 6, 8, 9, 10, 12, 13, 14, 16, 17, and 18.

“Yes” is the desired answer to questions 4, 7, 11, 15, 19 and 20.

**16 – 20 desired answers**

Congratulations! You are an effective listener.

**11 – 15 desired answers**

You have some key strengths as a listener, and have taken a good first step towards further developing your skills. Review your answers and identify the areas you would like to improve.

**10 or less desired answers**

Have a look at your answers and look for a trend. You may find that you have specific challenges in certain areas, such as the tendency to easily lose your focus. You have already improved by becoming aware of your listening skills. Keep going!
Setting Ground Rules

A good basic communication skill is to be able to clearly state and agree upon a set of rules under which everyone is willing to conduct themselves. For the purposes of this program, you may want to have participants establish an understanding that looks something like what follows:

**OUR GROUND RULES**

- Show respect for all participants’ ideas and contributions
- Consider others’ feelings
- Only speak one at a time
- Participation by all
- Maintain confidentiality
- Don't interrupt
- Agreements about start, stop, and break times
- Agreements about how decisions will be made
- Focus on situations, not the people in the situations

*Post the agreed upon rules on a flip chart on the wall to remain for the duration of the program.*
Defining Communication in the Workplace

Having established through the first exercise that there are many issues and incidents of oral communication in the workplace, post on a flip chart the following information:

- Approximately 50-80% of all communication that takes place in the workplace is oral.
  
  Of this communication:
  - 50% is talking and
  - 50% is listening.
  - Only 15% of our message is communicated through spoken language
  - 35% is communicated through our nonverbal cues
  - The remaining 50% of the message is communicated through voice tone.

On a flip chart and with the participants, outline what oral communication takes place in their work sites. The following suggests some of the parameters you might use to prompt and guide participants:

- Essentially, oral communication in the workplace is thought to be the verbal and nonverbal communication that takes place between individuals one-on-one, individuals in a group, and individuals and a group. The levels of communication include communication between employees, employees and supervisors, management and employees, union and management, employees and union, supervisors and management, etc.

Distribute the Defining Oral Communication handout to participants or put up on overhead.

Ask participants if there is anything they would like to add to this definition.
Defining Oral Communication

Essentially oral communication in the workplace is thought to be the verbal and nonverbal communication that takes place between individuals one-on-one, individuals in a group, and individuals and a group.

The levels of communication include communication between:

- employees;
- employees and supervisors;
- management and employees;
- union and management;
- employees and union;
- supervisors and management; etc.

Oral Communication involves hearing, as well as listening, speaking, voice quality, intonation, pronunciation, and nonverbal signals.

Communicating is not only the act of having your voice heard, but includes hearing and understanding the voices of others.
Session #5: Communication Framework

Characteristics of Basic Communication

The following information can be delivered to participants through a lecture and demonstration method. The characteristics of communication that should be established are as follows:

**Sender/Receiver**
Every communication involves both a sender and receiver. In the context of a normal communication, the roles of sender and receiver will change several times.

![Sender Receiver Diagram](Image)

**Simultaneous Communication**
Messages are sent and received simultaneously. Even when a person is speaking, they are receiving information from nonverbal cues. Conversely, the receiver in a communication is also a sender because they are providing feedback from their facial expression, through their eyes and body posture.

**Sent is Sent**
Once a message has been sent, it cannot be unsent. It is possible in the communication process to clarify, adjust or modify the message. But the message itself, once stated cannot be erased.

**Internal Noise**
We all bring our personal histories, moods and states of mind to every communication interaction. This can sometimes be described as internal noise. If someone feels hostile or angry about something outside of work and behaves uncooperatively with a co-worker, they are probably responding more to their own internal noise than the message from the sender.

**Context**
Every communication is set within a context and cannot be removed or considered outside of its context. The three major factors that contribute to context involve:

- the people included;
- their physical surroundings; and
- their relationship with each other.

For example, if you tell a co-worker, for whom English is a second language, to "give you a ring" when they have finished a particular job, the meaning may have been blurred by the context of the people involved. If a person cannot hear all of the detail in a set of instructions because of the machine running next to their work station, the context may contribute to gaps of understanding in the communication. Context can be a very weighted factor in a communication -to the extent that it may take on more meaning than the actual words themselves. For example, in the context of the relaxed environment of the coffee room, a playful interaction between co-workers who like each other might alarm someone who didn't understand the context.

Because all of these factors play a part in the communication process, it is possible to see communication as a **transactive** process in which all of the characteristics of communication effect and are affected by each other.
Session #5: Communication Framework

Communication Processes

The act of communicating can be greatly simplified by keeping in mind four basic communication processes.

*Negotiate Meaning*

As mentioned earlier in this module, there are many factors that enter into the communication process. Because the sender and receiver in the communication process are subject to many variables, it is important to know that you can, and should, negotiate meaning. In later modules there will be opportunities to practice the skills of negotiating meaning. For the purposes of this module, we will only touch on them, but we will continue to reinforce them throughout the program.

Clarify what is being communicated. Ask questions like, "Do you mean this way?" or "Is that like such and such?" Paraphrase what you've heard -"What I hear you saying is..." Ask a direct question, such as, "Do you want me to --or ---?" There is nothing more frustrating when things go wrong than to hear the response, "Oh, I thought you meant...!"

*Ask for Meaning*

In other cases you may want to clearly state that you simply do not understand. It is important to know that this response is a far better response in communication than feigned understanding.

Similarly, if the sender is using language that is unclear, evasive or vague, it is perfectly fine to respond by saying you do not understand the language they are using. Ask that they rephrase their communication in language that is more accessible.

*Awareness of Context*

Because so many factors can affect the message that is sent and received, it is important to control the aspects of context that can interfere.

For example, if you are being issued a set of instructions beside a very noisy machine, ask to have the machine be turned off or move to a quieter location. If you are speaking with someone for whom English is a second language, avoid slang terms and idioms. Be prepared to clarify meaning and don't be afraid to ask questions.

*Two-Way Process*

Understand that communication is a two-way process involving a sender and a receiver. Do not believe that, in a communication breakdown or difficulty, there is only one party at fault. That is almost never true.

The reason that we take communication courses is not because we are poor communicators. People who work in factories or on the plant floor are no worse at communication than people who head up major corporations or work in white-collar employment.

The reason for poor communication is almost always a lack of personal investment in being a better communicator. Anyone who sets out to improve their communication skills and is willing to work on them over a period of time, will be a better communicator.
TELEPHONE CONNECTIONS

When speaking with people over the phone, the words the speaker uses carry double the importance (14%) that they do during in-person connections. The speaker’s tone of voice carries the remaining 86% of the message.
Research shows that people pick up on the *words* a speaker uses, their *voice* and their *body language* to get the total picture of the message that person is communicating.

During face-to-face exchanges, listeners pick up 7% of the message from the words the speaker actually uses. The remaining 93% of the message comes from non-verbal cues, with 38% from voice inflections and 55% from body language. In addition, non-verbal communication carries more credibility than words. For example, if a person says that they are not in a hurry, but keep looking at their watch while tapping their feet impatiently, the listener will not believe them.
Clarifying the Process

**Objective**
To demonstrate and clarify that communication happens best within clearly understood structures.

**Materials**
Maps from exercise 1.4
Handout 5.2.4

**Time**
As required

**Instructions**
It is helpful for participants to understand that most communication happens within a structured process. This exercise will focus on how those structures function in the workplace to prevent the communication process from becoming a chaotic experience.

Once individuals have completed their personal perspective of the communication process in their company, work with the entire group on diagramming a common understanding of the lines of communication. The areas of communication to consider in this section are:

- Giving or Receiving Job-related Instructions Day-to-Day
- Registering Complaints
- Job Performance Reviews and Assessment
- Reporting Procedures
- Changes in Policy
- Disciplinary Procedures
- Health and Safety Standards
- Employment Contracts

In each of these areas, and any other areas of importance that arise from the previous exercise, chart how the communication flows back and forth within an organization and between individuals. Also try to outline in the diagram where the avenues of recourse, rebuttal, or clarification are. If a message or a communication is not understood, how can it be clarified? If a judgement about your work is made and you disagree with it, to whom can you go to be heard? Perhaps you need to tell someone about a malfunctioning machine at the shift change. How is that communicated?

As much as possible, work with the group to outline and clarify the lines of communication that presently exist within their organizations.
WHAT HAPPENS WHEN THE BALL GETS DROPPED?

As much as we try to prevent it, and despite the best efforts of many to communicate effectively, the problem of incomplete or bad communication plagues almost every workplace. This section reviews some basic, but important strategies and responsibilities to remember in the face of communication difficulties:

Understanding the Process and Following Up

From the above discussion you may want to draw out the process that is to be followed in the case of complaints, disagreement or reporting areas of concern. This section deserves to be elaborated on within the group. Often within the workplace, employees will protest that they told someone about a piece of broken equipment; or that they informed a co-worker that they are not working up to expectations and might get into trouble; or that they tried to tell a supervisor that there was some unsafe condition on the floor before the accident happened.

Are they informing the correct individuals? Are they following up with their information to see if any changes can and/or should be made? Do the individuals they are telling have the power to change or correct the situation? And if they don’t, what can and should be done?

If the group is comfortable with it, you may try to elicit specific examples from individuals and use these as case studies for the groups. Before you begin, remind everyone about the confidentiality rule and emphasize that the idea is not to point blame in anyone’s direction. Rather, the point is to investigate other possible actions or strategies when one course of action is not working.
EXERCISING RIGHTS

Earlier in this module, the rights in communication of all workers in a company were outlined. Essentially these rights are based on common sense. Communication that seems to be going awry can be seen in a different light by demanding these two simple rights.

Asking for Clarification

Make sure that you fully understand what response you are receiving and that you feel that the response is a satisfactory one that addresses your concern.

Get it in Writing

If you feel that the situation warrants, ask for the response in writing. If time is a factor, offer to write out your understanding of the response and have it signed by the individuals involved.

ROLE OF THE UNION

Understand the role the union plays as a support for your rights as a worker. Ensure you understand when you should involve the union in a dispute and don’t wait until the situation is escalated out of control. Sometimes it is a simple matter for a mediator to step in and bring a clearer perspective for all parties.

DON’T LOSE YOUR COOL

The final point to emphasize is not to lose your temper. If a situation becomes intolerable or unacceptable, leave. Simply state that you are unable to continue the conversation until everyone, yourself included, cools down. Most importantly, restrain rude remarks. The old adage of “Be careful to keep your words all sweet. You never know which ones you’ll have to eat” has a lot of validity in heated circumstances.
### 6.0 Session #6: The Canadian Health Care System

#### 6.1 Outline

<table>
<thead>
<tr>
<th><strong>Objectives</strong></th>
<th>The participants will understand the structure, function and financing of the Canadian Health System. The participants will also be able to describe the philosophy of the Health Care System in Canada.</th>
</tr>
</thead>
</table>

**Part 1**

<table>
<thead>
<tr>
<th><strong>Introduce</strong></th>
<th>A guest speaker on the topic of the structure, function and financing of the Canadian Health System.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discuss</strong></td>
<td>Ask the guest speaker to present on the structure, function and financing of the Canadian Healthcare System for 20 minutes. Provide information on the topic to the students PRIOR to the presentation.</td>
</tr>
<tr>
<td><strong>Expand</strong></td>
<td>Provide students with an opportunity to question the speaker (10 mins).</td>
</tr>
</tbody>
</table>

**Part 2**

<table>
<thead>
<tr>
<th><strong>Introduce</strong></th>
<th>A guest speaker on the topic of the philosophy of the Canadian Health System.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discuss</strong></td>
<td>Ask the guest speaker to present on the philosophy of the Canadian Healthcare System for 20 minutes. Provide information on the topic to the students PRIOR to the presentation.</td>
</tr>
<tr>
<td><strong>Expand</strong></td>
<td>Provide students with an opportunity to question the speaker (10 mins).</td>
</tr>
</tbody>
</table>

#### 6.2 Resources/Background Information

Pre-reading information supplied by the guest speaker on the chosen topic.
7.0 Session #7: Apply Communication Framework

7.1 Outline

**Objective**
The participants will be able to use basic communication skills and processes.

**Introduce**
The purpose of this session is to practice communication skills, such as clarification, accuracy and efficiency in a variety of workplace situations.

**Discuss**
The information from the speaker will be used as a basis for participants to compare and contrast the Canadian Health Care System to that of their countries of origin.

**Expand**
Participants will be introduced to the four basic communications processes, as well as the need to clarify the processes.

**Apply**
Participants will be divided into small groups to discuss the similarities and differences of their respective country’s systems. The discussion will require the use of the four basic communications processes. They will present their findings to the large group in a 5 – 10 minute presentation.
### 8.0 Session #8: Diversity in the Workplace

#### 8.1 Outline

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th>The participant will be able to identify the effect(s) of diversity in, and on, the workplace.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduce</strong></td>
<td>The purpose of this session is to identify the presence of diversity in Canada and what it means to work with a variety of people and their backgrounds on a daily basis.</td>
</tr>
<tr>
<td><strong>Discuss</strong></td>
<td>In order for people to understand how diversity affects them and the people they come in contact with, they must first understand themselves and how they have come to believe what they do. This is a crucial step in understanding why other people act and react the way they do to a given situation.</td>
</tr>
<tr>
<td></td>
<td>Introduce the cultural meaning of the Aboriginal Talking stick.</td>
</tr>
<tr>
<td><strong>Expand</strong></td>
<td>Group exercise: Ask participants to describe freely:</td>
</tr>
<tr>
<td></td>
<td>- Where they are from</td>
</tr>
<tr>
<td></td>
<td>- Significant cultural differences</td>
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<tr>
<td></td>
<td>- How those differences affect them in Canada</td>
</tr>
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<td></td>
<td>Encourage participants to refer back to determine what effect culture has on the way we conduct ourselves at work, and in other situations.</td>
</tr>
<tr>
<td></td>
<td>Examine the characteristics of culture and its impact on communication in a diverse workplace.</td>
</tr>
<tr>
<td><strong>Apply</strong></td>
<td>Have the group comment on the diversity between the group members.</td>
</tr>
<tr>
<td></td>
<td>They have now exercised their listening skills as well as learned about differences between their own culture and the other group member’s cultures.</td>
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</tbody>
</table>
**Herbal Medications**

O B I W O T M E E N Y G R V E B I R N
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S T . J O H N ' S W O R T N B E R N C
E V O L E K R N B G A W O G A R L I C

- Ginseng
- Oil of Evening Primrose
- Kava
- Greater Celandine
- Cranberry
- Echinacea
- Camomile
- Ginkgo Biloba
- Feverfew
- Ephedra
- St. John's wort
- Comfrey
- Valerian root
- Ginger
- Vitamins
- Peppermint
- Garlic
- Black Cohosh
Herbal Medications – Answer Key

Ginseng  Echinacea  St. John's wort  Vitamins
Oil of Evening Primrose  Camomile  Comfrey  Peppermint
Kava  Ginko Biloba  Valerian root  Garlic
Greater Celandine  Feverfew  Ginger  Black Cohosh
Cranberry  Ephedra
### Title/Subject

<table>
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<tr>
<th>National Association of Boards of Pharmacy</th>
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<tbody>
<tr>
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<td><a href="http://www.nabp.net/">http://www.nabp.net/</a></td>
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</table>

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<tr>
<th>Interprovincial Comparison of Drug Plans</th>
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<tbody>
<tr>
<td>Attached spreadsheet</td>
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</tbody>
</table>

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<th>Canada Health Act Website</th>
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</thead>
<tbody>
<tr>
<td><a href="http://www.hc-sc.gc.ca/medicare/home.htm">http://www.hc-sc.gc.ca/medicare/home.htm</a></td>
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1. National Association of Boards of Pharmacy
Article: “NABP Participates with Pharmacy Association in Discussion of Cross-border Drug Trade” (June 2003 NABP Newsletter)

2. Interprovincial Comparison of Drug Plans
Attached spreadsheet

3. What is the Canada Health Act?

4. Communication Skills
## Facilitator’s Framework for Day 3

**Day 3** includes the following items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Lesson Handouts</th>
<th>Supplementary Material</th>
</tr>
</thead>
</table>
| Agenda – day 3 | | Miscellaneous day 3 material:  
  ᴅ  **Scenarios - “Solutions wanted, please!”  
  ᴅ  **Communication Problems  
  ᴅ  **Case Studies Summary |
| Session #9 | Facilitator’s Outline | Manitoba Health Guest Speaker accompanying material:  
  ᴅ  **PowerPoint presentation “The Pharmaceutical Act”  
  ᴅ  **PowerPoint presentation “Provincial Drug Plan, Pharmaceutical Management” |
| Manitoba Health Guest Speaker | | |
| Session #10 | Facilitator’s Outline | |
| Problem Solving in the Workplace | Handout 10.2.1  
  “Listening in the workplace”  
  Handout 10.2.2  
  “Barriers and distractions that prevent good listening”  
  Handout 10.2.3  
  “Problem solving model: Guide for seeking help in problem solving”  
  Handout 10.2.4  
  “Problem solving model: Focus PDCA model” | |
| Session #11 | Facilitator’s Outline | |
| Note Taking | Handout 11.2.1  
  “The STAR Principle”  
  Handout 11.2.2  
  “Case Studies” | |
| Word Puzzles – day 3 | | |

** - Material (i.e. handout) is inserted as a copy for the following reasons: a) the information is current and available on a website, b) the original document is a copy and not available electronically.

