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## MAKING THE MOST OF THE UPCOMING PEAK PERIOD



GUEST AUTHOR — 22/10/2017

   



### What's in a name? There are some key acronyms you need to remember to get your pharmacy fully geared up for the peak season, says Glenn Guilfoyle

As pharmacy owners, staff and other stakeholders, you've been crunched again with the latest October PBS reform cuts.

How can you offset the loss financially while maintaining the primary focus on providing great customer service and more complete solutions for their health concerns?

Despite the fanfare around 6CPA trial programs and the burgeoning menu of professional services, I still maintain that the greatest under-utilised asset in retail pharmacy in this context is the array of S3/S2 , pharmacist and pharmacy only,

medications that health consumers can only access from retail pharmacy.



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How to build the engagement skills across the team to be able to conduct the exploratory and complete solution conversations with health customers with confidence and competence? And to do this all the time. Especially with peak season approaching?

Acronyms have long been used as a mechanism to assist customer service folk from all sorts of industries to learn and consistently execute problem solving and selling skills. Such acronyms and models help form conversation frameworks, against which training and memory can be optimised.

In pharmacy, dispensary serving staff will know the CARER model – Check -> Assess -> Respond -> Explain -> Record. Similarly, there isn't a pharmacist I know that has not been inculcated with the "what – stop – go" protocol.

Fair to say, these acronyms appear to be largely "risk management" oriented..... a modern day, pharmacy way of upholding the values and virtues of the ancient Hippocratic oath.

In the "front of shop", staff who have been drilled by some of the cosmetics company representatives over the years may well know the model "under-over-off".

It is a conversation framework designed to teach staff the skills of "bundling", ie selling the beauty customer a bundle of products to make a complete solution. For example, the foundation goes under -> the make-up goes over the foundation -> the cleanser washes it all off later on.

Fair to say, this model is akin to the pharmacy version of the McDonalds cross-sell notion, ie "would you like fries with that?".

Back to the "back of shop", who remembers their OARS? This acronym stands for Open questions -> affirmations -> reflective listening -> summary reflections.

These are the classic skills taught by the exponents of motivational interviewing. Fair to say, this conversation model became popularised in retail pharmacy when the industry started to get involved in assisting with entrenched behavioural change surrounding anti-smoking.

I suspect we will see a resurgence in the value this skillset can offer as the product -> service pendulum in pharmacy gathers momentum.

How to combine the seemingly contradictory platforms of all three of these conversational skill model types for the betterment of health customers via engagement in a more complete solution that exceeds their expectations , and the very reason for their visit to your pharmacy? Consistently. There is a way. Preach, practice and perform.....

- T reat the condition
- R elieve the symptoms of the condition
- A lleviate the side-effects of any relevant primary med/s
- P revent the condition/recurring

- Support the overall health and well being of the patient in terms of the condition

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