



Faculty of Pharmacy and Biochemistry
University of Zagreb
Kovačića 1, 10 000 Zagreb, Croatia

Pharmaceutical Consultation Skills

11th Golnik symposium, September 2013.

Iva Mucalo

Maja Ortner Hadžiabdić

Centre for Applied Pharmacy, Faculty of Pharmacy and Biochemistry

A decorative graphic at the top of the slide consists of six circles arranged in two groups of three. The first group on the left has a solid light purple circle on the left, a white circle with a light purple outline in the middle, and a white circle with a light purple outline on the right. The second group on the right has a solid light purple circle on the left, a white circle with a light purple outline in the middle, and a solid light purple circle on the right.

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?

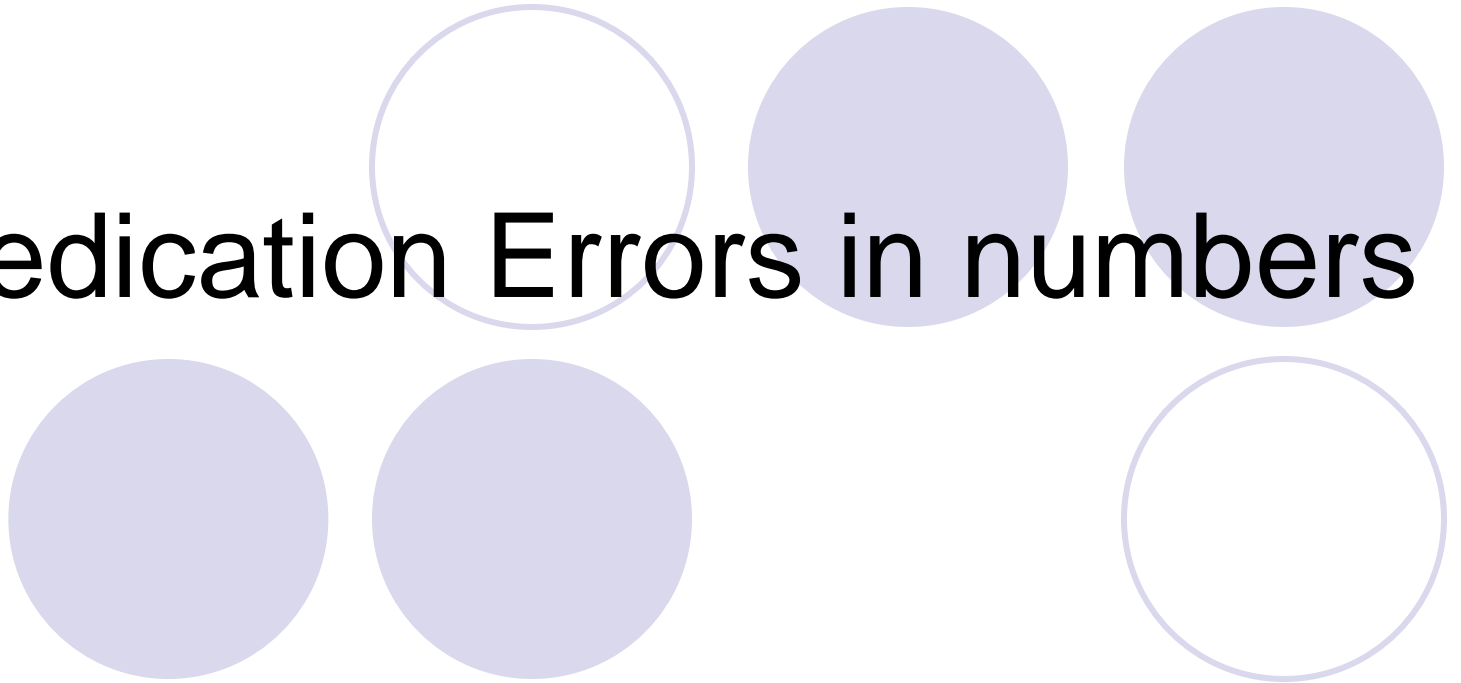


Medicines are safe..?

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)

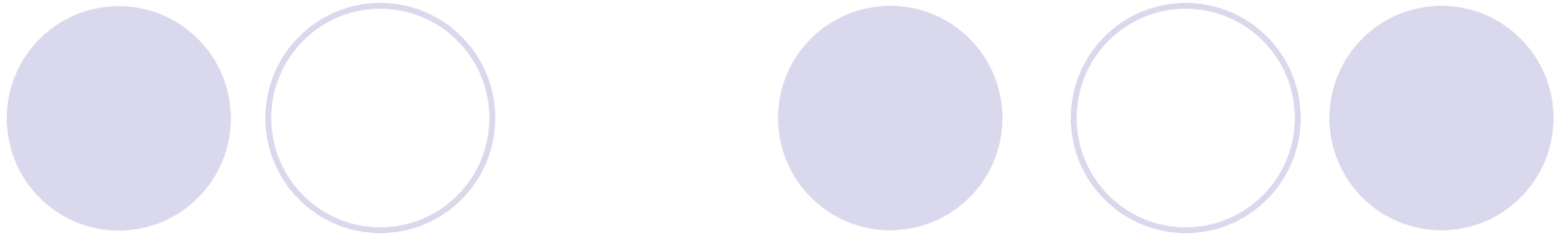
Medication Errors in numbers





>1,000,000

serious Medication Errors per Year
in USA...



