

A Text Book of
**HEALTHCARE PSYCHOLOGY
AND COMMUNICATION SKILLS**

As per the New PCI Syllabus **NEP 2020**

BP103T



1st SEM.
Bachelor of Pharmacy



© Dr. John Intru Disouza

© Dr. Renukaradhya Chitti

© Dr. Mohan Gandhi Bonthu

© Dr. Rakesh Mishra

BP103T

A Text Book of **HEALTHCARE PSYCHOLOGY AND COMMUNICATION SKILLS**

Bachelor of Pharmacy
First Semester

As per the New PCI Syllabus **NEP 2020**

Dr. John Intru Disouza

M.Pharm, PhD.
Professor & Principal,
Bombay Institute of Pharmacy & Research (BIPR),
Dombivli, Maharashtra

Dr. Renukaradhya Chitti

M.Pharm, PhD.
Professor & Principal,
BRES's College of Pharmacy,
Motebennuru, Karnataka

Dr. Mohan Gandhi Bonthu

M.Pharm, PhD.
Associate Professor,
JSS College of Pharmacy, JSS Academy of Higher
Education & Research (JSS AHER),
Ooty, Tamil Nadu

Dr. Rakesh Mishra

M.Pharm, PhD.
Associate Professor & Head T & P Cell,
School of Pharmacy & Research,
Dr. D. Y. Patil Unitech Society's, Dnyaan Prasad
Global University,
Pune, Maharashtra



GDC PUBLICATION

3rd Floor, Shiv Hari Tower, Sarkanda, Bilaspur (C.G.), 495001

A Text Book of
HEALTHCARE PSYCHOLOGY AND COMMUNICATION SKILLS

As per the New PCI Syllabus **NEP 2020**

First Semester (Bachelor of Pharmacy)

ISBN : 978-93-49537-07-1

First Edition : 2026

Copyright ©2026, By the GDC Publication.



Head Office

3rd Floor, Shiv Hari Tower, Ashok Nagar,
Sarkanda, Bilaspur (C.G.), 495001

Phone : 6263936320, 6265846984

Email : gdcpublication037@gmail.com

Website : www.gdcclases.com

Corporate Office

Sahara Study center, Opposite CMP Degree College
George Town, Prayagraj (U.P.), 211002

Phone : 9343674693

Email : gdcgpat037@gmail.com

All rights are reserved. No part of this publication may be reproduced, stored in or introduced into a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photo-copying, recording or otherwise), without the prior written permission of the above mentioned publisher of this book.

GDC PUBLICATION has taken due care in collecting the data and providing the solutions, before publishing this book. In spite of this, if any inaccuracy or printing error occurs then GDC PUBLICATION owes no responsibility. GDC PUBLICATION will be grateful if you could point out any such error. Your suggestions will be appreciated.

Any government or Private organization logo, posters, brand product name and image used in this book is for educational purposes only.

Typesetting by :

Team GDC

Composition by :

Vidyadhar Sahu and Chandranayan Sahu

Printed by :

GPAT Discussion Center Pvt. Ltd.
Bilaspur (C.G.), 495001

Price : ₹410

Jurisdiction : All disputes with respect to this publication shall be subject to the jurisdiction of the Courts, Tribunals and Forums of Bilaspur Chhattisgarh, India only.

© All rights reserved by GDC PUBLICATION. No part of this book may be reproduced or utilized in any form without the written permission from the publisher.

PREFACE

Communication is one of the most important skills for every healthcare professional. In pharmacy, knowledge alone is not enough; a pharmacist must also be able to communicate effectively with patients, caregivers and other healthcare professionals. Good communication enhances patient trust, improves medication adherence, promotes teamwork and ultimately leads to better healthcare outcomes.

Keeping these objectives in mind, this textbook has been developed in accordance with the Pharmacy Council of India (PCI) syllabus. It provides a simple, practical and application-oriented approach to communication skills and behavioural Sciences, enabling students to understand not only the concepts but also their relevance in professional pharmacy practice. The book covers the fundamentals of communication, interpersonal skills, verbal and non-verbal communication, patient counselling, professional ethics, leadership, teamwork, stress management, personality development and the basic principles of health psychology. Practical examples and healthcare-based applications have been incorporated throughout the text to make learning engaging, meaningful and easy to apply in real-life situations. In each unit Multiple choice types questions, short answer type questions and long answer types questions are added for better understanding of subjects.

Prepared in alignment with the National Education Policy (NEP) 2020, this book promotes competency-based and student-centred learning. Our aim is to help students develop confidence, professionalism, empathy and effective communication skills that are essential for becoming competent and compassionate pharmacists. We sincerely thank the PCI, our fellow academicians, reviewers and healthcare professionals whose valuable guidance and encouragement have contributed to the preparation of this book.

We hope this book serves as a reliable companion throughout your academic journey and inspires you to communicate with confidence, serve with compassion and uphold the highest standards of professional pharmacy practice.

Authors

INDEX

UNIT I Introduction to Psychology in Healthcare

1-70

1.1 INTRODUCTION TO PSYCHOLOGY IN HEALTHCARE

- 1.1.1 Meaning of Psychology
- 1.1.2 Definition of Psychology
- 1.1.3 Development of Psychology
- 1.1.4 Health Psychology

1.2 SCOPE OF PSYCHOLOGY IN HEALTHCARE

1.3 RELEVANCE OF PSYCHOLOGY IN HEALTH SCIENCES

1.4 BRANCHES OF PSYCHOLOGY

- 1.4.1 Pure Psychology
- 1.4.2 Applied Psychology
- 1.4.3 Branches of Psychology with Healthcare Relevance

1.5 SENSATION

- 1.5.1 Steps in the Sensory Process
- 1.5.2 Attributes of Sensations
- 1.5.3 Types of Sensations
- 1.5.4 Pharmaceutical Relevance of Sensation
- 1.5.5 Abnormal Sensory Processing

1.6 PERCEPTION

- 1.6.1 Characteristics of Perception
- 1.6.2 Principles of perception
- 1.6.3 Factors Affecting Perception
- 1.6.4 Errors in Perception
- 1.6.5 Importance of Perception in Healthcare

1.7 ATTENTION

- 1.7.1 Characteristics of Attention
- 1.7.2 Types of Attention
- 1.7.3 Determinants of Attention
- 1.7.4 Uses of Attention
- 1.7.5 Duration and Degree of Attention
- 1.7.6 Alterations in Attention (Distraction)

1.8 LEARNING

- 1.8.1 Definitions
- 1.8.2 Types of Learning
- 1.8.3 On the Basis of Method/ Technique (Theories of Learning)
- 1.8.4 Factors Influencing Learning
- 1.8.5 Learning Process
- 1.8.6 Transfer of Learning

1.9 MEMORY

- 1.9.1 Nature of Memory
- 1.9.2 Stages of Memory Process
- 1.9.3 Two Standard Models of Memory
- 1.9.4 Theory of Forgetting
- 1.9.5 Types of Memory
- 1.9.6 Factors Influencing Memory
- 1.9.7 Methods to Improve Memory
- 1.9.8 Memory Disorders
- 1.9.9 Role of Reinforcement in Health Behaviour Change

1.10 EMOTION

- 1.10.1 Definitions
- 1.10.2 Classification of Emotions
- 1.10.3 Characteristics/Nature of Emotions
- 1.10.4 States of Emotions
- 1.10.5 Components of Emotions
- 1.10.6 Development of Emotions
- 1.10.7 Theories of Emotion
- 1.10.8 Alteration in Emotion
- 1.10.9 Implications of Emotions in Pharmacy Practice
- 1.10.10 Handling Emotions in Self and Others
- 1.10.11 Importance of Emotions
- 1.10.12 Control of Emotions in the Patient

1.11 MOTIVATION

- 1.11.1 Definitions
- 1.11.2 Concept of Motivation
- 1.11.3 Nature (Characteristics) of Motivation
- 1.11.4 Types of Motivation/Motives
- 1.11.5 Theories of Motivation
- 1.11.6 Implications of Motivation in Pharmacy Practice

UNIT II Developmental and Behavioural Psychology

71-140

2.1 INTRODUCTION OF HUMAN DEVELOPMENTAL STAGES

2.2 TYPES OF HUMAN DEVELOPMENT

2.3 THEORIES OF HUMAN DEVELOPMENT

- 2.3.1 Piaget's Theory of Cognitive Development
- 2.3.2 Erikson's Theory of Psychosocial Development

2.4 STAGES OF HUMAN DEVELOPMENT

- 2.4.1 Pre-natal Period (Conception of birth)
- 2.4.2 Infant and Early Toddler (Birth to 2 Years)
- 2.4.3 Early Childhood (2–5 Years)
- 2.4.4 Late Childhood (5–12 Years)
- 2.4.5 Adolescent (12–18 Years)
- 2.4.6 Early and Middle Adulthood (18–60 Years)
- 2.4.7 Late Adulthood (60 Years and Above)

2.5 HEALTHCARE NEEDS OF HUMAN DEVELOPMENT STAGES

- 2.5.1 Prenatal Stage (Conception of Birth)
- 2.5.2 Infancy Stage (Birth to 2 Years)
- 2.5.3 Early Childhood (2–5 Years)
- 2.5.4 Middle Childhood (5–12 Years)
- 2.5.5 Adolescence (12–18 Years)
- 2.5.6 Early Adulthood (18–45 Years)
- 2.5.7 Middle Adulthood (45–60 Years)
- 2.5.8 Late Adulthood (60 Years and Above)

2.6 SOCIAL DETERMINANTS OF HEALTH (SDOH)

2.7 PERSONALITY

- 2.7.1 Personality Theories

2.8 PATIENT INTERACTION STYLES

- 2.8.1 Important Aspects of Patient Interaction Styles

2.9 PSYCHOLOGICAL FACTORS AFFECTING

- 2.9.1 Psychological Factors Affecting Illness Perception
- 2.9.2 Psychological Factors Affecting Illness Recovery

2.10 COMMON PSYCHOLOGICAL DISORDERS IN HEALTHCARE

- 2.10.1 Anxiety Disorders
- 2.10.2 Depression
- 2.10.3 Somatization

2.11 COPING

- 2.11.1 Coping strategies
- 2.11.2 Coping styles
- 2.11.3 Stress Adaptation Coping Strategies
- 2.11.4 Effective Coping Strategies

2.12 RESILIENCE

- 2.12.1 Resilience-Based Survival Strategies
- 2.12.2 Signs of Resilience
- 2.12.3 Types of Resilience
- 2.12.4 Causes of Resilience

- 2.12.5 Characteristics of Resilient People

- 2.12.6 Impact of Resilience

2.13 STRESS MANAGEMENT

- 2.13.1 Steps in Stress Management
- 2.13.2 Stress Management Techniques

2.14 PSYCHOLOGICAL MODELS OF STRESS AND COPING

- 2.14.1 Hans Selye's General Adaptation Syndrome (GAS)
- 2.14.2 Lazarus and Folkman's Transactional Model of Stress and Coping
- 2.14.3 Clinical Applications
- 2.14.4 Conceptual Linking Between Physiology and Psychology

UNIT III Foundations of Health Communication

141-210

3.1 COMMUNICATION

- 3.1.1 Introduction of Communication
- 3.1.2 Definition of Communication
- 3.1.3 Definition of Communication Skills in Healthcare
- 3.1.4 Characteristics of Communication in Healthcare
- 3.1.5 Importance of Effective Communication in Healthcare
- 3.1.6 Objectives of Communication
- 3.1.7 Benefits of Communication

3.2 CLASSIC 7 C'S OF GENERAL COMMUNICATION

3.3 ELEMENTS OF COMMUNICATION IN HEALTHCARE

3.4 MODELS OF COMMUNICATION

- 3.4.1 Aristotle Communication Model
- 3.4.2 Lasswell's Model of Communication
- 3.4.3 Shannon and Weaver Model of Communication
- 3.4.4 Berlo's Communication Model
- 3.4.5 Barnlund's Transactional Model of Communication
- 3.4.6 Dance's Helical Model of Communication
- 3.4.7 Osgood-Schramm Model of Communication
- 3.4.8 Westley and MacLean Model of Communication

3.5 TYPES OF COMMUNICATION

- 3.5.1 Based on Relationship (Participants)
- 3.5.2 Based on Organizational Structure
- 3.5.3 Based on Feedback/ Way
- 3.5.4 Based on Channel/ Mode
- 3.5.5 Based on Direction of Flow
- 3.5.6 Based on Purpose/ Function

3.6 BARRIERS TO EFFECTIVE COMMUNICATION IN CLINICAL SETTINGS

3.7 ACTIVE LISTENING

- 3.7.1 Main Goals of Active Listening
- 3.7.2 Key Concepts of Active Listening
- 3.7.3 Common Barriers/Obstacles to Listening
- 3.7.4 Guidelines for Effective Active Listening
- 3.7.5 Characteristics of an Active Listener
- 3.7.6 Signs of Active Listening
- 3.7.7 Becoming an Active Listener/ 7 Key Active Listening Skills

3.8 QUESTIONING TECHNIQUES

- 3.8.1 Introduction
- 3.8.2 Objectives of Questioning Techniques
- 3.8.3 Characteristics of Effective Questioning
- 3.8.4 Benefits of Effective Questioning Techniques
- 3.8.5 Types of Questioning Techniques
- 3.8.6 Effective Questioning Techniques in Healthcare Communication
- 3.8.7 Importance of Questioning Techniques in Pharmacy Practice

3.9 EMPATHY

- 3.9.1 Types of Empathy
- 3.9.2 Importance of Empathy in Healthcare
- 3.9.3 Strategies to Demonstrate Empathy in Healthcare Communication
- 3.9.4 Empathy in Pharmacy Practice

- 3.9.5 Role of Empathy in Patient Counselling

3.10 CULTURALLY APPROPRIATE AND INCLUSIVE COMMUNICATION

- 3.10.1 Culturally Appropriate Communication
- 3.10.2 Inclusive Communication
- 3.10.3 Importance of Culturally Appropriate and Inclusive Communication in Pharmacy Practice
- 3.10.4 Elements of Culturally Appropriate and Inclusive Communication
- 3.10.5 Role of Pharmacist in Culturally Appropriate and Inclusive Communication
- 3.10.6 Strategies to Improve Culturally Appropriate and Inclusive Communication

UNIT IV

Professional Communication in Healthcare Settings **211-294**

4.1 COMMUNICATION

- 4.1.1 Health Literacy and Numeracy in Healthcare Communication
- 4.1.2 Communication with patients
- 4.1.3 Communication with Caregivers
- 4.1.4 Communication with Interdisciplinary Teams (IDT)

