

---

**PHARMACY 344: SOCIAL AND BEHAVIORAL PHARMACY  
SPRING 2004**

Instructor: Dr. Bruce Lambert, 256 COP, 6-2411, email: [lambertb@uic.edu](mailto:lambertb@uic.edu)  
TA: Vinit Nair, B.Pharm., email: [vnair2@uic.edu](mailto:vnair2@uic.edu), Carla Denise Clemmons, M.S., email: [cclemm1@uic.edu](mailto:cclemm1@uic.edu)  
Blackboard site: <http://blackboard.uic.edu/>  
Time: 2:30 – 3:20 Tuesday and Thursday  
Place: Room 36 COP  
Office Hours: Dr. Lambert — By Appointment  
TAs – To Be Announced

### Required Materials

1. Readings handed out in class.
2. Course notes handed out in class or made available online.
3. Readings from journals accessed via UIC Library web-page.  
(<http://www.uic.edu/depts/lib/reference/resources/journals/>)

### Recommended Readings

These readings are excellent sources of background material on many of the topics discussed in class. Unless specifically noted, material from these readings will not be covered on the quizzes or exams. The recommended readings and the following books will be put on reserve at the Health Sciences Library.

Conrad, P., Kern, R. (Eds.), 1994, *The sociology of health and illness: Critical perspectives*. St. Martin's, New York, NY.

Corbin, J. M., Strauss, A., 1988, *Unending work and care: Managing chronic illness at home*. Jossey-Bass, San Francisco, CA.

Glanz, K., Lewis, F. M., Rimer, B. (Eds.). 1990. *Health behavior and health education: Theory, research, and practice*. San Francisco, CA: Jossey-Bass.

Smith, M. C., Wertheimer, A. I. (Eds.), 1996, *Social and behavioral aspects of pharmaceutical care*. Pharmaceutical Products Press, Binghamton, NY.

Taylor, S. E., 1999, *Health psychology*. McGraw Hill, Boston, MA.

Institute of Medicine. *Health and behavior: the interplay of biological, behavioral, and social influences*. Washington, DC: Institute of Medicine; 2001.

### Course Description

This course is a survey of topics in the social and behavioral sciences as applied to pharmacy. The goal of the course is to give the student a deeper and more detailed appreciation of how social and behavioral sciences are applied to problems in pharmacy. The course emphasizes the patient's perspective in the context of chronic illness. Discussion topics include the relationship between the mind and the body, the nature of chronic illness, mental illness, patient cooperation, patient counseling and communication, pharmacist-physician interaction, medication errors, and several other topics. There will also be some discussion of the broad, social factors that influence the health of populations, including gender, ethnicity, income, education, and occupation. In addition to traditional lecture/discussion formats, we will hear from guest speakers, view video tapes, and do in-class learning exercises.

### Course Requirements

The major requirement for this course is that the student **read the assigned material** and come to class prepared to discuss it. You should also monitor an illness-related Usenet newsgroup and be ready to provide examples from the newsgroup of concepts discussed in class. Some of you may already know about the Usenet discussion groups. For those who don't, we will demonstrate in class (but try searching on a disease name in <http://www.google.com/grphp>). Pick an illness that matches your interests. Read the group frequently. Wait a week or two to learn the "local culture" of the group before you participate. If you do participate, be professional, polite, and respectful. These are international groups, and whatever you post will be available to people all over the world, including your classmates, teachers, family, and future employers.

*Lecture notes are provided as a convenience to students. They are not a substitute for the assigned reading. They are an abridged summary. Material discussed in class or mentioned in the reading may or may not be in the notes, but you will still be held responsible for such material.* In addition, there are three assignments, two quizzes, a midterm exam and a final exam. Exams consist of 40-50 multiple choice, true-false, short answer, short essay, and matching items. The final exam

will be *cumulative*, but the emphasis will be on material presented after the midterm. Complete descriptions and due dates will be provided as the semester progresses. Opportunities for extra credit are also described below.

### Adult Learners and Life-Long Learning

It is impossible in 15 weeks to provide a thorough overview of all of the social and behavioral science that is relevant and important to pharmacists. Therefore, a 15 week course is necessarily a selective summary. Frequently, topics will be mentioned in class but not discussed at length. Just because we cannot go into every topic in depth does not mean those topics are unimportant. Rather than teaching you this additional material, I will provide you with skill development and resources to learn this material on an “as needed” basis. If you are interested in the social and behavioral sciences, you must do a great deal of learning on your own. This means identifying relevant journals and reading them, identifying professional associations and joining them and attending their meetings, finding online discussion groups, email lists, and other resources, and seeking out classmates and professors who share your interests.

