

the existing range of medicines; optimization of the financial results of the pharmacy enterprise providing economic efficiency of the enterprise. The product assortment of a pharmacy is made up of groups such as finished and extemporaneous medicines, medical products, hygiene and sanitation products, biologically active and food additives, homeopathic medicines, etc. The depth of the assortment is characterized by the number of specific names of medicines in each pharmacotherapeutic group. An analysis of medicines in the presence of a pharmacy shows that the largest number in such groups (according to ATC classification) as cardiovascular medicines (15.7%), medicines that affect the digestive system and metabolism (13.1%), medicines for the treatment of diseases of nervous system (11.7%), antimicrobial agents (11.3%), medicines that affect the respiratory system (8.2%), drugs that affect the musculoskeletal system (6.2%).

Among the main factors affecting the formation of the pharmacy assortment, we can single out the restrictions on the legal framework for the procurement and sale of medicines, the demand for medicines, mandatory lists such as minimum assortment of non-prescription medicines, list of free and preferential funds, level of disease of the population in the country, income level and the purchasing power of consumers, therapeutic effectiveness of medicines, competitiveness, seasonality, popularity of the medicines among the population, advertising events, etc.

Conclusions. Factors and principles of assortment formation of a pharmacy have been defined. Structure of assortment according to pharmacotherapeutical groups (ATC classification) has been analyzed.

METHODS OF ENHANCING COMMUNICATION PROCESS BETWEEN PHARMACIST AND PATIENTS

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Introduction. Management is an art form of communication, because communication is a way to deliver and receive necessary information, also communication establishes and develops relationships between individuals, organizations, and governments. Generally, a manager's main functions are planning, organizing, leading, and controlling. Communication is not mentioned simply because it is incorporated into each of these functions. Without communication, the leading aspect of an organization and its employees would be impossible. Communication is, without a doubt, one of the cornerstones of a successful organization. To organize the working process within an organization the manager needs to have a well-designed communication strategy that takes into account all of the unique aspects of the organization, including the personal characteristics of the employees themselves.

Persuasive communication plays an essential role in the providing of health services. In the beginning of 1970s, some studies take part in the United States examining pharmacist-patient interaction and communication and its effect on patient conformity and overall health consequence. In 1997, the World Health Organization (WHO) report called: *Preparing the Pharmacist of the Future: release curricular which* detailing the 7 main roles of the pharmacist, one of which was "communicator". Studies analyze specific interactions between pharmacy students, practicing pharmacists, and patients frequently find examples of communication breakdown belonging to poor communication skills. Pharmacy communication expertise can be improved by learning and training.

Purpose of the study. This study aims to analyze and summarize current scientific literature on methods of improvement of communication expertise of pharmacists.

Material and methods. Novice specialists should have chance to study and practice communication proficiency during their society advanced pharmacy practice experience (APPE) comprise:

- Planning to set up the pharmacist-patient connection;
- international health counseling models;
- dynamic approaches to communication in health literacy education;
- tips for good patients interview;
- key models for good communication process in management of pharmacy;
- basic methods to avoid misunderstanding with patients;
- how we should deal with nonprescription medication consults;
- collaborative relationships with physicians;
- communicating information to physician;
- types of response during conflict resolution;
- how future pharmacist should exercise to develop written and verbal communication with patient.

Results. The following initial substantive theories have already been identified as potentially informing how and why communication skills development might occur in pharmacy:

1. **Experiential theory:** this theory proposes that good communication skills are “*created through the transformation of experience*”. This type of learning is non-formal and is generated through participating in, and observing, experiences in the workplace.

2. **Structured training theory:** this theory posits that communication is not believed to improve through experience alone, and that structured, longitudinal training is needed as skills develop with practice.

3. **Reflective theory:** this theory ascertains that learners must develop self-awareness, recognize their strengths and weaknesses, deal with uncertainty, be able to adapt to new situations and respond to feedback. Reflection is integral to a deep approach to learning and enhanced professional practice.

4. **Relational or creative theory:** Salmon’s theory of creative communication values learning with real patients to improve relational and emotional dynamics.

Pharmacists engaged to use their clinical information and skills to improve the best care for their patients. Patients, in turn, supply pharmacists with the information needed to better manage their remedy. This agreement or commitment is one of the widest concepts for students to learn while on alternation: accepting responsibility for their patient care activities. Strategies pharmacists can use efficient paradigm patient communication include:

- introduce self to patients during an encounter;
- outline for patient what will occur during the encounter;
- demonstrate empathy or caring attitude so that the patient feels at ease;
- discuss with the patients the amount time needed for the encounter;
- discuss the expected outcome of the encounter;
- use feedback strategies throughout the encounter to ensure patient understanding;
- resolve a drug therapy problem in a timely manner;
- ensure sufficient time for patients to ask questions towards the end of the encounter;
- follow up with patients.

Conclusion. Good pharmacist-patient communication promote health outcomes. There is, however, room for developing pharmacists’ communication skills. These develop through complex interactions during undergraduate pharmacy education, practice-based learning and continuing professional development.