4.2 DELIVERING DIFFICULT NEWS

- 4.2.1 Three Main Components of Delivering Difficult News
- 4.2.2 Approaches For Delivering Difficult News
- 4.2.3 The Warning Shot
- 4.2.4 Principles for Delivering Bad News
- 4.2.5 Communication Skills in Delivering Difficult News
- 4.2.6 Importance of Delivering Difficult News

4.3 HANDLING EMOTIONALLY CHARGED SITUATIONS

- 4.3.1 Characteristics of Emotionally Charged Situations
- 4.3.2 Strategies for Managing Emotionally Charged Situations
- 4.3.3 Managing Specific Emotional Situations

- 4.3.4 Role of Pharmacists in Emotionally Charged Situations

4.4 LEGAL AND ETHICAL ISSUES IN HEALTH COMMUNICATION

- 4.4.1 Legal Issues in Digital Health Communication
- 4.4.2 Ethical Issues in Healthcare
- 4.4.3 Confidentiality
- 4.4.4 Informed Consent

4.5 WRITTEN COMMUNICATION SKILLS

4.6 WRITING PATIENT RECORDS, REPORTS AND DISCHARGE SUMMARIES

- 4.6.1 Introduction
- 4.6.2 Objectives of Documentation
- 4.6.3 Role of Pharmacist in Documentation
- 4.6.4 Documentation in Different Healthcare Settings
- 4.6.5 SOAP Notes
- 4.6.6 Important Contents of Patient Notes
- 4.6.7 Writing Patient Records
- 4.6.8 Writing Reports
- 4.6.9 Writing Discharge Summaries

4.7 USE OF TECHNOLOGY AND DIGITAL COMMUNICATION TOOLS IN HEALTHCARE SERVICES

- 4.7.1 Use of Technology in Healthcare Services
- 4.7.2 Digital Communication Tools in Healthcare
- 4.7.3 Types of Digital Communication Tools in Healthcare

UNIT V Health Psychology and Behavioural Interventions 295-356

5.1 INTRODUCTION

5.2 HEALTH BELIEF MODEL

- 5.2.1 Components of the Health Belief Model (HBM)
- 5.2.2 The Health Belief Model as Theory of Behavior Change
- 5.2.3 Applications of Health Belief Model (HBM)
- 5.2.4 Limitation of Health Belief Model (HBM)

5.3 ALBERT BANDURA'S SOCIAL COGNITIVE THEORY AND SELF-EFFICACY

- 5.3.1 The Four Sources of Self-Efficacy

5.4 ILLNESS

- 5.4.1 Types of Illness
- 5.4.2 Illness behaviour

5.5 PSYCHOSOMATIC ILLNESSES AND THE MIND-BODY CONNECTION

- 5.5.1 Psychosomatic illnesses
- 5.5.2 Mind-Body Connection

5.6 BEHAVIOUR CHANGE THEORIES IN TREATMENT ADHERENCE

- 5.6.1 Cognitive Behaviour Therapy (CBT)
- 5.6.2 Transtheoretical Model (TTM)
- 5.6.3 The Theory of Reasoned Action (TRA) and Theory of Planned Behaviour (TPB)

5.7 PSYCHOLOGICAL FIRST AID

- 5.7.1 Goals of Psychological First Aid (PFA)
- 5.7.2 Components of Psychological First Aid (PFA)
- 5.7.3 Core Principles of Psychological First Aid
- 5.7.4 Action Principles of Psychological First Aid

5.8 CRISIS COMMUNICATION

- 5.8.1 "5 Cs" of Crisis communication
- 5.8.2 Theories of Crisis communication

5.9 MENTAL HEALTH PROMOTION

- 5.9.1 Principles of Health Promotion
- 5.9.2 Typical Methods of Health Promotion
- 5.9.3 Importance of Health Promotion

5.10 STIGMA REDUCTION THROUGH COMMUNICATION

- 5.10.1 Types of Stigma
- 5.10.2 Communication Strategies for Stigma Reduction
- 5.10.3 Three Primary Strategies to Reduce Stigma
- 5.10.4 Barriers to Stigma Reduction Communication
- 5.10.5 Communication Channels used in Stigma Reduction
- 5.10.6 Role of Stigma Reduction through Communication

Unit I

Introduction to Psychology in Healthcare



Syllabus

- **Definition of Psychology.**
- **Scope of Psychology.**
- **Relevance of Psychology in Health Sciences.**
- **Branches of Psychology with Healthcare Relevance (Clinical, Health, Behavioural, and Developmental Psychology).**
- **Sensation, Perception, Attention in Clinical Assessment.**
- **Learning and Memory : Reinforcement in Health Behaviour Change.**
- **Emotion and Motivation : Theories and Implications in Health Contexts.**



INTRODUCTION TO PSYCHOLOGY IN HEALTHCARE



LEARNING OBJECTIVES

After studying this chapter, the learner will be able to:

- Understand the meaning, definitions, historical development, and scope of psychology.
- Explain the importance and applications of psychology in healthcare settings.
- Describe the major branches of psychology and their relevance to healthcare practice.
- Discuss the roles of clinical, health, behavioural, and developmental psychology in patient care.
- Understand the concepts, processes, attributes, and types of sensation.
- Explain the pharmaceutical relevance of sensation and identify abnormalities in sensory processing.
- Describe the concept, principles, factors, and errors of perception.
- Understand the meaning, characteristics, types, and determinants of attention.
- Discuss the importance of sensation, perception, and attention in clinical assessment and patient management.
- Apply psychological principles to improve patient communication, counselling, and health-related behaviour.
- Recognize the contribution of psychology in rehabilitation, health promotion, and overall patient well-being.

1.1 INTRODUCTION TO PSYCHOLOGY IN HEALTHCARE

- Psychology is an offspring of subject philosophy.
- Psychology is one of the most important behavioral sciences applied in healthcare.
- Psychology helps healthcare professionals understand these human factors and provide effective patient- centered care.
- Its applications range from mental health treatment to improving education, work environments, and relationships, making psychology an essential tool for understanding ourselves and the world around us.



1.1.1 Meaning of Psychology

- Psychology as a discipline (a branch of knowledge) has its origin rooted in philosophy and biology and it is derived from two Greek words –
The first part is derived from **Psyche** means '**soul**' or '**Spirit**' and latter part '**logos**' means the '**study of**' or '**knowledge**'.
- Spirit or Soul has a vague meaning and can be misinterpreted therefore the term soul was replaced by mind in 1890 by William James in his book '**The Principles of Psychology**'.

- Enhances therapeutic communication and interpersonal relationships.
- Assists in managing difficult or uncooperative patients.
- Helps reduce anxiety and stress associated with hospitalization.

3. In Pharmacy

Psychology is useful in pharmacy for promoting the safe and effective use of medicines. Pharmacists apply psychological principles during patient counselling to improve medication-related outcomes.

- Facilitates effective patient counselling regarding the proper use of medicines.
- Encourages medication adherence and responsible medicine use.
- Helps explain adverse effects and treatment expectations appropriately.
- Builds trust and strengthens the pharmacist-patient relationship.



4. In Physiotherapy

In physiotherapy, psychology contributes to motivating patients and improving participation in rehabilitation programmes. It helps patients cope with pain, disability, and the emotional challenges associated with recovery.

- Motivates patients to actively participate in therapy and exercise programmes.
- Helps overcome fear of movement and treatment-related anxiety.
- Enhances confidence and self-efficacy during recovery.
- Supports the overall rehabilitation process and functional improvement.



5. In Public Health

Psychology plays a significant role in public health by promoting healthy lifestyles and encouraging behaviour change at the individual and community levels. It supports disease prevention and health promotion initiatives.

- Promotes participation in vaccination programmes.
- Encourages the adoption of healthy hygiene practices.
- Supports family planning and reproductive health awareness.
- Facilitates nutrition education and other health promotion activities.



1.4 BRANCHES OF PSYCHOLOGY

- It is two types: Pure and Applied Psychology

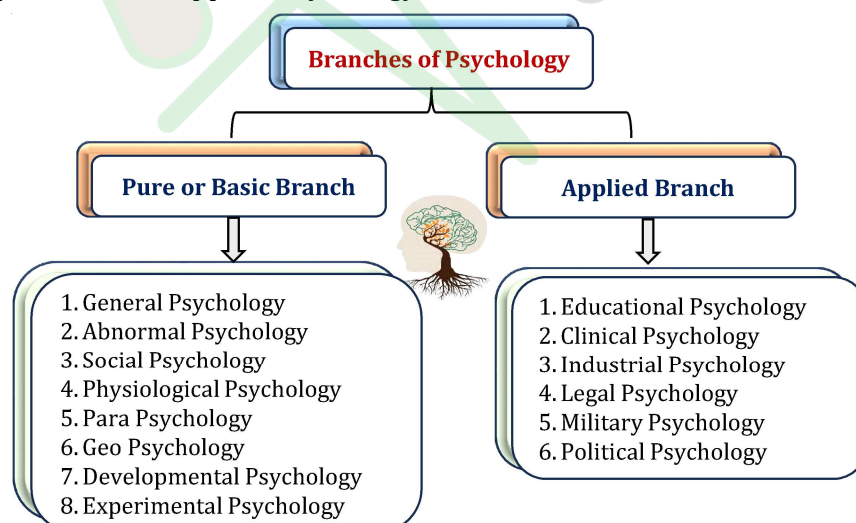


Fig. 1.2: Branches of Psychology

c. Laws of Learning:

- **Law of Readiness:** Learning occurs only when the organism is physically and mentally ready.
- **Law of Exercise:** Repeated practice strengthens the bond between stimulus and response.
- **Law of Effect:** Responses followed by satisfying consequences are more likely to be repeated, while those with discomfort are less likely to occur.

❖ The Puzzle Box Experiment

- **Setup:** Thom dike placed a hungry cat inside a puzzle box, with food placed outside as a reward.
- **Process:**
 - ✓ The cat initially engaged in random actions like scratching, pushing, or biting.
 - ✓ Eventually, it accidentally pressed a lever that opened the box, allowing it to reach the food.
 - ✓ In subsequent trials, the cat pressed the lever more quickly, reducing random actions.
- **Outcome:**
 - ✓ The cat learned to associate pressing the lever (response) with escaping the box and obtaining food (stimulus and reward).

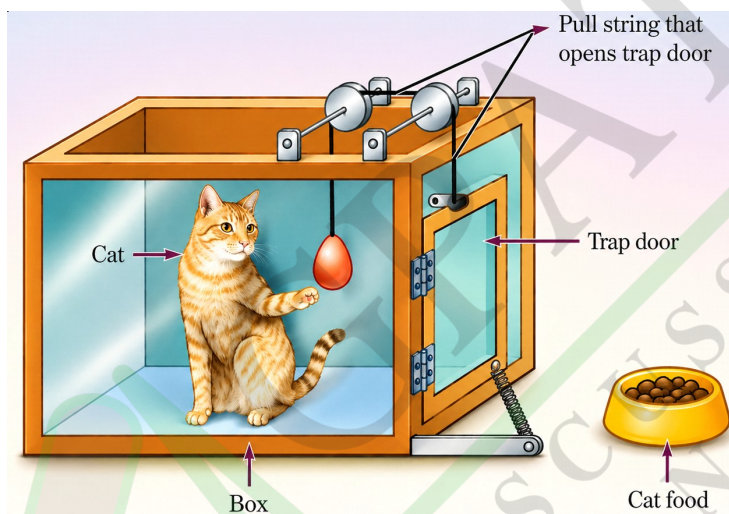


Fig. 1.10: The Puzzle Box used in Experiment to study learning in cat

❖ Characteristics of the Theory

- Incremental Learning:** Learning is gradual and occurs in small steps.
- Mechanical Process:** Learning depends on trial and error without insight or reasoning.
- Stimulus-Response Bond:** Learning creates a direct connection between stimulus and response.

❖ Applications of the Trial-and-Error Theory

- Education:** Encourages active participation, practice, and repetition in teaching.
- Skill Development:** Useful in training individuals to develop skills through repeated practice.
- Behavior Modification:** Helps in shaping behavior by rewarding desired responses and ignoring incorrect ones.

2. Theory of Classical Conditioning

❖ Introduction

- Classical Conditioning, also known as Respondent Conditioning, was introduced by Ivan Pavlov, a Russian physiologist.
- This theory explains how a neutral stimulus can elicit a response after being paired with a natural stimulus.
- It is fundamental to understanding the learning process in both humans and animals.

❖ **Pavlov's Experiment**

a. **Setup:** Pavlov used dogs to study salivation and digestion.

Apparatus included:

- Food (meat powder)
- Bell or sound stimulus
- Device to measure salivation

b. **Procedure:**i. **Before Conditioning**

- Food (Unconditioned Stimulus – UCS) → Salivation (Unconditioned Response – UCR).
- Bell (Neutral Stimulus – NS) → No salivation.

ii. **During Conditioning**

- Bell (NS) + Food (UCS) presented together repeatedly.

iii. **After Conditioning**

- Bell alone becomes Conditioned Stimulus (CS).
- Bell (CS) → Salivation (Conditioned Response – CR).
- He paired the sound of a bell (NS) with food (UCS).
- After repeated pairings, the dogs began to salivate (CR) to the bell alone (CS).

c. **Outcome:** Pavlov demonstrated that learning occurs through the association of stimuli.

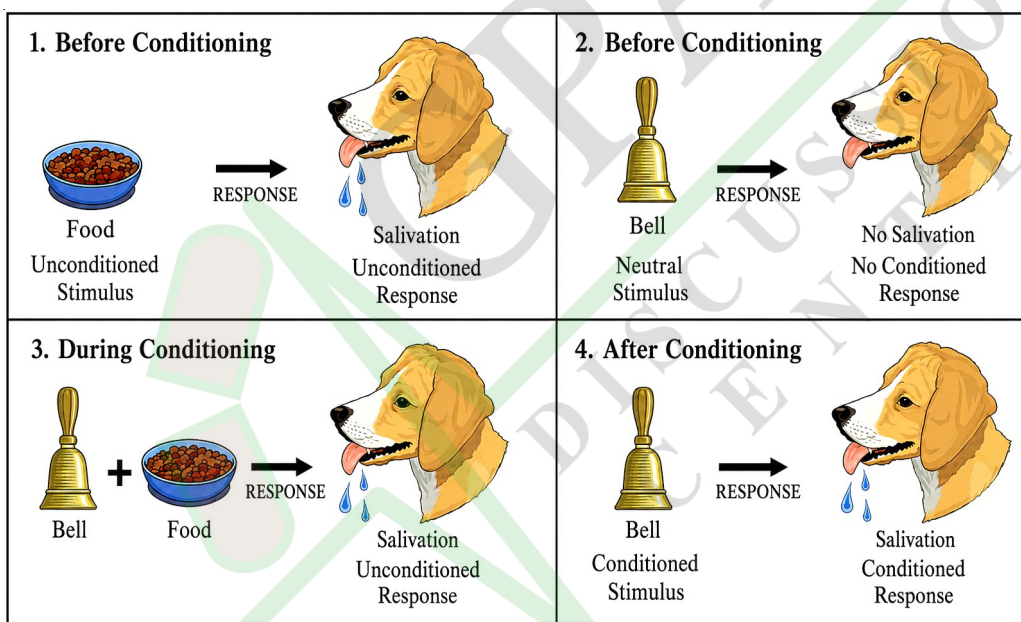


Fig. 1.11: Pavlov's Experiment



Pavlov received his Nobel Prize for his research on digestion in dogs. The famous experiment involving a bell and salivation that brought him fame in psychology was actually a byproduct of his work. He noticed that his dogs would start salivating not when they saw the food, but when they heard the lab assistant walking in, even before the food was presented. This unexpected observation led to an entirely new field of study, which emerged from what was originally a problem with dirty or unreliable data.

b. Procedure

- A chimpanzee (Sultan) was placed in a cage with a banana placed out of reach.
- Sticks or boxes were provided as tools to solve the problem.

c. Outcome

- The chimpanzee suddenly combined sticks or used boxes to reach the banana after perceiving the solution.

