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Original Research

A Qualitative Assessment of the Practice Experiences of Certified Diabetes Educator Pharmacists


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ABSTRACT

Objective: To describe the practice experiences of Certified Diabetes Educator (CDE) pharmacists in Saskatchewan and determine what impact the CDE designation has had on their personal practices.

Methods: A qualitative research approach was used. All pharmacists in Saskatchewan were e-mailed about the study, and eventually, a purposive sampling method was used to select a range of CDE pharmacists. Semistructured, in-person interviews were performed. An interview guide was developed to assess the work activities performed, the benefits of becoming a CDE and the challenges and resultant solutions that optimize their CDE designations. All interviews were transcribed verbatim and coded using deductive thematic analysis to identify the main themes that described the experiences of respondents, with the aid of QSR NVivo.

Results: A total of 14 CDE pharmacists from various communities and work settings chose to participate. All of the participants indicated they were engaging in increased diabetes-related activities since becoming CDEs. All participants indicated they were happy with their decisions to become CDEs and described numerous benefits as a direct result of achieving this designation. Although some solutions were offered, participants still face challenges in optimizing their role as CDEs, such as devoting enough time to diabetes management and remuneration for providing diabetes services.

Conclusions: CDE pharmacists in Saskatchewan report performing enhanced diabetes-related activities subsequent to becoming CDEs and that obtaining this designation has had a positive impact on their personal practices. A larger, cross-country study is necessary to determine whether these results are consistent amongst all pharmacists in Canada.

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R É S U M É

Objectif : Décrire l'expérience pratique des pharmaciens éducateurs agréés en diabète (ÉAD) de la Saskatchewan et déterminer les conséquences liées au titre de ÉAD sur les pratiques individuelles.

Méthodes: La recherche selon l'approche qualitative a été utilisée. Tous les pharmaciens de la Saskatchewan ont reçu un courriel à propos de l'étude. Par la suite, une méthode d'échantillonnage raisonné a été utilisée pour sélectionner un éventail de pharmaciens ÉAD. Des entretiens semi-structurés en personne ont été réalisés. Un guide d'entretien a été mis au point pour évaluer les activités professionnelles réalisées, les avantages et les inconvénients liés au titre de ÉAD ainsi que les solutions engendrées qui optimisent leur titre de ÉAD. À l'aide du logiciel NVivo de QSR international, tous les entretiens ont été transcrits textuellement et encodés selon l'analyse thématique déductive pour déterminer les thèmes principaux qui décrivaient l'expérience des répondants.

Résultats: Un total de 14 pharmaciens ÉAD provenant de communautés et de milieux de travail divers ont choisi de participer. Tous les participants ont indiqué avoir pris part à plus d'activités liées au diabète depuis l'obtention de leur titre de ÉAD. Tous les participants ont indiqué être satisfaits de leur décision de devenir ÉAD et ont décrit les nombreux avantages comme une conséquence directe de l'obtention de ce titre. Bien que certaines solutions aient été proposées, les participants se heurtent encore aux difficultés

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liées à l'optimisation de leur rôle de ÉAD comme le fait de consacrer assez de temps à la prise en charge du diabète et la rémunération liée à la prestation de services aux personnes diabétiques.

Conclusions : Les pharmaciens ÉAD de la Saskatchewan rapportent avoir réalisé plus d'activités liées au diabète depuis qu'ils sont ÉAD et que l'obtention de ce titre a eu des conséquences positives sur leur pratique individuelle. Une étude pancanadienne plus vaste est nécessaire pour déterminer si ces résultats sont uniformes chez tous les pharmaciens du Canada.

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Introduction

Diabetes has been called one of the greatest health crises of the 21st century (1). Currently, there are more than 9 million Canadians living with or at risk for developing diabetes (2). With increased incidence and prevalence rates come additional pressure on the healthcare system and a corresponding increased need for resources to help manage this chronic condition.