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

'Wrong' leukaemia jab teenager dies in hospital

THE teenager who was mistakenly injected with an anti-cancer drug into his spine while being

SUNDAY TELEGRAPH
11/02/01

Patient dies following fatal injection blunder

by JENNY BOOTH

A HOSPITAL patient who was wrongly injected with painkiller into a vein rather than into the spine died yesterday.

into the patient's experienced anaesthetist. He

INDEPENDENT
03/02/01

Teenage patient dies after doctors' injection mistake

by JEREMY LAURANCE
Health Editor

sorry. We apologise unreservedly... and would press our deepest sympathy. He added: "A mistake was made with

GUARDIAN
20/04/01

Drug mix-up killed leukaemia sufferer

THE EXPRESS
13/02/01

TWO junior doctors who mistakenly injected an anti-cancer drug into an 18-year-old's spine could face manslaughter charges after the teenager died yesterday.

By Sarah Harris

following the mistake on January 4 and the hospital launched its own inquiry.

The GMC, the General Medical Council, has announced that it will launch a legal action against the two doctors.

vein. We now wish to be left to grieve in peace.'

Ten other patients are known to have died since 1985 after similar errors at other hospitals.

The Jowetts' solicitor, Paul Balen, said: 'My clients have been appalled to learn so many patients have suffered as a result of these mistakes.'

THE EXPRESS
03/02/01

Doctors may face death charges after drug-blunder teenager dies

BY ANTHONY MITCHELL

TWO doctors could be charged with manslaughter charges after

causing death from the anti-cancer drug injected on January 4.

Yesterday the app

Crown Prosecution Service. The hospital, which once treated Prince Charles

ly." Wayne, from E

GUARDIAN
03/02/01

Teenager given wrong drug dies

Clare Dyer
Legal correspondent

Two doctors could face manslaughter charges after

The medical centre suspended two junior doctors after the incident and an investigation was launched. A police investigation is continuing.

Doctors will make mistakes

But a simple failsafe system is all it takes to stop drug errors such as the latest two cases in the news



Gastric ulcer - NSAIDs



Over-anticoagulation



Gum hypertrophy - Phenytoin Arthur Nouel



Penicillin Rash

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)

Five decorative circles are arranged horizontally at the top of the slide. From left to right, they are: a solid light purple circle, a hollow light purple circle, a solid light purple circle, a hollow light purple circle, and a solid light purple circle.

Why?

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

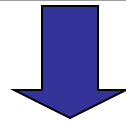


Intentional non-adherence

- 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)



- ♦ **IDENTITY**
- ♦ **CAUSE**
- ♦ **TIME-LINE**
- ♦ **CONSEQUENCES**
- ♦ **CURE / CONTROL**

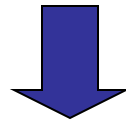
What is this?

What caused this?

How long will it last?

What impact will it have?

What will make it better?



Action

(Procedure for coping with the health threat)



Intentional non-adherence

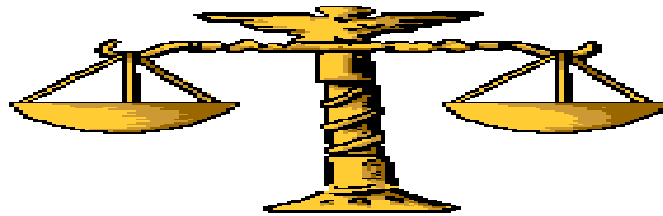
- Satisfaction with consultation
(Ley 1988)
- Beliefs about illness – 5 dimensions
(Leventhal *et al.*, 1992)
- Beliefs about medicines
(Horne *et al.*, 1999)
 - Necessity of treatment
 - Concerns about negative effects of medicines