### Course Policy

Late work will not be accepted, and make-up exams will not be administered without a valid and documented excuse. See Dr. Lambert with any questions regarding this policy.

### Grades

Assignments	10% each X 3 = 30% (Details to be provided during the semester.)
Quizzes	10% each X 2 = 20%
Midterm Exam	20%
Final Exam	25%
In Class Participation	5%
Extra Credit	4%

### Extra Credit Options (Maximum = 4%)

#### READ DIRECTIONS CAREFULLY!

#### **EXTRA CREDIT WILL NOT BE GIVEN IF DIRECTIONS ARE NOT FOLLOWED.**

1. Volunteer for at least eight hours at a nursing home, senior citizens' center, hospital, homeless shelter, or other human services center. Recreational activities for charitable causes do not count as human services for the purpose of extra-credit. Document your experience and provide a one page description and reflection (i.e., what did you learn) of your volunteer activities. (+1%)
2. Read and write a book review of an autobiographical book about chronic illness or disability. For examples of the proper style and format of a book review, see the Book Review section of any recent issue of the journal *Social Science & Medicine*. To find a list of appropriate books, go to Amazon.com and search the book section with “autobiography of illness.” (+1%)
3. Write a two-page critique/summary of one of the recommended readings. Examples illustrating the format of the critique/summaries will be posted on Blackboard. (+0.5%)

#### **NO MATTER WHAT YOU DO, YOU CANNOT GET MORE THAN 4% EXTRA CREDIT.**

**All extra credit must be turned in by the last day of class.**

**Spring 2004 Course Schedule (Subject to Change)**

<b>Date</b>	<b>Day</b>	<b>Class</b>	<b>Topic</b>	<b>Reading</b>	<b>Activity</b>
1/13	Tues	1	Course Overview and the Sick Role		Lecture/Discussion
1/15	Thurs	2	The Trajectory Model of Chronic Illness	Strauss	Lecture/Discussion
1/20	Tues	3	Body, Self, and Biography in Chronic Illness		Lecture/Discussion
1/22	Thurs	4	The Experience of Chronic Illness		Lecture/Discussion
1/27	Tues	5	The Meaning of Medication	Adams/Rogers	Lecture/Discussion
1/29	Thurs	6	The Meaning of Medication	Karp	Lecture/Discussion
2/3	Tues	7	Determinants of Medication Use/Adherence <b>Assignment #1 Due</b>		Lecture/Discussion
2/5	Thurs	8	The Health Belief Model	Janz	Lecture/Discussion
2/10	Tues	9	The Health Belief Model	Abraham	Lecture/Discussion
2/12	Thurs	10	Theory of Reasoned Action/Planned Behavior <b>Quiz #1</b>	Montano	Lecture/ <b>QUIZ</b>
2/17	Tues	11	Theory of Reasoned Action/Planned Behavior		Lecture/Discussion
2/19	Thurs	12	The Transtheoretical Model	Prochaska	Lecture/Discussion
2/24	Tues	13	The Transtheoretical Model <b>Assignment #2 Due</b>	Johnson	Lecture/Discussion
2/26	Thurs	14	Social Cognitive Theory (Self-Efficacy Theory)	Baranowski	Lecture/Discussion
3/2	Tues	15	Physicians' Decision Making about Drugs		Lecture/Discussion
3/4	Thurs	16	Physicians' Decision Making about Drugs	Avorn	Lecture/Discussion
3/9	Tues	17	Pharmacist-Physician Interaction	Lambert	Lecture/Discussion
3/11	Thurs	18	<b>MIDTERM EXAM</b>		<b>EXAM</b>
3/16	Tues	19	Pharmacist-Physician Communication		Lecture/Discussion
3/18	Thurs	20	Patient Involvement in Decision Making	Chewning	Lecture/Discussion
3/23	Tues	-	<b>NO CLASS—SPRING BREAK</b>		Lecture/Discussion
3/25	Thurs	-	<b>NO CLASS—SPRING BREAK</b>		Lecture/Discussion
3/30	Tues	21	Patient Involvement in Decision Making		Lecture/Discussion
4/1	Thurs	22	Patient Counseling—Theory and Practice	Lewis	Lecture/Discussion
4/6	Tues	23	Patient Counseling—Theory and Practice		Lecture/ Discussion
4/8	Thurs	24	The Placebo Effect <b>Assignment #2 Due</b>	Carroll/Hrobjartsson	Lecture/ <b>QUIZ</b>
4/13	Tues	25	Psychoneuroimmunology		Lecture/Discussion
4/15	Thurs	26	Psychoneuroimmunology <b>Quiz #2</b>	Keller	No Class
4/20	Tues	27	Medication Errors and Patient Safety	Cohen	Lecture/Discussion
4/22	Thurs	28	Medication Errors and Patient Safety		Lecture/Discussion
4/27	Tues	29	TBA	–	Lecture/Discussion
4/29	Thurs	30	TBA	–	Lecture/Discussion
5/3	Week		<b>Final Exam Week</b>	NONE	<b>EXAMS</b>