### Facilitator’s Checklist – Day 3:
- Participant handouts (with case studies)
- Contact e-mail information about questions/attendance for participants to use
- Five flip charts with markers
- Pens/paper for participants
- Overhead projector
- Overheads, acetate and acetate markers
- Arrangements made for refreshments – pre-session, lunch, and morning and afternoon breaks
- Bio of the guest speaker/pre-reading/honorarium – Session 9
- Props for Session 10 – pile of papers, scarves
- Module 9 from WEMSC binder
- FOCUS PDCA model and accompanying tools
AGENDA – DAY 3

9:00 – 10:30  Session 9
Manitoba Health
♦ Guest Speaker

10:30 – 10:45  Break
Coffee and Refreshments Available

10:45 – Noon  Session 10
Problem Solving in the Workplace

Noon – 12:45  Lunch

12:45 – 3:00  Session 10 Continued
Problem Solving Tools

3:00 – 3:15  Break
Refreshments Available

3:15 – 4:30  Session 11
Note Taking

4:30 – 5:00  Session Review/Questions and Answers
9.0 Session #9: Manitoba Health Guest Speaker

9.1 Outline

**Objectives**

The participants will identify the basic operating principles of the Manitoba Health Care System from a Pharmacist’s perspective – Manitoba Health, Pharmaceutical Act, Formulary, Pharmacare, Drug Programs

**Introduce**

A guest speaker on the topic of the Manitoba Health Care System from a Pharmacist’s perspective – Manitoba Health, Pharmaceutical Act, Formulary, Pharmacare, Drug Programs

**Discuss**

Ask the guest speaker to present on the topic of the Manitoba Health Care System from a Pharmacist’s perspective – Manitoba Health, Pharmaceutical Act, Formulary, Pharmacare, Drug Programs for 45 minutes. Provide relevant information to the students PRIOR to the presentation.

**Expand**

Provide students with an opportunity to question the speaker (15 minutes).

** - Material (ie. handout) is inserted as a copy for the following reasons: a) the information is current and available on a website, b) the original document is a copy and not available electronically.
10.0 Session #10: Problem-Solving in the Workplace

10.1 Outline

**Objective**
The participant will be able to solve problems using appropriate verbal and listening techniques.

**Introduce**
The purpose of this session is to distinguish between hearing and listening, develop effective methods of improving listening skills and to use appropriate verbal communication techniques for solving problems in the Canadian workplace.

**Discuss**
Workplace situations frequently give rise to problems. A typical day as a pharmacist can mean solving a series of small problems – with both customers/patients and co-workers. Solicit examples of problems that might be encountered in both retail and hospital situations. Record on flipchart. Develop 3 case studies from the responses. Ask for 3 volunteers to record the case study ideas on 3 separate flipcharts. Use these in part II.

**Part 1**

**Expand**
Participants will understand the difference between hearing and listening and the reasons we listen.

**Apply**

*Exercise 1:*
Ask participants to sit in total silence for one minute and make note of everything that they hear during that minute. Tell them that you will be leaving the room for a few seconds.

During the exercise, walk across the room, open the door, leave the room and return in 30 seconds.

In discussion afterward, ask them to relate all the sounds, noises, background sounds that they were able to identify.

How many included the sounds of your leaving the room?

Ask the participants what the difference between hearing and listening was in this exercise? How much of the constant noise and sound, that we are exposed to in any given time period, do we actually hear without consciously listening for it?

(Time permitting – It might be an interesting discussion to discuss participants’ experiences with noise levels in their countries of origin in comparison to Canada. Does their previous experience help/hinder them in Canada?)

*Note:* Running air conditioners, radios, computers also contribute to noise levels in pharmacies.
Session #10: Problem-Solving in the Workplace

Outline continued

Apply

Exercise 2:
Ask participants to pair off. Give one scarf to each pair. Ask one of each pair to tie the scarf around their eyes so that vision is completely blocked. Ask the other person of each pair to provide directions to a pre-determined location outside the classroom. At about halfway to the location, they must give directions to pick up one sheet of paper from a pile, and then carry on to the location. When participants reach the location, they trade places and return to the classroom, using the same technique. (The location could be a drinking fountain or a seating area down the hall, or some other location within close proximity. Place a pile of papers at the halfway point.)

Upon return to the classroom, debrief the participants. Discuss their experiences. What did they have to do to accomplish the task? What else did they learn from the exercise? There should be responses such as listening, precise instructions, trust, and walking a mile in someone else’s shoes.

Part 2

Expand

Introduce two models for solving problems. One is used by a variety of people and organizations and can be useful when conflict is involved. The second, FOCUS PDCA model, in use in parts of the Canadian Health Care System, attempts to solve problems from a proactive perspective – a continuous quality improvement approach.

Discuss additional problem solving models during Day 5.

Apply

Divide participants into 3 groups. Using the case studies developed earlier in the session, ask participants to select and follow one of the two models of solving problems and then present the findings and solutions to the larger group. The presentations should include what each group liked/disliked about the model chosen and why it worked/didn’t work for their particular case.

Handout 10.2.3
“Problem solving Model: Guide for seeking help in problem solving”

Handout 10.2.4
“Problem solving Model: FOCUS PDCA Model”
Introduction - Listening in the Workplace

Most people want and expect one very basic thing in a successful communication interaction -- respect. They want to know they have been listened to and that their concerns, opinions and information have been heard and heard accurately. When there is a perception that this dynamic has not taken place, communication difficulties arise -- anger, frustration, fear, defensiveness, etc. In other words, inadequate listening can cause the communication process to break down.

If you are like most people, you will spend close to 22 years of your life listening.
You will spend more time listening than doing anything else, except sleeping. You will spend more time listening than living with your parents, more time listening than attending school.

Definitions:  
Listening: the active process of hearing, attending to and assigning meaning to sounds in order to understand and remember.

Hearing: merely the biological act of receiving sounds.

Listening is the most important of our communication skills. There is no other skill that could make one as well informed and desired as an employee. Yet, as important as it is, most of us receive almost no instruction in how to listen.

This module will examine the important role that listening plays in the communication process. It will present the concept that good listening is more that just a passive activity. Listening will be seen as an interactive process, that includes many verbal and nonverbal communication techniques.

The exercises in this module are meant to stimulate participants' imagination and to challenge them to become more involved in the listening process.

Listening Through Filters

We are often unaware of how our childhood experiences influence our adult behaviour. The socialization process results in our listening through filters. Our brain processes each new piece of experience through filters that have various forms. The following diagram shows some of the filters that exert the greatest influence.
Listening in the Workplace

**Objective**
To study the average listener's skills.

**Materials**
Overhead, paper, pens, copies of each handout

**Time**
15 minutes

**Instructions**
How much listening training did you receive in school? If you are typical, you probably received less than half a year of formal listening training in all your elementary and secondary schooling. The first chart shows the order in which the four basic communication skills are learned. The chart also shows the degree to which these four communication skills are used, and the extent to which they are taught. As you will note, listening is the communication skill used most...but taught the least.

Discuss with the group why so little emphasis is placed on listening skills. For example, little emphasis is placed on listening in the schools because people sometimes assume that normal hearing equals good listening. The second part of this overhead focuses on the average listener's skills. Using the definition of listening provided, ask the participants to provide their best guess of what an average listener will hear, attend to, understand, and remember.
Session #10: Problem-Solving in the Workplace

Listening in the Workplace

**Definitions:**

**Listening:** the active process of hearing, attending to and assigning meaning to sounds in order to understand, and remembering.

**Hearing:** merely the biological act of receiving sounds.

<table>
<thead>
<tr>
<th>Task</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much of the four hours do we actually hear?</td>
<td></td>
</tr>
<tr>
<td>How much of what we hear do we actually listen to?</td>
<td></td>
</tr>
<tr>
<td>How much of what we listen to do we understand?</td>
<td></td>
</tr>
<tr>
<td>How much of what we understand do we remember?</td>
<td></td>
</tr>
</tbody>
</table>

Like reading, writing and speaking, listening can be improved through awareness, study and practice.

If we translate the listening portion into an eight-hour workday, it breaks down as follows:

- We spend about four hours each work day in listening activity

Refer to the definition of listening discussed earlier. Since we spend a half of our workday engaged in listening activity, what would you estimate the average worker’s listening skills are? Fill in the table below.

<table>
<thead>
<tr>
<th>Task</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much of the four hours do we actually hear?</td>
<td></td>
</tr>
<tr>
<td>How much of what we hear do we actually listen to?</td>
<td></td>
</tr>
<tr>
<td>How much of what we listen to do we understand?</td>
<td></td>
</tr>
<tr>
<td>How much of what we understand do we remember?</td>
<td></td>
</tr>
</tbody>
</table>
If we translate all that in to an eight-hour workday, it breaks down as follows:

<table>
<thead>
<tr>
<th>Task</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much of the four hours do we actually hear?</td>
<td>2 hours</td>
</tr>
<tr>
<td>How much of what we hear do we actually listen to?</td>
<td>1 hour</td>
</tr>
<tr>
<td>How much of what we listen to do we understand?</td>
<td>30 min</td>
</tr>
<tr>
<td>How much of what we understand do we remember?</td>
<td>8 min</td>
</tr>
</tbody>
</table>

- We spend about four hours in listening activity.
- We hear for about two hours
- We actually listen for an hour
- We understand 30 minutes of that hour
- We remember just under eight minutes' worth
Motivation for Listening

There are many reasons for listening. Lead a discussion on the uses of listening at work. (List the reasons on the board or prepared flip chart.)

1) We listen to understand and gain new ideas, learn new skills and acquire information.
2) We need to listen to identify whether the equipment is making weird sounds.
3) We listen to evaluate what is being said by a customer, supplier or an employer.
4) We listen purely for social reasons, engaging in small talk to get a feeling of how your co-workers are doing that day.
5) We listen to ensure our safety, like when a forklift is coming around the corner.

One obvious reason for listening is to prevent misunderstandings. The next exercise illustrates this.

Pass the Word: Instructor Notes

**Objective**
To demonstrate how quickly a message can be misunderstood.

**Materials**
None

**Time**
10 minutes

**Instructions**
The instructor whispers a short passage to the first person who then passes those words on to the next person until all have had a chance to pass the message onto their neighbour. If all participants have average hearing ability, have the participants sit in a long chain beside each other; otherwise have the participants enter a separate room when it is their turn. The last person passes the word back to the instructor aloud. Pick a short, work-related passage or one focused on listening. The following example demonstrates the length and complexity recommended for this exercise.

When listening, sit where you can hear and see well. Avoid a window seat if you think you will be tempted by the view.

Discuss the ease with which a message gets distorted.
Session #10: Problem-Solving in the Workplace

Types of Listening Required on the Job

Each person has a variety of types of listening required for their particular job. What type of listening is required at your workplace? Some possible responses are:

- Telephone
- Customer Order
- One to One
- Supplier Request for Payment
- Time Clock
- Noise
- Pager
- Buzzer or Bell
- Equipment
- Supplier Sale’s Pitch
- Loudspeaker
- Weather
- Intercom
- Answering Machine
- Customer Complaint
- One to Group
- Tone of Voice
- Radio
- Listening to Yourself

Asking Questions - A Strategy for Listening

The ability to ask questions can almost be considered an art form. A good interviewer can elicit a depth and breadth of information during an interview that might go unnoticed by an interviewer with less skill. The basic skill involved here is being able to determine what questions to ask to solicit unknown information. This task is obviously a difficult, but not impossible one.

The following exercise will engage participants in the activity of asking questions to attempt to access unknown information. It will call upon their ability to listen to both the answers being given, the tone of the answers, and the questions being asked by others.
Barriers and Distractions that Prevent Good Listening

<table>
<thead>
<tr>
<th>External Distractions</th>
<th>Internal Distractions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• People, object, or events that divert attention&lt;br&gt;• You cannot listen if you cannot hear&lt;br&gt;• Once recognized, easy to eliminate</td>
<td>• Attention diverters that occur within you&lt;br&gt;• Failure to receive the whole message&lt;br&gt;• Difficult to recognize</td>
</tr>
<tr>
<td>• Too many people talking&lt;br&gt;• Noisy machinery&lt;br&gt;• Poor acoustics&lt;br&gt;• Weather&lt;br&gt;• Unusual clothing, hairstyle, or pronunciation&lt;br&gt;• General setting of room&lt;br&gt;• Physically too close or too far&lt;br&gt;• Uncomfortable with eye contact</td>
<td>• Worried, hungry, ill, uncomfortable&lt;br&gt;• Daydreaming, thought speed, mind wanders&lt;br&gt;• Hearing disabilities&lt;br&gt;• Faking attention, bored&lt;br&gt;• Argue mentally&lt;br&gt;• Rather talk than listen, dominate conversation&lt;br&gt;• Just waiting politely for the next pause to speak&lt;br&gt;• Wrong about what you thought they were going to say – interrupt, change the subject</td>
</tr>
</tbody>
</table>

"Mind Changing" Invalidation

<table>
<thead>
<tr>
<th>&quot;Mind Changing&quot; Invalidation</th>
<th></th>
</tr>
</thead>
</table>
| • Speaker tries to change your mind<br>• Speaker tries to tell you how you really feel<br>• You doubt the value of listening or you start arguing with the speaker | • "Everyone knows that…"
• "You're wrong."
• "That is not important."
• "Don't expect me to believe that."
• "Don't waste your money on that."
• "My way is better…just listen to me!"
• "Well, I can tell you really don't believe/like/feel/think…"
• "You're really defensive, aren't you?"
• "What you really mean is…"
• Speakers reaction habits (alarmist, optimist, pessimist, opinionated) |

Word Choice Problems

<table>
<thead>
<tr>
<th>Word Choice Problems</th>
<th></th>
</tr>
</thead>
</table>
| • Jargon lacks meaning for the receiver<br>• Emotionally loaded words or topic arouses negative reaction<br>• Judgmental words | • Unfamiliar words, skill with words, intelligence<br>• Words like lockout or downsizing that trigger strong negative reactions or irritate<br>• "What you should have done was…"
• "You have to…"
• "Only someone stupid like you would…"
• "If you had done it my way…"
• "You do this all the time…"

Overloading

<table>
<thead>
<tr>
<th>Overloading</th>
<th></th>
</tr>
</thead>
</table>
| • Feel as if you could not possibly listen anymore | • Too much information to remember<br>• Asked to do more than they are able or willing to do then<br>• "Sure, you can do it."
• "Oh, come on. It won't be any problem at all."
### Problem Solving Model: Guide for Seeking Help in Problem-Solving

<table>
<thead>
<tr>
<th>Factors</th>
<th>Decide Alone</th>
<th>Consult with One Other</th>
<th>Consult with a Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whose problem is it?</td>
<td>Yours alone</td>
<td>His or Hers</td>
<td>The Group’s (Ours)</td>
</tr>
<tr>
<td>Amount of time</td>
<td>Not available</td>
<td>Have some time available</td>
<td>Plenty of time available</td>
</tr>
<tr>
<td>Expertise</td>
<td>Fully expert</td>
<td>Expert advice is needed to fill gaps in own knowledge</td>
<td>Same as #2</td>
</tr>
<tr>
<td>Technical know-how</td>
<td>Full</td>
<td>Need to fill gaps</td>
<td>Same as for #2</td>
</tr>
<tr>
<td>Can others add anything to decision?</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Will you accept suggestions?</td>
<td>No, not likely</td>
<td>Yes, from someone you respect</td>
<td>Yes, from an effective unit</td>
</tr>
<tr>
<td>Will it help others to carry out the project if they are involved in the decision?</td>
<td>No significance; you will carry out the project yourself</td>
<td>Yes, helpful and essential</td>
<td>Yes, necessary and essential</td>
</tr>
<tr>
<td>Coordination of effort</td>
<td>Not needed; you will handle it all</td>
<td>Vertical; necessary with your superior or employees</td>
<td>Horizontal; needed and necessary among employees</td>
</tr>
<tr>
<td>Learning value</td>
<td>Value only to self</td>
<td>Value to one employee</td>
<td>Value to whole group</td>
</tr>
</tbody>
</table>

---

Session #10: Problem-Solving in the Workplace

Session #10: Handout 10.2.3 Page 96
Session #10: Problem-Solving in the Workplace

Problem Solving Model: FOCUS PDCA model

F  Find a process to improve

O  Organize a team that knows the process

C  Clarify current knowledge of the process

U  Understand sources or variation

S  Select the improvement

P  Plan the improvement and continued data collection

D  Do the improvement

C  Check and study the result

A  Act to hold the gains, continue improvement
### 11.1 Outline

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th>The participants will be able to apply the STAR principle to writing brief notes/memos.</th>
</tr>
</thead>
</table>
| **Introduce** | Use the process of webbing to brainstorm the following:  
- What is writing?  
- What are the important points to remember when writing? |
| **Discuss**   | The information derived from the participants is discussed and reviewed. |
| **Expand**    | Explain and discuss the mnemonic STAR is explained and discussed. |
| **Apply**     | The participants using the STAR principles prepare three case studies. The class discusses the outcome of each presentation as to writing style, accuracy etc. |

**Handout 11.2.1**  
“The STAR Principle”

**Handout 11.2.2**  
“Case Studies”
The S.T.A.R. Principle

Start

One of the biggest barriers to writing is frequently ourselves. We are reluctant writers for many reasons. Maybe what we have to say may not be pleasant or maybe we don’t know how to specifically write what needs to be said. Sometimes we simply don’t know what has to be said. So, picking up the pen or starting to type is definitely a start.