**Fig. 1.15: Köhler's Experiment****❖ Principles of Insightful Learning**

- Sudden Insight:** Learning involves a sudden “aha” moment of understanding rather than gradual steps.
- Understanding the Whole:** Learners perceive the entire situation and its components, understanding the relationships between them.
- Reorganization of Perceptions:** Learners reorganize their understanding of a problem to find a solution.
- Experience and Intelligence:** Previous knowledge and intelligence play a critical role in insightful learning.

❖ Concepts of Insightful Learning

- Perception and Cognition:**
 - Learning involves perceiving relationships and patterns in a problem situation.
 - Example: Recognizing how objects can be combined to solve a problem.
- Sudden Insight:** Learning happens through a sudden understanding rather than gradual steps.
- Wholes vs. Parts:** Gestalt psychology focuses on seeing the whole picture rather than isolated parts.

❖ Characteristics of Insightful Learning

- Understanding Relationships:** Insightful learning involves understanding how different elements relate to solve a problem.
- Reorganization:** Learners reorganize their perceptions to achieve a solution.
- Problem Solving:** Insightful learning is quick, creative, and does not rely on trial and error.

❖ Applications of Insightful Learning

- Education:** Encouraging students to understand concepts rather than memorizing facts.
- Problem-Solving:** Useful in creative fields and real-world problem-solving scenarios.
- Cognitive Therapy:** Helping individuals gain insight into their behavior and thought patterns.

❑ Disorders Associated with Alteration in Emotions

Some of the disorders associated with the altered emotions are as follow:

1. **Major depressive disorder (MDD):** It is a state of low mood and loss of interest in activity that affects the individual's thoughts, behavior, feelings and physical well-being.
2. **Mania:** It also termed as manic syndrome, is a state of abnormally elevated mood, energy level, or increased emotional expression together with "lability of affect". Person experiencing a manic episode, remain euphoric, sleep very little and may have hyperactivity.
3. **Dysthymia:** Mild chronic depression characterized by depressive symptoms that are not sufficiently severe to meet a diagnosis of depressive disorder.
4. **Cyclothymia:** It is characterized by numerous episodes of mild elation and mild depressive symptoms that are not sufficiently severe or prolonged to meet the criteria for bipolar affective disorder I and II or recurrent depressive disorder.

1.10.9 Implications of Emotions in Pharmacy Practice

1. Patient Counselling and Communication

- Patients may experience fear, anxiety, stress, anger, or depression due to illness or treatment. Pharmacists should communicate with empathy, patience, and understanding to improve patient comfort and trust.
- **Example:** An anxious patient may require calm explanation about medication use and side effects.

2. Medication Adherence

- Positive emotional support from pharmacists can improve patient confidence and motivation to follow prescribed treatment. Negative emotions may reduce compliance with therapy.
- **Example:** Encouraging words from a pharmacist can motivate patients to continue long-term medication.

3. Management of Chronic Illness

- Patients with chronic diseases such as diabetes, hypertension, or cancer often experience emotional stress. Pharmacists help by providing reassurance, education, and emotional support.

4. Handling Difficult Patients

- Some patients may become aggressive, fearful, or emotionally disturbed. Pharmacists should maintain professionalism, emotional control, and effective communication skills while dealing with such situations.

5. Stress Management for Pharmacists

- Pharmacists may experience workload stress, fatigue, and emotional burnout. Proper stress management and emotional balance are important for maintaining professional efficiency and patient safety.

6. Building Therapeutic Relationship

- Positive emotional interaction helps build trust between pharmacist and patient. Good relationships improve patient satisfaction and healthcare outcomes.

1.10.10 Handling Emotions in Self and Others

The effective management of emotions in oneself and others is essential for maintaining emotional well-being, promoting healthy interpersonal relationships, and enhancing social adjustment. Appropriate emotional management strategies help individuals cope with stressful situations and respond constructively to emotional experiences.

acceptance, and social interaction.

Example: Developing friendships, maintaining family relationships, participating in social groups, and forming intimate relationships.

d. Esteem Needs

Esteem needs involve the desire for self-respect, competence, achievement, recognition, and appreciation from others. Satisfaction of these needs promotes confidence and a sense of accomplishment.

Example: Achieving professional success, receiving praise for accomplishments, and gaining respect from others.

e. Self-Actualization Needs

Self-actualization represents the highest level of Maslow's hierarchy. It refers to the realization of one's full potential, personal growth, creativity, and self-fulfilment. Individuals at this level strive to become the best version of themselves.

Example: Pursuing personal goals, engaging in creative activities, and achieving one's highest aspirations.



Fig. 1.34: Maslow's Hierarchy of Needs

4. Self-Determination Theory (SDT)

- Self-Determination Theory (SDT), created by Edward L. Deci and Richard M. Ryan in 1985, is the main idea used today in research about why people do things and how to change behavior. It suggests that people grow and function best when their three basic needs are met, not just because of outside rewards.
- There are three basic needs that are natural, not learned, and apply to everyone:
 - Autonomy:** The feeling of being in control of your life and your choices. People want to decide what they do and what they aim for, not just follow what others say.
 - Competence:** The desire to feel good at what you do and to get better at skills. It's about feeling capable and effective.
 - Relatedness:** The need to feel connected to others, part of a group, and to care for and be cared for by others.
- SDT also looks at motivation in a different way than just "in or out." It shows that motivation can be in between these extremes, based on how much control and choice a person feels.

Developmental and Behavioural Psychology

Unit II



Syllabus

- Human Developmental Stages and Healthcare Needs.
- Personality Theories and Patient Interaction Styles.
- Psychological factors affecting Illness Perception and Recovery.
- Common Psychological Disorders in Healthcare: Anxiety, Depression, and Somatization.
- Coping Strategies, Resilience, and Stress Management Techniques.



DEVELOPMENTAL AND BEHAVIOURAL PSYCHOLOGY



LEARNING OBJECTIVES

After studying this chapter, the learner will be able to:

- Understand the concept of human developmental stages and behavioral psychology.
- Study Piaget's theory of cognitive development and Erikson's theory of psychosocial development.
- Learn the stages of human development from prenatal life to late adulthood.
- Recognize physical, cognitive, emotional, and psychosocial changes across the lifespan.
- Identify healthcare needs at different developmental stages.
- Understand the concept of personality and factors influencing personality development.
- Study major personality theories and behavioral approaches.
- Learn Freud's psychoanalytic theory and defense mechanisms.
- Understand learning, social cognitive, biological, and humanistic approaches to personality.
- Identify different patient interaction styles in healthcare settings.
- Learn the principles of stress, coping, resilience, and stress management.

2.1 INTRODUCTION OF HUMAN DEVELOPMENTAL STAGES

- Developmental psychology is a science of growth which deals with all the processes contributing to becoming an infant, a child, an adolescent, a maturity adult and an old age.
- Each stage of development has different physical, cognitive and emotional changes that define the stage and distinguish it from the others.
- Human development is the physical, cognitive and psychological growth of humans throughout the course of their lives.
- Growth and changes in the body and brain, senses, motor abilities and health and wellness are all part of physical development.
- Learning, attention, memory, language, thinking, reasoning and creativity are all aspects of cognitive development.
- Emotions, personality and social interactions all play a role in psychosocial development.
- Human development is the study of how people change and grow throughout their lives, from infancy to old age.



2.2 TYPES OF HUMAN DEVELOPMENT

1. **Physical Development:** Physical development refers to the changes that occur in the body and brain as a person grows. It includes growth in height and weight, development of muscles and bones, improvement in motor skills, maturation of sensory organs, and overall health. Physical development enables children to perform activities such as walking, running, jumping, and coordinating body movements effectively.

- **At 32–36 Weeks:** Rapid weight gain occurs, major organs mature further, and the fetus prepares for independent life outside the womb.
- **At 36–40 Weeks:** Lanugo hair gradually disappears, nails become longer, body systems reach full maturity, and the baby is ready for birth.

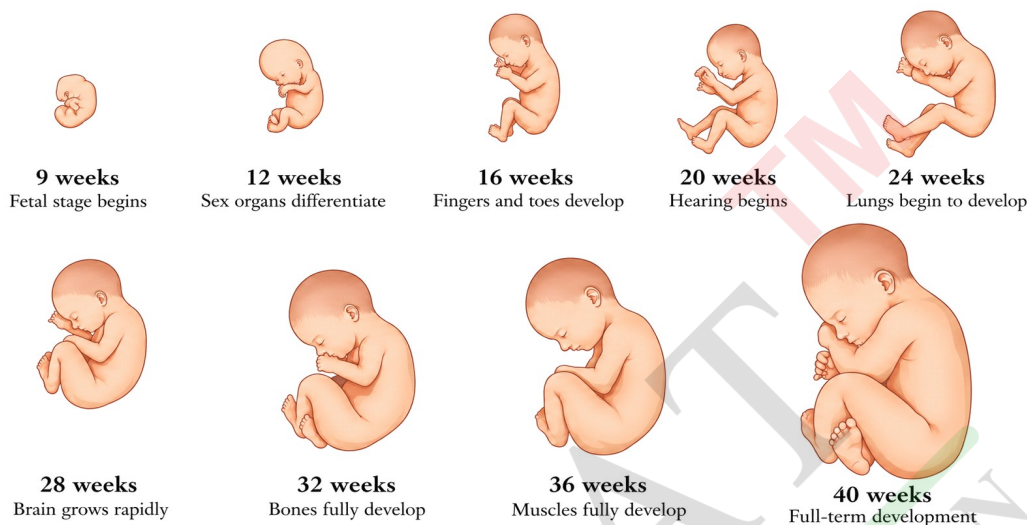


Fig. 2.3: Stages of Prenatal Human Development (9–40 Weeks)

□ Environmental Factors Affecting Prenatal Development

- **Rubella (German Measles):** Causes blindness, deafness, heart defects, and may result in still birth.
- **Syphilis:** Can lead to intellectual disability, physical deformities, and miscarriage.
- **Addictive Drugs:** Increase the risk of low birth weight, infant drug dependence, and withdrawal symptoms after birth.
- **Nicotine (Smoking):** Causes premature birth, low birth weight, and restricted fetal growth.
- **Alcohol:** May result in intellectual disability, low birth weight, small head size, and limb deformities.
- **Radiation from X-rays:** Can cause physical deformities and impaired mental development.
- **Inadequate Maternal Diet:** Reduces fetal growth, brain development, and birth weight.
- **Mother's Age Below 18 Years:** Increases the risk of premature birth and pregnancy complications.
- **Mother's Age Above 35 Years:** Raises the risk of chromosomal abnormalities such as Down syndrome.

2.4.2 Infant and Early Toddler (Birth to 2 Years)

INFANT (0–12 MONTHS) AND TODDLER (1–2 YEARS) DEVELOPMENT



Fig. 2.4: Infant (0–12 Months) and Toddler (1–2 Years) Developmental stage

- Infancy is the shortest of all developmental stages.
- It is one of the most important stages of human development because growth and changes occur very rapidly during this time.

✓ Freud's Defense Mechanisms

Freud's theory had a major influence on psychology, philosophy and literature. His ideas about the unconscious mind, defense mechanisms and the role of childhood experiences became widely known. However, the theory has been criticized for lacking strong scientific evidence and for using concepts that are difficult to test.

Modern psychologists also believe that personality can change throughout life, unlike Freud's view that it is mostly fixed by adolescence. In addition, some of Freud's ideas were considered vague and gender-biased.

Table 2.8: Freud's Defense Mechanisms

DEFENSE MECHANISM	EXPLANATION	EXAMPLE
Repression	Unacceptable or unpleasant impulses are pushed back into the unconscious.	An adult who was raised by a very strict parent and often punished them harshly ends up forgetting the strong feelings of anger and hate they had toward that parent when they were a child. They only think of the parent as being perfectly kind and loving.
Regression	People behave as if they were at an earlier stage of development.	A boss has a temper tantrum when an employee makes a mistake.
Displacement	The expression of an unwanted feeling or thought is redirected from a more threatening powerful person to a weaker one.	A brother yells at his younger sister after a teacher gives him a bad grade.
Rationalization	People provide self-justifying explanations in place of the actual, but threatening, reason for their behavior.	A student who goes out drinking the night before a big test rationalizes his behavior by saying the test isn't all that important.
Denial	People refuse to accept or acknowledge an anxiety-producing piece of information.	A student refuses to believe that he has flunked a course.
Projection	People attribute unwanted impulses and feelings to someone else.	A man who is unfaithful to his wife and feels guilty suspects that his wife is unfaithful.
Sublimation	People divert unwanted impulses into socially approved thoughts, feelings, or behaviors.	A person with strong feelings of aggression becomes a soldier.
Reaction Formation	Unconscious impulses are expressed as their opposite in consciousness.	A mother who unconsciously resents her child acts in an overly loving way toward the child.

✓ George Vaillant's Hierarchy of Defense Mechanisms

- While traditional psychology looks at different ego defenses separately, Harvard psychiatrist George Vaillant changed how clinicians approach these defenses by grouping them into a clear, four-level hierarchy.
- Vaillant's system is very useful for doctors. Instead of seeing all defenses as bad, it helps doctors understand how emotionally mature a patient is by telling the difference between healthy ways to cope and harmful, reality-bending defenses.