---

**Class 1: Tuesday, January 13, 2004****Topic: Course Overview and the Sick Role****Learning Objectives:**

1. Provide an overview of course topics, objectives, organization, mechanics, and expectations.
2. List the rights and obligations associated with the sick role.
3. List and explain the main criticisms of the sick role concept.

**Required Reading(s):**

None.

**To Learn More About It:**

Wolinsky F. The sick-role concept. *The sociology of health*. Boston, MA: Little, Brown & Co.; 1980:99-121.

Bissell P, Traulsen JM, Haugbolle LS. An introduction to functionalist sociology: Talcott Parsons' concept of the "sick role". *International Journal of Pharmacy Practice*. 2002;3:60-68.

---

**Class 2: Thursday, January 15, 2004****Topic: The Trajectory Model of Chronic Illness****Learning Objectives:**

1. Define trajectory.
2. List the phases of a chronic illness
3. List and define the three types of work in chronic illness
4. List the major characteristics of chronic illness

**Required Reading(s):**

Strauss A, Corbin JM. Understanding what it means to be chronically ill. *Shaping a new health care system*. San Francisco, CA: Jossey-Bass; 1988:46-58.

**To Learn More About It:**

Corbin JM. Issues concerning regimen management in the home. *Aging and Society*. 1985;5:249-265.

---

**Class 3: Tuesday, January 20, 2004****Topic: Body, Self, and Biography in Chronic Illness****Learning Objectives:**

1. List the three elements of the BBC Chain
2. Describe the relationship between body failure, performances, and identity
3. Define biographical work.
4. List and define the processes included in biographical work.

**Required Reading(s):**

None.

**To Learn More About It:**

Corbin JM, Strauss AL. Accompaniments of chronic illness: Changes in body, self, biography, and biographical time. In: Roth JA, Conrad P, eds. *Research in the Sociology of Health Care*. Vol 6: Greenwich, CT; 1987:249-281.

Corbin JM, Strauss AL. *Unending work and care: Managing chronic illness at home*. San Francisco, CA: Jossey-Bass; 1988.

---

**Class 4 Thursday, January 22, 2004****Topic: The Experience of Chronic Illness**

**Learning Objectives:**

1. Describe the impact of illness on biography.
2. Explain how illness is normalized.
3. Define stigma and stigma control.
4. Describe the impact of illness on self.
5. List policy implications of Charmaz's analysis.

**Required Reading(s):**

None.

**To Learn More About It:**

Charmaz K. Experiencing chronic illness. In: Albrecht GL, Fitzpatrick R, Scrimshaw SC, eds. *Handbook of Social Studies in Health & Medicine*. Thousand Oaks, CA: Sage; 2000:277-292.

Charmaz K. From the "sick role" to stories of self. In: Contrada RJ, Ashmore RD, eds. *Self, social identity, and physical health*. New York: Oxford University Press; 1999:209-239.

Kleinman, A., & Seeman, D. (2000). Personal experience of illness. In G. L. Albrecht & R. Fitzpatrick & S. C. Scrimshaw (Eds.), *Handbook of Social Studies in Health & Medicine* (pp. 230-242). Thousand Oaks, CA: Sage.

---

**Class 5: Tuesday, January 27, 2004****Topic: The Meaning of Medication****Learning Objectives:**

1. Define "meaning of medication."
2. Give examples of common meanings that are attached to medications.
3. Describe the relationship between the meaning of medication and a patient's self-image or identity.
4. Explain, in the case of asthma and schizophrenia, how the meaning of medications affects adherence to drug regimens?

**Required Reading(s):**

Adams S, Pill R, Jones A. Medication, chronic illness and identity: The perspectives of people with asthma. *Soc Sci Med*. 1997;45:189-201.

Rogers A, Day JC, Williams B, et al. The meaning and management of neuroleptic medication: A study of patients with a diagnosis of schizophrenia. *Soc Sci Med*. 1998;47(9):1313-1323.