Think

Think about what has to be said. Very often people will use the ‘hot pen’ method and simply write everything down. Webbing is another very effective tool for this.

Act

Write. Having thought about what has to be said and the order in which it has to be said, then simply write the sentences.

Review

Check for the following:

- Is the spelling correct?
- Is the grammar correct?
- Is the punctuation correct?
- Have I communicated my message correctly, e.g. is the information correct?
- Does the message flow smoothly without jarring the reader or causing them to re-read the message to understand?
- Do I get to the point and convey the message as efficiently as possible without unnecessary repetition?
- Does the writing create a positive image of me and the organization that I represent?
- Have I chosen words appropriate for the subject matter and the audience?
- Is the appropriate tone conveyed in the message - example if you are writing to your friend versus your supervisor, the tone or “genre” will be different?
Prescription for Learning – Day 3

Session #11 - Note Taking

Case Study #1

Mrs. Soares is a recently diagnosed Type II diabetic. Her most recent prescription from Dr. Sokol for Prandase is significantly higher that her initial prescription. You are not sure why there is a significant change and you are not sure what the doctor has written for the dosage. Mrs. Soares is coming back for her prescription when your shift is over. Leave a detailed note for your co-workers asking her to call Dr. Sokol to ask why there has been a significant change and to confirm the dose required. Mrs. Soares, when dropping off her prescription indicated that her blood sugars were under control.

1) Individually, within the group works on this case (10 mins). Use the STAR principle.

2) Appoint the Facilitator, Scribe (somebody who writes) and a Presenter within the group.

3) The Facilitator ensures that everybody in the group has an opportunity to contribute to what is been presented by the group to the class e.g., they ‘chair’ the meeting. The scribe is the person who will write what the group decides and the presenter is another person who will present what the group has developed to the class.

4) Use the STAR principles and develop a note that will be presented to the class.

Notes:
Session #11 – Note Taking

Case Study #2

Dr. Dome’s office called. The message from the technician is as follows:

Dr. Dome, Mr.Chan, Celebrex, regular dose. Mr. Chan is coming back for his prescription when your shift is over. When you review Mr. Chan’s profile, you notice that he was prescribed medication six months ago for hypertension. Leave a detailed note for your co-workers advising them to contact Dr. Dome to advise her of this potential drug interaction.

1) Individually, within the group works on this case (10 mins). Use the STAR principle.

2) Appoint the Facilitator, Scribe (somebody who writes) and a Presenter within the group.

3) The Facilitator ensures that everybody in the group has an opportunity to contribute to what is been presented by the group to the class e.g., they ‘chair’ the meeting. The scribe is the person who will write what the group decides and the presenter is another person who will present what the group has developed to the class.

4) Use the STAR principles and develop a note that will be presented to the class.

Notes:
Session #11 - Note Taking

Case Study #3

Dr. Dome’s office called. The message from the technician is as follows:

Dr. Mohammed, Mr. Said, Zithromax for URI, regular dose, 10 days duration. Mr. Said is coming back for his prescription when your shift is over. You know Mr. Said has an ongoing problem with heartburn and regularly buys Antacids (with aluminium and magnesium). Leave a detailed note for your co-workers advising them to explain to Mr. Said that he cannot take the antibiotic and antacids together. Mr. Said is slightly deaf.

1) Individually, within the group works on this case (10 mins). Use the STAR principle.

2) Appoint the Facilitator, Scribe (somebody who writes) and a Presenter within the group.

3) The Facilitator ensures that everybody in the group has an opportunity to contribute to what is been presented by the group to the class e.g., they ‘chair’ the meeting. The scribe is the person who will write what the group decides and the presenter is another person who will present what the group has developed to the class.

4) Use the STAR principles and develop a note that will be presented to the class.

Notes:
Session #11 - Note Taking

The STAR Principle – Summary of case studies

Case #1

Mrs. Soares is a recently diagnosed Type II diabetic. Her most recent prescription from Dr. Sokol for Prandase is significantly higher than her initial prescription. You are not sure why there is a significant change and you are not sure what the doctor has written for the dosage. Mrs. Soares is coming back for her prescription when your shift is over. Leave a detailed note for your co-worker asking her to call Dr. Sokol to ask why there has been a significant change and to confirm the dose required. Mrs. Soares, when dropping off her prescription indicated that her blood sugars were under control.

NOTE:

- patient had Prandase xmg before

- patient is not aware of change

- Please call doctor to verify strength

Does there need to be a reference number for a prescription?
Should the note be signed and dated by the pharmacist?

Case #2

Dr. Dome’s office called. The message from the technician is as follows:

Dr. Dome, Mr. Chan, Celebrex, regular dose. Mr. Chan is coming back for his prescription when your shift is over. When you review Mr. Chan’s profile, you notice that he was prescribed medication six months ago for hypertension. Leave a detailed note for your co-worker advising them to contact Dr. Dome to advise her of this potential drug interaction.

Note:

1. Dr. Dome’s office called in a prescription for Mr. Chan for Celebrex. Please call Dr. Dome regarding a drug interaction – the patient is on anti-hypertensive medication.

2. Hi Mike,

The attached prescription was called in before the end of my shift. When we tried to process it and we checked the patient’s profile, we realised that the patient is on bp medication for six months. Perhaps, an interaction is possible… I didn’t get a chance to check that with the Dr. I notified the pt. that we need time to get a hold of the doctor. If you have enough time, please check with the Dr. Thank you.
Session #11 - Note Taking

The STAR Principle – Summary of case studies continued

Case #3

Dr. Dome’s office called. The message from the technician is as follows:

Dr. Mohammed, Mr. Said, Zithromax for URI, regular dose, 10 days duration. Mr. Said is coming back for his prescription when your shift is over. You know Mr. Said has an ongoing problem with heartburn and regularly buys Antacids (with aluminium and magnesium). Leave a detailed note for your co-workers advising them to explain to Mr. Said that he cannot take the antibiotic and antacids together. Mr. Said is slightly deaf.

NOTE: Attn: Cheryl

Merle (technician) got a verbal prescription from Dr. Dome’s office, ordered by Dr. Mohammed for Mr. Said. Please call the doctor’s office to verify the drug name and dosage – ten days medication was ordered. Also, note the following when counselling:

1. Pt. is slightly deaf.
2. Pt is on an antacid (Al & Mg) – consider interaction with Zithromax.

   Nader, July 2, 2003

   How do you differentiate between dr. (drug) and dr. (doctor)?

   Would you provide the doctor’s number or is it readily available?
Session #11 - Note Taking

Word Puzzle

Generic and Brand Name Drugs (1)

acarbose  Norvasc  Prandase  amoxicillin
acebutolol  Amoxil  Sectral  atenolol
acetaminophen  Tenormin  Tylenol  atorvastatin
acetylsalicylic acid  Lipitor  acyclovir  azithromycin
Zovirax  Zithromax  alendronate  beclomethasone
Fosamax  Vanceril  allopurinol  Aspirin
Zyloprim  Zovirax  Xanax  amitriptyline
Elavil  Zovirax  Xanax  amitriptyline
Generic and Brand Name Drugs (1) – Answer Key

- acarbose
- acebutolol
- acetaminophen
- acetylsalicylic acid
- Zovirax
- Fosamax
- Zyprexa
- Elavil
- Norvasc
- Amoxil
- Tenormin
- Lipitor
- alprazolam
- amoxicillin
- Sectral
- Tylenol
- atorvastatin
- allopurinol
- Xanax
- amlodipine
- amoxicillin
- atenolol
- atorvastatin
- azithromycin
- beclomethasone
- Aspirin
- amitriptyline
Generic and Brand Name Drugs (2)

bupropion
carbamazepine
cefaclor
cefixime
celecoxib
cimeditine
ciprofloxacinclotrimazole
cyclobenzaprinediazepam
digoxin
dimenhydrinateenanapril
conjugated estrogensCipro
canesten
Zyban
Tegretol
Ceclor
Suprax
Celebrex
Tagamet
clarithromycin
Flexeril
Valium
Lanoxin
Gravol
Vasotec
Premarin
Biaxin
Generic and Brand Name Drugs (2) – Answer Key

bupropion
carbamazepine
cefaclor
cefixime
celecoxib
cimetidine
ciprofloxacin
clotrimazole
cyclobenzaprine
diazepam
digoxin
dimenhydrinate
enalapril
conjugated estrogens
Cipro
Canesten
Zyban
Flexeril
Tegretol
Valium
Ceclor
Lanoxin
Suprax
Gravol
Celebrex
Vasotec
Tagamet
Premarin
clarithromycin
Biaxin
Session #12 - Note Taking

**Word Puzzle**

Generic and Brand Name Drugs (3)

C O Z A A R O I R S U N C A O E I F Y L
E D G L U C O P H A G E R R L I P L A N
E I C O M B I V E N T L L N O I L U N E
R M E P E R I D I N E L F K P E I C F S
C M Y E A E O G H A L O P E R I D O L O
M E D R O X Y P R O G E S T E R O N E P
S T S A L B U T A M O L A O S A C A V O
D H I M L O S A R T A N N C O A A Z O R
C Y T I B U P R O F E N F O R N I O D I
O L L D E A N I Z O R A L N F A N L O T
M P G E N T A M I C I N U A L L E E P A
N H H A L D O L M E P R O Z A C U G A L
D E M E R O L L L A S I X O G M X L Z I
N N F L U R O S E M I D E L Y S Y I R N
Z I N F L U T I C A S O N E L M L C U F
R D O O I M O D I U M E T O P R O L O L
G A R A M Y C I N R D D I F L U C A N O
E T F F D I A M I C R O N E N A A Z O V
M E T R O N I D A Z O L E T E T I I M E
G L A N S I N E M E T F O R M I N D L N
P R O V E R A M O T R I N N C N E E T

fluconazole  ketoconazole  metoprolol  DifLucan  Nizoral
Lopresor  fluoxetine  levodopa  Metronidazole  Prozac
Sinemet Flagyl  fluticasone  Lidocaine  Flovent  Imodium
Xylocaine  flurroseamide  loperamide  Lasix  gliclazide
gentamicin  losartan  Garamycin  Cozaar  meperidine
medroxyprogesterone  Diamicron  Provera  haloperidol  Motrin
Haldol  Demerol  ibuprofen  metformin  Ritalin
Glucophage  salbutamol  methylphenidate  Combivent

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Generic and Brand Name Drugs (3) – Answer Key

fluconazole
ketoconazole
metoprolol
DifLucan
Nizoral
Lopresor
fluoxetine
levodopa
Metronidazole
Prozac
Sinemet
Flagyl
fluticasone
Lidocaine
Flovent
Xylocaine
flurrosemide
loperamide
Lasix
Imodium
gentamicin
losartan
Garamycin
Cozaar
gliclazide
medroxyprogesterone
Diamicron
Provera
haloperidol
meperidine
Haldol
Demerol
ibuprofen
Combivent
Motrin
Glucophage
salbutamol
methylphenidate
Ritalin
Generic and Brand Name Drugs (4)

N S H R N N O O P O L Y M I X I N B
S R I S L O L O S E C F I R E Z E P
E N I T R O G L Y C E R I N Z A P L
O N P M O N T E L U K A S T O N S O
O E H S I N G U L A I R N R A T E A
N O E I T R A N I T I D I N E A R K
O S N T S A L B U T A M O L M C E A
I P Y I T S A L M E T E R O L P V O
P O T A S S I U M C H L O R I D E C
V R O M E T A M U C I L C I I X N H
E I I E D P M Y C O S T A T I N T L
N N N N I C O T I N E R S I N K O
T L V D C O S E L T A M I V I R L R
O M E P R A Z O L E D I L A N T I N
L G L A N A P R O X E N S O D I U M
I P A R O X E T I N E T A M I F L U
N N X B N I C O D E R M P A X I L L
M I N I T R A N Y S T A T I N N A N

montelukast
naproxen sodium
nicotine resin
nitroglycerin
nystatin
omeprazole
oseltamivir
Paxil
Neosporin
Dilantin
Kaochlor
Metamucil
Zantac
Ventolin
Serevent
polymixin B
Singular
Anaprox
Nicoderm
Minitran
Mycostatin
Losec
Tamiflu
phenytoin
potassium chloride
psyllium mucilloid
ranitidine
salbutamol
salmeterol
paroxetine
Generic and Brand Name Drugs (4) – Answer Key

montelukast  Neosporin  Singulair  phenytoin
naproxen sodium  Dilantin  Anaprox  potassium chloride
nicotine resin  Kaochlo  Nicoderm  psyllium mucilloid
nitroglycerin  Metamucil  Minitran  ranitidine
nystatin  Zantac  Mycostatin  salbutamol
omeprazole  Ventolin  Losec  salmeterol
oseltamivir  Serevent  Tamiflu  paroxetine
Paxil  polymixin B

Session # 12
### Word Puzzle

**Generic and Brand Name Drugs (5)**

TAM SUL OS I NZO C OR
ELZLHSFLOMAXNT
RZTRIAZOLAMEOH
CAITMTATNZLE
ONFRZVGSHECCVO
NOITCWAEEOTA-A
VRSSAMORRCUDD
ZOLMITRIPTANMEU
OULAFVHACHAXR
LTKDITAITYLYADVZ
EEAIERRLICLIIO
ETSNIZLNLCNAL
ERTEANCIIEIWGO
LARIENINOSRF
ZOMIGRELENZAT
ACCOLATETERAZOL

sertaline  warfarin  Zoloft  Coumadin
sildenafil  zafirlukast  Viagra  Accolate
simvastatin  zanamivir  Zocor  Relenza
tamoxifen  zolmitriptan  Nolvadex  Zomig
tamsulosin  Flomax  terconazole  Terazol
tetracycline  Novo-Tetra  theophylline  Theo-Dur
triazolam  Halcion
Generic and Brand Name Drugs (5) – Answer Key

sertaline  warfarin  Zoloft  Coumadin
sildenafil  zafirlukast  Viagra  Accolate
simvastatin  zanamivir  Zocor  Relenza
tamoxifen  zolmitriptan  Nolvadex  Zomig
tamsulosin  Flomax  terconazole  Terazol
tetracycline  Novo-Tetra  theophylline  Theo-Dur
triazolam  Halcion
**WORD SEARCHES**

The purpose of the word searches is to give the participants an opportunity to review the generic names and brand names of commonly prescribed medications. The words within the word searches are embedded in a simple format, i.e., forwards and backwards with no diagonal words. This information is provided as a source of reference for the instructor and the participants.

