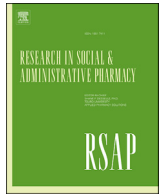




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Thoroughness of community pharmacists' assessment and communication using the patient care process

Mohammad B. Nusair ^a, Lisa M. Guirguis ^{b,*}

^a Faculty of Pharmacy, Yarmouk University, Irbid, Jordan

^b Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta, Edmonton, AB, Canada

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ABSTRACT

Background: The patient care process (PCP) was adopted to move community pharmacy practice from the traditional dispensing role to a more professional level of patient care. However, research has not yet empirically characterized how pharmacists conduct the PCP in community pharmacies.

Objectives: This study characterizes how pharmacists employ the PCP when evaluating medication appropriateness in a simulated community pharmacy setting.

Methods: A mixed methods analysis was employed to analyze simulated patient-pharmacist interactions (i.e., consultations), and concurrent think-aloud (checking sessions). Transcripts were quantitatively coded for elements of the PCP. A generic qualitative approach was used to explore how pharmacists provided care.

Results: Almost all pharmacists checked for medication indication, safety, and manageability at the end of the process when releasing the medication to the patient. Still, most pharmacists gathered insufficient information to fully evaluate medication appropriateness. Six overarching themes described consultations and checking sessions: missed opportunities, the absence of personalized assessments, reliance on routines, nonspecific questions, communication style, and response to patient cues. The quantitative and qualitative findings together created a picture of incomplete assessments which were driven by technical routines and medication-focused communication.

Conclusion: Overall, the majority of pharmacists completed most of the patient-care process. Even so, pharmacists did not complete a full assessment of medication appropriateness. Patient care tasks were driven by routines and occurred at the end of the process, whereas the initial patient assessment and prescription check were mainly devoted to technical activities. Pharmacists had opportunities to enhance patient-centered communication by engaging patients in dialogue and recognizing patient emotional cue.

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1. Introduction

Pharmacists' roles have been expanding over time. Community pharmacists are expected to engage at a higher level of practice to improve patient outcomes.^{1,2} One approach to providing this level of care to patients in pharmacy is the patient care process (PCP).³ The PCP has been adopted to move community pharmacy practice from the traditional dispensing role to a more professional level of patient care.^{2,4} The PCP has been described regarding the

activities and responsibilities. However, research has not yet empirically characterized how pharmacists conduct the PCP in community pharmacies. There are three major steps in the PCP: assessment of the patient's medical problem and drug therapies to identify drug therapy problems, care plan development, and follow-up evaluations.³

The identification of drug-related problems requires analyzing the sociological, pathophysiological, and pharmacological knowledge of the patient, disease, and drug therapy information, respectively.³ This identification occurs in a logical and systemic manner using pharmacotherapy work-up (PTW) during the assessment step of the PCP.³ The PTW is a rational decision-making process that assumes two sets of responsibilities. First, assurance that the patient's drug therapy is indicated, and that this therapy is

* Corresponding author. Faculty of Pharmacy and Pharmaceutical Sciences, Edmonton Clinic Health Academy, University of Alberta, 11405 - 87 Ave., Edmonton, AB, T6G 1C9, Canada.

E-mail address: lisa.guirguis@ualberta.ca (L.M. Guirguis).

Abbreviations

PCP	Patient Care Process
PTW	pharmacotherapy work-up
RPh	Pharmacist

the most effective, safest available, and convenient drug therapy to be taken as indicated. Second, the duty to identify, resolve, and prevent drug-related problems.^{3,4}

In a pilot study, real-life consultations and a concurrent think-aloud were used to characterize how pharmacists gather information and evaluate medication appropriateness in a community pharmacy setting.⁵ Pharmacists gathered insufficient information and made incomplete assessments using the PTW. The use of real-world scenarios introduced variabilities in data and case complexity. Knowledge about patients' information (e.g., medication history) was not available, and a few patients' medications or medical conditions could not be identified.⁵ Therefore, a simulated patient was employed to resolve these limitations and provide a richer description of pharmacists' patient care.