Table 2.11: Distinguishing Obsessions from Compulsions

OBSSESSIONS (THE INTRUSIVE TRIGGER)	COMPULSIONS (THE NEUTRALIZING RITUAL)
What they are: Repeated, unwanted thoughts, images, or urges that make the person feel anxious or uncomfortable.	What they are: Repeated actions or thoughts the person feels driven to do in response to the obsession.
The Psychological State: Ego-dystonic (These thoughts go against what the person believes or values).	The Psychological Goal: These actions are meant to reduce anxiety or stop a feared bad thing from happening.
Clinical Examples: • Worrying about touching something dirty in a clinic. • Doubting whether the stove was turned off. • Having unwanted images of hurting someone close. • Feeling a strong need for things to be perfectly arranged.	Clinical Examples: • Washing hands until the skin gets raw. • Checking the stove knob exactly 12 times before leaving. • Repeating a certain word or phrase in the mind. • Rearranging items in a specific order based on their expiration date.

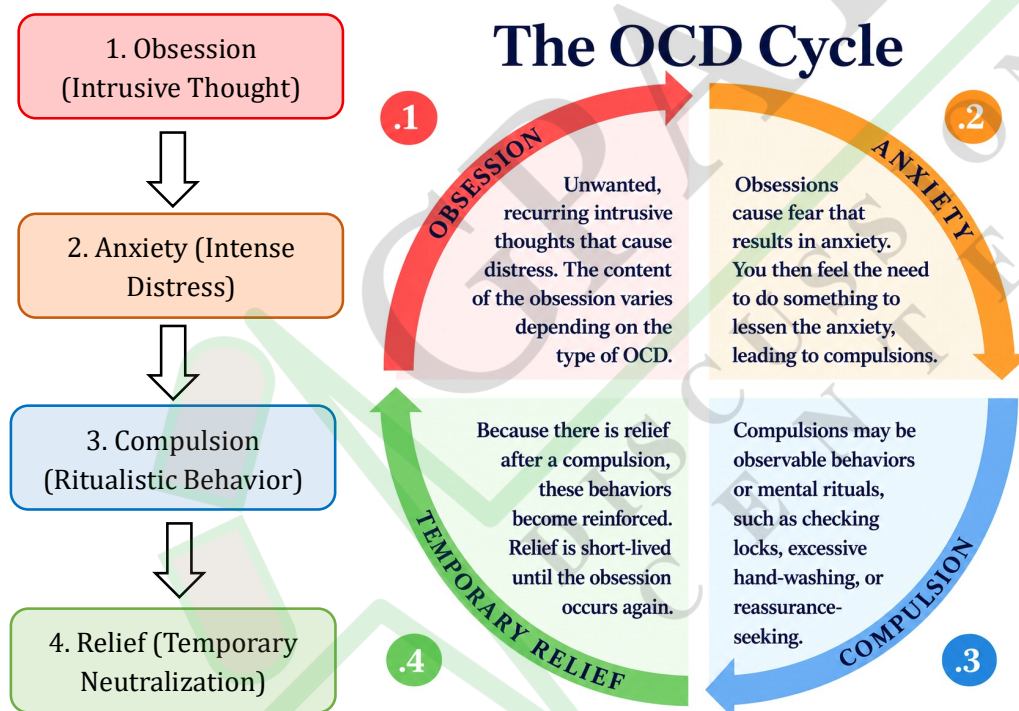


Fig. 2.9: The Clinical Cycle of OCD

❖ **Etiology of OCD**

- Family history of OCD may increase the risk.
- Chemical imbalance in the brain, especially serotonin imbalance, may contribute to OCD.
- Stressful life events can trigger or worsen symptoms.
- Personality traits such as perfectionism and anxiety may increase susceptibility.
- Childhood trauma or emotional stress may play a role.

❖ **Manifestations of OCD**

- Repeated unwanted thoughts, fears or doubts.
- Repeated behaviors such as hand washing, checking or counting.
- Fear of dirt, germs or contamination.
- Need for order, cleanliness or symmetry.

Foundations of Health Communication

Unit III



Syllabus

- Elements and Models of Communication in Healthcare.
- Types of Communication: Interpersonal, Group, Mass, and Telehealth Communication.
- Barriers to Effective Communication in Clinical Settings.
- Active Listening, Questioning Techniques, and Empathy.
- Culturally Appropriate and Inclusive Communication.



FOUNDATIONS OF HEALTH COMMUNICATION



LEARNING OBJECTIVES

After studying this chapter, the learner will be able to:

- Understand the concept, characteristics, importance, objectives, and benefits of communication in healthcare.
- Explain the Classic 7 C's of effective communication and their application in healthcare settings.
- Describe the elements and major models of communication.
- Differentiate the various types of communication and their healthcare applications.
- Explain the role of intrapersonal, interpersonal, group, and mass communication in pharmacy practice.
- Describe interpersonal relationships, group dynamics, and communication skills required for effective patient counselling and teamwork.
- Explain verbal, non-verbal, visual, and electronic/digital communication methods used in healthcare settings.
- Understand telehealth communication, digital healthcare platforms, and their significance in modern pharmacy services.
- Discuss strategies to overcome communication barriers and improve communication effectiveness.
- Understand the principles and importance of active listening and effective questioning techniques in healthcare communication.
- Discuss the role of empathy and culturally appropriate, inclusive communication in patient-centered care.
- Apply effective communication skills to improve patient counselling, teamwork, and healthcare outcomes.

3.1 COMMUNICATION

3.1.1 Introduction of Communication

- Communication is derived from the Latin infinitive verb '*communicare*' or the noun '*communis*' which means "to share" or "to impart."
- Communication is the process of exchanging information, ideas, thoughts, feelings and emotions between two or more people. It is a continuous process that involves both verbal and non-verbal messages.
- In communication, a sender transmits a message through a suitable medium to a receiver. Effective communication occurs when the receiver understands the message in the same way as intended by the sender.
- Communication is a two-way process because it is incomplete without feedback from the receiver. Thus, communication helps in creating mutual understanding and maintaining effective relationships.



2. Concise (Conciseness)

Conciseness means delivering the complete essential message in the fewest words possible without sacrificing the core purpose. Eliminating unwanted expressions or filler phrases keeps the recipient engaged and saves valuable professional time.

Application: When documenting a shift change, stick strictly to the vital information rather than utilizing long narrative descriptions.

3. Concrete (Concreteness)

A concrete message is to be supported by specific, tangible facts, figures and data rather than vague statements or abstract concepts. This provides the receiver with a definitive picture and ensures that the data is not open to interpretation.

Application: Instead of stating, "The patient should take this medication multiple times a day," specify: "Take exactly 1 tablet every 8 hours."

4. Correct (Correctness)

Correctness demands absolute accuracy in factual data, technical terminology, language, spelling and grammar. In professional and medical settings, a lack of correctness damages professional credibility and can cause severe safety risks.

Application: Double-checking the exact spelling of sound-alike, look-alike (SALA) medications before finalizing a prescription script or dispensing log.

5. Coherent (Coherence)

Coherence demands a logical flow of information. The sentences, main points and layout need to be structurally tied to one another so that the reader can naturally follow the progression of the message from start to finish.

Application: Organizing a written clinical report chronologically, moving sequentially from initial patient symptoms to laboratory diagnosis and concluding with the final treatment plan.

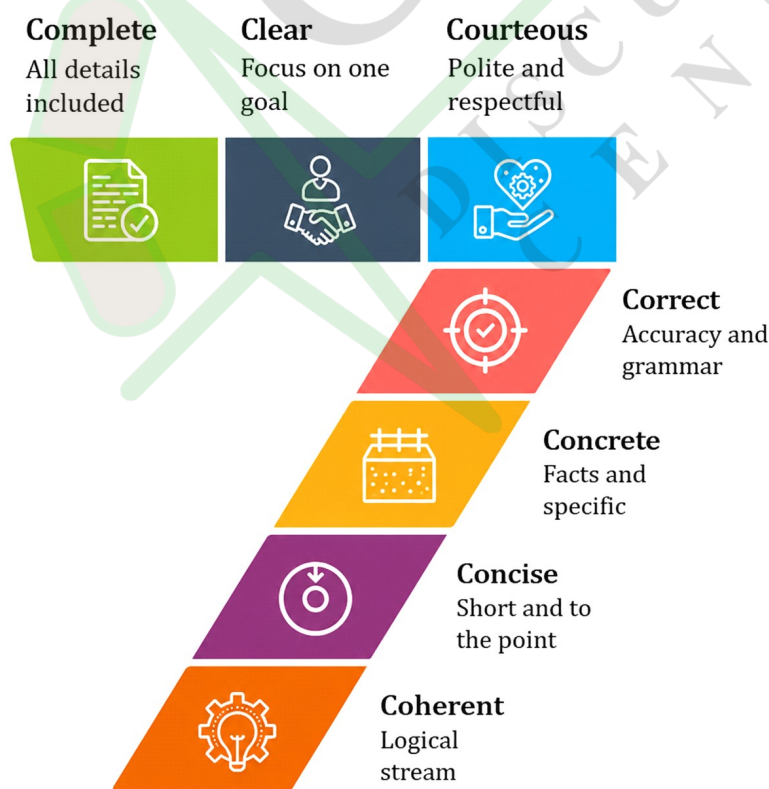


Fig. 3.3: Classic 7 C's of Effective Communication

6. Complete (Completeness)

The message must contain all the essential information and context required for the audience to fully comprehend and take action upon it. Incomplete messages generate extensive, inefficient back-and-forth communication.

Application: In clinical settings: When sending an appointment reminder, ensure it includes the precise doctor's name, date, exact time, office room number and what materials (such as a medical history card) the patient must bring.

7. Courteous (Courtesy)

Courtesy reflects the sender's overall tone. The language must be exceptionally polite, positive, respectful and empathetic. Courteous communication acknowledges the recipient's perspectives that fosters genuine trust and strengthens organizational relationships.

Application: In clinical settings: Addressing a stressed patient using an active listening posture, greeting them by name and responding to their inquiries politely and non-defensively.



The 7-38-55 Rule

When communicating feelings, spoken words only account for 7% of the message clarity? Body language accounts for 55%, while your tone of voice makes up 38%.

In a clinical setting, how you look and sound matters just as much as what you say!

3.3 ELEMENTS OF COMMUNICATION IN HEALTHCARE

Communication in clinical settings is always a systematic and dynamic. For a health-related conversation to go well, it depends on key factors that work together described as elements of communication process are explained below:

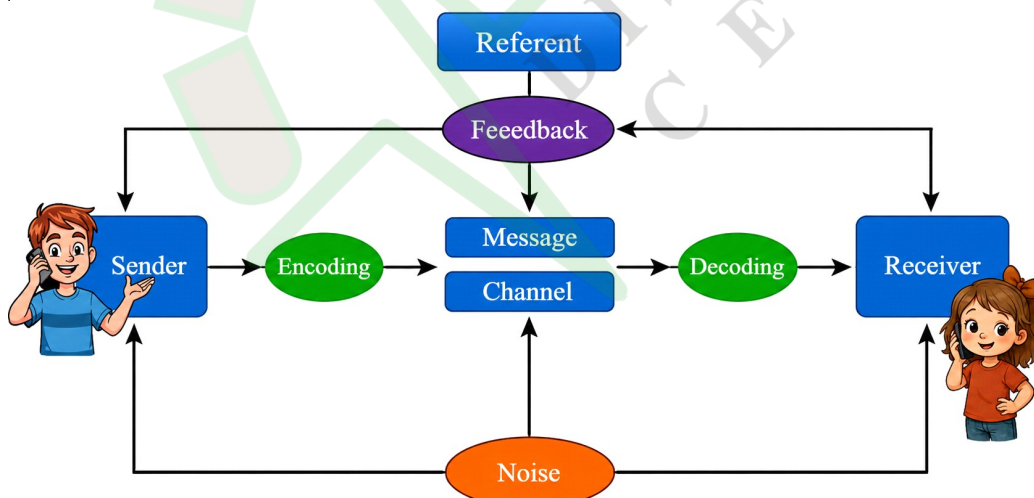


Fig. 3.4: Elements of Communication in Healthcare

1. Referent

- The referent motivates one person to communicate with another. In health care setting, sight, sound odour or any other cues initiate communication.

3.5 TYPES OF COMMUNICATION

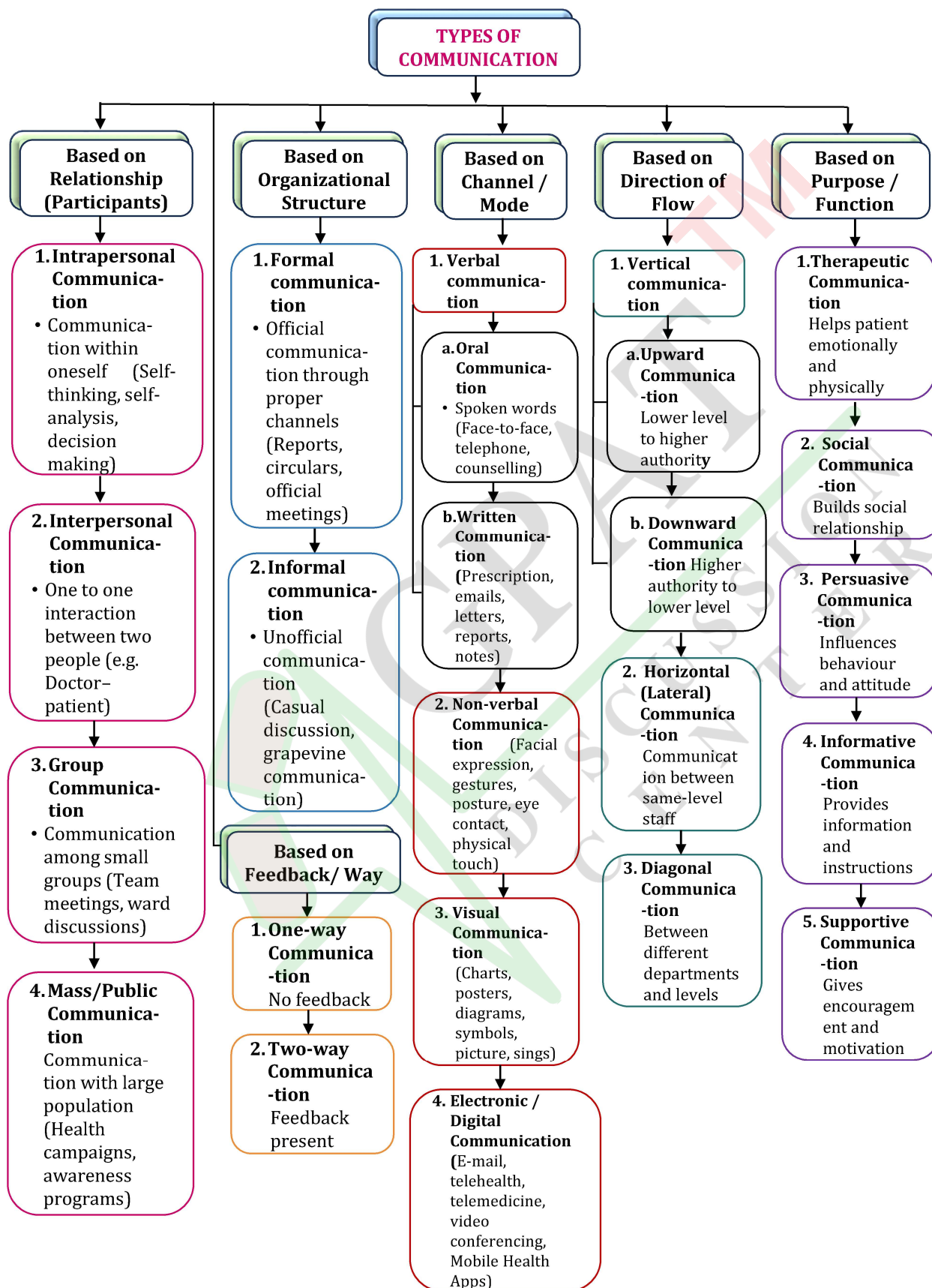


Fig. 3.13: Types of Communication

❖ Communication Skills in a Group Discussion

Group discussion is widely used in educational institutions and professional organizations to evaluate communication skills, leadership qualities, problem-solving ability and teamwork. Communication skills essentially to be used in group discussion are as explained in figure 3.14.