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
<th>Treatment</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Word Search #1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acarbose</td>
<td>Prandase</td>
<td>Type II diabetes</td>
<td></td>
</tr>
<tr>
<td>acetahexolol</td>
<td>Sectral</td>
<td>Hypertension, angina</td>
<td></td>
</tr>
<tr>
<td>acetaminophen</td>
<td>Tylenol</td>
<td>Pain, inflammation</td>
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<tr>
<td>acetylsalicylic acid</td>
<td>Aspirin</td>
<td>Pain, inflammation</td>
<td></td>
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<tr>
<td>acyclovir</td>
<td>Zovirax</td>
<td>Antiviral – genital herpes, shingles, chickenpox</td>
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<tr>
<td>alendronate</td>
<td>Fosamax</td>
<td>Osteoporosis</td>
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<tr>
<td>allopurinol</td>
<td>Zyloprim</td>
<td>Gout, kidney stones</td>
<td>Also used to decrease the level of uric acid caused by leukemia and/or lymphoma</td>
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<tr>
<td>alprazolam</td>
<td>Xanax</td>
<td>Anxiety disorder</td>
<td></td>
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<tr>
<td>amitriptyline</td>
<td>Elavil</td>
<td>Depression</td>
<td></td>
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<tr>
<td>amlodipine</td>
<td>Norvasc</td>
<td>Hypertension, angina</td>
<td></td>
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<tr>
<td>amoxicillin</td>
<td>Amoxil</td>
<td>Bacterial infections of ear, sinus, bone, bladder, throat</td>
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<tr>
<td>atenolol</td>
<td>Tenormin</td>
<td>Hypertension, angina</td>
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<td>atorvastatin</td>
<td>Lipitor</td>
<td>High cholesterol levels</td>
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<tr>
<td>azithromycin</td>
<td>Zithromax</td>
<td>Otis media, pneumonia</td>
<td>Secondary infections of HIV</td>
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<tr>
<td>beclomethasone</td>
<td>Vanceril</td>
<td>Asthma</td>
<td></td>
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<tr>
<td><strong>Word Search #2</strong></td>
<td></td>
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<tr>
<td>bupropion</td>
<td>Zyban</td>
<td>Depression</td>
<td>Aid in smoking cessation</td>
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<tr>
<td>carbamazepine</td>
<td>Tegretol</td>
<td>Seizures</td>
<td>Manic-depressive disorders</td>
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<tr>
<td>cefaclor</td>
<td>Ceclor</td>
<td>Bacterial infections-tonsillitis, ear, pneumonia, bronchitis, bladder</td>
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<tr>
<td>cefixime</td>
<td>Suprax</td>
<td>Bacterial infections-ear, sinus, gonorrhea</td>
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<td>celecoxib</td>
<td>Celebrex</td>
<td>Osteoarthritis, rheumatoid arthritis</td>
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<tr>
<td>cimetidine</td>
<td>Tagamet</td>
<td>Healing of ulcer, heartburn</td>
<td></td>
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<tr>
<td>ciprofloxacin</td>
<td>Cipro</td>
<td>Antibiotic – STD, bladder, skin and bone infection</td>
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<td>clarithromycin</td>
<td>Biaxin</td>
<td>Tonsillitis, pneumonia, cellulitis</td>
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<tr>
<td>clotrimazole</td>
<td>Canesten</td>
<td>Fungal infections- athlete’s foot, jock itch, ringworm</td>
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<td>cyclobenzaprine</td>
<td>Flexeril</td>
<td>Muscle spasm – muscle relaxants</td>
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<td>diazepam</td>
<td>Valium</td>
<td>Excessive anxiety, alcohol withdrawal</td>
<td>Decreasing muscle spasm</td>
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<td>digoxin</td>
<td>Lanoxin</td>
<td>Abnormal heart rhythm</td>
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<tr>
<td>Generic name</td>
<td>Brand name</td>
<td>Treatment</td>
<td>Comment</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------</td>
<td>------------------------------------------------</td>
<td>-------------------------------------------------------</td>
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<tr>
<td>Dimenhydrinate</td>
<td>Gravol</td>
<td>Nausea/vomiting</td>
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<tr>
<td>enalapril</td>
<td>Vasotec</td>
<td>Hypertension, congestive heart failure</td>
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<tr>
<td>conjugated estrogens</td>
<td>Premarin</td>
<td>Estrogen replacement therapy</td>
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<tr>
<td>flucanazole</td>
<td>Diflucan</td>
<td>Fungal infection –thrush, esophagus, UTI, vagina</td>
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<tr>
<td>fluoxetine</td>
<td>Prozac</td>
<td>Depression –selective Serotonin Reuptake Inhibitor</td>
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<tr>
<td>fluticasone</td>
<td>Flovent</td>
<td>Asthma</td>
<td></td>
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<tr>
<td>furosemide</td>
<td>Lasix</td>
<td>Diuretic –treatment of edema –fluid retention as a result of congestive heart failure</td>
<td>Hypertension</td>
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<tr>
<td>gentamicin</td>
<td>Garamycin</td>
<td>Bacterial infections of eye and ears</td>
<td></td>
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<tr>
<td>gliclazide</td>
<td>Diamicron</td>
<td>Type II diabetes</td>
<td></td>
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<tr>
<td>haloperidol</td>
<td>Haldol</td>
<td>Schizophrenia and manic states</td>
<td></td>
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<tr>
<td>ibuprofen</td>
<td>Motrin</td>
<td>Pain relief and decrease of inflammation</td>
<td></td>
</tr>
<tr>
<td>ipratropium/salbutamol</td>
<td>Combivent</td>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>ketoconazole</td>
<td>Nizoral</td>
<td>Serious internal and external fungal infections</td>
<td></td>
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<tr>
<td>Levodopa/carbidopa</td>
<td>Sinemet</td>
<td>Parkinson’s disease</td>
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<td>lidocaine</td>
<td>Xylocaine</td>
<td>Anaesthetic</td>
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<td>loperamide</td>
<td>Imodium</td>
<td>Diarrhea</td>
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<td>losartan</td>
<td>Cozaar</td>
<td>Hypertension</td>
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<td>medroxyprogesterone</td>
<td>Provera</td>
<td>Contraceptive, endometriosis</td>
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<tr>
<td>meperidine</td>
<td>Demerol</td>
<td>Pain</td>
<td></td>
</tr>
<tr>
<td>metformin</td>
<td>Glucophage</td>
<td>Type II diabetes</td>
<td></td>
</tr>
<tr>
<td>methylphenidate</td>
<td>Ritalin</td>
<td>ADHD, narcolepsy</td>
<td></td>
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<tr>
<td>metronidazole</td>
<td>Flagyl</td>
<td>Bacterial infections – abdomen, vagina, intestine</td>
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<tr>
<td>metoprolol</td>
<td>Lopresor</td>
<td>Hypertension, angina</td>
<td></td>
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<tr>
<td>montelukast</td>
<td>Singulair</td>
<td>Asthma</td>
<td></td>
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<tr>
<td>naproxen sodium</td>
<td>Anaprox</td>
<td>Decrease swelling, pain inflammation – menstrual cramps, dental work.</td>
<td></td>
</tr>
<tr>
<td>Nicotine resin</td>
<td>Nicoderm</td>
<td>Smoking cessation</td>
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<tr>
<td>nitroglycerin</td>
<td>Minitran</td>
<td>Angina</td>
<td></td>
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<tr>
<td>nystatin</td>
<td>Mycostatin</td>
<td>Fungal infections</td>
<td>Primarily in the mouth in liquid form</td>
</tr>
<tr>
<td>omeprazole</td>
<td>Losec</td>
<td>Decrease acid production in stomach when ulcers are healing</td>
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</tr>
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</table>
## WORD SEARCHES

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
<th>Treatment</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Oseltamivir</td>
<td>Tamiflu</td>
<td>Influenza</td>
<td></td>
</tr>
<tr>
<td>paroxetine</td>
<td>Paxil</td>
<td>Depression, panic disorder</td>
<td></td>
</tr>
<tr>
<td>Polymyxin B</td>
<td>Neosporin</td>
<td>Bacterial infections in eye</td>
<td></td>
</tr>
<tr>
<td>phenytoin</td>
<td>Dilantin</td>
<td>Seizures</td>
<td></td>
</tr>
<tr>
<td>potassium chloride</td>
<td>Kaochlor</td>
<td></td>
<td></td>
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<tr>
<td>psyllium mucilloid</td>
<td>Metamucil</td>
<td>Constipation – ensures regularity</td>
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</tr>
<tr>
<td>ranitidine</td>
<td>Zantac</td>
<td>Ulcer, decrease the pain of heartburn – similar to Losec</td>
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<tr>
<td>salbutamol</td>
<td>Ventolin</td>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Salmeterol</td>
<td>Serevent</td>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>sertraline</td>
<td>Zoloft</td>
<td>Depression, anxiety disorder</td>
<td></td>
</tr>
<tr>
<td>sildenafil</td>
<td>Viagra</td>
<td>Male impotence</td>
<td></td>
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<tr>
<td>simvastatin</td>
<td>Zocor</td>
<td>High cholesterol levels</td>
<td></td>
</tr>
<tr>
<td>sodium cromoglycate</td>
<td>Intal</td>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>tamoxifen</td>
<td>Nolvadex</td>
<td>Breast cancer</td>
<td></td>
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<tr>
<td>tamsulosin</td>
<td>Flomax</td>
<td>Enlarged prostate</td>
<td></td>
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<tr>
<td>terconazole</td>
<td>Terazol</td>
<td>Vaginal yeast infections</td>
<td></td>
</tr>
<tr>
<td>tetracycline</td>
<td>Novo-Tetra</td>
<td>Bacterial infections - Acne, Lyme disease and specific STD’s</td>
<td></td>
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<tr>
<td>theophylline</td>
<td>Theo-Dur</td>
<td>Asthma, emphysems, chronic bronchitis</td>
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</tr>
<tr>
<td>triazolam</td>
<td>Halcion</td>
<td>Sleep disturbances</td>
<td></td>
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<tr>
<td>warfarin</td>
<td>Coumadin</td>
<td>anticoagulant</td>
<td></td>
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<tr>
<td>zafirlukast</td>
<td>Accolate</td>
<td>Chronic asthma</td>
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<tr>
<td>zanamivir</td>
<td>Relenza</td>
<td>Influenza</td>
<td></td>
</tr>
<tr>
<td>zolmitriptan</td>
<td>Zomig</td>
<td>Migraine</td>
<td></td>
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</table>

**NOTES:**

**Source of Information:** [www.healthyontario.com/english/drug_detail](http://www.healthyontario.com/english/drug_detail)
1. “Solutions Wanted Please”

2. Communication Problems

3. Examples of Communication Breakdown
Day 3: Supplementary Material

Solutions wanted, please!

1. We have a weekly schedule for blister packs. Each of the blister pack patients is scheduled once or twice a month to have their blister packs made up. I have a patient who always requests his blister pack on weeks different from the one he is scheduled in. The reason for this is the Airmiles Rewards Program the company offers from time to time. I always explain to him that we blister pack two days/week and we have a considerable number of patients scheduled every week…but he continues to do it especially if there is Airmiles rewards.
Solution:

2. Patients were joking about the name of a technician and there was a confrontation.
Solution:

3. A patient keeps phoning every hour and talks non-stop about the drug that was delivered to him in the afternoon.
Solution:

4. A verbal prescription left on the answering machine from a doctor with an accent and mispronounces the medication e.g. propasaracia.
Solution:

5. The patient had received a prescription in April for Allopurinol 200mg. He had been using Allopurinol 100mg before that. He just opened the vial he got in April in the past few days and discovered that the prescription is for Allopurinal 200mg. The patient asks whether the doctor made a mistake in prescribing Allopurinol 200mg instead of 100mg. By reviewing the original prescription, it clearly states Allopurinol 200mg. What do you do in this case? When the doctor was contacted, it was discovered that he/she is away for one week. What would you do as a pharmacist? Will you tell the patient to use the 200mg or do you tell them to wait for one week?
Solution:

6. Managers report the mistakes of other pharmacists and not theirs or senior pharmacists.
Solution:

7. Suppose that you are a new intern in a pharmacy. You do not know all the OTC’s on the shelves outside of the dispensary. When there was a slow time and everybody in the pharmacy was chatting, you went to look at the OTC’s on the shelves. You must know where the OTC’s are and be familiar with all brand names. As you are looking at the OTC’s, a technician from the pharmacy approaches you and asks you to do a filing job. You haven’t had a chance to observe all the OTC drugs before. What do you do?
Solution:

8. Managers are usually in a bad mood and can’t accept any suggestion or correction.
Solution:

Solutions:
Day 3: Supplementary Material

Solutions wanted, please! continued

10. I received a triplicate narcotic prescription from a familiar doctor and a familiar patient. The prescription was right except the date was five days after the actual date. What can I do? I tried to call the doctor and he was not present in his office. It was a Friday night. The date is wrong but I know that the prescription, the doctor and the patient are right but how can I send a copy to the Program?
Solution:

11. Co-worker giving you a hard time for no reason?
Solution:

12. How do you handle an angry customer?
Solution:

13. How do you handle conflict between yourself and co-workers?
Solution:

14. What do you do when doctors said give repeat to all the medications for the patient but he didn’t mention the medications?
Solution:

15. How do I handle a patient who wants a refill when it is too early?
Solution:

16. How do you handle customers who you are convinced are abusing Tylenol I etc?
Solution:

17. How do you decide which drug is ED or DU?
Solution:

18. Is there anywhere to read about messages like MY, MZ etc?
Solution:

19. Refill for Tylenol #3 by another pharmacist – I got the okay from the doctor’s office (front desk) by our automated message. I phoned the doctor’s office to request that the doctor to phone us back personally. The office sent a fax sheet with the new prescription but without the complete certification of confidentiality. I asked the manager and she said that we can’t accept the prescription and I have to fax back the right form. I didn’t get an answer yet.
Solution:

20. Ms. JS came to your pharmacy with a prescription for Topamax 200mg (an anticonvulsant – new in her file). The doctor’s handwriting was not clear. It was afternoon and the doctor’s office was closed. You filled the prescription as it seemed to you and then went to counsel the patient and started the conversation by saying, “what are you taking this medication for?” (This confirms that the correct drug was prescribed). She said in a very rude way “Do I have to tell you why?” How should you manage this situation…what should you say exactly? Solution:
### Facilitator’s Framework for Day 4

**Day 4, includes the following items:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Lesson Handouts</th>
<th>Supplementary Material</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agenda – day 4</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Session #12</strong></td>
<td><strong>Facilitator’s Outline</strong></td>
<td></td>
</tr>
<tr>
<td>Document Navigation</td>
<td><strong>Handout 12.2.1</strong> <em>(Reading Workplace Documents: Navigational Skills)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Handout 12.2.2</strong> <em>(Executive Summary: Communication in Cancer Care)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Handout 12.2.3</strong> <em>(Canada Health Act Annual Report, 2001)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Handout 12.2.4</strong> <em>(Newspaper Articles: Barbara Bowes re: Careers)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Handout 12.2.5</strong> <em>(Clear Writing and Literacy: Written Material)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Session #13</strong></td>
<td><strong>Facilitator’s Outline</strong></td>
<td></td>
</tr>
<tr>
<td>Detailed Notes</td>
<td><strong>Handout 13.2.1</strong> <em>(Direct Patient Care Curriculum)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Handout 13.2.2</strong> <em>(Case Studies: soap)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Handout 13.2.3</strong> <em>(Case Studies: summary)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Session #14</strong></td>
<td><strong>Facilitator’s Outline</strong></td>
<td></td>
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<tr>
<td>Email Etiquette</td>
<td><strong>Handout 14.2.1</strong> <em>(Netiquette)</em></td>
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</tr>
<tr>
<td></td>
<td><strong>Handout 14.2.2</strong> <em>(True and False questions)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Handout 14.2.3</strong> <em>(An ineffective e-mail)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Handout 14.2.4</strong> <em>(Does your email pass the blush test)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Handout 14.2.5</strong> <em>(Article: “Health News That Harms”)</em></td>
<td></td>
</tr>
</tbody>
</table>

**- Material (ie. handout) is inserted as a copy for the following reasons: a) the information is current and available on a website, b) the original document is a copy and not available electronically.**

### Facilitator’s Checklist – Day 4:

- Participant handouts
- Contact e-mail information about questions/attendance for participants to use
- Five flip charts with markers
- Pens/paper for participants
- Overheads, acetate and acetate markers
- Arrangements made for refreshments – pre-session, lunch, and morning and afternoon breaks
AGENDA Day 4

9:00 – 10:30  Session 12  
Document Navigation

10:30 – 10:45  Break  
Coffee and Refreshments Available

10:45 – Noon  Session 12 – Continued  
Document Navigation

Noon – 12:45  Lunch

12:45 – 3:00  Session 13  
Detailed Notes

3:00 – 3:15  Break  
Refreshments Available

3:15 – 4:30  Session 14  
E-mail Etiquette

4:30 – 5:00  Session Review/Questions and Answers
12.0 Session #12: Navigating Documents

12.1 Outline

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Participants will be familiar with and have applied different strategies to navigating documents.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce</td>
<td>The two sessions will use materials derived from Boeing Canada Technology (Document Navigation Workshop). It has been modified to reflect the practice of Pharmacy. The materials are used with permission. The National Literacy Secretariat provided funding to develop the materials. Additional handouts provided can be used to further develop the skills described within the navigating process.</td>
</tr>
<tr>
<td>Discuss</td>
<td>See Attached Exercise</td>
</tr>
<tr>
<td>Expand</td>
<td>See Attached Exercise</td>
</tr>
<tr>
<td>Apply</td>
<td>See Attached Exercise</td>
</tr>
</tbody>
</table>

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13.0 Session #13: Writing Detailed Reports

13.1 Outline

<table>
<thead>
<tr>
<th>Objective</th>
<th>Participants will be familiar with different strategies for writing detailed reports.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce</td>
<td>We are moving into writing more complex documents with more complex information.</td>
</tr>
<tr>
<td>Discuss</td>
<td>The Direct Patient Care Curriculum Module #5 (used with permission) is reviewed with the participant.</td>
</tr>
<tr>
<td>Expand</td>
<td>The class is divided into six groups. Each group will work on a specific case.</td>
</tr>
<tr>
<td>Apply</td>
<td>e.g. group #1 – S.O.A.P format in case #1&lt;br&gt;group #2 – DAP format in case #1&lt;br&gt;Each person in the group works on the assignment by themselves (15 minutes).&lt;br&gt;The group then collaborates together to prepare a presentation on the format (30 minutes). Each group presents their report to the class and feedback on the format is provided in a non-judgmental way (30 minutes).&lt;br&gt;The information derived will be prepared as reference materials for the participants.</td>
</tr>
</tbody>
</table>

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Case Study Summary

Case #1

A deaf 57-year old patient presents herself at your pharmacy with a prescription for Fosamx 20 mg OD x 3 months. Her doctor did not explain to her why she needed this medication other than that her bone density was –3. She has a lengthy history of prescriptions for Beclovent, Flovent, Atrovent and Ventolin. She takes no OTC medications or supplements.