2. Objectives

The purpose of this study was to characterize how pharmacists employ the PCP when evaluating the appropriateness of medication therapy in community pharmacy settings. Specific objectives were to 1) describe what elements of the PCP pharmacists use during patient consultations and when checking prescriptions and 2) characterize how pharmacists integrate the overall PCP into practice using the themes identified in the pilot study and identify new themes that arose.

3. Methods**3.1. Research design**

This study employed an embedded concurrent mixed method design.⁶ The converging of quantitative and qualitative thematic analyses allows for a thorough description of how pharmacists applied the PCP in a simulated case scenario. The data consist of concurrent think-aloud and two types of consultations (i.e., prescription drop-off and medication pick-up). Concurrent think-aloud (i.e., checking session) refers to pharmacists' verbalization of what they were thinking of and doing while processing and filling the prescription (i.e., thinking aloud). This research received ethics approvals from the Health Research Ethics Board at the University of Alberta.

3.2. Sample

Participants in this study come from a larger study collected in September 2014. Pharmacy managers from a chain pharmacy in a Canadian Province were invited to participate in this study.

3.3. Procedure

One investigator scheduled data collection at the pharmacists' convenience, informed the pharmacist of the study, and obtained informed consent. The same investigator also took the role of the simulated patient and sat in front of pharmacists in all simulations.

3.4. Data collection and simulated case scenario

A simulated case scenario was developed and designed to describe how pharmacists evaluate the appropriateness of therapy. The case had clear opportunities to check for PTW elements (Appendix 1). To avoid refill bias assessments (i.e., pharmacists assumption of patients understanding of therapy when it is a refill),⁵ the prescription in the simulated case was for a new medication for a chronic condition.

In this simulation, pharmacists were asked to accept the prescription from a new patient in a typical fashion (i.e., drop-off). Pharmacists were then requested to check the prescription while verbalizing their thoughts (i.e., checking session). Following the checking session, a second interaction with the simulated patient occurred (i.e., pick-up). This interaction was designed to simulate the patient-pharmacist interaction during prescription pick-up. Simulated patient-pharmacist interactions and think-aloud took place in the consultation room or a private office at the pharmacy and were video recorded. The video recorder was placed on a desk prior to the simulation and clearly captured pharmacists' voices and actions. Recordings were transcribed and checked for accuracy.

3.5. Data analysis

Data were stored and organized using NVivo 11 Software.⁷ It was analyzed using two different approaches: quantitative and qualitative.

3.6. Quantitative analysis

A quantitative codebook was adapted from the PCP (Appendix 2).³ The incidence of each PCP element was counted as it occurred or not (i.e., zero or one). Repeated incidences for the same prescription were not counted.

3.7. Qualitative analysis

All transcripts (i.e., consultations and checking) were analyzed using a generic qualitative approach.^{8,9} Transcripts were reviewed and coded to describe how the pharmacists evaluated medication appropriateness and counseled patients. Two authors (MBN, LMG) reviewed the transcripts to get a sense of data and then identified themes that describe the PCP. Later, a detailed description of the themes and coding book guided the thematic analysis (Table 1). Relevant themes were adapted from the pilot study.⁵

4. Results

A total of 17 pharmacists participated in this study. All pharmacists were full-time community pharmacists practicing in one chain pharmacy with an average of 9.1 years of experience (Table 2).

4.1. Description of the simulation

The case is a new patient picking up a new prescription for candesartan to treat hypertension as his prior medication, ramipril, had caused dry cough. The patient was hesitant to take the new medication, as he was afraid that the new medication will cause dry cough too (Appendix 1). The drop-off lasted 2.5 min on average, while the checking and the pick-up lasted 3.0 and 3.8 min, respectively. Again, there were no time restrictions.

The simulated patient began the interaction by stating, "I am here to fill this prescription." and pharmacists generally replied by stating, "Sure, have you been to our pharmacy before?" (RPh 502). All but one pharmacist elicited patient information in a customary

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