**To Learn More About It:**

Conrad P. The meaning of medications: Another look at compliance. In: Conrad P, Kern R, eds. *The sociology of health and illness: Critical perspectives*. New York: St. Martin's; 1994:149-161.

---

**Class 6: Thursday, January 29, 2004****Topic: The Meaning of Medication****Learning Objectives:**

1. Describe the relationship between medication and identity in Karp's study of people with depression.
2. Define "turning points" in identity.
3. Explain Karp's use of the metaphor of religious conversion.
4. List four common meanings associated with antidepressant medication.

**Required Reading(s):**

Karp D. The meanings of medication. *Speaking of sadness*. Oxford: Oxford University Press; 1996:78-103.

**To Learn More About It:**

Karp D. Illness and identity. *Speaking of sadness*. Oxford: Oxford University Press; 1996:51-77.

Montagne M. The pharmakon phenomenon. In: Davis P, ed. *Contested ground: Public purpose and private interest in the regulation of prescription drugs*. New York, NY: Oxford; 1996:11-25.

---

**Class 7: Tuesday, February 3, 2004****Topic: Determinants of Medication Use and Adherence/Compliance****Learning Objectives:**

1. List several methods for detecting noncompliance. Compare and contrast advantages and disadvantages of each method.
2. Describe the relationship between compliance and clinical outcomes in a variety of chronic illnesses
3. List and describe several proven methods for improving compliance.
4. Explain why compliance might not always be in a patient's best interest.
3. Cite evidence of the economic impact of noncompliance.

**Required Reading(s):**

None.

**To Learn More About It:**

Smith MC. Determinants of medication use. In: Smith MC, Wertheimer AI, eds. *Social and behavioral aspects of pharmaceutical care*. New York: Pharmaceutical Products Press; 1996:295-322.

Smith MC. Predicting and detecting noncompliance. In: Smith MC, Wertheimer AI, eds. *Social and behavioral aspects of pharmaceutical care*. New York: Pharmaceutical Products Press; 1996:323-350.

Christensen DB. Explaining and changing noncompliant behavior. In: Smith MC, Wertheimer AI, eds. *Social and behavioral aspects of pharmaceutical care*. New York: Pharmaceutical Products Press; 1996:351-377.

Anonymous. Does the concordance concept serve patient medication management? *International Journal of Pharmacy Practice*. 2001;9(June):71-79.

---

**Class 8: Thursday, February 5, 2004****Topic: The Health Belief Model, part 1****Learning Objectives:**

1. List and define the key concepts in the health belief model.
2. Explain how the components of the model relate to and influence one another.
3. Cite examples of applied health behavior research using the health belief model.

**Required Reading(s):**

Janz NK, Champion VL, Strecher VJ. The health belief model. In: Glanz K, Rimer BK, Lewis FM, eds. *Health behavior and health education*. San Francisco, CA: Jossey-Bass; 2002:45-66.

**To Learn More About It:**

Christensen DB. Explaining and changing noncompliant behavior. In: Smith MC, Wertheimer AI, eds. *Social and behavioral aspects of pharmaceutical care*. New York: Pharmaceutical Products Press; 1996:351-377.

---

**Class 9: Tuesday, February 10, 2004****Topic: The Health Belief Model, part 2****Learning Objectives:**

1. Describe how various aspects of the health belief model have been measured in practice.
2. List conceptual and methodological weaknesses in the health belief model.

**Required Reading(s):**

Abraham C, Clift S, Grabowski P. Cognitive predictors of adherence to malaria prophylaxis regimens on return from a malarious region: a prospective study. *Soc Sci Med*. Jun 1999;48(11):1641-1654.

**To Learn More About It:**

Fincham JE, Wertheimer AI. Using the health belief model to predict initial drug therapy defaulting. *Soc Sci Med*. 1985;20:101-105.

---

**Class 10: Thursday, February 12, 2004****Topic: The Theory of Reasoned Action and the Theory of Planned Behavior, part 1****Learning Objectives:**

1. List and define the four major constructs in the theory of reasoned action and the theory of planned behavior.
2. Describe how each major construct is measured.
3. Draw a schematic diagram that describes the relationship between the major constructs in the theory of reasoned action and the theory of planned behavior.

**Required Reading(s):**

Montano DE, Kasprzyk D. The theory of reasoned action and the theory of planned behavior. In: Glanz K, Rimer BK, Lewis FM, eds. *Health behavior and health education*. San Francisco, CA: Jossey-Bass; 2002:67-98.

**To Learn More About It:**

Farris KB, Schopflocher DP. Between intention and behavior: an application of community pharmacists' assessment of pharmaceutical care. *Soc Sci Med*. 1999;49:55-66.