S.O.A. P. Format

July 10, 2003, 1:35pm

S – Patient (57 – female-deaf) has a long history of prescriptions for Beclovent and Flovent. A prescription of Fosamx 20mg OD x 3 months has been prescribed.

O – Bone density result was –3 (third stage of osteoporosis).

A – She was on long-term corticosteroid medication, which caused the osteoporosis.

P – Take Fosamx 10mg OD x 3 months. Calcium supplement 500 – 1500mg/daily and Vitamin D 400-800 I.U. at different times of the day. Advise the patient in writing that long term use of corticosteroid inhalers has resulted in osteoporosis and that she needs to discuss it with her physician.

Amir Youssef, B.Sc. (Pharm) 776-9876

DAP Format

July 10, 2003: Pharmacy Note
13:35pm: Patient seen and chart reviewed

D – 57 deaf female patient who is taking Beclovent, Flovent, Atrovent and Ventolin for a long period of time. Bone Density is –3 and she does not take OTC medication or supplements. Prescribed Fosamx 20mg OD x 3 months.

A – Patient developed Osteoporosis secondary to long-term use of corticosteroids and not taking Calcium and Vitamin D supplements.

P – Patient should continue to take her Fosamx medication as prescribed; She also needs to be advised to take Calcium and Vitamin D, increase the quantity of dairy products eaten, encouraged to exercise and to quit smoking if necessary.

Osama Zaki, B.Sc. (Pharm) 776-9876

Narrative Format

July 10, 2003: Pharmacy Note
13:35pm: Patient seen and prescription reviewed

57-year old female (deaf) patient came to the Pharmacy re: Fosamx 20 mg OD x 3 months. She did not know why she’s getting it. Bone density test showed BD –3. Suspect Osteoporosis. She has a long history of steroid use. Does not take OTC or supplements. To prevent further decrease in bone density and possible injury, need to start Fosamx. Discuss and explain the correct use of Fosamx. Give written info. Reassess in 3 months.

Johnson B.Sc. (Pharm) 776-9876
Session #13: Writing Detailed Reports

Case Study Summary continued

Case #2

A daughter brings in her 72-year old mother to your pharmacy with a note that says, “Please supply a blood glucose meter and explain how to use it”. The daughter explains that on the last two doctors’ visits that her mother’s blood glucose has been 14 and 17 (morning fasting). The mother is quiet throughout and then explains that she just lost her husband last year to cancer and that the daughter is worrying too much about her. She feels fine and sees no need to spend money on a machine.

S.O.A. P. Format

July 10, 2003: Pharmacy Note
13:35pm: Type II diabetes

S – Patient brought a prescription for a blood glucose monitor. Daughter indicated high blood glucose. Patient believes she is fine. Lost husband to cancer last year and sees no need to spend money on machine.

O – Patient (female) 72. Last blood glucose 14 & 17 (Morning Fasting).

A – Type II diabetes – uncontrolled sugar level due to stress?

P – Provide ‘Sure Step’ Glucometer – cheap and easy to use. Educate patient on how to use it. Educate patient about diabetes and management of diabetes. Patient to test blood glucose 8 times/day and report in logbook provided. Contact patient after seven days for follow up.

Amir Youssef, B.Sc. (Pharm) 776-9876

DAP Format

July 10, 2003: Pharmacy Note
13:35pm: Patient seen – High blood glucose level case.

D – A 72-year old monitor was brought by her daughter. The mother explains that she lost her husband to cancer last year. The daughter explained that she (mother) had seen two doctors who advised her to be supplied with a blood glucose meter. Her blood glucose was found to be 14 & 17 (morning fasting).

A – The mother has uncontrolled blood glucose and she suffers from depression and disorientation as a result of the loss of her husband.

P –
1. Discuss issue of uncontrolled blood sugar level and its complications.
2. Supply a blood glucose meter and training.
3. Discuss with daughter the need for a psychological assessment, treatment and follow-up for the mother.

G. O. B.Sc. (Pharm) 776-9876

Narrative Format

July 10, 2003: Pharmacy Note
13:35pm: Patient seen and prescription reviewed.

A recently diagnosed diabetic 72-year old female came, with her daughter, with a note to provide a Glucometer and a request to explain how to use it.

Daughter says that her Mom’s morning fasting sugar level in the last two doctor’s visits was 14 and 17. Patient mentioned she lost her husband a year ago and was concerned about spending money on a machine. Counsel the patient on the importance of regular sugar monitoring to control diabetes.

Johnson B.Sc. (Pharm) 776-9876
# Session # 14: E-mail Etiquette

## Objectives
Participants will be able to identify and apply the critical elements when sending an e-mail. The participants will also be more aware of information that is on the Internet.

## Introduce
Solicit from the group the meaning of the term "NETIQUETTE"

## Handout 14.2.1
"Netiquette"

## Handout 14.2.2 True or False questions on E-mail

## Discuss
Solicit from the group the critical elements to remember when writing an e-mail – STAR principle.

## Expand
The participants review the e-mail provided and determine the errors.

## Apply
Does your e-mail pass the blush test?

## Handout 14.2.3
An Ineffective E-mail

## Handout 14.2.4
"Does your email pass the blush test"

** Handout 14.2.5
** Article: “Health News That Harms”
NETIQUETTE

Appropriate behaviour when writing e-mail

A. First Impression – The agreed formula is to begin with the name of the addressee. Dear Bob is not appropriate but simply ‘Bob’. “Hi” is considered to be too familiar. Simply launching into the message is unduly abrupt unless the two people are regular correspondents sending messages back and forth in quick succession.

B. Mind your Manners! NEVER WRITE IN CAPITAL LETTERS! It is considered the Internet equivalent of shouting. Because e-mail takes the place in the absence of the recipient it lacks the inhibition imposed by there presence (even if only on the ‘phone) so it is easy to be rude or think that e-rudeness doesn’t count.

C. Think before you send. Before you press the send button, pause. Would you like to get the message you’re about to send? Are you prepared to honour any offers or threats you make?

D. You’ve got mail. Always check your messages and reply as soon as possible.

E. Cyber speak with care. Do not write e-mails in abbreviated or poor English – such as “C Y tonite” or “lol” (laugh out loud). It may be difficult for the recipient to understand the message that you wish to convey.

F. Don’t techno-bully. Check with the recipient of the message to ensure that they have the equipment to read the message or the attachment.

G. Beware mass mailings. It is never flattering to receive an e-mail and then discover that it has been sent to hundreds of other people. If you have to send a message to everyone in your address book, keep the other names hidden using blind carbon copy.

H. Say something nice! A positive e-mail, be it a word of congratulations or a compliment on a job well done can brighten somebody’s day.

I. Write for the record. All e-mails sent or received are stored on the hard drive. Others may want or need to read it in the future.
Session #14: Email Etiquette

True or False?

In pairs determine whether the following statements are true or false. Please describe why you think the statement is true or false.

**Pair #1:**
When replying to an e-mail message, always include the original message in its entirety. True or False?

**Pair #2:**
The conversational tone of e-mail can help build relationships between two parties. True or False?

**Pair #3:**
Avoid viruses by not opening attachments. True or False?

**Pair #4:**
A great advantage of e-mail is its immediacy. True or False?

**Pair #5:**
Paragraph and formatting are less important in e-mail than in other kinds of writing. True or False?
Ten E-mail Errors

This e-mail contains at least ten common errors that can weaken a message’s effectiveness. Read the following e-mail message and see how many of these errors can you find?

TO: D. Brackenbridge
FROM: I.M. Troubled
SUBJECT: PROBLEMS!!!!
CC:
BCC:
ATTACHED:

Dave,

I always taught this idea was PROBLEMATIC!!!! :-o. This happened to a guy I went to high school with. Working in a scrap yard for a work placement. He was cutting the tops off old fuel drums with a torch. One of them exploded in his face and killed him. He was on some kind of Occupational Entrance work experience program. I can’t remember if there was a lawsuit or not. There probably was. So when I read about this I thought NO WAY!!!! In fact I always thought this idea was risky at best. Sometimes I wonder what they’re thinking up there in that office. The company could be opening itself up for real trouble here, with a capital T. I’m talking about that Take Our Kids to work Day and those two kids in Ontario who dies, drove an ATV under a semi-trailer. I can’t imagine. I mean what if it was your kid. I’ve attached a 30-page document on workplace health and safety issued. Have a look and see where we should stand on this. Of course this might be Blaine’s idea so we have to tread pretty careful. Speaking of Blaine, he’s being promoted, so we’re about to get a new supervisor.

BCNU,

I.M.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
Ten E-mail Errors Answer Key

1. Subject line does not reflect the issue
2. No attachment
3. BCNU – not appropriate
4. Usage of capital letters “PROBLEMATIC” – implies shouting
5. No clear message – lack of flow
6. Not appropriate to discuss Blaine’s promotion (or firing)
7. No white space
8. Poor grammar
9. Spelling error(s)
10. 30 page attachment ??
11. Use of icons – inappropriate at work
12. Poor sentence structure
13. Punctuation
14. Use of slang’s
Does your email pass the blush test?

DOES YOUR E-MAIL PASS THE "BLUSH" TEST?

by Marilyne Rudick and Leslie O'Flahavan

We’ve all done it: clicked "send" only to realize our e-mail message shouldn’t have been sent. Maybe we forgot to spell check it. Or forgot to attach the promised files. Even worse, we sent the message to the wrong person, or wrote it with an unprofessional, sarcastic tone. At times like these, we’d do just about anything to retrieve the embarrassing message before it reaches the recipient.

In this issue, we’re sending you one of our tried-and-true e-mail writing tools: the Before-You-Send Checklist. Post this Checklist right next to your screen and all your messages will pass the "blush" test. (You won’t send embarrassing e-mail.) Or circulate the Checklist among your colleagues as a random act of kindness!

E-WRITE’S ‘Before-You-Send’ Checklist
Does your e-mail pass the "blush" test? Use the Before-You-Send Checklist to keep yourself from sending embarrassing e-mail messages.

- Address
  - The right address?
  - Addressed to the right person/people? (Only those who "need to know")

- Tone
  - Is my tone appropriate?

- Main Message
  - Does the subject line preview the content of the message?
  - Does the subject line represent the current content of the message?
  - Is the main point of your message in the first paragraph? On the first screen?

- Format
  - Short paragraphs?
  - Is white space used to group ideas?
  - Can information be presented in vertical lists, using dashes or numbers?

- Final Check
  - Initial caps and end-of-sentence punctuation?
  - Spell-checked and proofread?
  - Are promised attachments attached and explained?
  - Would the message make you blush if it were forwarded to someone else?

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www.ewriteonline.com
Supplementary Information

1. Abbreviations and their meanings

2. “NAPRA: Food & Drug Act and Regulations”

3. Article: “Community Support Program: Expecting a Baby”
<table>
<thead>
<tr>
<th>Abbreviation Meaning</th>
<th>Abbreviation Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>of each aa</td>
<td>HCTZ hydrochlorothiazide</td>
</tr>
<tr>
<td>abdomen abd</td>
<td>HR Heart rate</td>
</tr>
<tr>
<td>Before meals ac</td>
<td>HRT Hormone Replacement Therapy</td>
</tr>
<tr>
<td>To, up to ad</td>
<td>hs At bedtime</td>
</tr>
<tr>
<td>Right ear a.d.</td>
<td>HTN Hypertension</td>
</tr>
<tr>
<td>At pleasure, freely ad lib</td>
<td>inj injection</td>
</tr>
<tr>
<td>morning AM</td>
<td>IV Intravenous injection</td>
</tr>
<tr>
<td>Ampoule of medication amp</td>
<td>IM Intramuscular injection</td>
</tr>
<tr>
<td>Wateraq</td>
<td>ID Intradermal injection</td>
</tr>
<tr>
<td>Left ear a.s.</td>
<td>IU International units</td>
</tr>
<tr>
<td>aspirin ASA</td>
<td>JRA Juvenile Rheumatoid Arthritis</td>
</tr>
<tr>
<td>Around The ClockATC</td>
<td>KCl Potassium Chloride</td>
</tr>
<tr>
<td>Each ear au</td>
<td>kg kilogram</td>
</tr>
<tr>
<td>Birth Control Pill BCP</td>
<td>L litre</td>
</tr>
<tr>
<td>Twice a day bld</td>
<td>mg milligram</td>
</tr>
<tr>
<td>Bowel movement BM</td>
<td>mL millilitre</td>
</tr>
<tr>
<td>Blood Pressure BP</td>
<td>min minimum</td>
</tr>
<tr>
<td>Blood sugar BS</td>
<td>MOM Milk of Magnesia</td>
</tr>
<tr>
<td>Body Surface Area BSA</td>
<td>MS Morphine sulphate</td>
</tr>
<tr>
<td>with c</td>
<td>MTX Methotrexate</td>
</tr>
<tr>
<td>Calcium Ca</td>
<td>MVI multivitamin</td>
</tr>
<tr>
<td>Coronary Artery Disease CAD</td>
<td>m Mix</td>
</tr>
<tr>
<td>Capsule caps</td>
<td>N&amp;V Nausea and vomiting</td>
</tr>
<tr>
<td>Cubic centimetre (mL) cc</td>
<td>Non rep/NR Do not repeat</td>
</tr>
<tr>
<td>Congestive Heart Failure CHF</td>
<td>noct At night</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease COPD</td>
<td>NS Normal saline</td>
</tr>
<tr>
<td>Chest pain CP</td>
<td>NTG Nitroglycerin</td>
</tr>
<tr>
<td>dilute cH</td>
<td>OA Osteoarthritis</td>
</tr>
<tr>
<td>Let such doses be given dtd</td>
<td>OCD Obsessive compulsive Disorder</td>
</tr>
<tr>
<td>Discontinue medication UC</td>
<td>OJ Orange Juice</td>
</tr>
<tr>
<td>diethylstilbestrol DES</td>
<td>O2 Oxygen</td>
</tr>
<tr>
<td>dispense disp</td>
<td>ou Each eye</td>
</tr>
<tr>
<td>divide div</td>
<td>od Right eye</td>
</tr>
<tr>
<td>Degenerative Joint Disease DJD</td>
<td>os Left eye</td>
</tr>
<tr>
<td>Diabetes mellitus DM</td>
<td>p pulse</td>
</tr>
<tr>
<td>Doctor of Osteopathy DO</td>
<td>pc After eating</td>
</tr>
<tr>
<td>Distilled water DW</td>
<td>PEFR Peak Expiratory Flow Rate</td>
</tr>
<tr>
<td>diagnosis Dx</td>
<td>pm evening</td>
</tr>
<tr>
<td>elixir elixir</td>
<td>po By mouth</td>
</tr>
<tr>
<td>ethanol EIOH</td>
<td>postop After surgery</td>
</tr>
<tr>
<td>Make, let it be made Ft</td>
<td>pr rectally</td>
</tr>
<tr>
<td>Gram (g) gm</td>
<td>pm When necessary</td>
</tr>
<tr>
<td>Gastroesophageal Reflux Disease GERD</td>
<td>pulv A powder</td>
</tr>
<tr>
<td>Gastrointestinal GI</td>
<td>PVC's Premature Ventricular Contractions</td>
</tr>
<tr>
<td>Genitourinary GU</td>
<td>PVD Premature Vascular Disease</td>
</tr>
<tr>
<td>grain gr</td>
<td>q every</td>
</tr>
<tr>
<td>A drop gtt</td>
<td>qd Every day</td>
</tr>
<tr>
<td>headache HA</td>
<td>qid Four times daily</td>
</tr>
<tr>
<td>High Blood Pressure HBP</td>
<td>qod Every other day</td>
</tr>
<tr>
<td>As much as is sufficient qs</td>
<td>TB tuberculosis</td>
</tr>
<tr>
<td>A sufficient quantity to prepare qs ad</td>
<td>TCN tetracycline</td>
</tr>
<tr>
<td>Every hour gh</td>
<td>TED Thromboembolic disease</td>
</tr>
<tr>
<td>Rheumatoid arthritis RA</td>
<td>TIA Transient ischemic attack</td>
</tr>
<tr>
<td>Registered nurse RN</td>
<td>tid Three times a day</td>
</tr>
<tr>
<td>Use rectally Rect</td>
<td>liw Three times a week</td>
</tr>
<tr>
<td>without s</td>
<td>tbsp tablespoon</td>
</tr>
<tr>
<td>One-half ss</td>
<td>TMP-SMX Trimethoprim-sulfamethoxazole</td>
</tr>
<tr>
<td>Subcutaneous injection SC</td>
<td>tsp teaspoon</td>
</tr>
<tr>
<td>Write on label sig</td>
<td>topp (use) topically</td>
</tr>
<tr>
<td>Sublingual SL</td>
<td>Tx treatment</td>
</tr>
<tr>
<td>Systemic lupus Erythematosus SLE</td>
<td>U unit</td>
</tr>
<tr>
<td>Shortness of breath SOB</td>
<td>UA Uric Acid</td>
</tr>
<tr>
<td>Ulcerative Colitis sol</td>
<td>UC Ulcerative Colitis</td>
</tr>
<tr>
<td>Subcutaneous injection SQ or subQ</td>
<td>ud As directed</td>
</tr>
<tr>
<td>Square metre Sq. m</td>
<td>ung ointment</td>
</tr>
<tr>
<td>immediately stat</td>
<td>URI Upper Respiratory Infection</td>
</tr>
<tr>
<td>As directed supp</td>
<td>suppository ut dict</td>
</tr>
<tr>
<td>UTI Urinary Tract Infection susp</td>
<td>suspension supp</td>
</tr>
<tr>
<td>symptom Sx</td>
<td>WA While awake</td>
</tr>
<tr>
<td>syrup syr</td>
<td>wk week</td>
</tr>
<tr>
<td>temperature T</td>
<td>tab tablet</td>
</tr>
</tbody>
</table>
Day 5, includes the following items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Lesson Handouts</th>
<th>Supplementary Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agenda – day 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session #15</td>
<td>Facilitator’s Outline</td>
<td></td>
</tr>
<tr>
<td>Role of Health Professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guest Speaker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session #16</td>
<td>Facilitator’s Outline</td>
<td>Standardized Patient - Actor roles and scenarios</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>Handout 16.2.1 “Nonverbal Communication”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Handout 16.2.2 “Types of Non Verbal Communication”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Handout 16.2.3 “An Approach to Problem Solving”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Handout 16.2.4 “Conflict Resolution Strategy”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Handout 16.2.5 “Avoiding the Roadblocks”</td>
<td></td>
</tr>
</tbody>
</table>

