TRAINING HANDOUT / CLINICAL PHARMACY · MEDICATION COUNSELLING /
ADAPTED FROM PUBLISHED FRAMEWORK

The CONNECT-6 Counselling Card

Six moves for a motivational medication consultation — worked through one patient, from greeting to commitment.

Prepared by Fahmi Hassan, PhD, Pharmacist **Use** Workshop reference & bench card **Consultation length** 5–8 minutes

PHASE 1 · OPEN — 1 CONNECT
PHASE 2 · EXPLORE & EMPOWER — 2 CLARIFY · 3 COACH · 4 CHECK · 5 CREATE
PHASE 3 · CLOSE — 6 COMMIT

THE CASE RUNNING THROUGH THIS CARD

Encik Rahman Yusof, 58 — hypertension and dyslipidaemia

Refill six weeks overdue. Prescribed amlodipine 10 mg each morning and atorvastatin 20 mg at night. He stopped the statin two months ago after aching legs and something he read about liver damage. He takes the amlodipine only when his head feels heavy. His father had a stroke at 62.

BLOOD PRESSURE TODAY	LDL-C (LAST)	LDL-C TARGET	REFILL OVERDUE
158/94 mmHg	3.8 mmol/L	< 2.6 mmol/L	6 weeks

1 CONNECT — Rapport and trust

Earn the right to ask a difficult question before you ask it.

TOOLKIT

- **Greet and introduce** yourself by name and role
- **Ask permission** to take a few minutes
- **Open question** — how, not whether
- **Reflective listening** without correcting
- **Affirm** the honesty, not the compliance

WATCH FOR

"Are you taking your medicine regularly?" invites a yes and closes the consultation before it opens. Ask what a usual week looks like instead.

PRACTISE

Take the three closed openers you use most and rewrite each as an open question. Test them on the next three patients.

WHAT IT SOUNDS LIKE

PHARMACIST
Good morning, Encik Rahman. I am the pharmacist here. Before we go through the prescription, may I take a few minutes to hear how the medicines have been going for you?
greeting · introduction · permission

PATIENT
Alright. To be honest, I have not been taking all of them.

PHARMACIST
Thank you for telling me. Many people find that hard to say, and it means the advice I give you will actually fit your situation.
affirmation of honesty

PHARMACIST
Tell me what a usual week looks like with these tablets.
open question

2 CLARIFY Diagnose the barrier

Find out what is actually in the way before deciding what to say about it.

TOOLKIT

- **Belief Explorer** — weigh perceived necessity against concerns
- **WHO five dimensions** — patient, condition, therapy, socioeconomic, health-system
- **Sequential probing** — one medicine at a time
- **Reflection** to confirm you heard it right

WATCH FOR

The urge to correct the liver belief the moment it appears. **Finish diagnosing before you treat** — a barrier half-heard is a plan half-built.

PRACTISE

Sort Encik Rahman's barriers into the WHO dimensions. Most will land in *patient* and *therapy* — but check whether cost, clinic distance or supply is hiding underneath.

WHAT IT SOUNDS LIKE

PHARMACIST
You mentioned you stopped one of them. Which one, and what led to that?

PATIENT
The cholesterol tablet. My legs ached, and I read that it damages the liver. Anyway, cholesterol comes from food — I can control that by eating less fried food.

PHARMACIST
So there are two things: the aching legs worried you, and you see cholesterol as something diet alone should be able to handle.
`reflection — names the concern and the necessity belief`

PHARMACIST
Leaving that tablet aside for a moment — for the blood pressure one, is anything making it hard to take daily? Cost, supply, remembering, shift work?
`WHO dimensions`

PATIENT
I take it when my head feels heavy. When I feel fine I skip it. I do not want to depend on medicine.

3 COACH Elicit – Provide – Elicit

Give one message, in their frame, and hand the meaning back to them.

TOOLKIT

- **Elicit** — what they already believe
- **Provide** — one key message, after asking permission; reframe with an analogy or a drawing
- **Elicit** — what they make of it
- **Anchor to their own number**, not a population statistic

WATCH FOR

The **righting reflex** — correcting every misconception at once. Provide one message, then stop and listen. Each extra correction costs you the last one.

PRACTISE

Deliver one key message in under thirty seconds without using the words *you should*, *you must*, or *actually*.

WHAT IT SOUNDS LIKE

PHARMACIST
What have you been told about what the cholesterol tablet does?
`elicit`

PATIENT
It brings the number down in the blood test.

PHARMACIST
That is right. May I add one thing to that?
`ask permission`

PHARMACIST
Food decides part of your cholesterol, but a large share is made by the liver whatever you eat — that is the share this tablet works on. Think of the artery as a pipe: deposit is already forming, and the tablet slows the build-up so the pipe stays open. Blood pressure behaves the same way. It is silent, so feeling well does not mean it is controlled — which is why today's reading is 158 over 94 on a day you feel fine.
`provide — one message · analogy · anchored to his own reading`

PHARMACIST
How does that sit with what you had understood?
`elicit`

PATIENT
I did not know the body makes it on its own. And I assumed no headache meant no problem.

PHARMACIST
About the aching legs — that does happen, and it is worth checking properly rather than guessing. Let me describe it to the doctor today so the dose or the choice of statin can be reviewed. Stopping quietly leaves the risk sitting there.
`addresses the concern without dismissing it`

4 CHECK Readiness and confidence

Two different scores. Low importance needs meaning; low confidence needs a plan.