Lambert BL, Salmon JW, Stubbings J, Gilomen-Study G, Valuck RJ, Kezlarian K. Factors associated with antibiotic prescribing in a managed care setting: An exploratory investigation. *Soc Sci Med*. 1997;45(12):1767-1779.

---

**Class 11: Tuesday, February 17, 2004****Topic: The Theory of Reasoned Action and the Theory of Planned Behavior, part 2****Learning Objectives:**

1. List and explain the major difference between the theory of reasoned action and the theory of planned behavior.
2. Describe the relationship between intention and behavior.
3. Cite examples of applied research using the theory of reasoned action and the theory of planned behavior.

**Required Reading(s):**

None.

**To Learn More About It:**

Reid LD, Christensen DB. Psychosocial perspective in the explanation of patients drug taking behavior. *Soc Sci Med*. 1988;27(3):277-285.

Gaither CA, Bagozzi RP, Ascione FJ, Kirking DM. Determinants of physician attitudes and subjective norms toward drug information sources: modification and test of the theory of reasoned action. *Pharm Res*. 1997;14:1298-1308.

---

**Class 12: Thursday, February 19, 2004****Topic: The Transtheoretical Model, part 1****Learning Objectives:**

1. List and define the stages of change from the transtheoretical model.
2. List and define processes of change from the transtheoretical model.
3. List and explain the five critical assumptions underlying the transtheoretical model.

**Required Reading(s):**

Prochaska JO, Redding CA, Evers K. The transtheoretical model and stages of change. In: Glanz K, Rimer BK, Lewis FM, eds. *Health behavior and health education*. San Francisco, CA: Jossey-Bass; 2002:99-120.

**To Learn More About It:**

Berger BA, Hudmon KS. Readiness for change: implications for patient care. *Journal of the American Pharmaceutical Association*. 1997;NS37(3):321-329.

---

**Class 13: Tuesday, February 24, 2004****Topic: The Transtheoretical Model, part 2****Learning Objectives:**

1. Describe which processes of change mediate progression between stages of change.
2. Illustrate how the transtheoretical model has been used in applied research.
3. Describe how the transtheoretical model has been used in the context of smoking cessation.

**Required Reading(s):**

Johnson SS, Grimley DM, Prochaska JO. Prediction of adherence using the transtheoretical model: implications for pharmacy care practice. *Journal of Social & Administrative Pharmacy*. 1998;15(3):135-148.

**To Learn More About It:**

Kennedy DT, Small RE. Development and implementation of a smoking cessation clinic in community pharmacy practice. *Journal of the American Pharmaceutical Association*. 2002;42(1):83-92.

Hudmon KS, Berger BA. Pharmacy applications of the transtheoretical model in smoking cessation. *Am J Health-Syst Pharm*. 1995;52(Feb 1):282-287. (available online)

---

**Class 14: Thursday, February 26, 2004****Topic: Social Cognitive Theory (Self-Efficacy Theory)****Learning Objectives:**

1. List and define the major concepts in social cognitive theory.
2. Describe the implications of each major concept for interventions.
3. Define reciprocal determinism.
4. Explain how social cognitive theory was used to study consumption of fruits and vegetables by children.

**Required Reading(s):**

Baranowski T, Perry CL, Parcel GS. How individuals, environments, and health behavior interact: Social cognitive theory. In: Glanz K, Rimer BK, Lewis FM, eds. *Health behavior and health education*. San Francisco, CA: Jossey-Bass; 2002:165-184.

**To Learn More About It:**

Farris KB, Kirking DM. Predicting community pharmacists' choice among means to prevent and correct clinically significant drug-therapy problems. *Journal of Social & Administrative Pharmacy*. 1998;15(2):69-82.

Baranowski T, Davis M, Resnicow K, et al. Gimme 5 fruit, juice, and vegetables for fun and health: outcome evaluation. *Health Educ Behav*. 2000;27(1):96-111.

---

**Class 15: Tuesday, March 2, 2004****Topic: Physicians' Decision Making about Prescription Drugs****Learning Objectives:**

1. List the theoretical model used by Segal and Hepler to study prescribing.
2. Describe Segal and Hepler's basic model of prescribing behavior.
3. According to Segal and Hepler, what are the main factors that influence prescribing.
4. Evaluate the appropriateness of Segal and Hepler's model in today's prescribing context.

**Required Reading(s):**

None.

**To Learn More About It:**

Segal R, Hepler C. Drug choice as a problem solving process. *Med Care*. 1985;23:967-976.