Risks v Benefits of Treatment

➔ Beliefs about medicines are the strongest predictor of how people use them

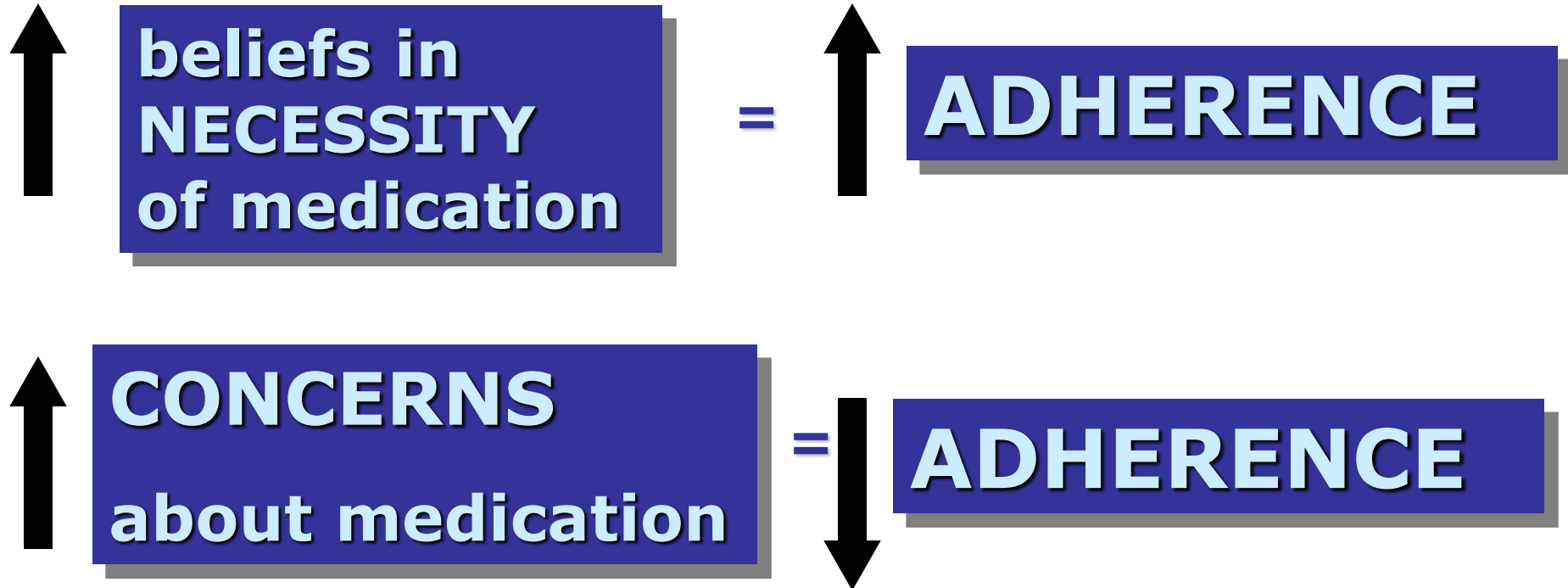
In deciding whether to take medication many patients engage in a **risk-benefit analysis**

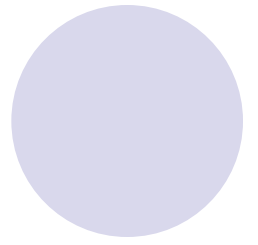
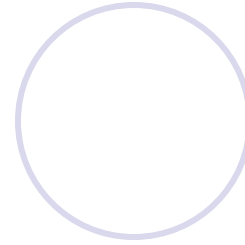
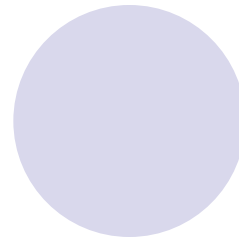
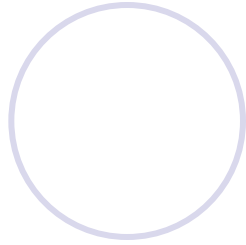
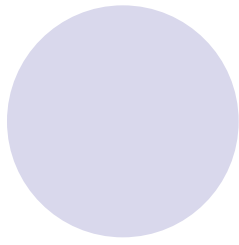
Necessity



Concerns

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





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

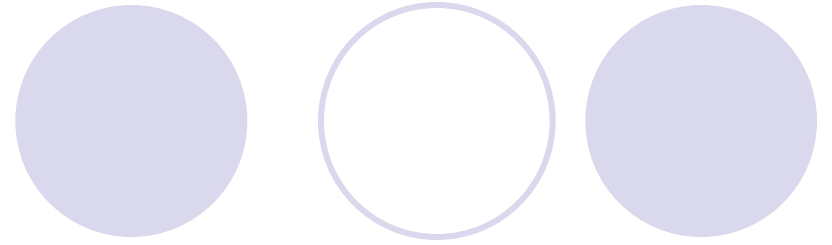
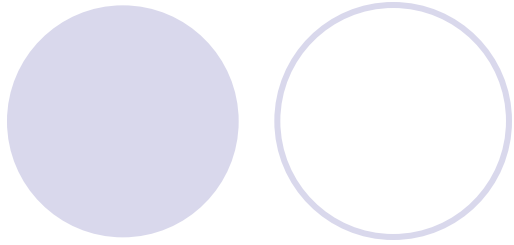
Once these questions are answered ...

- Tailor a convenient regimen to suit the patient's needs (e.g. lifestyle) and
- Address practical barriers

e.g.



Horne, R. (2001). Compliance, adherence and concordance. In K.Taylor & G. Harding (Eds.), *Pharmacy Practice* (pp. 165-184). London: Taylor and Francis.



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

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

Example of Framework Section

Section heading

Individual activities

1. INTRODUCTION						
<ul style="list-style-type: none">•Introduces self•Invites patient to discuss medication or health related issue•Discusses purpose and structure of the consultation•Negotiates shared agenda						
The practitioner was not able to build a therapeutic relationship with the patient	0	1	2	3	4	The practitioner was fully able to build a therapeutic relationship with the patient
Comments:		Section rating scale				
Qualitative comments						

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

Overall the practitioner's ability to consult was:	Poor	Borderline	Satisfactory	Good	Very good
--	------	------------	--------------	------	-----------

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!!!!