Pharmaceutical Consultation Skills

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Iva Mucalo
Maja Ortner Hadžiabdić

Centre for Applied Pharmacy, Faculty of Pharmacy and Biochemistry
Structure

1. Lecture:
   1. Pharmaceutical care and patient adherence
   2. Pharmaceutical consultation

2. Workshop
Overview - Consultation with patients

- Problems with using medicines effectively
- Why do we need pharmaceutical consultations?
- What is the link between pharmaceutical care and the consultation process?
- What consultation skills do we need?
Medicines are safe..?
Problems with Use of Medicines in Society

- Significant contribution to morbidity and mortality
  - Therapeutic failures (wrong drug/dose)
  - Drug-induced disease
- Costly
- Non-compliance
  - 30 to 50% non-compliance (Meichenbaum & Turk, 1987)
Medication Errors in numbers
>1,000,000

serious Medication Errors per Year in USA...

Wall Street Journal/Institute of Medicine
3 500 000 000 $
extra medical costs
Preventable adverse drug events in Europe

- Incidence in European hospitals
  - Admissions caused by preventable ADEs: 23.1% - 70.6%
  - 59% of post discharge ADE are preventable

- National annual cost estimates
  - 400 million euro - Germany
  - 706 million euro - UK (72% preventable)
  - 636 million euro - France (38% preventable)
Cancer boy dies after blunder over injection

Doctors may face death charges after drug blunder teenager dies

Drug mix-up killed leukaemia sufferer

Teenager given wrong drug dies

Wrong leukaemia jab teenager dies in hospital

Patient dies following fatal injection blunder

Teenage patient dies after doctors' injection mistake

Doctors will make mistakes
Drug Therapy Assessment

SIX types of drug-related problems

Inappropriate:
1. Selection
2. Formulation
3. Monitoring
4. Response
5. Medication-taking behaviour
6. Administration

Potential Treatment Failure
Pharmaceutical Care

“A practice in which a practitioner takes responsibility for a patient’s drug related needs and holds him or herself accountable for meeting these needs.”

Linda Strand (1997)
Why do patients go through the trouble of consulting their doctor/pharmacist and then fail to follow the treatment instructions?
Problems to follow treatment advice

- **Non-adherence**
  - 30% to 50% patients with chronic disease

- **Unintentional non-adherence**
  - Forgetfulness or inability to use as prescribed

- **Intentional non-adherence**
  - Deliberate decision not to follow treatment advice
Intentional non-adherence

- Satisfaction with consultation
  (Ley 1988)

- Beliefs about illness – 5 dimensions
  (Leventhal et al., 1992)

- Beliefs about medicines
  (Horne et al., 1999)
  - Necessity of treatment
  - Concerns about negative effects of medicines
Leventhal’s Self-Regulatory Model
“Common sense model”
Health Threat
(Symptoms / diagnosis)

- IDENTIFY What is this?
- CAUSE What caused this?
- TIME-LINE How long will it last?
- CONSEQUENCES What impact will it have?
- CURE / CONTROL What will make it better?

Action
(Procedure for coping with the health threat)
Intentional non-adherence

- Satisfaction with consultation (Ley 1988)
- Beliefs about illness – 5 dimensions (Leventhal et al., 1992)
- Beliefs about medicines (Horne et al., 1999)
  - Necessity of treatment
  - Concerns about negative effects of medicines
Beliefs about medicines are the strongest predictor of how people use them.

In deciding whether to take medication many patients engage in a risk-benefit analysis.

- Necessity
- Concerns
Relationship between medication beliefs and reported adherence (Horne, 1997)

- Beliefs in Necessity of medication = Adherence
- Concerns about medication = Adherence
What can we do to facilitate informed adherence?
Perceptions & Practicalities Approach to facilitate informed adherence (Horne, 2001)

The healthcare practitioner needs to work with the patient to answer a series of questions...

Does the **Illness/diagnosis** make sense to me?

Is treatment really **necessary**?

How **concerned** am I about this illness & its treatment?
Perceptions & Practicalities Approach to facilitate informed adherence

Once these questions are answered ...

• Tailor a convenient regimen to suit the patient’s needs (e.g. lifestyle) and

• Address practical barriers

How can we support patients to get the best from their medicines?

Pharmaceutical Consultation
Why do we need a pharmaceutical consultation?

- Lies at the heart of pharmacy practice

- 4 core clinical skills - overall competence
  - Knowledge
  - Consultation skills
  - Medication history taking skills
  - Problem solving skills

- Consultation skills not an optional extra - bridges gap between evidence based medicine & working with individual patients
A Learning & training tool...

The Medication-related Consultation Framework (MRCF)

R. Abdel-Tawab¹, J.G. Davies¹, R. Horne¹ & D.H. James²
¹School of Pharmacy & Biomolecular Sciences, University of Brighton, UK
²Welsh School of Pharmacy, Cardiff University, UK
Development and validation of the Medication-Related Consultation Framework (MRCF)

Rauja Abdel-Tawab a, Delyth Higman James b, Andreas Fichtinger c, Jane Clatworthy d, Robert Horne d, Graham Davies e,*

- Developed according to established criteria for evaluation instruments (Kraan et al., 1995; McKinley et al., 2001; Evans et al., 2004)
- University of Brighton concept of consulting in pharmacy (James et al., 2001)
  - Structured way of consulting
  - Patient-centredness
  - Pharmaceutical care (Hepler & Strand, 1990)
  - “Perceptions & practicalities approach” (Horne, 2000)

→ Framework translating theoretical concepts – observable activities & behaviours
### Outline of the five MRCF sections

<table>
<thead>
<tr>
<th>Sections</th>
<th>Number of activities</th>
<th>Aims of sections</th>
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<tbody>
<tr>
<td>(A) Introduction</td>
<td>6</td>
<td>“To build a therapeutic relationship with the patient”</td>
</tr>
<tr>
<td>(B) Data collection &amp; Problem Identification</td>
<td>15</td>
<td>“To identify the pharmaceutical needs of the patient”</td>
</tr>
<tr>
<td>(C) Actions &amp; Solutions</td>
<td>8</td>
<td>“To establish an acceptable management plan with the patient”</td>
</tr>
<tr>
<td>(D) Closing</td>
<td>3</td>
<td>“To negotiate safety netting strategies with patient”</td>
</tr>
<tr>
<td>(E) Consultation behaviours</td>
<td>14</td>
<td>List of general consultation behaviours – questioning style, listening, structured approach, control of interview etc.</td>
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## 1. INTRODUCTION

- Introduces self
- Invites patient to discuss medication or health related issue
- Discusses purpose and structure of the consultation
- Negotiates shared agenda

<table>
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<tr>
<th>The practitioner was not able to build a therapeutic relationship with the patient</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
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Comments:

**Qualitative comments**

Final global rating: 1=poor, 5=very good

**Overall the practitioner's ability to consult was:**

<table>
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<tr>
<th>Poor</th>
<th>Borderline</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very good</th>
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Practice implications

- MRCF is a validated tool, developed specifically for the teaching and evaluation of medication-related consultation skills
  - can be used to identify practitioners’ strengths and weaknesses in conducting consultations
  - can be used as a means of structuring consultation skills teaching
  - to assess students’ consultation performance
    - UG and PG pharmacy teaching programmes
Thanks you for your attention!

...continuing at the workshop!!!!