** - Material (ie. handout) is inserted as a copy for the following reasons: a) the information is current and available on a website, b) the original document is a copy and not available electronically.

Facilitator’s Checklist - Day 5:
- Participant handouts
- Contact e-mail information about questions/attendance for participants to use
- Five flip charts with markers
- Pens/paper for participants
- Overheads, acetate and acetate markers
- Arrangements made for refreshments – pre-session, lunch, and morning and afternoon breaks
- Bio of the guest speaker/pre-reading/honorarium – Session 15
- Book actors, develop scenarios, arrange payment – Session 16
- Invoice for honorarium
AGENDA DAY 5

9:00 – 10:30  Session 15
Role of Health Professionals
♦ Guest Speaker

10:30 – 10:45  Break
Coffee and Refreshments Available

10:45 – Noon  Session 15 Continued
Professional Relationships
♦ Case Study and Role Plays

Noon – 12:45  Lunch

12:45 – 3:00  Session 16
Conflict Resolution

3:00 – 3:15  Break
Refreshments Available

3:15 – 4:30  Session 16 – (continued)
Conflict Resolution

4:30 – 5:00  Session Review/Questions and Answers
## 15.0 Session #15: Role of Health Professionals in the Health Care System

### 15.1 Outline

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th>The participants will identify the basic roles of personnel in the healthcare system.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduce</strong></td>
<td>Guest speaker</td>
</tr>
<tr>
<td><strong>Discuss</strong></td>
<td>Ask the guest speaker to present on the topic of the basic roles of personnel in the healthcare system for 45 minutes. Information on the topic is provided to the students PRIOR to the presentation.</td>
</tr>
<tr>
<td><strong>Expand</strong></td>
<td>Provide students with an opportunity to question the speaker (15 minutes).</td>
</tr>
<tr>
<td><strong>Apply</strong></td>
<td>Students will have the opportunity to apply their learning’s in case studies during session 17.</td>
</tr>
</tbody>
</table>
## 16.0 Session #16: Conflict Resolution

### 16.1 Outline

<table>
<thead>
<tr>
<th>Objectives</th>
<th>The participant will identify the use(s) and meaning(s) of non-verbal communication. Participants will also be able to resolve conflicts combining this new information with the basic communications skills covered in earlier sessions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1</td>
<td>Participants will learn to recognize that non-verbal cues and gestures play a role in overall communication. The participant will gain a greater understanding of these cues and learn how to ‘read them’ in order to better understand clients and co-workers in the Canadian workplace.</td>
</tr>
<tr>
<td>Introduce</td>
<td>Begin the session by standing in a particular way. (e.g. weight on one foot, feet apart, weight spread evenly, etc.) Ask participants to identify what they believe your stance is meant to convey. Then add a particular gesture. (e.g. hands on hips, beckoning). Ask participants to suggest what that might mean. Ask does the additional gesture change the meaning of the original stance?</td>
</tr>
<tr>
<td>Discuss</td>
<td>Break into small groups of 3 or 4 participants. List situations encountered, in Canada or elsewhere, where gestures have been used that have led to misunderstanding. Record briefly the setting, people involved, gestures used, interpretation and resulting reaction. Indicate reason for misunderstanding, if known. Share with the larger group. Record some similarities and differences.</td>
</tr>
<tr>
<td>Expand</td>
<td>Non-Verbal communication is explained and discussed.</td>
</tr>
<tr>
<td>Apply</td>
<td>Participants will act out and interpret non-verbal behaviour.</td>
</tr>
</tbody>
</table>

**Handout 16.2.1**
Nonverbal Communication

**Handout 16.2.2**
Types of Non Verbal Communication
### 16.1 Conflict Resolution

#### Outline continued

<table>
<thead>
<tr>
<th>Part 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduce</strong></td>
<td>The purpose of this session is to learn how to resolve conflicts in the workplace.</td>
</tr>
<tr>
<td><strong>Discuss</strong></td>
<td>Say - you now have learned about tools that can be used for better communication in the Canadian workplace. Through the use of these tools, you can work toward resolving conflict that occurs at the workplace. The conflict can be with coworkers or customers/patients. Let’s talk about the kinds of conflict that can arise. Solicit suggestions from the group. Then ask how they have seen this kind of conflict handled anywhere – in Canada? In their country of origin? If so, how was it handled?</td>
</tr>
<tr>
<td><strong>Expand</strong></td>
<td>Conflict in the workplace is discussed and resolution strategy is introduced.</td>
</tr>
</tbody>
</table>

#### Handout 16.2.3
An Approach to Problem Solving

#### Handout 16.2.4
Conflict Resolution Strategy

#### Handout 16.2.5
Avoiding the Roadblocks

#### Thomas – Kilmann: Conflict Mode Instrument

**Exercise**

**Objective:** To identify how an individual will handle a conflict situations

**Time:** 60 minutes

**Material:** Provided workbook, assertive communication overhead.

**Instruction:** Give a booklet to each individual and advise him or her to complete pages 2-4. Once they have completed the pages, as a group begin to score the responses.

Debrief the results with the group and utilize the overhead labelled “Assertive Communication” to provide visual representation of the results.

#### Handout 16.2.6
“Thomas – Kilmann: Conflict Mode Instrument”

**Apply**

Standardized actors will be employed to allow participants to role-play realistic conflict situations in both hospital and retail settings.

Role plays and schedules are located in supplementary information
Nonverbal Communication

Words are not the only way we communicate. Consider the following scene:

Your boss has told the staff that he welcomes any suggestions about how to improve the organization. You take him at his word and schedule an appointment to discuss some ideas you have had. As you begin to outline your proposed changes, he focuses his gaze directly on you, folds his arms across his chest, clenches his jaw muscles, and begins to frown. At the end of your remarks, he rises abruptly from his chair, says, “Thank you for your ideas” in a monotone, and gives you a curt handshake.

Most people would find this situation odd and disturbing. The boss's behaviour would seem to be in conflict with his words. Nonverbal communications plays an important role in all types of business and professional interaction.

Nonverbal Communication is those messages expressed by other than linguistic means. We might think that most of the messages we send and receive are verbal. Years of research show, however, that nonverbal messages make up at least 65% of meaning. So when nonverbal behaviour contradicts verbal messages, the spoken words actually carry less weight than the nonverbal cues.

Characteristics of Nonverbal Communication

Nonverbal Behaviour Always Has Communicative Value. You may not always intend to nonverbal messages, but everything about your appearance, every movement, every facial expression, every nuance of your voice has the potential to convey meaning.

Nonverbal Behaviour is Ambiguous. Nonverbal messages may be constantly available, but they are not always easy to understand. Does a client's yawn signal boredom or fatigue? Are your co-workers laughing with or at you? Is a subordinate trembling with nervousness or cold?

Nonverbal Communication Primarily Expresses Attitudes. Messages about ideas or concepts don't lend themselves to nonverbal channels. How, for instance, would you express the following messages nonverbally?
- Sales are running 16% above last year's.
- I need more change at check stand 2.
- Management decided to cancel the planning meeting after all.

Such thoughts are best expressed in speech and writing, however, nonverbal behaviour will imply how the speaker feels about these statements: whether the speaker is pleased sales are up or worried that they are not as high as expected, etc.

Much Nonverbal Behaviour Is Culture-Bound. Most cultures agree about which facial expressions represent happiness, fear, surprise, sadness, anger, and disgust or contempt. However, to say "no", we shake our heads from side to side, whereas in the Middle East, the head is jerked back in a haughty manner, wave a hand in front of the face in the Orient, and shake a finger from side to side in Ethiopia. In this age of international communication, it is especially important to understand that there are cultural differences in the meaning assigned to nonverbal behaviours.
Session #16: Conflict Resolution

**Types of Nonverbal Communication**

**Voice.** We may know that two people in an adjoining room are arguing by the sound of their voices, even though we are unable to hear the actual words. We have also heard people speaking in languages we do not understand but the speaker’s feelings - excitement, delight, exhaustion, boredom, grief - were conveyed by their voices.

Social scientists use the term *paralanguage* to describe a wide range of vocal characteristics, each of which helps express an attitude:

- pitch (high-low)
- range (spread-narrow)
- articulation (precise-imprecise)
- rhythm (smooth-jerky)
- volume (loud-soft)
- resonance (resonant-thin)
- tempo (rapid-slow)
- dysfluencies (um, er, etc.)
- pauses (frequency and duration)

The paralinguistic content of a message can reflect a speaker's feelings. For example, a subordinate who begins to stammer as he says "Everything is going fine here" might sound nervous or doubtful to his manager - as if everything were not fine and the subordinate were afraid that the truth would be discovered. While paralanguage reflects feelings and attitudes, the emphasis a speaker puts on certain words can also change the meaning of a statement radically.

- I need this job done right now. (Others might not)
- I need this job done right now. (It's important)
- I need this job done right now. (Forget the other jobs)
- I need this job done right now. (Immediately)

**Appearance.** We have been warned since childhood not to judge a book by its cover, but appearance plays a tremendous role in determining how a communicator's messages will be received. Research shows that people who look attractive are considered to be likeable and persuasive, and they generally have successful careers. They frequently have higher starting salaries and gain promotions sooner than their less attractive counterparts. While we do not always have control over our physical features, we do have control over clothing we wear. Some workplaces require uniforms and specific dress codes. Others expect you to dress appropriately for the type of business in which you are employed.

**The Face and Eyes.** A person’s face communicates emotions clearly: a student's confused expression indicates the need to continue with an explanation and a colleague's frown indicates that your request has come at a bad time. Facial expressions are ambiguous (a co-worker's frown could come from a headache).

Visual contact can be an invitation to speak, so a speaker who does not want to be interrupted can avoid looking directly at people until it they want interaction.

Eye contact may be the best indicator of how involved a person is a situation. A person who has little or no eye contact seems to have little involvement.

The rules for eye contact, however, vary from one culture to another.
Session #16: Conflict Resolution

Types of Nonverbal Communication continued

Posture and Movement. A person’s body communicates messages in several ways. The first is through posture. Perhaps the way you sit at your desk suggests attitude toward task(s).

Small gestures and mannerisms. Many people are less aware of hand, leg, and foot motions than of facial expression.

Body relaxation or tension is a strong indicator of who has the power in one-to-one relationships.

Height also affects perceptions of power: tallness usually equates with dominance.

Personal Space and Distance. The distance we put between others and ourselves also reflects feelings and attitudes, and thus it affects communication. One study identified four distance zones used by middle-class Americans:

- intimate: physical contact to about 18 inches
- casual-personal: 18 inches to 4 feet
- social-consultative: 4 to 12 feet
- public: 12 feet and beyond

In some cases, these distance zones don’t apply. Health care personnel and hair stylists, for instance, work within intimate distance out of necessity, but the relationship may be impersonal.

Time. The way we use time provides a number of silent messages. Your boss may value your getting to work a half hour early rather than staying late. Your attitude toward work on the first 90 days of a job is critical. The amount of time we spend on a problem is also an indication of how much importance we give it. Rules and customs about time can also vary widely from one culture to another. Whereas most North Americans and northern Europeans value punctuality, other cultures are much more casual about appointments and deadlines.

Physical Environment.

Space allocation. Consider the way space is allocated in an organization. An office with a window or an office on the corner often indicates higher status than an inside office with no window. Sometimes, lower-ranking staff who do the same job, are all located in a single large room, while the supervisors have private offices.

Temperature and humidity can have a powerful effect on the success of communication.

Proximity to other workers is an important factor that shapes who talks with whom. Corners that have to be turned, doors that must be wrestled open, and counters that block access also keep people apart.

Furniture arrangement. The person who seats him/herself at the head of the table is often (rightly or wrongly) perceived as the leader.
Session #16: Conflict Resolution

A Problem Solving Approach to Conflict

The next two modules will focus primarily on using oral communication skills to solve problems in the areas of Conflict and Dealing with Change. The instructor should help and encourage participants to use the various nonverbal communication, clear language, and listening skills they have developed and practiced through their work in other modules in this manual. As well, remind participants of the strategies they have looked at in the Communication Strategies and Working Co-operatively modules.

Begin by asking the group the definition of a “problem”. The facilitator will look for learning and personal assumptions. Address assumptions as a group. What are our assumptions? When do we know we are using them? Our assumptions are based on; 1. our personality – self assessment, 2) our filters (as seen during day 3, session 10).

During session 10 in Day 3’s outline, two problem-solving models were introduced. There are three additional problem-solving models provided as a reference located in the supplementary material section.

Exercise: A Model for Problem Solving

<table>
<thead>
<tr>
<th>Objective</th>
<th>To introduce a model for problem solving.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials</td>
<td>Handout 16.2.3</td>
</tr>
<tr>
<td>Time</td>
<td>As necessary, depending on group size and complexity of problems</td>
</tr>
<tr>
<td>Instructions</td>
<td>Consult with supervisors/managers or other relevant personnel to develop two or three conflict-oriented case studies.</td>
</tr>
</tbody>
</table>

Review and encourage the use of the following handout as an approach to problem solving throughout the next two modules. The model on the following page can be used as a handout or overhead, or both.

Ask groups to breakout into their smaller work groups and give each group one of the case studies.

**Note:** It is desirable to have more than one group working on the same case study in order to compare their resolution strategies.

Each group will review the case study and brainstorm the use of the problem-solving model on their particular problem. Allow each group 20 to 30 minutes for this process.

Bring the groups back together and ask them to present their problem, their process, and their action plan to the rest of the group for feedback.

