

A Practical Book of Healthcare Psychology and Communications Skills

BP108P

For B.Pharm I year students

As per New PCI Syllabus 2026 (NEP 2020)

Jai Vardhan

Assistant Professor

School of Pharmaceutical Sciences,
SDGI Global University, Ghaziabad,
Uttar Pradesh, India

Anushka Sharma

Assistant Professor

Department of Pharmacology and
Toxicology, Vidya University, Meerut,
Uttar Pradesh, India

Amisha Kumari

Assistant Professor

ABSS Institute of Technology, Meerut,
Uttar Pradesh, India



A Practical Book of Healthcare Psychology and Communication Skills

Course Code: BP108P

For B.Pharm I year students

As per New PCI Syllabus 2026 (NEP 2020)

Authors: Jai Vardhan, Anushka Sharma, Amisha Kumari

Edition: First Edition, September 2026

Language: English

Copyright © 2026 Wiseleaf Scientific Ventures Pvt. Ltd.

All rights reserved.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of the publisher, except for brief quotations in reviews or scholarly works permitted by copyright law.

ISBN: 978-81-180383-7-5



MRP: 190/-

Published by: Wiseleaf Scientific Ventures Pvt. Ltd.

Address: Wework - Berger Delhi One Floor 19, C-001/A2, Sector 16b, Noida, Uttar Pradesh, 201301, India

Printed by: Patraloka | Prints and More

Immadihalli Main Rd, Immadihalli, Whitefield, Bengaluru, Karnataka 560066

Printed in India

PREFACE

Healthcare is not limited to the diagnosis and treatment of disease; it also involves understanding the psychological, emotional, and social needs of patients. Effective communication plays a vital role in establishing trust, understanding patient concerns, promoting medication adherence, and providing compassionate pharmaceutical care. The practical component of **BP108P – Healthcare Psychology and Communication Skills (Practical)** has been designed to introduce first-year B.Pharm students to these essential aspects of healthcare practice and to help them develop a patient-centred approach from the beginning of their professional education.

This practical book provides students with structured activities and exercises that encourage them to understand human behaviour, emotions, attitudes, interpersonal relationships, and the psychological factors influencing health and illness. Through role plays, communication exercises, case-based activities, observation, discussion, and practical demonstrations, students can develop confidence in communicating with patients, caregivers, healthcare professionals, and peers. Particular emphasis is placed on active listening, empathy, verbal and non-verbal communication, counselling skills, professional behaviour, and the ability to communicate healthcare information clearly and responsibly.

The ultimate purpose of this practical book is to bridge the gap between theoretical knowledge and its application in real-life healthcare situations. By actively participating in the practical exercises, students will develop the interpersonal and professional skills required to become competent, ethical, empathetic, and patient-focused pharmacy professionals. It is hoped that this book will serve as a useful companion throughout the practical sessions and encourage students to approach every patient interaction with **knowledge, confidence, sensitivity, respect, and compassion.**

Authors

Jai Vardhan

Anushka Sharma

Amisha Kumari

Table of Contents

Course Information	5
Course Objectives	5
Course Outcomes (CO).....	5
Syllabus: List of Practicals	5
Practical 1	6
Counselling a Patient with Chronic Illness	6
Practical 2	10
Breaking Bad News in a Clinical Setting.....	10
Practical 3	14
Empathetic Listening in Crisis Response.....	14
Practical 4	18
Mental Health Communication in Primary Care.....	18
Practical 5	22
Reflective Listening and Paraphrasing.....	22
Practical 6	26
Effective Team Communication and Decision-Making	26
Practical 7	30
Designing IEC Materials for Public Health Awareness	30
Practical 8	33
Conducting a Mock Health Education Session	33
Practical 9	37
Motivational Interviewing in Patient Counselling	37
Practical 10	41
Cross-Cultural Communication in Healthcare	41
Practical 11	45
Non-Verbal Communication in Clinical Settings.....	45
Practical 12	48
Communicating with Paediatrics and Elderly Patients	48
Practical 13	52
Reflective Journaling for Professional Development.....	52
Practical 14	56
Integrated Communication Skills Assessment (OSCE-Style).....	56

Course Information

Course Objectives

The objectives of this course are:

1. To develop effective communication skills essential for diverse clinical and community health scenarios.
2. To enhance empathetic interaction through role plays, simulations, and reflective practices.
3. To promote collaborative learning and peer feedback in communication-based tasks.
4. To encourage application of psychological principles in real-life healthcare contexts.
5. To build confidence in delivering health education and awareness activities in community settings.

Course Outcomes (CO)

CO No.	Upon successful completion, the student will be able to:
CO1	Demonstrate patient-centred communication through role plays and clinical simulations.
CO2	Analyse healthcare communication challenges using case study discussions.
CO3	Practise reflective listening, paraphrasing, and team-based communication strategies.
CO4	Design and deliver effective health-education messages for the community.
CO5	Reflect on personal emotional growth and improvement in communication competencies.