Sleath B, Shih Y-CT. Sociological influences on antidepressant prescribing. *Soc Sci Med*. in press.

Denig P, Haaijer-Ruskamp FM, Zijlsling DH. How physicians choose drugs. *Soc Sci Med*. 1988;27:1381-1386.

---

Segal R, Hepler CD. Prescribers' beliefs and values as predictors of drug choice. *Am J Hosp Pharm.* 1982;39:1891-1897.

Haaijer-Ruskamp FM, Denig P. New approaches to influencing physicians' drug choices: The practice-based strategy. In: Davis P, ed. *Contested ground: Public purpose and private interest in the regulation of prescription drugs.* New York: Oxford University Press; 1996.

---

**Class 16: Thursday, March 4, 2004****Topic: Physicians' Decision Making about Prescription Drugs****Learning Objectives:**

1. List and explain the non-pharmacologic factors that influence physician prescribing of antibiotics.
2. List some of the dilemmas confronting today's clinicians.
3. Describe the role of the pharmacist in helping physicians confront these dilemmas.

**Required Reading(s):**

Avorn J, Solomon DH. Cultural and economic factors that (mis)shape antibiotic use: the nonpharmacologic basis of therapeutics. *Ann Intern Med.* Jul 18 2000;133(2):128-135. (available online)

**To Learn More About It:**

Avorn J. Balancing the cost and value of medications: the dilemma facing clinicians. *Pharmacoeconomics.* 2002;20 Suppl 3:67-72.

Avorn J. Post-modern drug evaluation. The deconstruction of evidence-based regulation. *Pharmacoeconomics.* 2000;18 Suppl 1:15-20.

Schwartz RK, Soumerai SB, Avorn J. Physician motivations for nonscientific drug prescribing. *Soc Sci Med.* 1989;28(6):577-582.

Lambert BL, Salmon JW, Stubbings J, Gilomen-Study G, Valuck RJ, Kezlarian K. Factors associated with antibiotic prescribing in a managed care setting: An exploratory investigation. *Soc Sci Med.* 1997;45(12):1767-1779.

---

**Class 17: Tuesday, March 9, 2004****Topic: Pharmacist-Physician Interaction****Learning Objectives:**

1. Define "face" as used by Goffman and Brown and Levinson.
2. List and define the two types of "face wants."
3. Define "face threatening act."
4. List common pharmacy tasks that may be "face threatening."
5. Describe and explain Brown and Levinson's four politeness strategies.

**Required Reading(s):**

Lambert BL. Directness and deference in pharmacy students' messages to physicians. *Soc Sci Med.* 1995;40(4):545-555.

**To Learn More About It:**

Lambert BL. Pharmacist-physician communication. *International Pharmacy Journal.* 1998;12:53-56.

---

**Class 18: Thursday, March 11, 2004****MIDTERM EXAM****Class 19: Tuesday, March 16, 2004****Topic: Pharmacist-Physician Communication****Learning Objectives:**

1. Describe how the use of politeness strategies differs as a function of practice context.
2. Explain why politeness strategies differ across practice contexts.

3. List factors that influence the amount of politeness one chooses to use in a message?
4. Describe what one can infer from the amount of politeness one observes in a message?
5. How does the use of politeness affect professional roles and perceptions?
6. Describe politeness strategies one would recommend for common face-threatening acts and explain your reasoning?

**Required Reading(s):**

None.

**To Learn More About It:**

Lambert BL. Face and politeness in pharmacist-physician interaction. *Soc Sci Med.* 1996;43(8):1189-1198.  
Mesler MA. Boundary encroachment and task delegation: Clinical pharmacists on the medical team. *Sociol Health Illn.* 1991;13:310-331.

---

**Class 20: Thursday, March 18, 2004****Topic: Patient Involvement and Participation in Decision Making****Learning Objectives:**

1. Describe Chwening and Sleath's client-centered model of decision-making.
2. Explain the theoretical and practical rationale behind the client-centered model.
3. List barriers to implementation of the client-centered model in contemporary pharmacy practice.
4. List benefits one might expect from implementing the client-centered model of pharmaceutical care?
5. List pros and cons about whether the provider-patient relationship should be a relationship between equals.

**Required Reading(s):**

Chwening B, Sleath B. Medication decision-making and management: a client-centered model. *Soc Sci Med.* 1996;42:389-398.

**To Learn More About It:**

Sleath B. Pharmacist-patient relationships: authoritarian, participatory, or default? *Patient Educ Couns.* Aug 1996;28(3):253-263.