Because issues surrounding working with conflict and change can be sensitive, ensure that you remind all participants of the ground rules.
Session #16: Conflict Resolution

An Approach to Problem-Solving

Step 1: Define the Problem
   a. State the problem in objective terms;
   b. Brainstorm for any information about the problem;
   c. Listen actively for comprehension and content. Do not judge.
   d. Give feedback on what you believe the situation to be.

Step 2: Analyze the Problem
   a. Collect all the data and sort it for understanding;
   b. Determine what is useful and what is not useful information;
   c. State your analysis in clear terms avoiding jargon and technical --terms where possible;
   d. Look for any patterns or broad categories under which analysis may occur;
   e. Prioritize the issues.

Step 3: Separate Fact From Opinion
   a. Look over all information and ensure as much objectivity as possible;

Step 4: Summarize All the Information

Step 5: List the Steps Needed to Come to a Conclusion
Session #16: Conflict Resolution

Employing Conflict Resolution Strategy

Review and discuss with participants the following basic strategy for Resolving Conflict.

Choose an appropriate time and place to bring up a problem;

Knee jerk reactions to an aggravating situation can lead to escalation. Take control of the problem by planning the timing and place to discuss a problem.

Describe what you believe the problem to be;

Begin your discussion by outlining the problem, as you see it, as objectively as possible. Remember to stick to the facts and avoid making emotional statements. Do not exaggerate the issue and do not downplay it either. Be sure to accept any responsibility you have for the situation.

Explain the impact you feel the issue has on you;

Using a series of "I" statements, describe how the problem has an impact on you personally or in the workplace. Do not project your issues onto the others involved. For example, say, "I can't work when..." rather than, "You make it impossible for me to..."

Ask for feedback on the information you've given;

Once you've outlined your position, ask for input, check to see if you have the facts straight. Is your understanding of the situation accurate? Does the other individual have any additional information that will help clarify the situation or add to the facts?

Paraphrase the feedback and check for understanding;

Once you've received the feedback, paraphrase it to check to for understanding. Again do this as objectively as possible. Watch for intonation and be careful to speak respectfully to each of the statements.

Ask and offer suggestions for resolution.

Once the problem has been clearly stated, work together to find a solution. Do not dictate a solution. Ensure that you offer solutions for discussion, negotiation and compromise. Listen carefully to solutions offered and give them serious consideration and feedback.
Conflict Resolution Strategy

1) Choose an appropriate time and place to bring up a problem;

2) Describe what you believe the problem to be;

3) Explain the impact you feel the issue has on you;

4) Ask for feedback on the information you're given;

5) Paraphrase the feedback and check for understanding;

6) Ask and offer suggestions for resolution.
Session #16: Conflict Resolution

Avoiding the Roadblocks

There are quite a few roadblocks on the road to resolution of a conflict. Attitude, of course, is of the utmost importance. It is important to stress this fact with participants. The only way that a satisfactory and productive resolution to a conflict can be reached is if there is an investment by all parties to do so. In many cases this may be the place to start. Secure agreement from all sides that:

a. There is a problem, and;

b. We all want to resolve the problem.

As the last two exercises helped illustrate, emotional reactions to a situation will lead to escalation. Having a strategy to deal with conflict is important. But it is equally important to maintain composure in a conflict situation and to keep uppermost in your mind that you are invested in looking for a resolution.

This section will focus on some of the pitfalls to watch out for. This information can be presented in a discussion format. Present each of the following behaviours on flip chart, explain, with example, and ask participants to describe a conflict situation from their own experience that would fit into each area.

Following this list of negative behaviours to avoid, present the short list of helpful attitudes to engage in a conflict situation. These positive reminders essentially rephrase the conflict resolution strategy presented earlier. In this section, however, they are presented as concrete behaviours.

Finally, this section will end with a practice exercise that will show participants how each of these negative and positive approaches look different and can elicit different reactions.

Following is a list, with brief explanations, of some the behaviours they might identify. These lists have been developed into a handout, but encourage participants to come up with their own examples and any other behaviours not noted on this list:

Behaviours that Hinder

1. Criticizing

Criticizing, especially in conflict situations, is seldom heard or seen as helpful.

E.g. "I'm only telling you for your own good."
Behaviours that Hinder continued

2. Name Calling & Labelling

Name calling and/or labelling does not contribute positively to a discussion. What it does do is give the sender an ineffective shortcut to defining the other individual involved, and, therefore, inappropriately defining the situation.

e.g. "The only reason you're so hostile toward me is because you're such a feminist."

3. Diagnosing

Instead of listening to what a person has to say, the receiver often listens for some emotional clues that they can use as an explanation for the situation.

e.g. "I know why you're really saying that."

4. Praising Evaluatively

Evaluative praise is little more than a thinly disguised attempt to manipulate behaviour and creates resentment in most people.

e.g. "When you're patient and take your time you do a very good job."

5. Ordering

Issuing orders is a sure-fire technique to buy resentment and to break down the communication process. This kind of interaction is generally an unnecessary display of power and is very coercive.

e.g. "You'll do this because I say so."

6. Threatening

Threats are generally used to back up or force your solution on others.

e.g. "If you don't get this done by 3:00, you're in serious trouble."

7. Moralizing

Moralizing is almost always identifiable by "should" and "ought" statements.

e.g. "You should have known better."
8. Excessive Or Inappropriate Questioning

Although it is important to develop the skill of asking clarifying questions, this strategy can be taken too far when questioning becomes excessive or inappropriate. Inappropriate questions would be questions that divert the issue, or are irrelevant to the issue.

e.g. "How often did he have to tell you?" "Why didn't you listen the first time?" "Do you always seem to have trouble listening?" "Did this ever happen to you when you were younger?"

9. Advising

Although there is a great deal of value in being able to share your own experience, watch out for giving unnecessary and unsolicited advice.

e.g. "If I was you what I would do would be to..."

10. Diverting

Diverting is the art form of changing a topic in order to avoid the issue.

e.g. "Speaking of being cheesed off, did I tell you what happened with my kid this morning?"

11. Logical Argument

The objective of logical argument is to attempt to boil down a conflict to a single issue or aspect of the situation. It usually overrides the "feelings" aspect of a conflict and attempts to present a facts only perspective.

e.g. "It is very clear from the contract that the delivery date was missed. I don't know what else we have to talk about."

12. Reassuring

Watch out for statements that avoid the reality of the situation.

e.g. "Don't worry about him, he's always like that."
Behaviours that Help

1. Empathize

Try to put yourself into the other person's situation. Try to imagine and understand what it is they are feeling and why? Don't forget that you may need to check it out with them, but a little empathy can buy a lot of good will and go along way to resolving the conflict. Understand the difference between empathy and sympathy.

2. Validate

Let the other person know that their feelings are valid. Don't focus on the negative. Ensure that you acknowledge positive contributions.

3. Clarify

Restate what the other person has said to ensure you have heard and understood their real meaning. Give them a chance to clarify what is not understood. Ask appropriate questions in order to make the other's meaning clear to you.

4. Use "I" Statements

Do not project your feelings or actions onto another. If you are angry, say "I am angry." Do not say "You make me angry." This one takes practice but is very important to ensure that the other person hears what you think and feel.

5. Summarize

Throughout the discussion, constantly restate and update your position and the feedback you receive. This strategy helps to keep the conflict from being sidetracked.
Avoiding the Roadblocks

<table>
<thead>
<tr>
<th>Behaviours that Hinder</th>
<th>Behaviours that Help</th>
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<tbody>
<tr>
<td>Criticizing</td>
<td>Empathize, not Sympathize</td>
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<tr>
<td>Name Calling and Labelling</td>
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<td>Diagnosing</td>
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<td>Praising Evaluatively</td>
<td>Use &quot;I&quot; Statement</td>
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<td>Ordering</td>
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<td>Logical Argument</td>
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<tr>
<td>Reassuring</td>
<td></td>
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</tbody>
</table>
1. Problem Solving Models
2. Non Verbal Communication – Understanding the Cues and Clues
3. “I” Message Framework
4. Standardized Patient Schedule and roles
5. NAPRA – National Statistics
6. C.H.S.P – Publications and Services order form
Session #16: Conflict Resolution

Problem Solving Models

1. Problem Solving Process

Diagnose the Problem

1. Define the problem: What’s wrong here? Whose problem is it? Why is this a problem? How urgently does this problem need to be solved?

2. Set a goal: What is negotiable? Not negotiable?

3. Get the facts: What do I know about the problem? What information do I need to find? Where can I find this information?

4. Generate ideas: In what ways could I…? Who might be able to suggest other ideas?

5. Evaluate the ideas: What might happen if I…

Fix the Problem

Choose a solution: What’s the best way to solve the problem?
Make a plan: What will I do? When and how will I do it?
Take action: Put the plan into effect.
Evaluate results: Did I get the results I wanted? Can I live with the results? Do I need to try something else?

2. The Sara Model

Scanning – spotting problems using knowledge, basic data and electronic maps
Analysis – using hunches and information technology to dig deeper into problems’ characteristics and underlying causes
Response – devising a solution, working with the community, wherever possible
Assessment – looking back to see if the solution worked and what lessons can be learned.

3. The Four Step Problem Solving Techniques

1. Define the problem
2. Get facts/data about the problem
3. Generate ideas or alternate courses of action for problem resolution
4. Choose among the alternative solutions
5. Implement the solution or decision
Day 6, includes the following items:

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<th>Item</th>
<th>Lesson Handouts</th>
<th>Supplementary Material</th>
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<td>Agenda – day 6</td>
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<tr>
<td>Session #17</td>
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<td>Legalities and Ethics of Professional Practice</td>
<td>Handout 17.2.1</td>
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<tr>
<td></td>
<td>Case Studies 1 - 4</td>
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<tr>
<td>Session #18</td>
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</tr>
<tr>
<td>Workers Rights in Canada</td>
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<tr>
<td>Section #19</td>
<td>Handout 19.2.1</td>
<td></td>
</tr>
<tr>
<td>“I’m okay – your okay”</td>
<td>Confidence Building</td>
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</tr>
</tbody>
</table>

** - Material (ie. handout) is inserted as a copy for the following reasons: a) the information is current and available on a website, b) the original document is a copy and not available electronically.

Facilitator’s Checklist – Day 6:

- Participant handouts
- Contact e-mail information about questions/attendance for participants to use
- Five flip charts with markers
- Pens/paper for participants
- Overheads, acetate and acetate markers
- Arrangements made for refreshments – pre-session, lunch, and morning and afternoon breaks
- Bio of the guest speaker/pre-reading/honorarium – Session 17
- Invoice for honorarium
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 – 10:30</td>
<td>Session 17</td>
<td>Legalities and Ethics of Professional Practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Guest Speaker</td>
</tr>
<tr>
<td>10:30 – 10:45</td>
<td>Break</td>
<td>Coffee and Refreshments Available</td>
</tr>
<tr>
<td>10:45 – Noon</td>
<td>Session 17 Continued</td>
<td>Follow Up Case Studies</td>
</tr>
<tr>
<td>Noon – 12:45</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>12:45 – 3:00</td>
<td>Session 18</td>
<td>Workers Rights in Canada</td>
</tr>
<tr>
<td>3:00 – 3:15</td>
<td>Break</td>
<td>Refreshments Available</td>
</tr>
<tr>
<td>3:15 – 4:30</td>
<td>Session 19</td>
<td>“I’m okay – your okay”</td>
</tr>
<tr>
<td>4:30 – 5:00</td>
<td>Session Review/Questions and Answers</td>
<td></td>
</tr>
</tbody>
</table>
### 17.0 Session #17: Legalities and Ethics of Professional Practice

#### 17.1 Outline

<table>
<thead>
<tr>
<th>Objectives</th>
<th>The participant will be able to identify the legal and ethical issues that a pharmacist needs to abide by when practicing pharmacy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce</td>
<td>Guest Speaker</td>
</tr>
<tr>
<td>Discuss</td>
<td>Ask the guest speaker to present on the topic of the legal and ethical issues that a pharmacist needs to abide by when practicing pharmacy (45 minutes). Information on the topic is provided to the students PRIOR to the presentation.</td>
</tr>
<tr>
<td>Expand</td>
<td>Provide students with an opportunity to question the speaker (15 minutes).</td>
</tr>
<tr>
<td>Apply</td>
<td>Do case studies</td>
</tr>
</tbody>
</table>

Handout 17.2.1 Case Studies
Case Study #1

A patient comes into the ER department of the hospital. You can see that he is short of breath, is audibly wheezing and can hardly breathe because of an acute asthmatic attack. He has forgotten his inhaler and asks you to give him one of those “blue puffers” right away. What do you do?

1) Individually, within the group work on this case study (10 minutes). Use the STAR principle.

2) Appoint the Facilitator, Scribe (somebody who writes) and a Presenter within the group.

3) The Facilitator ensures that everybody in the group has an opportunity to contribute to what is being presented by the group to the class e.g., they ‘chair’ the meeting. The scribe is the person who will write what the group decides and the presenter is another person who will present what the group has developed to the class.

4) Use the STAR principle and develop an outline of how your group would resolve the situation.

Notes:
Case Study #2

You can’t read the handwriting on a prescription and the physician is away for two days. The nurse says that the physician’s note on the patient’s chart is also illegible. The prescription is for either amoxicillin or ampicillin 2g po STAT. What do you do?

1) Individually, within the group work on this case study (10 minutes). Use the STAR principle.

2) Appoint the Facilitator, Scribe (somebody who writes) and a Presenter within the group.

3) The Facilitator ensures that everybody in the group has an opportunity to contribute to what is being presented by the group to the class e.g., they ‘chair’ the meeting. The scribe is the person who will write what the group decides and the presenter is another person who will present what the group has developed to the class.

4) Use the STAR principle and develop an outline of how your group would resolve the situation.

Notes:
Case Study #3

A 16-year old girl who started smoking at age 12 wants to quit. She asks you for Nicorette gum. As you’re reviewing the monograph information with her, you notice that the product is contraindicated for use in children under the age of 18. What do you do?

1) Individually, within the group work on this case study (10 minutes). Use the STAR principle.

2) Appoint the Facilitator, Scribe (somebody who writes) and a Presenter within the group.

3) The Facilitator ensures that everybody in the group has an opportunity to contribute to what is being presented by the group to the class e.g., they ‘chair’ the meeting. The scribe is the person who will write what the group decides and the presenter is another person who will present what the group has developed to the class.

4) Use the STAR principle and develop an outline of how your group would resolve the situation.

Notes:
Session #17: Legalities and Ethics of Professional Practice

Case Study #4

A customer presents a prescription for Xanax 0.5mg tabs X 20 tablets. When you check her patient record, you notice that she has had the same medication dispensed four times in the past 30 days with prescriptions written by four different doctors. How would you handle the situation?

1) Individually, within the group work on this case study (10 minutes). Use the STAR principle.

2) Appoint the Facilitator, Scribe (somebody who writes) and a Presenter within the group.

3) The Facilitator ensures that everybody in the group has an opportunity to contribute to what is being presented by the group to the class e.g., they ‘chair’ the meeting. The scribe is the person who will write what the group decides and the presenter is another person who will present what the group has developed to the class.

4) Use the STAR principle and develop an outline of how your group would resolve the situation.

Notes:
18.0  Session #18: Worker Rights in Canada

18.1 Outline

**Objectives**
At the end of the lesson, participants will know their rights as employees under provincial and federal legislation, apply this information to their own workplaces, and know what their options are if their rights are being violated.

*The participant will be able to identify situations that infringe on his/her own rights as a worker in Canada.*

**Introduce**
Distribute the handout, and ask participants to decide whether the employer’s actions are legal or not.

*This session will provide an opportunity to consider your own rights as a worker in Canada and how that information affects the handling of a given situation.*

**Discuss**
When individuals have completed the handout, ask them to work in groups to compare answers. Distribute the handout, and ask the group to check their answers, with reference to the brochure or the legislation.

*The information is derived from earlier case studies and immediately previous presentation.*

**Expand**
Come back together as a group. Present a scenario, and ask the participants to suggest what the individual could do. What would be the first step? What if that doesn’t work? Is the situation important enough to make an issue out of?

Role-play some of the possible responses, with an emphasis on addressing the issue with the employer. Discuss:

*Say – Let’s go back and review the 3 case studies from earlier. The decisions then were… What will your decisions be now that you have more information? If the decisions are the same… why are they the same? If the decisions are different… why are they different? What more information would you like to have had in order to make a better decision? In what way would that have helped you?*

**Apply**
Based on the information from this lesson, ask them to discuss their own work situations. What issues are there? What are some possible responses?

Participants will review the case studies covered from earlier in the day and work through them again with the added details on worker’s rights in Canada.

