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Research Note

Mentoring pharmacy staff to implement a medication support service: An evaluation of process and outcomes

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ABSTRACT

Introduction: To investigate the effectiveness of mentoring of pharmacy staff as they implemented a medication support service for mental health consumers. In particular, to show the relevance and applicability of Kram's four phases of mentoring to short-term mentoring relationships, the type of mentoring functions provided, and the value of utilising a pharmacist-consumer mentoring pair.

Method: 163 pharmacy staff (mentees) each participated in a one-day workshop prior to implementing the service and being mentored over a period of six months. Data were collected from mentees via pre- and post-training questionnaires, and from mentors in the form of diaries, field notes, and a focus group. Quantitative and qualitative analyses were employed.

Results: Kram's 4-phase model is relevant and applicable to short-term mentoring relationships. Mentoring functions increased after initiation, peaked during cultivation, and decreased during separation and redefinition. According to the mentors, both mentees and mentors benefited from utilising a pair of mentors, each of whom had particular knowledge, experience, and perspectives to share.

Conclusions: This study extends mentoring research by showing that Kram's four phases could be intentionally integrated into the planning and implementation of mentoring relationships; moreover in short-term relationships. In addition, it has identified the particular mentoring functions that are sought and provided in different phases of relationships and that quantity of mentoring changes over the course of a relationship. Further, the study has found that mentees benefit from pairs of mentors (in this case a pharmacist and a consumer or carer) who provide different insights, knowledge and perspectives. Individuals and health-related organisations embarking on mentoring could use these findings as a guide to develop successful mentoring relationships, particularly when implementing a new service.

Introduction

The purpose of this paper is to report on the process and effectiveness of mentoring provided to community pharmacy staff as they implemented a medication support service for mental health consumers. Over the past 30 years, the care of consumers with mild to moderate depression or anxiety has increasingly shifted to primary healthcare providers at the community level.¹ Although

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appropriate use of medication is integral to effective management of mental health care conditions, medicine use and adherence is often poor and consumers experience issues accessing treatment.^{2,3} It has been proposed that in order to achieve better outcomes for mental health consumers, healthcare providers including community pharmacists need to provide collaborative and integrated care to support the recovery process.^{2,4-8}

Indeed, as community pharmacists are often the first point of contact for people accessing the healthcare system, and continue to interact with consumers when dispensing repeat prescriptions, they are in a strong position to assist mental health consumers with medication-related issues.⁹ To explore processes and strategies for community pharmacy staff to become more effective in supporting consumers to better manage their medication, a three-stage research project was undertaken over a period of three years. Stage One provided insight into the medication needs of mental health consumers and carers, particularly their experiences and expectations of community pharmacy.¹⁰⁻¹³ Stage Two was the development and delivery of a comprehensive online educational programme to assess and improve pharmacy staff members' knowledge, skills and attitudes for working with mental health consumers.¹⁴⁻²⁰ Stage Three saw the development and implementation of a medication support service whereby community pharmacists worked in partnership with consumers, carers, and other health professionals and support staff to improve mental health consumers' medication-related issues.

It was considered that a key factor for success in Stage Three would be the education and support provided to pharmacy staff prior to and during implementation of the medication support service.²¹ Accordingly, a strategic training and mentoring process was used to educate and support pharmacy staff throughout the duration of the service. It is the implementation, application and evaluation of this training and mentoring process that is the focus of this paper.

The medication support service

The medication support service involved community pharmacy staff providing medication management support in a goal-directed, individualised, flexible way to mental health consumers in partnership with carers, other health professionals and support workers. Pharmacists and support staff worked with each consumer over a recommended 3–6 month period to individually tailor the intervention process in terms of frequency of follow-up contacts and methods of communication. The service required six steps to be completed by pharmacy staff: (1) recruitment of consumers; (2) assistance with consumer documentation; (3) conduct an initial health review; (4) develop a medication support plan with consumers; (5) provide ongoing support during the course of the service; and (6) complete a final health review and evaluation. Overall, 100 community pharmacies, from three areas of Australia (Queensland, Western Australia, and northern New South Wales) consented to trial the service.¹ To increase the likelihood of success of the service, a comprehensive educational and support package, comprising training and mentoring, was provided to pharmacy staff during the period of implementation.

Mentoring relationships

Kram²² identified four phases through which a mentoring relationship progresses: initiation, cultivation, separation, and redefinition (Fig. 1). During the *initiation* phase, the focus is on the development of skills, knowledge, and learning; mentees seek information, advice, counselling, and feedback.²³ Mentoring relationships then enter the *cultivation* phase, which is the point where most mentor support is needed. Zachary²⁴ refers to this as the 'negotiating' and 'enabling' phase; mentees ask questions, seek constructive feedback, observe their mentor in action, and adopt new and improved learning strategies. The mentor aims to build the mentee's self-efficacy and confidence.²³ As the relationship moves into the *separation* phase, the mentee becomes autonomous and is better able to operate independently. The mentee and mentor acknowledge progress, express appreciation, and celebrate achievements.²³ During this phase the contact lessens and the mentor's efforts decrease; a natural closure occurs because the mentee's program has ended. The fourth and final phase is *redefinition*. The mentee becomes more independent and self-regulatory in their learning, initiates new support systems, and internalises what they have learned from the mentoring relationship.²³ In the same way as mentoring relationships change over time, so too do the mentoring functions provided at each phase of the relationship, with some functions becoming more or less important at any given time. For example, several researchers proposed that mentoring functions increase after the initiation phase, reach a peak during the cultivation phase, and decrease through the final phases.^{22,23,25} Refer to Fig. 1 for phases of process.

Kram's²² model was developed as a result of her in-depth examination of 18 long-term developmental relationships (average length of about 5.5 years). Hence, the mentoring phases were identified as occurring over a substantial period of time. Although the mentoring process described in this study was not intentionally designed around Kram's four phases, it was the intention of the current study to investigate whether these same phases are relevant and can be applied to short-term mentoring relationships such as those provided to pharmacy staff over a six-month period. Further, to examine whether, as previously predicted, the functions provided by mentors change over the course of the relationship. Ethics approval was granted and all standard ethical procedures were followed.

¹ The perceptions and evaluations of pharmacy staff that participated in the intervention is reported in Hattingh et al.³⁶ The impact of the medication support service on consumer outcomes is reported in McMillan et al.³⁷

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