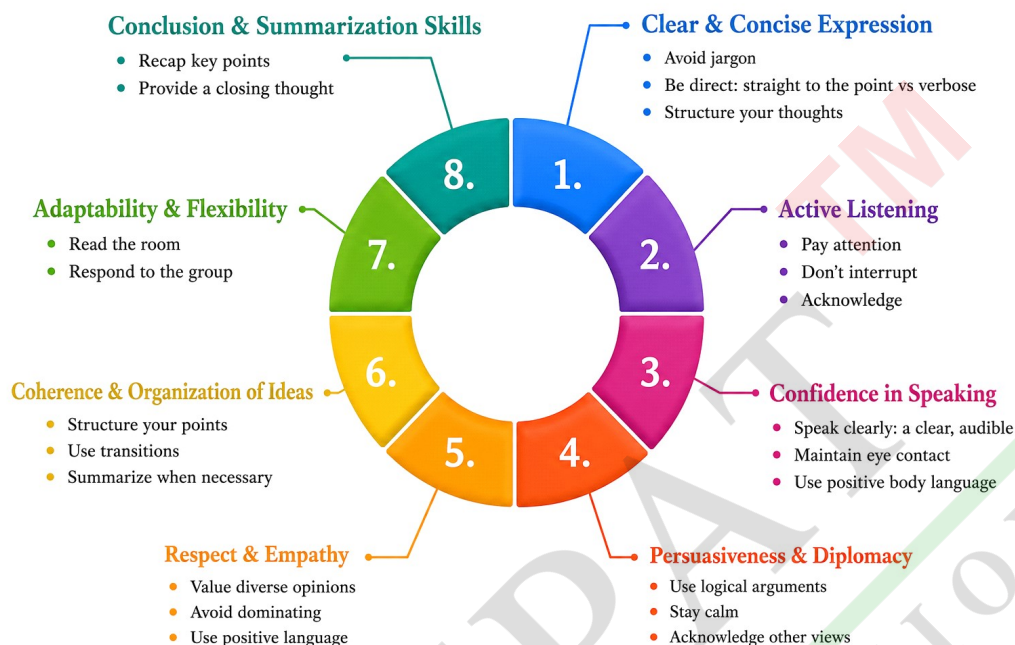


Fig. 3.14: Essential Communication Skills for Effective Group Discussion

The importance of communication skills in group discussion can be understood from the following points:

1. It helps to evaluate how effectively an individual participates in a group and contributes toward group objectives.
2. It helps to assess how well an individual listens to the opinions and viewpoints of others.
3. It helps to identify whether a participant is open-minded toward accepting criticism and contrary opinions.
4. It helps to evaluate emotional control and behaviour during disagreement or criticism.
5. It trains an individual to discuss, analyze and argue logically on a given topic.
6. It helps participants express their ideas confidently in formal situations.
7. It improves thinking ability, listening skills, speaking skills and confidence level.
8. It acts as an effective tool for problem-solving, decision-making and personality assessment.
9. It helps in developing confidence, self-discipline, self-motivation, leadership qualities and cooperative behaviour.
10. It helps participants learn how to work toward common group goals.

❖ Essentials of Group Discussion

Group discussion is an effective method of communication that enables individuals to exchange ideas, opinions, and information on a particular topic. For a group discussion to be meaningful and productive, certain essential guidelines should be followed.

- 1. Clarity of Topic:** Participants should have a clear understanding of the topic before contributing to the discussion. If the topic is unfamiliar, they should listen carefully to others before expressing their views.

Example: Reassuring a parent that they are doing a great job taking care of a sick child or comforting a who had a tough day at work.

3.6 BARRIERS TO EFFECTIVE COMMUNICATION IN CLINICAL SETTINGS

- Barriers to communication are factors that interfere with the effective exchange of information between healthcare professionals and patients. These barriers may lead to misunderstanding, poor patient care, medical errors and reduced patient satisfaction.
- Types of barriers to effective communication in clinical settings-



Fig. 3.19: Barriers to Effective Communication in Clinical Settings

1. Physiological Barriers

- Physiological barriers of communication occur due to the physical condition of sender or receiver which might be physical disabilities like sensory dysfunction and other physical dysfunctions.
 - Effective communication requires proper functioning of the senses in both the sender and receiver.
- Hearing Impairment**
 - A receiver with hearing loss cannot receive message. If the hearing problem is not very severe, a person might only hear some words and is unable to get the intended meaning out of the message. Similarly, if a sender has same problem, he cannot able to get feedback.
 - Vision Impairment**
 - Vision impairment like myopia (short sightedness), hypermetropia (long sightedness) blur vision also create barrier to communication. When people cannot see properly, their message is unclear and misses many descriptions.
 - Speech Disorders**
 - Speech is tool of communication. There is various speech disorder like apraxia, cluttering muteness etc. affect fluency or prevent communication altogether.
 - Physical Condition**
 - Physical condition of body and mind such as pain, disease and sickness changes contents of communication, fatigue and stress are also physiological conditions which affect communication and act as a barrier.
 - Alertness**
 - In emotional trauma, shock and mental situation prevent brain from perceiving many things during that time. In such physiological conditions, perception and alertness towards message become very low. So effective communication does not take place.

5. Paraphrase

Paraphrasing involves restating the speaker's message in one's own words to confirm understanding and demonstrate active engagement in the conversation.

6. Reflect Feelings

Reflecting feelings involves recognizing and responding appropriately to the speaker's emotions, such as fear, anxiety, sadness, or happiness. It demonstrates empathy and emotional support.

7. Summarize

Summarizing involves briefly reviewing the main points of the conversation to confirm understanding and ensure that important information has been accurately communicated.

3.8 QUESTIONING TECHNIQUES

3.8.1 Introduction

- Questioning is an interrogative process that stimulates a response by allowing the individual to use his or her cognition to produce information based on the question asked.
- Questioning techniques are important communication skills used to obtain information, clarify doubts, encourage interaction and understand the needs and concerns of patients.
- Questioning techniques may be defined as: "Methods or communication strategies used to ask questions effectively in order to obtain information, clarify understanding, encourage discussion and improve communication."
- Effective questioning helps healthcare professionals and pharmacists collect accurate information for proper counselling, diagnosis, medication management and patient care.
- Effective questioning techniques are an essential aspect of any professional's skill set. They play a vital role in fostering understanding, promoting critical thinking and enhancing problem-solving abilities.



Fig. 3.23: Ways to Master the Skill of Asking the Right Questions

Unit IV

Professional Communication In Healthcare Settings



Syllabus

- **Communication with Patients, Caregivers, and Interdisciplinary Teams.**
- **Delivering Difficult News and Handling Emotionally Charged Situations.**
- **Legal and Ethical Issues in Health Communication (Confidentiality, Consent).**
- **Writing Patient Records, Reports, and Discharge Summaries.**
- **Use of Technology and Digital Communication Tools in Healthcare Services.**



PROFESSIONAL COMMUNICATION IN HEALTHCARE SETTINGS



LEARNING OBJECTIVES

After studying this chapter, the learner will be able to:

- Understand the concept and importance of professional communication in healthcare.
- Explain health literacy, health numeracy, and effective patient communication.
- Describe communication with patients, caregivers, and interdisciplinary healthcare teams.
- Apply motivational interviewing and other communication techniques to improve patient care and medication adherence.
- Use communication tools such as SOAP Notes, SBAR, CUS, Handoff Communication, Medication Reconciliation, Check-Back Technique, and ISBARQ.
- Explain the SPIKES, BREAKS, and ABCDE models for delivering difficult news and managing emotionally challenging situations in healthcare.
- Explain legal and ethical issues in healthcare communication, including confidentiality and informed consent.
- Describe the principles and importance of written communication, patient records, reports, and discharge summaries.
- Understand the role of pharmacists in communication, documentation, and patient safety.
- Explain the use of healthcare technologies such as EHR, Telemedicine, HIS, Automated Dispensing Systems, and Artificial Intelligence.
- Describe digital health tools such as email, video conferencing, teleconsultation apps, mHealth applications, e-pharmacy, patient portals, and messaging services.
- Apply effective communication and digital health practices to improve healthcare quality and patient outcomes.

4.1 COMMUNICATION

- Communication is one of the most essential skills in healthcare practice. It is the process through which information, feelings, ideas and instructions are exchanged between healthcare professionals, patients and caregivers.
- Effective communication helps in understanding patient needs, delivering proper treatment, preventing errors and improving healthcare outcomes. In healthcare settings, communication is not limited to speaking alone; it also includes listening, observing, writing, counselling and using digital technologies.
- In modern healthcare systems, patient care requires collaboration among doctors, pharmacists, nurses, therapists, caregivers and other healthcare professionals. Therefore, communication must be accurate, respectful, compassionate and patient-centered. Good communication improves trust, treatment adherence, and teamwork. However, poor communication may lead to misunderstandings, medication errors, dissatisfaction and poor quality of care.



- **Cultural Differences:** Differences in culture, beliefs, traditions and health practices may create barriers in communication. Some patients may have beliefs that affect acceptance of treatment or medicines. Healthcare professionals should respect cultural values and communicate in a sensitive and non-judgmental manner.
- **Hearing Problems:** Patients with hearing impairment may face difficulty understanding verbal communication. This can lead to incomplete understanding of medication instructions or treatment plans. In such cases, healthcare professionals should speak clearly, use written instructions, visual aids or sign language support when needed.

These barriers highlight the need for patient-centered communication and adaptation of communication strategies according to individual patient needs.

□ Principles of Effective Communication with Patients

- Effective communication with patients is an essential component of healthcare practice. It helps in building trust, improving patient satisfaction, ensuring better treatment outcomes and promoting patient safety.
- Developed by Suzanne Kurtz, Jonathan Silverman and Juliet Draper, the **Calgary-Cambridge Guide** is seen as a key way to communicate effectively with patients. It is a well-known, evidence-based framework that helps organize medical consultations. Different from strict, step-by-step methods, this guide looks at communication as something that's always changing and ongoing.
- It includes a detailed list of *71 communication skills* split into five main steps, along with two ongoing tasks that continue throughout the whole appointment.

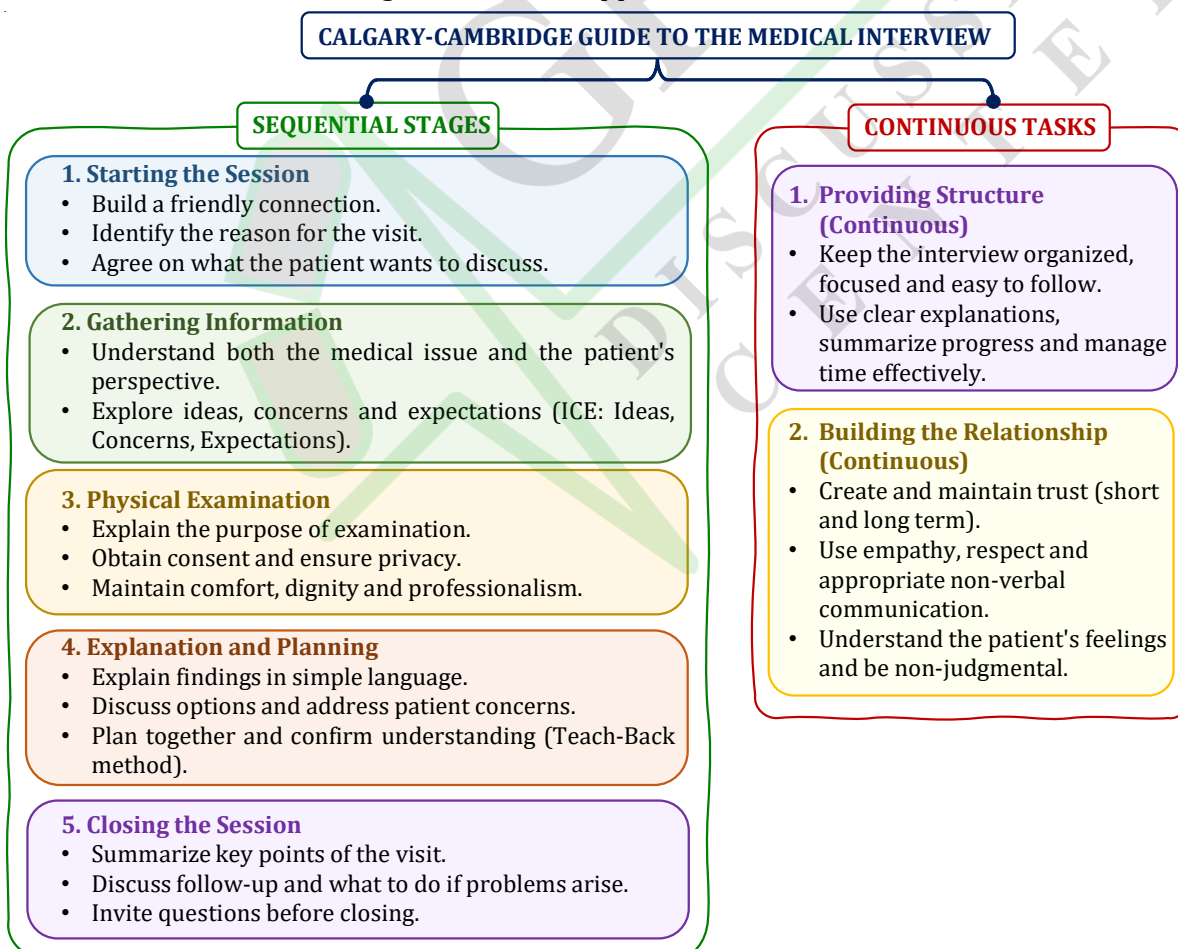


Fig. 4.2: Calgary-Cambridge Guide to the Medical Interview

- The term **SPIKES** is an acronym representing six important steps:
 - S** – Setting
 - P** – Perception
 - I** – Invitation
 - K** – Knowledge
 - E** – Emotions
 - S** – Strategy and Summary

