



ELSEVIER

Contents lists available at ScienceDirect

Currents in Pharmacy Teaching and Learning

journal homepage: www.elsevier.com/locate/cptl

Experiences in Teaching and Learning

Design of a 15-month interprofessional workplace learning program to expand the added value of clinical pharmacists in primary care

Ankie Hazen^a, Esther de Groot^{a,*}, Han de Gier^b, Roger Damoiseaux^a, Dorien Zwart^a, Anne Leendertse^a^a University Medical Centre Utrecht (UMCU) Julius Centre for Health Sciences and Primary Care, Universiteitsweg 100, 3584 CG Utrecht, The Netherlands^b University of Groningen - Groningen Research Institute of Pharmacy, Unit of Pharmacotherapy, Epidemiology & Economics, Antonius Deusinglaan 1, 9713 AV Groningen, The Netherlands

ARTICLE INFO

Keywords:

Clinical pharmacists
General practice
Workplace learning
Direct patient care

ABSTRACT

Background and purpose: Clinical pharmacists who work in the general practice settings bring an improvement to patient care and outcomes. Postgraduate training for an independent clinical role does not often occur in the primary health care setting. When it does, the design of the curriculum is infrequently based on interprofessional workplace learning principles and it does not always integrate practical experience with classroom-based learning activities. This could lead to situations where clinical pharmacists are insufficiently trained to apply clinical reasoning skills and direct patient care in the general practice setting.

Educational activity and setting: A program was designed, including competencies and learning objectives, based on results from focus group interviews with stakeholders and the literature on interprofessional workplace learning. Ten participants were selected for a pilot run of the program and were asked several times for their opinion about the program.

Findings: A 15-month training program was offered to pharmacists who became clinical pharmacists with the responsibility to perform patient consultations in general practice. The program was based on interprofessional workplace learning principles and facilitated the participants' skill in connecting the evidence, the patients' perspective and their own professional perspective. The 10 participating pharmacists were satisfied with the program.

Discussion and summary: The training program provided increased opportunities to clinical pharmacists to add value in general practice. The training program enabled pharmacists to advance their skills in direct patient care and to improve the alignment between different professionals in the primary care domain.

Background and purpose

The role of pharmacists is changing and there is a shift from 'dispensing pharmacy' to providing pharmaceutical care.¹ Such developments lead to a demand for more clinical pharmacists in order to support the move away from dispensing activities.² Clinical

* Corresponding author.

E-mail addresses: a.c.m.hazen@umcutrecht.nl (A. Hazen), e.degroot@umcutrecht.nl (E. de Groot), j.j.de.gier@rug.nl (H. de Gier), r.a.m.damoiseaux@umcutrecht.nl (R. Damoiseaux), d.l.m.zwart@umcutrecht.nl (D. Zwart), a.j.leendertse-3@umcutrecht.nl (A. Leendertse).<https://doi.org/10.1016/j.cptl.2018.01.006>

1877-1297/© 2018 Elsevier Inc. All rights reserved.

pharmacists in contrast with dispensing pharmacists are required to assume clinically focused roles and work in a patient-centered manner within a team of healthcare professionals.²

Hence, a large diversity of educational programs is offered within formal graduate, post-graduate and specialization programs, that lead to a range of job titles such as Advanced Practice Pharmacist and Clinical Pharmacist Practitioner.³ Many of these programs train participants to be able to assume the role of clinical pharmacists on the ward in a hospital environment, with single exceptions, for example, the program “Developing Clinical Pharmacists In General Practice” in the United Kingdom (UK).⁴ In a few countries, for example, Canada, the United States (US), and the UK, the role of the clinical pharmacist in primary care settings exists.^{3,5-8} But in many other countries, clinical pharmacists work within their community pharmacy rather than at the workplace of the general practice.⁹⁻¹¹ A case has been made that states that clinical pharmacists should be located within general practice on a full-time basis in order to achieve an improvement in patient care.⁶

