



Research

The pharmacist role in dermatologic care

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Abstract

Objective: Pharmacists play a crucial role in the management and education of patients with dermatologic disease. However, there is little formal dermatologic education provided in pharmacy school or post-graduate training. Additionally, dermatologists and pharmacists have identified boundaries to patient care that are largely due to weak communication between the two professions. To improve pharmacists' dermatologic knowledge and interprofessional relations, the Dermatology Symposium for Pharmacists was developed.

Methods: Pharmacists were recruited to participate in the symposium on a state level. Pre- and post-test survey questions were administered using an audience response system, which tested frequency of dermatology encounters in the pharmacy, pharmacist perceptions of dermatology, and case-based questions correlating with each lecture.

Results: A total of 83 pharmacists attended the symposium, the majority of whom make at least one dermatological recommendation daily. Paired *t*-test assessed the differences between scores of pre- and post-test questions on dermatologic knowledge, which showed mean scores of 6.36 and 9.89 before and after the symposium ($p \leq 0.0001$), respectively. The symposium had a significant impact on attendees with 65% saying they were more likely to recommend over-the-counter skin care products and 89% feeling more comfortable with dermatology referral. Methods to improve interprofessional care were developed during the panel discussions.

Conclusion: The pharmacists attending this symposium were enthusiastic about learning more regarding dermatologic disease. The use of case-based interactive learning permitted dermatology teachers to identify knowledge gaps for an audience with

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whom they had no prior experience. We believe the symposium also improved the interprofessional relationship between pharmacists and dermatologists regionally.

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Introduction

Pharmacists are often the initial source of advice regarding over-the-counter (OTC) treatment for many patients with mild dermatological diseases. They may choose to accept the responsibility of determining whether a patient might respond to OTC treatment or whether he/she should be referred to a primary care physician or dermatologist. In any event, they are an important member of the health care team.^{1,2} Pharmacists provided initial OTC treatment for 39% of those with dermatological conditions as shown by a recent survey.³ Patients are often satisfied with the dermatological recommendations made by pharmacists, and in certain settings, their efforts have been shown to be cost-effective.⁴ In Sweden, a national campaign to improve pharmaceutical care of patients with skin disease saved 5–10% for the total dermatology health cost burden when the assistance of pharmacists was employed.^{5,6} Further benefits may come from pharmacists discouraging the use of OTC products that would be unnecessary or harmful for a patient's individual condition, such as long-term use of OTC topical steroids.⁷ Conversely, the trend toward using technicians at retail settings and the increased prevalence of mail-order pharmacies may insulate the pharmacist from providing effective medication counseling regarding potential adverse reactions and prevent the promotion of medication adherence.⁸

There is very little scientific interchange between dermatologists and pharmacists in the United States and a paucity of academic opportunities for pharmacists to learn dermatology. The annual meetings of the American Pharmacists Association, the American College of Clinical Pharmacy, and the American Society of Consultant Pharmacists revealed minimal coursework on dermatology-related diseases and treatments over the years 2009–2011. Out of 40 continuing education (CE) online modules, the American Society of Consultant Pharmacists offered only one module for three continuing education credits on dermatological disorders of the elderly and no live CE opportunities on dermatology.⁹ The American College of Clinical Pharmacy, as part of their Updates in Therapeutics conference, offered a one-hour review course on dermatology for ambulatory care pharmacists, out of a total of 27 contact hours.¹⁰ Finally, the monthly continuing education journal *US Pharmacist* rarely publishes articles geared toward dermatology topics, such as dermatological drug interactions.

Because of the wide variation in the depth and breadth of knowledge about skin disease among pharmacists, many

pharmacists have suboptimal training in treating patients with dermatologic disease, and many do not feel comfortable participating in dermatologic care. This could possibly be optimized if the dermatology community played a more active role in advising and educating pharmacists. Our task force of dermatologists and pharmacy professionals created a formal CE symposium entitled “A Dermatology Practicum for Pharmacists: a Dialogue between Pharmacists and Dermatology Practitioners” (Fig. 1). The pharmacists attending this program served concomitantly as subjects of this study to allow for assessment of general attitudes toward dermatologists, knowledge and skills in caring for dermatologic problems, and the type and quantity of the dermatology services that pharmacists provide.

Methods

The Northeast Ohio Medical university (NEOMED) Dermatology Primer for Pharmacists was a ten-hour long didactic symposium, taught by academic dermatologists from private practice settings specifically for pharmacists to fulfill the following objectives:

- Discuss basic dermatologic concepts to allow pharmacists to effectively triage patients for appropriate OTC treatment vs. referral to a physician.
- Enhance pharmacists' knowledge of appropriate treatment as well as possible adverse reactions and interactions of dermatologic drugs.
- Attempt to clarify barriers and possible improvements to the current interprofessional relationship between dermatologists and pharmacists.

Using the Ohio State Board of Pharmacy Database, 4000 pharmacists in northeast Ohio were invited to the conference using electronic symposium e-mail flyers and mailed printed brochures (Fig. 1). All pharmacists within the geographic region were included in the invitation to the symposium regardless of their setting of practice. The symposium flyer was also available on the NEOMED website. Seven lectures were developed on what were thought to be the most clinically relevant topics to pharmacists as established by prior literature review. These included the following: dermatologic medication adherence, the importance of vehicle in topical treatment, Herpes infections, warts, urticaria, eczema/psoriasis, and skin and skin structure infections (SSSIs). Two case-based test questions were presented before and after each of the eight clinical lecture topics to document any short-term

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