Ideally, people with diabetes are taught the importance of self-management through diabetes education. Diabetes education has been a recognized cornerstone of diabetes care, and education contributes to improved self-care and glycemic control in patients with diabetes (3,4). Increasingly, healthcare professionals are seeking certification as diabetes educators as recognition of specialization in diabetes management. In Canada, this certification is offered through the Canadian Diabetes Educator Certification Board (CDECB). There are currently 3760 certified diabetes educators (CDEs) in Canada, of which 1379 are pharmacists (personal communication, CDECB, March 3, 2014). As a profession, pharmacists represent one-third of all CDEs in Canada and are the fastest growing segment of CDEs in Canada (5).

Given their accessibility and recent earnestness in seeking the CDE designation, an enormous opportunity exists for pharmacists to become more involved in diabetes education and management. However, it is not clear what impact, if any, becoming a CDE has had on pharmacists themselves and the patients for whom they provide diabetes-related services. The purpose of this study was to elucidate which diabetes-related activities CDE pharmacists are engaging in, what the impact of becoming a CDE has had on their personal practices and what challenges (and corresponding solutions) CDE pharmacists face when they engage in educating people about diabetes management.

Methods

A qualitative and descriptive method of investigation was used. Such an approach is preferred when a straight description of an event is desired and provides a comprehensive summary of people's experiences as they occur in everyday life (6).

Participants were chosen using a purposive sampling method to select a range of CDE pharmacists practicing in Saskatchewan. Information about the study was e-mailed to all licensed pharmacists in Saskatchewan for whom the Saskatchewan College of Pharmacists had an e-mail address. Those pharmacists who were interested in participating were asked to contact the study investigators directly, and a small honorarium was offered to participants for their participation.

For data collection, individual, face-to-face, semistructured interviews were scheduled; the same investigator was used for all interviews. Interviews were performed between June and September 2012 at times and locations chosen by the participants. Interview data were collected via written notes and audio recordings. Once all interviews were completed, they were transcribed verbatim by a separate experienced transcriber and

double-checked against the recording for accuracy. All participants were provided their transcripts as member checks.

A validated interview guide to describe CDE pharmacists' experiences in diabetes management could not be found, so one was constructed for the goals of this study. The interview guide contained a list of open- and close-ended questions derived from both Canadian and international literature (7–18). The interview guide consisted of 5 components: description of work activities, benefits of a CDE designation, challenges related to providing diabetes services, corresponding possible solutions and respondents' demographics. Each component included between 4 and 8 questions with a number of probes. The interview guide was reviewed independently by pharmacists and nonpharmacists to support face validity prior to the commencement of data collection and was piloted by 1 CDE pharmacist. The interview guide is available on request from the corresponding author. The study was approved by the University of Saskatchewan's Behavioural Research Ethics Board.

Data Analysis

Braun and Clarke's 6 phases of thematic data analysis was followed (19). To facilitate the organizing and analyzing process, QSR NVivo v. 10 software (QSR International, Burlington, Massachusetts, United States) was utilized. Once deductive thematic analysis was performed (whereby the data were coded, as it seemed appropriate to the researcher, with a predetermined outline in which the data fit), an external auditor experienced in qualitative research reviewed the findings.

Results

A total of 14 CDE pharmacists expressed interest in the study, and all 14 agreed to participate; all but 1 were female. There was an equal mix of pharmacists practicing in rural and urban communities. The majority of participants described their primary practice sites as community pharmacies, although 4 of these participants indicated they also worked in diabetes clinics outside of their pharmacies. Four participants were employed in institutional settings (hospital pharmacy or primary care centres) or with government. Overall, participants had been licensed for an average of 24 years, and their experience as CDEs ranged from 1 to 14 years.

From the transcribed interviews, 755 significant statements were extracted, reflecting the practice experiences of CDE pharmacists; 200 cluster themes were formed, and they further merged into 4 main themes (Table 1).

Theme 1: Work activities of CDE pharmacists

The work activities described by respondent CDE pharmacists were broken down into 4 subcategories: diabetes education, follow up, recommendations and referrals, and peer assistance and program development. Regarding diabetes-specific education, all participants identified education about drug therapy as the most frequent activity they performed. They believed that one of their

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