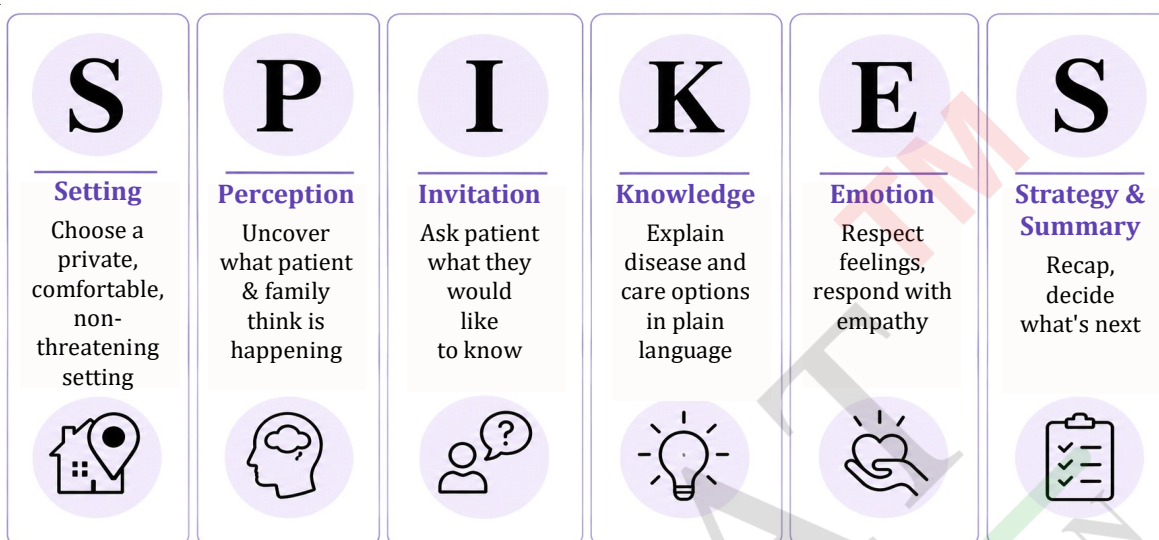


Fig. 4.4: Six-Step SPIKES Model

The SPIKES model provides a systematic framework for healthcare professionals to deliver difficult news in a compassionate and structured manner. Each step plays an important role in ensuring that communication remains clear, empathetic and patient-centered. The following table 4.6 explains each component of the SPIKES protocol in detail and highlights its practical application in healthcare settings.

Table 4.5: SPIKES Protocol for Delivering Difficult News

COMPONENT	DESCRIPTION
Setting	Before delivering bad news, the healthcare professional should ensure that the patient is in a private, quiet and comfortable environment with minimal distractions so the information can be properly understood. Difficult news should not be communicated in inappropriate settings such as hallways, crowded areas or casually over the phone unless absolutely necessary. The clinician should sit facing the patient and family members, maintain eye contact and use calm and supportive body language to establish a therapeutic connection while minimizing interruptions.
Perception	The healthcare professional should first assess what the patient already knows, understands or suspects about their medical condition before providing further information. This can be done by asking open-ended questions that help identify the patient's level of understanding, expectations and possible misconceptions. Understanding the patient's perception allows the clinician to communicate at an appropriate level and prepare the patient emotionally for the difficult news.
Invitation	Not all patients want the same amount of information, so the healthcare professional should ask how much detail the patient wishes to receive regarding their condition and treatment. Some patients may prefer complete explanations, while others may want only basic information or may choose to involve family members in decision-making. Respecting the patient's preferences promotes patient autonomy and ensures communication remains patient-centered.

- Avoid overwriting and unnecessary corrections.
- Use black or blue ink in written records.
- Maintain chronological order of entries.
- Ensure records are signed properly

4.6.8 Writing Reports

- Medical and pharmacy reports are written documents used to communicate clinical findings, treatment progress, medication-related problems and healthcare recommendations. Reports should be factual organized and professionally written.
- A pharmacy report is a formal written document prepared by pharmacists to record, communicate and analyze patient care activities, medication-related information and pharmacy operations.
- Proper report writing helps in maintaining accurate records, improving patient safety and ensuring effective healthcare services.



❑ Objectives of Report Writing in Pharmacy

- To maintain proper documentation of pharmacy services.
- To improve patient safety and medication management.
- To communicate information among healthcare professionals.
- To record adverse drug reactions and medication errors.
- To support legal and professional requirements.
- To improve quality assurance in pharmacy practice.

❑ Characteristics of a Good Pharmacy Report

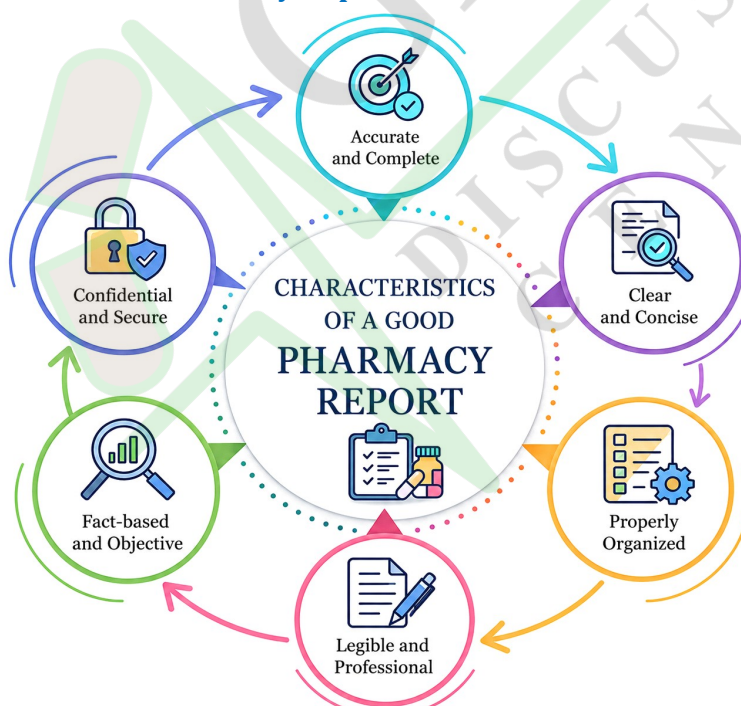


Fig. 4.13: Characteristics of a Good Pharmacy Report

❑ Principles of Pharmacy Report Writing

Pharmacy report writing should follow standard documentation principles to ensure accurate communication, patient safety, continuity of care, and legal compliance. The principles of pharmacy report writing are as follows:

Incident Report 	An incident report is prepared to document unusual events, accidents or safety-related incidents occurring in healthcare settings. Examples: • Needle-stick injuries • Medication incidents • Equipment-related accidents Importance: • Helps improve healthcare safety • Prevents recurrence of incidents • Supports quality improvement programs
Discharge Summary Report 	A discharge summary report is prepared when a patient is discharged from the hospital after completion of treatment. Includes: • Final diagnosis • Treatment provided during hospitalization • Medicines prescribed at discharge • Follow-up instructions • Dietary and lifestyle advice Importance: • Ensures continuity of care after discharge • Helps patients follow proper treatment instructions • Improves communication between healthcare providers and patients

❑ Steps in Writing Pharmacy Reports

Pharmacy reports should be prepared in a systematic and organized manner to ensure accuracy, clarity, completeness, and effective communication. Following standard report-writing steps helps maintain proper documentation, supports continuity of patient care, and ensures legal and professional accountability.



Fig. 4.14: Steps in Writing Pharmacy Reports

- e-Pharmacy in India still operates under the older Drugs and Cosmetics framework while the dedicated e-Pharmacy rules (drafted 2018) is still pending to be implemented.

□ Features of e-Pharmacy

e-Pharmacy offers various digital services that improve the accessibility, convenience, and efficiency of pharmaceutical care. The major features of e-Pharmacy are illustrated in Figure 4.24.

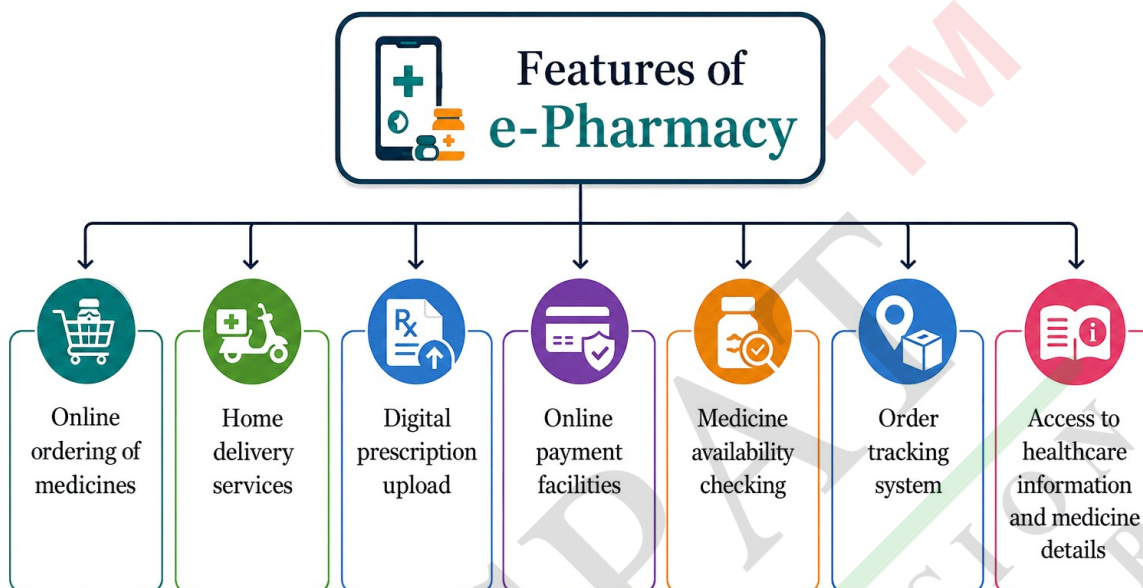


Fig. 4.24: Features of e-Pharmacy

□ Advantages of an Online Pharmacy (e-Pharmacy)

- Convenience :** It is easy to order online medicines with prescription. Individuals who live great distances from a terrestrial pharmacy, the elderly, disabled persons and those whose daily schedule includes additional hassles, all can benefit from the easy and fast purchasing of medicines online.
- Time Saving:** In just a matter of minutes, you can log into the internet, head over to an e- Pharmacy website and buy any prescription medicine that you want.
- Lower Price:** Drug shopping on the internet helps a buyer to save money.
- Private and Confidential:** This is particularly helpful to people who find it hard to speak face to face with doctors and pharmacists.
- Range of Choices:** e-Pharmacy offers a great variety of options. They usually have larger stocks of drugs than a physical pharmacy.
- Medical Information:** Some online pharmacies provide useful information about medications and diseases as well as links to medical resources such as universities, government agencies and health associations.

□ Disadvantages of Online Pharmacies (e-Pharmacy)

- Lack of Physical Evaluation:** Online pharmacies may not always provide proper medical supervision or direct physical evaluation of patients.
- Loss of Personal Interaction:** Patients may lose direct communication and personal interaction with pharmacists and healthcare professionals.
- Risk of Inappropriate Medication Use:** Some online pharmacies may supply medicines without proper prescriptions, increasing the risk of inappropriate medicine use.



ASSESS YOURSELF



Short Answer Questions

- Which of the following is NOT a component of healthcare communication
 - Listening
 - Observing
 - Counselling
 - Ignoring patients
- Which of the following is a result of poor communication
 - Better teamwork
 - Improved trust
 - Medication errors
 - Better adherence
- Communication with patients is an example of
 - Healthcare communication
 - Financial communication
 - Political communication
 - Legal communication
- A pharmacist explaining dosage instructions in simple language is promoting
 - Health literacy
 - Drug marketing
 - Pharmacovigilance
 - Quality assurance
- Healthcare professionals should explain disease conditions using
 - Complex terminology
 - Technical jargon only
 - Simple and understandable language
 - Foreign language
- Misinterpretation of medical advice can be reduced through
 - Clear communication
 - Technical jargon
 - Limited discussion
 - Written prescriptions
- During a medication history interview, the pharmacist gathers information about
 - Previous medicines used
 - Allergies
 - Illness history
 - All of the above
- Communication is important because patients may experience
 - Pain
 - Confusion
 - Anxiety
 - All of the above
- Which communication skills help collect accurate patient information
 - Verbal communication only
 - Non-verbal communication only
 - Both (a) and (b)
 - Written communication only
- The pharmacist remains in regular contact with the patient during
 - Drug Therapy Monitoring
 - Discharge Counselling
 - Medication History Interview
 - Hospital admission
- Which stage explores the patient's ideas, concerns and expectations
 - Starting the Session
 - Gathering Information
 - Closing the Session
 - Physical Examination
- How many sequential stages are included in the Calgary-Cambridge guide
 - 3
 - 4
 - 5
 - 6
- Which framework represents the spirit of Motivational Interviewing
 - OARS
 - PACE
 - EPE
 - ICE
- Which OARS skill is most useful for demonstrating empathy and understanding patient feelings
 - Open Questions
 - Affirmations
 - Reflective Listening
 - Summaries
- Which of the following is NOT a core process of Motivational Interviewing
 - Engaging
 - Focusing
 - Planning
 - Diagnosing
- A person who provides physical, emotional or medical support to a patient unable to care for themselves is called a
 - Researcher
 - Caregiver
 - Technician
 - Inspector
- In a SOAP note, patient symptoms, complaints and medical history are recorded under
 - Subjective
 - Objective
 - Assessment
 - Plan

ANSWER KEY

1-d	2-c	3-a	4-a	5-c	6-a	7-d	8-d	9-c	10-a
11-b	12-c	13-b	14-c	15-d	16-b	17-a	18-b	19-a	20-a
21-a	22-a	23-b	24-b	25-c	26-c	27-c	28-c	29-c	30-c
31-c	32-b	33-c	34-b	35-c	36-c	37-b	38-b	39-a	40-b
41-c	42-b	43-a	44-b	45-b	46-b	47-a	48-b	49-c	50-b

Short Answer Questions

1. Explain the stages of communication with patients.
2. Write a short note on the Calgary–Cambridge Guide.
3. Define health literacy and health numeracy. Explain their importance in healthcare communication.
4. Explain Motivational Interviewing (MI) and its PACE principles.
5. Discuss different types of caregivers and suitable communication approaches for each.
6. Explain the role of communication in Interdisciplinary Healthcare Teams (IDT).
7. Write note on (Any one)-
 - a. OARS framework
 - b. SBAR communication
 - c. BREAKS protocol
8. Describe the ABCDE Model for breaking bad news
9. Define health communication and explain the importance of legal and ethical principles.
10. Discuss ethical issues in digital healthcare.
11. Discuss the pharmacist's role in maintaining confidentiality.
12. Define informed consent and explain its importance and role in healthcare practice.
13. Explain SOAP Notes and discuss the important contents of patient notes
14. What are the different types of patient health records?
15. Define pharmacy report writing and explain the steps involved in writing a pharmacy report.
16. Describe the role of pharmacists in preparing discharge summaries.
17. Write note on (Any one)-
 - a. Component of EHR
 - b. Component of HIS
18. Explain the types and applications of diagnostic and monitoring technologies in healthcare.
19. Explain the types and role of Artificial Intelligence (AI) in healthcare.
20. Explain the uses of patient portals and SMS/messaging services in healthcare.