TOOLKIT

- **Readiness ruler** — importance, 0 to 10
- **Confidence check** — ability, 0 to 10
- **"Why not lower?"** — never *why not higher*
- **"What would move it up?"** to surface the plan

WATCH FOR

"Why only a 7, why not a 9?" makes the patient defend their reluctance. **Asking why not lower makes them argue for change in their own words** — and their words are the ones that hold.

PRACTISE

Score both rulers on your next five counselling patients and note the gap. A 9/3 patient and a 3/9 patient need opposite consultations.

WHAT IT SOUNDS LIKE

PHARMACIST
On a scale of 0 to 10, how important is it to you to take the blood pressure tablet every day — whether or not you feel unwell?
`readiness ruler`

PATIENT
Maybe a 7.

PHARMACIST
What makes it a 7 rather than a 3?
`why not lower`

PATIENT
My father had a stroke at 62. I do not want that.

PHARMACIST
And how confident are you that you could take it every morning for the next month — again, 0 to 10?
`confidence check`

PATIENT
About a 5. Mornings are rushed.

PHARMACIST
What would move that 5 to a 7?
`hands him the pen`

5 CREATE Ownership of the plan

The patient builds it; you stress-test it.

TOOLKIT — THE COLLABORATION SEQUENCE

- **1. Invite** collaboration, do not announce a solution
- **2. Offer options**, at least two, never one
- **3. Ask which fits** their actual day
- **4. Confirm and stress-test** — what could get in the way?

WATCH FOR

A single option is **an instruction wearing a disguise**. Offering three and letting the patient choose is what converts advice into a plan they own.

PRACTISE

Take an instruction you give daily — "take it in the morning" — and turn it into three options plus a choice question.

WHAT IT SOUNDS LIKE

PHARMACIST · 1
Shall we work out together how that morning tablet can survive a rushed morning?
`invite`

PHARMACIST · 2
Some patients keep the tablet beside the kettle. Some set one alarm on the phone. Some fill a weekly pill box every Sunday night. None of them is the correct answer — which is closest to how your mornings actually run?
`options, not instructions`

PATIENT · 3
The pill box. My wife makes coffee every morning. If the box sits next to the kettle, I will see it.

PHARMACIST · 4
So the plan is: fill the box on Sunday night, keep it beside the kettle, take the tablet with the first coffee. Have I got that right? And what could get in the way in the first week?
`confirm · stress-test`

PATIENT
Only if I travel for work.

PHARMACIST
Then let us decide now what happens on a travel day, while it is still easy to decide.

6 COMMIT Affirmation and close

Nothing leaves the room unstated: the plan, the number, the next contact.

TOOLKIT

- **SMART summary** in one sentence, said aloud
- **Verbal commitment** — 0 to 10, how likely to start
- **Affirm the reasoning**, not the obedience
- **Follow-up and safety net** with a named trigger to call back

WATCH FOR

"Any questions? Alright, next patient." A consultation that ends on a question mark ends without a plan. Close on the summary, the score and the date.

PRACTISE

Write your closing summary for Encik Rahman in one sentence containing a dose, a cue, a start date and a review date.

WHAT IT SOUNDS LIKE

PHARMACIST
To summarise: from tomorrow, one amlodipine 10 mg with your first coffee, from a box you fill on Sunday nights. I will note the aching legs for the doctor today, and we settle the cholesterol tablet once she has reviewed you.
SMART — specific · measurable · time-bound

PHARMACIST
From 0 to 10, how likely is it that you start tomorrow?
verbal commitment

PATIENT
Nine.

PHARMACIST
You worked that plan out yourself and it fits a real morning. That is what makes it likely to hold.
affirms his reasoning, not his compliance

PHARMACIST
Come back in four weeks and we will look at the reading together. If the aching returns, or you feel dizzy, contact us before then rather than stopping on your own.
follow-up · safety net

TEAR-OFF

Phrase bank and end-of-consultation check

Opening

- "May I take a few minutes to hear how the medicines have been going?
- "Tell me what a usual week looks like with these tablets.
- "Thank you for telling me — that helps me give advice that fits.

Exploring

- "What led to that decision?
- "So there are two things — … and …
- "Besides that, is anything else making it hard? Cost, supply, remembering?

Before you inform

- "What have you been told about what this does?
- "May I add one thing to that?
- "How does that sit with what you had understood?

Measuring

- "On a scale of 0 to 10, how important is this to you?
- "What makes it a 7 rather than a 3?
- "What would move that up by two points?

Planning

- "Shall we work this out together?
- "Some patients do A, some do B, some do C. Which is closest to your day?
- "What could get in the way in the first week?

Closing

- "To summarise: from tomorrow, …
- "How likely is it, 0 to 10, that you start tomorrow?
- "If … happens, contact us before then rather than stopping.

BEFORE THE PATIENT LEAVES, DID YOU…

- ☐ **Ask before informing** — at least once
- ☐ **Reflect a barrier back** in the patient's own words
- ☐ **Give one message**, not five
- ☐ **Take two scores** — importance and confidence
- ☐ **Offer options** rather than an instruction
- ☐ **State a plan, a start date and a review date** aloud

About this handout. A training adaptation of the CONNECT-6 framework for patient-centred medication counselling. The steps and tools follow the published framework; the case, dialogue, pitfalls and practice tasks here were written for workshop use and do not reproduce the published figure.

Source framework. Hassan F, Hatah E, Balan S, Jagan N, Abdul Majid HS, Wan Abdul Samad WUS, Arsad A. Shifting pharmacist medication counselling from directive monologue to collaborative dialogue using the CONNECT-6 framework: a mixed-methods pre–post interventional validation study. *Research in Social and Administrative Pharmacy*. 2026;22(7):764–774. doi:10.1016/j.sapharm.2026.03.008