---

**Class 21: Tuesday, March 30, 2004****Topic: Patient Involvement and Participation in Decision Making****Learning Objectives:**

1. Explain the role of negotiation in health care decision making.
2. Explain why patient's concerns are so-often unvoiced.
3. Recall whether you ever left a doctor's appointment without voicing your main agenda. Explain the circumstances.
4. List strategies that can be used to give voice to unvoiced agendas?
5. Describe possible consequences of patients' agendas remaining unvoiced?

**Required Reading(s):**

None.

**To Learn More About It:**

Barry CA, Bradley CP, Britten N, Stevenson FA, Barber N. Patients' unvoiced agendas in general practice consultations: qualitative study. *BMJ.* May 6 2000;320(7244):1246-1250. (available online)  
Patients often have unvoiced agendas in consultations. *BMJ.* May 6 2000;320(7244):E.

---

**Class 22: Thursday, April 1, 2004****Topic: Patient Counseling—Theory and Practice****Learning Objectives:**

1. List the theoretical models that Lewis, et al. incorporate into their counseling recommendations?
2. List how counseling new patients should differ from counseling refill patients?

3. Summarize Lewis et al.'s counseling recommendations.
4. Consider whether you feel capable of following Lewis et al.'s recommendations. If so, how will you accomplish it. If not, list what you feel are the obstacles you will need to overcome?

**Required Reading(s):**

Lewis RK, Lasack NL, Lambert BL, Connor S. Patient counseling: A focus on maintenance therapy. *Am J Health-Syst Pharm.* 1997;54:2084-2098. (available online)

**To Learn More About It:**

Bissell P, Ward PR, Noyce PR. Appropriateness measurement: application to advice-giving in community pharmacies. *Soc Sci Med.* 2000;51:343-359.

---

**Class 23: Tuesday, April 6, 2004****Topic: Patient Counseling—Theory and Practice****Learning Objectives:**

1. Define the therapeutic alliance.
2. Explain how to establish a therapeutic alliance.
3. Evaluate the merit of the therapeutic alliance as the basis for medication counseling.
4. List barriers to the effective achievement of a therapeutic alliance in pharmacy practice.

**Required Reading(s):**

None.

**To Learn More About It:**

Berger B. Building an effective therapeutic alliance: Competence, trustworthiness, and caring. *Am J Hosp Pharm.* 1993;50:2399-2403.

Sleath B. Pharmacist question-asking in New Mexico community pharmacies. *American Journal of Pharmaceutical Education.* 1995;59(4):374-379.

Haugbolle LS, Sirensen EW, Gundersen B, Petersen KH, Lorentzen L. Basing pharmacy counselling on the perspective of the angina pectoris patient. *Pharmacy World & Science.* 2002;24(2):71-78.

---

**Class 24: Thursday, April 8, 2004****Topic: The Placebo Effect****Learning Objectives:**

1. Define the placebo effect.
2. List several possible mechanisms for the placebo effect.
3. Summarize recent research on the magnitude of the placebo effect.
4. Describe the role of placebos in randomized controlled trials of new drugs.
5. List and explain ethical dilemmas that arise in connection with the use of placebos in research studies.

**Required Reading(s):**

Carroll RT. The placebo effect. Carroll, R. T. [Web page]. Available at: <http://skepdic.com/placebo.html>. Accessed 12/30/02, 2002.

Hrobjartsson A, Gotzsche PC. Is the placebo powerless? An analysis of clinical trials comparing placebo with no treatment. *N Engl J Med.* May 24 2001;344(21):1594-1602. (accessible through UIC Library's electronic journal service: <http://www.uic.edu/depts/lib/reference/resources/journals/>. Look up "New England Journal.")

**To Learn More About It:**

Hrobjartsson A. What are the main methodological problems in the estimation of placebo effects? *J Clin Epidemiol.* May 2002;55(5):430-435.

Spiegel D, Kraemer H, Carlson RW. Is the placebo powerless? *N Engl J Med.* Oct 25 2001;345(17):1276; discussion 1278-1279.

Shrier I. Is the placebo powerless? *N Engl J Med.* Oct 25 2001;345(17):1278; discussion 1278-1279.

Miller FG. Is the placebo powerless? *N Engl J Med.* Oct 25 2001;345(17):1277; discussion 1278-1279.