Long Answer Question

1. Explain Motivational Interviewing (MI) developed by Miller and Rollnick. Discuss its principles, OARS framework, core processes and guiding approach.
2. Explain communication with caregivers in healthcare settings. Discuss its importance, types of caregivers in communication with caregivers.

Unit

V

Health Psychology and Behavioural Interventions



Syllabus

- Health Belief Models and Illness Behaviour.
- Psychosomatic Illnesses.
- The Mind-body Connection.
- Behaviour Change Theories (e.g., CBT, TTM) in Treatment Adherence.
- Psychological First Aid.
- Crisis Communication.
- Mental Health Promotion.
- Stigma Reduction through Communication.



HEALTH PSYCHOLOGY AND BEHAVIOURAL INTERVENTIONS



LEARNING OBJECTIVES

After studying this chapter, the learner will be able to:

- Understand Health Psychology and its role in health promotion and disease prevention.
- Study the Health Belief Model (HBM) and its application in predicting health behaviours.
- Learn the concepts of illness, illness behaviour, and factors affecting responses to illness.
- Explain psychosomatic disorders and the mind-body connection in health and disease.
- Discuss behaviour change theories, including Cognitive Behavioural Therapy (CBT) and the Transtheoretical Model (TTM).
- Understand the principles and applications of Psychological First Aid (PFA) in managing stress, trauma, and crisis situations.
- Understand the Look, Listen, and Link action principles of PFA.
- Outline crisis communication strategies for effective crisis management and patient support.
- Recognize the importance of stigma reduction, empathy, resilience, and supportive communication in improving patient care and health outcomes.

5.1 INTRODUCTION

Health psychology is the branch of psychology that studies psychological and behavioural processes related to health, illness, and healthcare, including the prevention, diagnosis, and treatment of medical problems.

The main goal of health psychology is to promote healthy behaviours, prevent diseases, improve healthcare systems and enhance the quality of life of individuals. Health psychologists help patients manage chronic illnesses, manage stress, deal with pain and follow treatment plans effectively.

Behavioural interventions are planned strategies designed to modify unhealthy behaviours and encourage positive health practices. Behavioural interventions are widely used in healthcare settings to help individuals stop smoking, reduce alcohol consumption, maintain a healthy diet, increase physical activity, manage stress, adhere to medications and control chronic diseases such as diabetes and hypertension. Behavioural interventions play an important role in patient counseling and health promotion.

Health psychology and Behavioural interventions together contribute significantly to preventive healthcare, patient-centered care and the promotion of overall physical, mental and social well-being.



5.2 HEALTH BELIEF MODEL

- The Health Belief Model (HBM) is a psychological health behaviour change model developed in the 1950s by Godfrey Hochbaum, Irwin Rosenstock, Stephen Kegeles and Howard Leventhal at the US Public Health Service (USPHS) and was extended by Rosenstock and Becker in the 1970s.

- HBM was developed in order to understand the failure of people to adopt disease prevention strategies or screening tests for the early detection of disease.
- The health belief model proposes that a person's health-related behaviour depends on the person's perception of four critical areas:
 - i. The severity of a potential illness.
 - ii. The person's susceptibility to that illness.
 - iii. The benefits of taking a preventive action.
 - iv. The barriers to taking that action.
- According to this model, whether a person practices a health behaviour depends on two factors:
 - a. Whether the person perceives a personal health threat.
 - b. Whether the person believes that a particular health practice will be effective in reducing that threat.
- It consists of 6 primary cognitive constructs or "dimensions" that influence behaviour: Perceived susceptibility, Perceived severity, perceived benefits, perceived barriers, self-efficacy and cues to action.

5.2.1 Components of the Health Belief Model (HBM)

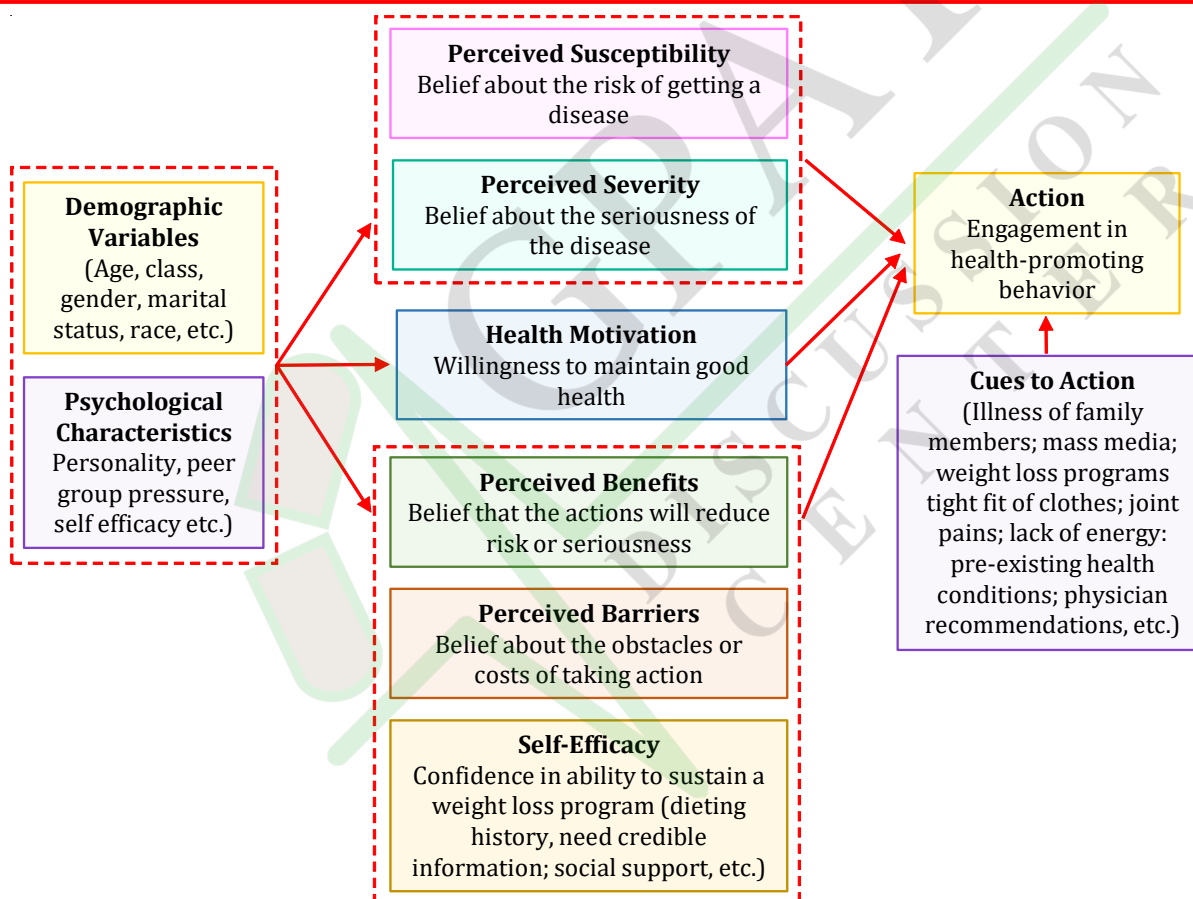


Fig. 5.1: Components of Health Belief Model

1. Perceived Susceptibility

- It refers to subjective assessment of risk of developing a health problem.
- Individuals with low perceived susceptibility, deny that they are at risk for contracting a particular illness.
- This model predicts that individuals who perceive that they are susceptible to a particular health problem will engage in behaviours to reduce their risk of developing the health problem.

5.4.2 Illness behaviour

- Illness behaviour refers to the ways in which individuals respond to perceived or actual health issues. It encompasses the actions taken by individuals when they feel unwell, including how they interpret their symptoms, the decisions they make regarding seeking medical care and how they manage with their illness.
- Illness behaviour refers to the way people respond to physical or observable changes in their health, specifically how they perceive, evaluate and act on symptoms.
- The concept of illness behaviour was introduced by David Mechanic, who explained that people monitor their bodies, interpret symptoms and take action according to their beliefs, experiences and social conditions.
- Illness behaviour differs from disease. Disease refers to a medical condition diagnosed by healthcare professionals, while illness refers to the personal experience and feelings of being unwell.

Example:

- Two individuals may suffer from the same disease, such as hypertension.
- One person may regularly take medicines and follow medical advice.
- Another person may ignore symptoms and avoid treatment.
- This difference in response is called illness behaviour.

□ Chronological Stages of Illness Behaviour

- Edward Suchman (1965), a sociologist, identified five steps that people go through when dealing with illness.
- The stages of illness behaviour can be categorized as follows:

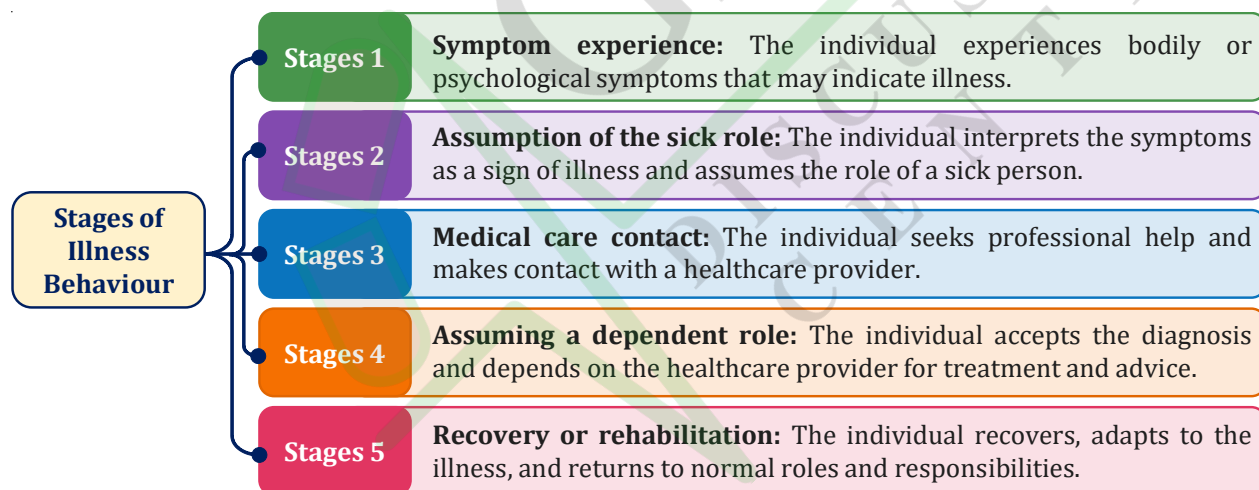


Fig. 5.3: Five Stage of Illness Behaviour

1. Stage 1 - Symptom Experience

- A person starts to notice a physical or emotional change, like pain or tiredness. They then try to understand what's happening and decide whether it's serious, a minor issue or an emergency.
- This is the first stage of illness behaviour. In this stage, a person notices physical or emotional changes in the body such as pain, fever, weakness, cough, headache, fatigue or discomfort.
- The individual begins to think about the meaning and seriousness of the symptoms. They may ask themselves questions like:
 - "Why am I feeling this way?"

□ Significance of the Transtheoretical Model

1. Individualized Interventions

- The TTM recognizes that people differ in their readiness to change. This allows healthcare professionals to design personalized interventions that are better suited to the individual's specific needs, motivation and circumstances.

2. Comprehensive understanding of Behavior Change

- The model offers a broad understanding of behaviour modification by considering emotional, cognitive, social and environmental influences that affect the change process.

3. Long-Term Behavior Maintenance

- The TTM highlights the importance of maintaining new behaviours and preventing relapse. It supports individuals in sustaining positive lifestyle changes over time through continuous motivation and coping strategies.

4. Improved Effectiveness of Programs

- Because interventions are matched to the individual's stage of change, the model increases the success rate of health education, counseling and rehabilitation programs.

5. Enhanced Self-awareness and Motivation

- The model encourages individuals to evaluate their own behaviours, recognize the need for change and gradually build confidence and motivation to achieve healthier lifestyles.

5.6.3 The Theory of Reasoned Action (TRA) and Theory of Planned Behavior (TPB)

- Theory of Reasoned Action (TRA) was developed by Martin Fishbein and Icek Ajzen in 1975.
- Theory of Planned Behavior (TPB) was later developed by Icek Ajzen in 1985.
- These are important cognitive theories used to understand and predict health-related behaviours.
- Unlike some health behaviour models that focus mainly on a person's fear of disease, TRA and TPB focus on a person's intention to perform a behaviour.
- According to these theories, behavioral intention is the strongest predictor of whether a person will actually perform a behaviour.
- If a person strongly intends to do something, they are more likely to do it.
- If a person has little or no intention, the behaviour is unlikely to occur.
- Example: A diabetic patient who intends to check their blood sugar daily is more likely to follow this practice regularly. If they have no intention to do so, they are less likely to monitor their blood sugar.