---

18.3  Tips for Customization

It may become clear that there are serious employment standards issues at some of the workplaces. In this case, it might be useful to do the activities under “Expand” with their real-world situations, rather than the scenario provided here.
Employment Standards Questions

1. Employers must provide a 30-minute lunch break and at least one 15-minute coffee break during an 8-hour workday. ___ Yes ___ No

2. An employee stays an extra hour at the end of an 8-hour shift to finish up some paperwork, without checking with the employer or supervisor. Will the employee be paid overtime for this hour? ___ Yes ___ No

3. The pharmacy till is $10.00 short at the end of a shift. Can the employer deduct this from the employee's pay? ___ Yes ___ No

4. You are owed a week of vacation. Because of scheduling problems, the employer asks you to take only four days now, and take the other day the following week. Can the employer legally require you to do this? ___ Yes ___ No

5. An employee, who is usually paid every second week, is laid off with one-week notice and no additional pay. Is this legal? ___ Yes ___ No

6. Can you be fired for refusing to work on a Sunday? ___ Yes ___ No

7. An employee practices a religious faith that requires religious observances on a day other than Sunday. Can the employee legally refuse to work on that day? ___ Yes ___ No

8. An employee is entitled to 12 weeks of maternity leave after 7 months of employment ___ Yes ___ No

9. Can an employee be legally laid off during a maternity leave? ___ Yes ___ No

10. Are employees eligible for Employment Insurance benefits during maternity or family leave? ___ Yes ___ No

11. Can you be required to work on a general holiday? ___ Yes ___ No
In Canada there are federal and provincial laws that state the rights and responsibilities of employers, employees, and unions.

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Provisions</th>
<th>Discussion/activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian Charter of Rights and Freedoms</td>
<td>Describes the fundamental rights of individuals. All other legislation must be consistent with this legislation. Refer to handout for the specific rights, and grounds on which employers may not discriminate.</td>
<td>In your experience, do Canadian employers abide by these requirements? e.g., providing a harassment-free environment, avoiding discrimination etc. What have you seen, experienced? How have you or others responded? Did you know at the time what your rights were? Based on today’s information, would you do anything differently? Why or why not? Have you or anyone you know made a complaint to the Human Rights Commission? What was the experience like? Under what circumstances would you consider making a complaint? Note: Can link this to problem solving process.</td>
</tr>
<tr>
<td>Manitoba Human Rights Code</td>
<td>Is more detailed than the Charter. Describes what employers can do with regard to advertising jobs, hiring, interview questions, providing benefits, wages. Prohibits harassment on any of the specified grounds. Refer to handout for specific grounds. Employees can bring formal complaints to the Manitoba Human Rights Commission.</td>
<td>Handouts: Participants complete worksheet. Discuss answers as a group. Check with the documents to resolve differences of opinion. Were you able to find answers to all these questions? Where would you find more information if you needed to? Discussion: Do your employers generally abide by these standards? What other questions/issues do you have about employment standards? About which topics would you be prepared to confront your employer? How would you do this? About which topics would you be prepared to make a formal complaint?</td>
</tr>
<tr>
<td>Manitoba Employment Standards</td>
<td>Outlines standards for topics such as:</td>
<td></td>
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<tr>
<td></td>
<td>- Pay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Overtime</td>
<td></td>
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<td></td>
<td>- Vacations</td>
<td></td>
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<tr>
<td></td>
<td>- Holidays</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Maternity and parental leave</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Meal and other breaks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Termination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Making claims</td>
<td></td>
</tr>
<tr>
<td></td>
<td>These are minimum terms of employment. Employers can offer more, or better terms can be negotiated with a union.</td>
<td></td>
</tr>
<tr>
<td>Manitoba Health and Safety</td>
<td>Under this department are a number of Acts, regulations, and guidelines that address issues of workplace health and safety. Most regulations apply to industrial and manufacturing industries. Provisions for reporting violations. Workers Compensation – discuss what to do if you experience an injury. See handouts.</td>
<td>What do you consider to be the health and safety hazards of your profession? Are these serious issues in the profession? Do employers generally maintain safe and healthy workplaces? If not, what are the issues? What are your options if employers are not maintaining safe workplaces?</td>
</tr>
<tr>
<td>Manitoba Labour Relations Act</td>
<td>Legislation addresses relationships between employers and unions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- First contracts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Signing union members</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Negotiations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Strikes, lockouts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Union participation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How many are in unionized workplaces? How many are, or will be, in the position of supervising unionized employees?</td>
<td></td>
</tr>
</tbody>
</table>
Case Study # 1

Hani is 24 years old and works in a satellite pharmacy as a pharmacy technician in a large teaching hospital of a Canadian city. Hani has been employed there for 6 months. Hani is charming and energetic and is popular with the staff and physicians.

However, Hani is often late for work, takes extended lunch and coffee breaks, and has been absent from work on average of 2 days per month the last 3 months. Hani apologizes for the lateness but in general seems unconcerned about this or the absences. To co-workers, Hani readily admits a lack of interest in the job. The best thing about it, Hani says, is the money earned allows other interests to be pursued.

Hani’s supervisor has realized this behaviour has become a problem. The hospital policy on tardiness and absenteeism has not been reviewed in 10 years, and until Hani began working in this area, the supervisor had not had to deal with this issue as other staff adhered to policy.

1) How is this related to workplace culture?

2) What are the issues in this case?

3) What is the expectation regarding these issues in Canada compared to your country of origin?

4) What might the supervisor say to Hani? To others?

5) Where should the conversation(s) take place?
Case Study # 2

Hortense is a lead pharmacist on some of your shifts at a retail chain. She always asks a lot of questions about you and your family. These are very personal questions in your opinion and you do not feel you need to answer these questions. In the past, you have tried a variety of avoidance techniques such as finding an urgent job task to complete or changing the subject. You are beginning to wonder why she asks such personal questions. This would never have happened in your country of origin.

1) How is this related to workplace culture?

2) What are the issues in this case?

3) What is the expectation regarding these issues in Canada compared to your country of origin?

4) What will you say to Hortense next time she asks a personal question?

5) Where should the conversation(s) take place?
Case Study # 3

You have been working at the hospital pharmacy for 4 years now. As you arrive at work today, your new supervisor, on his way to a meeting and in a hurry, asks if you are able to attend a seminar next week about workplace safety. The seminar is scheduled for the same date and time as your daughter's final soccer game and is also one of your days off. You were unable to attend the last seminar because your mother was ill and insisted you come over to attend to her needs. The hospital pharmacy has not experienced any safety breaches in over a year.

1) How is this related to workplace culture?

2) What are the issues in this case?

3) What is the expectation regarding these issues in Canada compared to your country of origin?

4) What will your response be?
#19: A Session on Self-Esteem

### 19.1 Outline

<table>
<thead>
<tr>
<th><strong>Objectives</strong></th>
<th>Help the learner apply and integrate all the lessons learned throughout the program.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduce</strong></td>
<td>Present the banner “I’m okay-your okay”</td>
</tr>
<tr>
<td><strong>Discuss</strong></td>
<td>Consciousness &amp; Einstein’s quote</td>
</tr>
<tr>
<td></td>
<td>Confidence (handout)</td>
</tr>
<tr>
<td><strong>Expand</strong></td>
<td>Initiate a group discussion about the two types of problems. One we can plan for and the one we can’t.</td>
</tr>
<tr>
<td></td>
<td>We can use a problem-solving model to think through and plan actions when we have time to respond. We are unable to use a problem solving model in active communication where we generally need to respond immediately.</td>
</tr>
<tr>
<td></td>
<td>Display Albert Einstein’s quote</td>
</tr>
<tr>
<td></td>
<td>“No problems can be solved by the same consciousness that create them”</td>
</tr>
<tr>
<td></td>
<td>Discussion around the quote: In a response situation we handle things better when we are healthy and happy. Therefore we need to change our consciousness.</td>
</tr>
<tr>
<td></td>
<td>Distribute the confidence article and discuss it.</td>
</tr>
<tr>
<td><strong>Apply</strong></td>
<td>Have the group form a circle, tossing the beach ball back and forth. However with each throw, the individual must give the other person a compliment as they throw the ball.</td>
</tr>
<tr>
<td></td>
<td>After the exercise, discuss the difficulties some people have with complimenting others in regards to self-esteem.</td>
</tr>
</tbody>
</table>
1. Pamphlet – Manitoba Pharmacists-At-Risk Program
2. Guidelines for the Pharmacist on “The Role of the Pharmacy Technician”
3. Guidelines on Complaint and Error Avoidance (BC College)
4. Guidelines for the Positive Identification of Patients (source: College of Pharmacists of British Columbia)
6. Community Pharmacy Technician Job Description (source: College of Pharmacists of British Columbia)
Day 7, includes the following items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Lesson Handouts</th>
<th>Supplementary Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agenda – day 7</td>
<td>Overall Review</td>
<td></td>
</tr>
<tr>
<td>Session #20</td>
<td>Facilitator’s Outline</td>
<td>Role plays 1 – 9</td>
</tr>
<tr>
<td>Review and Role Plays</td>
<td>Handout 20.2.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role plays</td>
<td></td>
</tr>
<tr>
<td>Session #21</td>
<td>Facilitator’s Outline</td>
<td></td>
</tr>
<tr>
<td>Personal Learning plans</td>
<td>Handout 21.2.1</td>
<td>“Learning Portfolio Audit”</td>
</tr>
<tr>
<td></td>
<td>Handout 21.2.2</td>
<td>Post-program Self Assessment</td>
</tr>
<tr>
<td>Session #22</td>
<td>Handout 22.2.3</td>
<td>Program Evaluation</td>
</tr>
</tbody>
</table>

** - Material (ie. handout) is inserted as a copy for the following reasons: a) the information is current and available on a website, b) the original document is a copy and not available electronically.

Facilitator’s Checklist – Day 6:

- Participant handouts
- Contact e-mail information about questions/attendance for participants to use
- Five flip charts with markers
- Pens/paper for participants
- Overheads, acetate and acetate markers
- Arrangements made for food & refreshments – pre-session, lunch, morning & afternoon breaks
- Remington: The Science and Practice of Pharmacy (Chapter 97)
- A Practical Guide to Contemporary Pharmacy Practice (Chapter 1)
- Patient Counselling: It’s your right to know (M. Ph. A)
- Need to invite project partners – who are they??
- Sign and hand out Course Certificates
- Coordinate key speakers to wrap up the course
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 – 10:15</td>
<td><strong>Session 20</strong></td>
<td>Review and Role Plays</td>
</tr>
<tr>
<td>10:15 – 10:30</td>
<td><strong>Break</strong></td>
<td>Coffee and Refreshments Available</td>
</tr>
<tr>
<td>10:30 – Noon</td>
<td><strong>Session 20 (continued)</strong></td>
<td>Review and Role Plays</td>
</tr>
<tr>
<td>Noon – 12:45</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>12:45 – 3:00</td>
<td><strong>Session 21</strong></td>
<td>Personal Learning Plans</td>
</tr>
<tr>
<td>3:00 – 3:15</td>
<td><strong>Break</strong></td>
<td>Refreshments Available</td>
</tr>
<tr>
<td>3:15 – 4:30</td>
<td><strong>Session 22</strong></td>
<td>Evaluation and Celebration</td>
</tr>
</tbody>
</table>
20.0 Session #20: Review and Role Plays

20.1 Outline

**Objective**
The participants will demonstrate the information they have learned over the duration of the program through role-plays.

**Time**
1.5 hours

**Materials:**
Role plays, video camera with TV, VCR for instant recording, blank videotapes (one per student)

**Instruction**
Distribute role-plays and have participants work with their partners to prepare. During this time, the facilitator will set up the camera so that it is focused on the participant representing the pharmacist.

After each role-play, distribute the recording to the corresponding student.

---

Handout 20.2.1
Role plays
## 21.0 Session #21 Personal Learning Plans

### 21.1 Outline

| **Objectives** | At the end of the lesson, the participants will have:  
| ♦ identified the most significant learning that has come out of the training,  
| ♦ made plans for applying their learning, and  
| ♦ made plans for ongoing learning |
| **Introduce** | Introduce and explain the objectives. |
| **Discuss** | Discuss the 3-month follow-up.  
| | Participants complete the post-program evaluations. |
| **Expand** |  |
| **Apply** |  | Handout 21.2.1  
| | "Learning Portfolio Audit"  
| | Handout 21.2.2  
| | Post-Program Self Assessment |
**IPG Post-Program Self Assessment**

**Name:**

1. On a scale of one to ten, please rate how well you can do the following:

   Locate information about medications in reference books or on-line.

   ____________________________

   Write reports, notes and memos.

   ____________________________

   Use a computer to the standards necessary to practice pharmacy in Canada.

   ____________________________

   Send e-mails with proper e-mail etiquette.

   ____________________________

   Approach people and start a conversation.

   ____________________________

   Ask questions if you need more information from the patient.

   ____________________________

   Counsel or provide information for patients in person.

   ____________________________

   Counsel a patient over the telephone.

   ____________________________

   Phone a doctor to ask for more information or because you think there is a mistake in the prescription.

   ____________________________

   Ask your supervisor for information or suggestions.

   ____________________________

   Confront a patient who you think may be double doctoring or abusing medications.

   ____________________________

   Find solutions when you have a misunderstanding or conflict with a co-worker.

   ____________________________

   Be comfortable with people whose beliefs and values are very different from yours.

   ____________________________

   Respond appropriately to racist comments or attitudes from the public or co-workers.

   ____________________________

   Handle criticisms about your work.

   ____________________________
Session #21: Personal Learning Plans

IPG Post-Program Self Assessment continued

Compare your responses above with those on the pre-program assessment, and review all your prescription forms.

What were the most important things you learned during this program?

How have you applied this learning in your professional practice?

Where have you shown the most improvement? What are you doing better now than you did at the beginning your internship?

What is an example of something that used to be difficult for you, but that you now are able to do confidently and well?

In what areas do you still need to develop your skills?

About what topics do you still need more information? What do you still need to learn?

Explain how you will improve your knowledge and skills in the areas you described above. Consider possible sources of information, people who could help and support you, or courses you could take.
### Session #22: Celebration/Wrap Up

<table>
<thead>
<tr>
<th>A. Participants to complete program evaluation</th>
<th>Handout 22.2.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Guest Speakers (speeches)</td>
<td>Program Evaluation</td>
</tr>
<tr>
<td>C. Presentation of participant certificates</td>
<td></td>
</tr>
<tr>
<td>D. Celebration begins!</td>
<td></td>
</tr>
</tbody>
</table>
Session #22: Overall Evaluation

International Pharmacy Graduates

Prescription for Learning: Communication Skills for the Practice of Pharmacy

I liked…

________________________________________________________

________________________________________________________

________________________________________________________

…and I found most useful

________________________________________________________

________________________________________________________

________________________________________________________

If I were running things…

________________________________________________________

________________________________________________________

________________________________________________________

I didn’t like…

________________________________________________________

________________________________________________________

________________________________________________________

A problem I had that was solved…

________________________________________________________

________________________________________________________

________________________________________________________

A problem that I would like to know more about…

________________________________________________________

________________________________________________________

________________________________________________________

Finally, I’d like to say…

________________________________________________________

________________________________________________________

________________________________________________________

Thank you!
Session #22: Daily Program Evaluation/Instructor Evaluation

DAY # ________

To improve the development and delivery of this program, the following evaluation form has been prepared. Please respond to the questions below by ticking the appropriate category

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overall, I would rate today’s class as…</td>
<td></td>
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<tr>
<td>2. The training room and facilities were…</td>
<td></td>
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<tr>
<td>3. The length of the class was…</td>
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<tr>
<td>4. The reading materials were…</td>
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<tr>
<td>5. The presentation materials were…</td>
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<tr>
<td>6. The instructor’s knowledge on the topic was…</td>
<td></td>
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<tr>
<td>7. How would you rate the pace of the class?</td>
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<tr>
<td>8. Class discussion and involvement was…</td>
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<tr>
<td>9. The support given during the class was…</td>
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<tr>
<td>10. How has this class helped you?</td>
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</tr>
<tr>
<td>11. Any other comments?</td>
<td></td>
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</tbody>
</table>
CERTIFICATE OF COMPLETION

This certificate is awarded to

Jane Doe

in recognition of completing the course

Prescription for Learning: Communication Skills for the Practice of Pharmacy

(Accredited for 4.75 Continuing Education Units by The Manitoba Pharmaceutical Association)

Instructor

Date

Instructor

Date

Mentor

Date

Sponsored by:

Manitoba Pharmaceutical Association
Manitoba Advanced Education and Training
Prescription for Learning
Communication Skills for the Practice of Pharmacy

Facilitator's Guide

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This Curriculum was researched and developed by:

Emerald Education Services
OARS training Inc.

Emerald Educational Services