- 
- McDonald CJ. Is the placebo powerless? *N Engl J Med.* Oct 25 2001;345(17):1276-1277; discussion 1278-1279.  
Lilford RJ, Braunholtz DA. Is the placebo powerless? *N Engl J Med.* Oct 25 2001;345(17):1277-1278; discussion 1278-1279.  
Kupers R. Is the placebo powerless? *N Engl J Med.* Oct 25 2001;345(17):1278; discussion 1278-1279.  
Kaptchuk TJ. Is the placebo powerless? *N Engl J Med.* Oct 25 2001;345(17):1277; discussion 1278-1279.  
Einarson TE, Hemels M, Stolk P. Is the placebo powerless? *N Engl J Med.* Oct 25 2001;345(17):1277; discussion 1278-1279.  
DiNubile MJ. Is the placebo powerless? *N Engl J Med.* Oct 25 2001;345(17):1278; discussion 1278-1279.  
Beldoch M. Is the placebo powerless? *N Engl J Med.* Oct 25 2001;345(17):1278; discussion 1278-1279.
- 

**Class 25: Tuesday, April 13, 2004****Topic: Psychoneuroimmunology****Learning Objectives:**

1. Define psychoneuroimmunology.
2. List and describe several causal pathways by which stress can influence physiological functioning.

**Required Reading(s):**

None.

**To Learn More About It:**

Keller SE, Schliefer SJ, Bartlett JA, Shiflett SC, Rameshwar P. Stress, depression, immunity, and health. In: Goodkin K, Visser AP, eds. *Psychoneuroimmunology: Stress, mental disorders, and health*. Washington, DC: American Psychiatric Association Press; 2000:1-25.

James GD, Brown DE. The biological stress response and lifestyle. *Annual Review of Anthropology.* 1997;26:313-335.

---

**Class 26: Thursday, April 15, 2004****Topic: Psychoneuroimmunology****Learning Objectives:**

1. List physiological markers that have been used to document the effects of psychological processes on immune function.
2. Describe how knowledge of psychoneuroimmunology can be applied to problems in pharmaceutical care?
3. Describe major findings of recent research in psychoneuroimmunology.

**Required Reading(s):**

Keller SE, Schliefer SJ, Bartlett JA, Shiflett SC, Rameshwar P. Stress, depression, immunity, and health. In: Goodkin K, Visser AP, eds. *Psychoneuroimmunology: Stress, mental disorders, and health*. Washington, DC: American Psychiatric Association Press, 2000:1-25.

**To Learn More About It:**

Baum A, Posluszny DM. Health psychology: Mapping biobehavioral contributions to health and illness. *Annu Rev Psychol.* 1999;50:137-163.

Cohen S, Herbert TB. Health psychology: Psychological factors and physical disease from the point of view of psychoneuroimmunology. *Annu Rev Psychol.* 1996;47:113-142. (available online)

---

**Class 27: Tuesday, April 20, 2004****Topic: Medication Errors and Patient Safety****Learning Objectives:**

1. List 4 major types of medication errors.
2. Describe 5 strategies for preventing dispensing errors.
3. Describe a medication error that you have witnessed or heard about. Reflect on what caused it and what might have been done to prevent it.
4. Describe the role of patient counseling in preventing dispensing errors.

**Required Reading(s):**

Cohen MR. Preventing dispensing errors. In: Cohen MR, ed. *Medication errors*. Washington, D.C.: American Pharmaceutical Association; 1999:9.1-9.19.

**To Learn More About It:**

Grasha AF, Schell K. Psychosocial factors, workload, and human error in a simulated pharmacy dispensing task. *Perceptual and Motor Skills*. 2001;92:53-71.

Grasha AF. Into the abyss: Seven principles for identifying the causes of and preventing error in complex systems. *Am J Health-Syst Pharm*. 2000;57(March 15):554-564.

---

**Class 28: Thursday, April 22, 2004****Topic: Medication Errors and Patient Safety****Learning Objectives:**

1. Compare and contrast “sharp end” and “blunt end”.
2. Define latent system errors.
3. Develop an argument, supported by evidence, about whether error prevention efforts should focus on the sharp end or the blunt end of the system.

**Required Reading(s):**

None.

**To Learn More About It:**

Cook RI, Woods DD. Operating at the sharp end: The complexity of human error. In: Bogner MS, ed. *Human error in medicine*. Hillsdale, NJ: Erlbaum; 1994:255-310.

Grasha AF. Misconceptions about pharmacy workload. *Canadian Pharmaceutical Journal*. 2001;134(3):26-35.

Lambert BL, Chang KY, Lin SJ. Effect of orthographic and phonological similarity on false recognition of drug names. *Soc Sci Med*. 2001;52:1843-1857.

---

**Class 29: Tuesday, April 27, 2004: TBA**

---

**Class 30: Thursday, April 29, 2004: TBA**

---

Final Exam date is set by the University, and it will be announced as soon as it is known.