Syllabus: List of Practicals

Unit	Practical head and exercises
1	Role Plays and Simulations: Counselling a patient with chronic illness Breaking bad news in a clinical setting Empathetic listening in crisis response.
2	Case Study Discussions: Mental-health cases in primary care Impact of miscommunication in healthcare errors.
3	Peer-to-Peer Practice Sessions: Reflective listening and paraphrasing Effective team communication and decision-making.
4	Community Engagement Tasks: Designing IEC materials for public-health awareness Conducting mock health-education sessions.
5	Journaling and Self-Reflection Logs: Weekly reflection on emotional responses during care simulations Growth in communication-skill development over the semester.

Practical 1

Counselling a Patient with Chronic Illness

AIM

To build skills in patient-centered counseling when working with patients who have long-term conditions. The focus is on empathy, clear communication, and making decisions together with the patient.

INTRODUCTION

A long-term, incurable medical disease is known as a chronic ailment. Some common instances are renal illness, asthma, high blood pressure, and Type 2 diabetes. Chronic care and regular behavioral adjustments are required for these disorders. Patients with chronic diseases are sometimes need to undertake long-term lifestyle adjustments, in contrast to those with more transient conditions that respond better to therapy. Because of this, healthcare providers will need to adopt a new mode of communication. It is ineffective to just tell patients what to do and hope they comply. A patient's likelihood of adhering to treatment and effectively managing their disease increases when they feel heard, appreciated, and understood. Better health outcomes are associated with provider-patient contact, according to the research. Effective counseling for long-term health conditions goes beyond just disseminating knowledge. The key is to get to know the patient, their worries and fears, and their everyday lives so you can create a strategy that works for them. To do this, one must listen attentively, demonstrate empathy, and empower the patient to take charge of their health.

PRINCIPLES OF CHRONIC ILLNESS COUNSELING

- The patient's wants, values, and needs are the focal point of the conversation in patient-centered communication. As a healthcare professional, your role is to pay close attention to your patient, process their needs, and then communicate with them in a way that is appropriate for their current circumstances. The physician is more open to the patient's ideas and concerns rather than following a predetermined script.
- The provider-patient connection is characterized by a therapeutic alliance, which includes mutual trust and cooperation. Patients are more likely to ask questions, disclose problems, and take advice when they trust their clinician. Respect, consistency, and sincere concern go a long way toward establishing trust.
- Health Literacy Awareness: The ability to locate, comprehend, and utilize health information effectively is known as health literacy. Medical terminology can be difficult for many patients, irrespective of their degree of education. If you want the patient to understand, use basic language, utilize visual aids if you can, and then have them repeat back what you said.
- Model for Gathering: Follow this step-by-step counseling guide: Firstly, welcome the patient cheerfully. Then, inquire about their knowledge and feelings. Lastly, explain what they need to know in simple terms. Assist with real-world problems; Clearly outline the approach; Return to set up a follow-up. This aids in avoiding the typical blunder of imparting too much information without initially ascertaining the patient's level of knowledge.

- The most successful way to assist a patient change is to respect their autonomy and encourage them to discover their own reasons to do so, rather than dictating what they should do. Rather than just being instructed to, a patient who expresses, "I believe I need to take this seriously," will have greater results.
- Recognizing Feelings: Receiving a long-term diagnosis can elicit a range of emotions, including fear, despair, denial, and rage. Recognizing these emotions is necessary for a successful reception of therapeutic information. A patient whose anxiety levels are too high to process a comprehensive drug regimen will not get well. Recognize the feeling before getting to the facts.

COUNSELING STRATEGIES

Before the Consultation:

- Look over the patient's previous and present health conditions, medications, and any issues with communication.
- Consider the patient's level of comprehension upon receiving a new diagnosis. To what extent do people often misunderstand this illness and worry about it?
- Get ready to convey the three most crucial pieces of information using straightforward, ordinary language.

During the Consultation:

- Before beginning any clinical talk, greet the patient politely, make eye contact, and urge them to sit comfortable.
- "What do you know about your condition and what worries you most?" is a good question to ask before explaining it.
- Do not proceed with information transmission if the patient exhibits emotional distress, such as fear, bewilderment, or resistance.
- Distribute data in bite-sized chunks, no more than two or three ideas per message. Use teach-back to ensure comprehension after each section: "Can you describe what you're going to do when you get home using your own words?"
- Be honest about the things that make it hard to follow the plan, such as the expense, potential side effects, regularity, cultural beliefs, and daily habits. View them as genuine obstacles, not excuses.

After the Consultation:

- Briefly summarize: the patient is only required to accomplish no more than three things.
- If you have any visual or textual documents, please provide them.
- Make sure the patient knows who to call in the event that anything comes up between their current visit and their follow-up appointment.
- Conclude with words of encouragement. Recognize an accomplishment the patient has already achieved.