A few advanced training programs exist for pharmacists who intend on working within the general practice setting, for example, medication therapy management services through consultations with patients. The development of the programs and the establishment of clinical training sites does not always happen in tandem, thereby making theoretic course content less cohesive with clinical practice.³ Dual training in general practice is essential in order to prepare pharmacists for the new role that requires the acquisition of specific competencies and skills in addition to knowledge.¹² For example, general practitioners (GP) take a more longitudinal perspective on patient care and on monitoring patients in time than physicians working in a hospital environment. Clinical pharmacists aspiring to work in general practice therefore need exposure to this manner of working and reasoning in order to participate as an effective team member.^{13,14} Also, the role of clinical pharmacists in general practice is complicated given that in some countries, controversies prevail concerning their independence and tasks.¹⁵ Without training, presumed advantages of clinical pharmacists probably do not sufficiently materialize, for example in the Netherlands where pharmacists follow graduate training with a focus on pharmaceutical product knowledge and have limited training on patient-centered communication,¹⁶ clinical reasoning, or interprofessional collaboration.

The presence of clinical pharmacists within general practices has been nonexistent in the Netherlands until recently, but the need for such a new professional role has been acknowledged,¹⁷ as was the necessity to train these professionals.¹³ Therefore, we have developed a 15-month program for pharmacists aspiring to become clinical pharmacists. The program is characterized by a dual track comprised of classroom meetings and simultaneous practice experience. This design assisted professionals to learn in an inter-professional manner in the workplace, through co-location of pharmacists within the general practice. Furthermore, a clear connection to a classroom setting was provided where participants could reflect on experiences and practice new skills.^{18,19}

This program was not a certificate, nor a training involving different internships, but a dual program where pharmacists learned to perform fully integrated pharmaceutical care in one specific general practice from the inception of their training program. One of the important assumptions in the design of this workplace learning program has been the demand for good interprofessional collaboration between diverse healthcare professionals. Interprofessional collaboration was felt necessary for successful integration of clinical pharmacists in general practice.¹⁴ Acquiring such collaboration skills calls for a training program that offers ample opportunities for interprofessional learning.^{20,21} In line with the argument presented by Fox and Reeves,²² we anticipated that sufficient attention for interprofessional competencies is closely related to patient-centered care because the patient benefits from a better alignment between different professionals.

Within the literature on the role of clinical as well as community pharmacists, the need for improved communication with patients and their involvement in decision making has been identified.²³ Professionals, even those who had worked as a pharmacist in a community pharmacy, needed new skills to achieve partnership with patients to become trusted partners of patients.²⁴ Therefore, during the classroom meetings, the participants learned to work with a structured communication model for consultations, the Cambridge Calgary model, which has been widely used in postgraduate specialty training for GPs (see Table 1).²⁵ This communication model describes the process of an effective interview and assisted pharmacists in conducting consultations with patients within the general practice setting.

Again, the learning of participants was facilitated through a blend between the formal classroom and the general practice setting. First, they theoretically learnt about the model, then they applied it during their days in the general practice, and finally they reflected on their progress during later classroom meetings.

The objective of this article is to describe the design of the training program and discuss some general findings from the evaluation of this program. Elsewhere will be reported how the program has been studied within a trial design, studying whether medication-related hospitalizations are prevented as a result of the clinical medication reviews carried out by the clinical pharmacists, and on how interprofessional learning occurs between clinical pharmacists and GPs.¹⁷

Table 1
The tasks in the Cambridge Calgary Model.

-
1. Initiating the session;
 2. Rapport building;
 3. Information gathering;
 4. Information giving and planning;
 5. Closing the session
-

Download English Version:

<https://daneshyari.com/en/article/6839916>

Download Persian Version:

<https://daneshyari.com/article/6839916>

[Daneshyari.com](https://daneshyari.com)