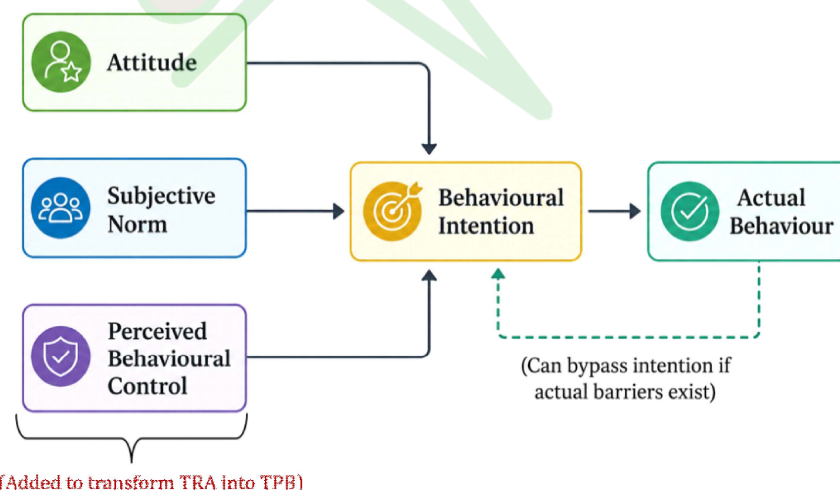


Fig. 5.8: Theory of Reasoned Action (TRA) and Theory of Planned Behavior (TPB)

1. Look

Before approaching affected individuals, carefully observe the situation to ensure safety and identify those who require immediate assistance.

- **Ensure safety:** Examine the surroundings for any physical hazards or dangers to yourself and others.
- **Identify urgent needs:** Look for individuals with severe injuries, signs of shock or those who appear highly distressed and unable to move.
- **Assess emotional responses:** Observe people's behaviour and reactions to recognize the level of emotional distress and determine who may need Psychological First Aid (PFA) the most.

Look



2. Listen

Listening attentively helps reduce anxiety and allows you to understand the person's immediate concerns and needs.

- **Establish contact:** Approach the person calmly, introduce yourself politely and offer support in a respectful manner.
- **Ask about immediate needs:** Encourage them to share their present concerns, such as what assistance they require at that moment, without forcing them to discuss the traumatic event.
- **Practice active listening:** Give full attention through supportive verbal and non-verbal communication. Be patient, compassionate and avoid interrupting or pressuring them to speak.
- **Provide reassurance:** Speak in a calm and gentle tone to help the person feel safe, stable and emotionally supported.

Listen



3. Link

The final step focuses on helping individuals connect with practical support systems and available resources.

- **Meet basic needs:** Assist in arranging essentials such as food, water, shelter, clothing or medical care.
- **Share accurate information:** Provide simple, reliable and updated information about the situation and available services.
- **Encourage social support:** Help the person reconnect with family members, friends or trusted individuals for emotional support.
- **Refer for professional help:** If the individual shows severe emotional distress or difficulty functioning, connect them with healthcare professionals or mental health services.

Link



5.8 CRISIS COMMUNICATION

A crisis can be defined as an adverse event, a great and sudden calamity that needs immediate addressing. Crises can be man-made or may occur due to natural reasons.

Crisis communication is the process of collecting, managing and sharing information during an emergency, disaster or unexpected situation that may harm an organization, community, healthcare system or individual. It helps reduce fear, confusion, panic and misinformation by providing clear, accurate and timely information. Crisis communication is important in healthcare, disaster management, pharmacy practice, public health emergencies, industrial accidents, pandemics and organizational crises.

- Mental health promotion aims to provide people with the knowledge, understanding and skills required to maintain and protect their mental wellbeing. At the same time, it works toward creating supportive social environments that strengthen the mental wellbeing of communities as a whole. It mainly focuses on three important goals:
 - Enhancing positive mental wellbeing.
 - Preventing mental health problems such as depression and anxiety.
 - Improving mental health literacy to encourage self-care, reduce stigma related to mental illness and support help-seeking and help-giving behaviour.
- Mental health promotion is different from mental healthcare, although both are closely connected. Rather than treating specific mental disorders, it concentrates on addressing the underlying causes that affect mental wellbeing. It is designed for entire populations and communities and is carried out in different settings such as homes, schools, workplaces, neighborhoods and online platforms, not only within healthcare services.
- Health promotion is a behavioural and social science that draws on the biological, environmental, psychological, physical and medical sciences to promote health and prevent disease, disability and premature death through education-driven, voluntary behaviour change. The creation of individual, collective, institutional, communal and systemic tactics to enhance health knowledge, attitudes, abilities and behaviour is known as health promotion.

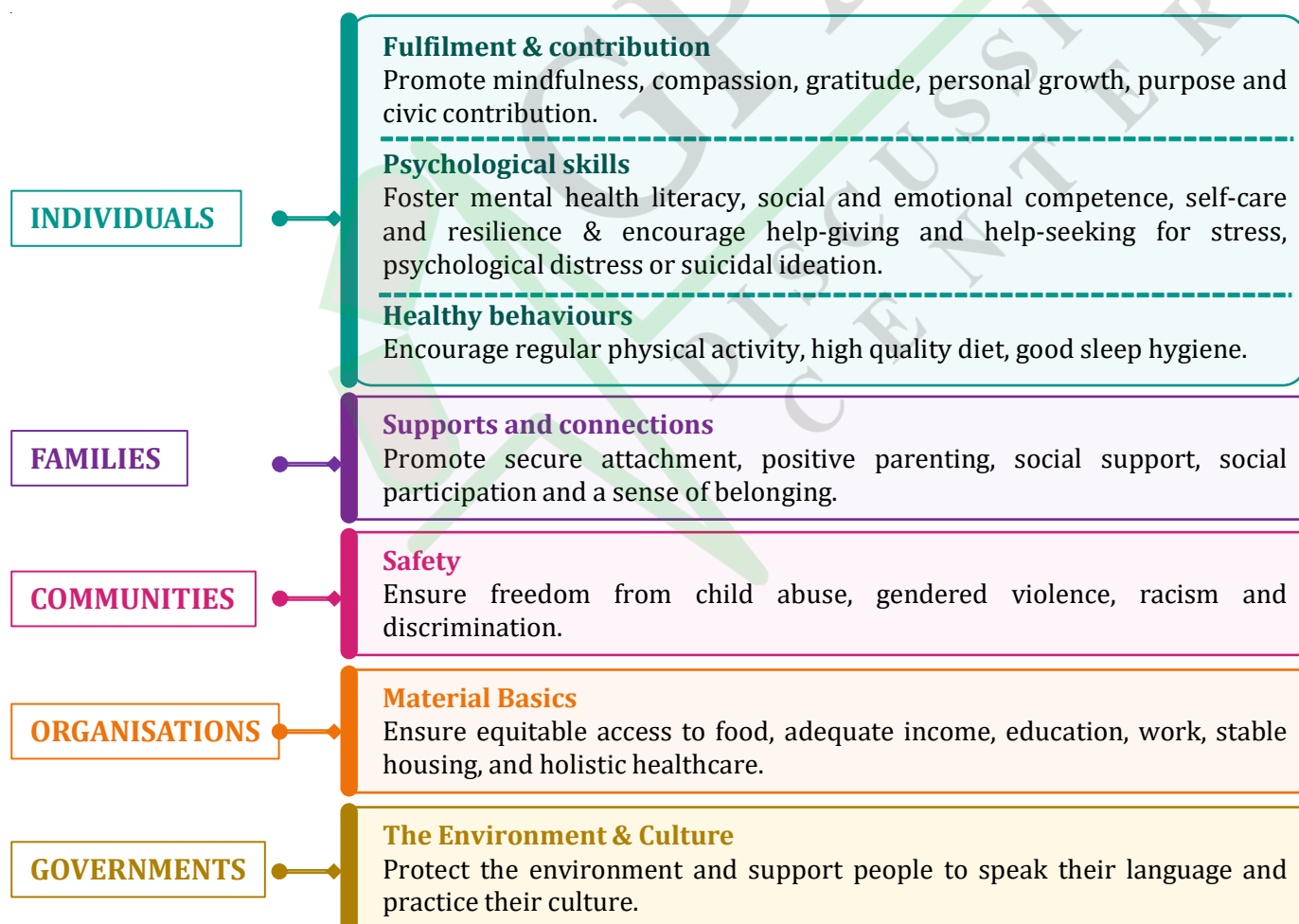


Fig. 5.10: Building Blocks of Mental Health Promotion



ASSESS YOURSELF



Multiple Choice Questions

1. **The Health Belief Model was developed in**
 (a) 1930 (b) 1940
 (c) 1950 (d) 1970
2. **A person's belief about the likelihood of getting a disease is called**
 (a) Perceived Severity
 (b) Perceived Benefits
 (c) Perceived Susceptibility
 (d) Self-Efficacy
3. **A person's belief about how serious a disease and its consequences are is known as**
 (a) Perceived Severity (b) Perceived Barrier
 (c) Cue to Action (d) Motivation
4. **Belief that a recommended action will reduce the risk of illness is called**
 (a) Perceived Cost (b) Perceived Benefit
 (c) Self-Efficacy (d) Susceptibility
5. **Factors that prevent an individual from adopting a health behaviour are known as**
 (a) Perceived Benefits (b) Perceived Severity
 (c) Perceived Barriers (d) Cues to Action
6. **Reminders or triggers that encourage health behaviour are called**
 (a) Modifying Factors (b) Cues to Action
 (c) Perceived Threats (d) Adaptation Factors
7. **Confidence in one's ability to perform a health behaviour is known as**
 (a) Self-Efficacy (b) Susceptibility
 (c) Severity (d) Motivation
8. **The Health Belief Model is commonly used to explain**
 (a) Health-Seeking Behavior
 (b) Economic Behavior
 (c) Political Behavior
 (d) Organizational Behavior
9. **Which model focuses on the role of individual behaviour in promoting health**
 (a) Social Cognitive Theory
 (b) Health Belief Model
 (c) Theory of Planned Behavior
 (d) Transtheoretical Model
10. **The Health Belief Model was developed by**
 (a) Rosenstock (b) Lamberton
 (c) Haibert Dunn (d) Leavel and Clark
11. **Which model focuses on the role of individual behaviour in promoting health**
 (a) Social Cognitive Theory
 (b) Health Belief Model
 (c) Theory of Planned Behavior
 (d) Transtheoretical Model
12. **The combination of perceived susceptibility and perceived severity is known as**
 (a) Self-efficacy (b) Health motivation
 (c) Perceived threat (d) Cues to action
13. **The concept of illness behaviour was introduced by**
 (a) Irwin Rosenstock (b) Albert Bandura
 (c) David Mechanic (d) Aaron Beck
14. **HPA axis stands for**
 (a) Hypothalamic-Pituitary-Adrenal Axis
 (b) Hormonal-Pituitary-Adrenal Axis
 (c) Hypothalamic-Pancreatic-Adrenal Axis
 (d) Hypothalamic-Pituitary-Autonomic Axis
15. **Cognitive Behavioural Therapy (CBT) was developed by**
 (a) Albert Ellis (b) Arnold Lazarus
 (c) Aaron T. Beck (d) Sigmund Freud
16. **Which CBT application is used for generalized anxiety disorder and phobias**
 (a) Anxiety disorder management
 (b) Pain management
 (c) Sleep therapy
 (d) Anger management
17. **Which behaviour change theory is most effective for modifying unhealthy behaviours and improving treatment adherence**
 (a) Psychoanalysis
 (b) Cognitive Behavioural Therapy (CBT)
 (c) Gestalt Therapy
 (d) Humanistic Therapy

About the Authors:

A Text Book of HEALTHCARE PSYCHOLOGY AND COMMUNICATION SKILLS

As per the New PCI Syllabus NEP 2020 **BP103T**

Dr. John Intru Disouza, Principal of Bombay Institute of Pharmacy & Research (BIPR), Dombivli, Maharashtra, is an elite academic leader with 26 years of experience. As a prolific researcher, he has published over 175 high-impact papers, authored four books with leading publishers such as Elsevier and Taylor & Francis, and secured ₹6.5 crore in research and innovation grants. His leadership extends to key executive roles in major professional organizations, including CRSIC, IPA, and APTI. Deeply committed to community outreach, he founded the Warana Science Centre, a public library, and a medical equipment bank, while regularly delivering health-awareness lectures in rural areas and on the radio. A TEDx speaker, his dedication to education, research, and public service earned him Shivaji University's prestigious Barrister P. G. Patil Best Teacher Award.



Dr. Renukaradhya Chitti is presently working as Professor & Principal at BRES's College of Pharmacy, Motebennuru, Karnataka. He completed his B.Pharm and M.Pharm (Pharmacy Practice) from Rajiv Gandhi University of Health Sciences (RGUHS), Bangalore, securing the 4th rank at the M.Pharm level, earned his Ph.D. in Pharmacy Practice from Adichunchanagiri University, and holds an MBA in Pharmaceutical Management from Mahatma Gandhi University, Sikkim.

With over a decade of academic and clinical experience in patient counselling, drug-information services, and adverse drug reaction monitoring, he has authored 30 research publications, holds a design patent, co-authored the Textbook of Social Pharmacy as per the PCI syllabus, and actively participates in community health programmes in Haveri, Karnataka.



Dr. Mohan Gandhi Bonthu is an Associate Professor at JSS College of Pharmacy, Ooty, Tamil Nadu. He has extensive experience in pharmacy education, research, academic administration, and student mentoring. He obtained his Ph.D. and M.Pharm with distinction from Jawaharlal Nehru Technological University (JNTU), Hyderabad. He has published several research papers, holds patents, authored textbooks and book chapters published by Elsevier, Wiley, Springer, and Bentham Science, and regularly serves as a resource person at national and international Faculty Development Programmes. He has over 16 years of experience in higher pharmacy education, institutional administration, and academic coordination, with a strong focus on pedagogical excellence and student development. He has mentored more than 35 M.Pharm and 30 B.Pharm students and currently supervises Ph.D. scholars, reflecting his commitment to academic leadership and research mentorship.



Dr. Rakesh Mishra is an academican and researcher in Pharmaceutical Sciences with around 15 years of experience in teaching, research, academic leadership, and industry engagement. He holds a Ph.D. in Pharmaceutics and has contributed to pharmaceutical education through research publications, book authorship, curriculum development, and mentoring. He has guided undergraduate, postgraduate, and Ph.D. scholars, actively promotes industry-academia collaboration, and currently serves as Associate Professor and Head of the Training & Placement Cell, School of Pharmacy & Research, Dr. D. Y. Patil Unitech Society's Dnyan Prasad Global University, Pune, Maharashtra.



GPAT DISCUSSION CENTER

Head Office : 3rd Floor, Shiv Hari Tower,
Ashok Nagar, Sarkanda, Bilaspur (C.G.)

Phone : 6263936320, 6265846984, 9343674693

E-mail : gdcpublication037@gmail.com

Website : www.gdcclases.com



Scan the
QR Code and
get the
Book catalogue

ISBN : 978-93-49537-07-1



Price : ₹ 410.00