CLINICAL SCENARIO

Patient Profile: A 52-year-old male educator named Mr. Harsh has just received a diagnosis of Type 2 Diabetes. He arrives at the pharmacy with a puzzled and nervous expression. Despite his doctor's quick explanation, he remained perplexed. He is very worried about needles, has poor health literacy, and struggles to take medication. He does not help out in the kitchen and instead relies on his mother. His question is this: "Doctor, will I need to take these medications indefinitely?" Even my next-door neighbor had sugar; he cut back and is doing OK today.

- **EXERCISES**

[A] GATHER Counselling Role-Play Find a partner to work with. As Mr. Harsh and the pharmacist, two students take up the roles, respectively. Use the GATHER methodology to run a brief therapy session lasting 10 minutes. From the given situation, the patient ought to inquire about two things. After the first round, switch places. Make an effort to understand the patient's perspective, speak to them in a way that they can understand, and address their genuine worries regarding food and medication.

[B] Peer Observation and Feedback A third participant utilizes the Observation Checklist while watching the role-play. The observer spends two minutes providing the pair with feedback after the session, highlighting one area of strength and one area that needs improvement. Before taking turns, the two go over the comments.

[C] Written Analysis of Adherence Barriers Produce a brief (10–12 line) study on your own time outlining three potential obstacles that Mr. Sagar may encounter while attempting to adhere to his treatment regimen. Make a single recommendation for how a pharmacist may improve communication for each issue. Discuss your answers with a companion.

[D] Teach-Back Practice Find a partner to work with. As an example of a topic related to chronic disease management, Student A explains: For instance, in layman's terms, the importance of controlling blood sugar levels or how metformin works. B student, who is assuming the role of the patient, restates it using their own terminology. As soon as Student A realizes that anything was misinterpreted, she re-explains just that. Do it again, this time with Student B in charge.

Observation Item	Yes / No
Greeted the patient warmly and built rapport before clinical content	
Used open-ended questions to find out what the patient already knows and worries about	

Observation Item	Yes / No
Responded to the patient's feelings before giving clinical information	
Explained the condition clearly in simple, everyday language	
Addressed the patient's specific fears and wrong beliefs directly	
Gave guidance on diet, lifestyle, and medicines in small, digestible chunks	
Used teach-back to check understanding before finishing	
Acknowledged practical problems (diet, cost, routine) without judgment	
Arranged a follow-up and gave clear contact information	

SELF-EXAMINATION

Give an example of a time when you were challenged while in therapy. Tell me how you dealt with it. If this were a true clinical case, how would you handle it differently? In your evaluation of the patient, what assumptions did you make that could have been incorrect?

Practical 2

Breaking Bad News in a Clinical Setting

AIM

To practice delivering difficult news to patients using the SPIKES framework, while staying compassionate, clear, and professional throughout.

INTRODUCTION

When you have to deliver a patient terrible news, it can completely alter their outlook on their health and future. This may be the outcome of a cancer diagnosis, a critical test, the failure of a treatment, or the necessity of surgery. It is critically important how this news is communicated. There are a lot of patients who will never forget the precise words said to them or the way they were handled at that very time. Harmful and has long-lasting effects when bad news is delivered hastily, in a medically jargon-filled manner, or without recognizing the patient's emotional state. Patients who get terrible news in this fashion frequently experience feelings of shock, abandonment, and confusion about what to do next. Conversely, patients are more equipped to cope, inquire, and participate in their treatment when they are delivered terrible news softly and with compassion. Even if you're not the one giving the diagnosis, as a pharmacist you'll likely be there for patients as they deal with bad news. Being a soothing and encouraging presence is often enough, but you may also need to assist them make sense of their diagnosis and its implications, put their medications in perspective, or both. Some of the most valuable abilities you'll acquire are covered in this chapter.

THE SPIKES PROTOCOL - PRINCIPLES AND APPLICATION

The six-step process known as SPIKES can help you deliver unpleasant news. Buckman created it in 1992, and since then, clinical training programs all across the globe have adopted it. The rationale behind each stage is quite obvious.

- **S - Setting:** A concern for the environment is important. Having the patient sit comfortably in a secluded, calm space conveys the importance of what is about to be conveyed. Turn off your ringtone and stay still. Inquire as to whether the patient would want to be accompanied. This is a fundamental display of respect, not only good manners.
- **P - Perception:** Determine the patient's level of knowledge or suspicion before disclosing any information. You may learn more about the difference between their expectations and the news's actual revelations by doing this. As an example, you may ask, "What do you know about your condition?" before sharing the results. The patient's emotional readiness is also shown at this stage.
- **I - Invitation:** The timing and amount of information that patients get is entirely up to them. Some people want to have all the information provided immediately. It will take time for others. Is it okay if I go over all the findings with you today? pays attention to the patient's level of preparedness for hearing bad news and moves at their pace.
- **K - Knowledge:** Communicate the details simply and without jargon. Just a heads up, the results aren't what we were hoping for.' Next, pause. Allow the patient time to process the information. In order to get to the treatment plan, you should never hurry through bad news.