

INTRODUCTION TO COMMUNITY PHARMACY AND SELF-CARE

Course Name: Community Pharmacy

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Lecturer: Ms. Asma El-Shara'. MPH

Faculty Of Pharmacy,

Philadelphia University-Jordan

Learning Outcomes

- Explain the importance of community pharmacy.
- Define self- care.
- Describe self-care continuum and its elements.
- Communication skills and clinical reasoning at the community pharmacy setting.

Contents

- Introduction.
- Self-care.
- Communication skills and clinical reasoning.

Introduction

- Community pharmacists are the most accessible healthcare professional.
- No appointment is needed to consult a pharmacist and patients can receive free, unbiased advice almost anywhere.
- A community pharmacist is often the ***first health professional the patient seeks advice from*** and, as such, ***provides a filtering mechanism whereby minor self-limiting conditions*** can be appropriately treated with the correct medication and patients with more sinister pathology referred on to the GP for further investigation.

Introduction *(continued)*

- On a typical day a pharmacist practising in an 'average' community pharmacy can realistically expect to help between 5 and 15 patients a day who present with various symptoms for which they are
 - **Seeking advice**
 - **Reassurance**
 - **Treatment**
 - or a **Combination of all three.**

Self-care

- Probably of greatest impact to community pharmacy practice globally is the increased prominence of self-care.
- Self-care is not new; people have always taken an active role in their own health.
- What is different now is the attitude towards self-care by policy makers, healthcare organisations, not-for-profit agencies and front-line healthcare workers.
- Health improvements have been seen in people adopting health-enhancing behaviours rather than just through medical intervention.

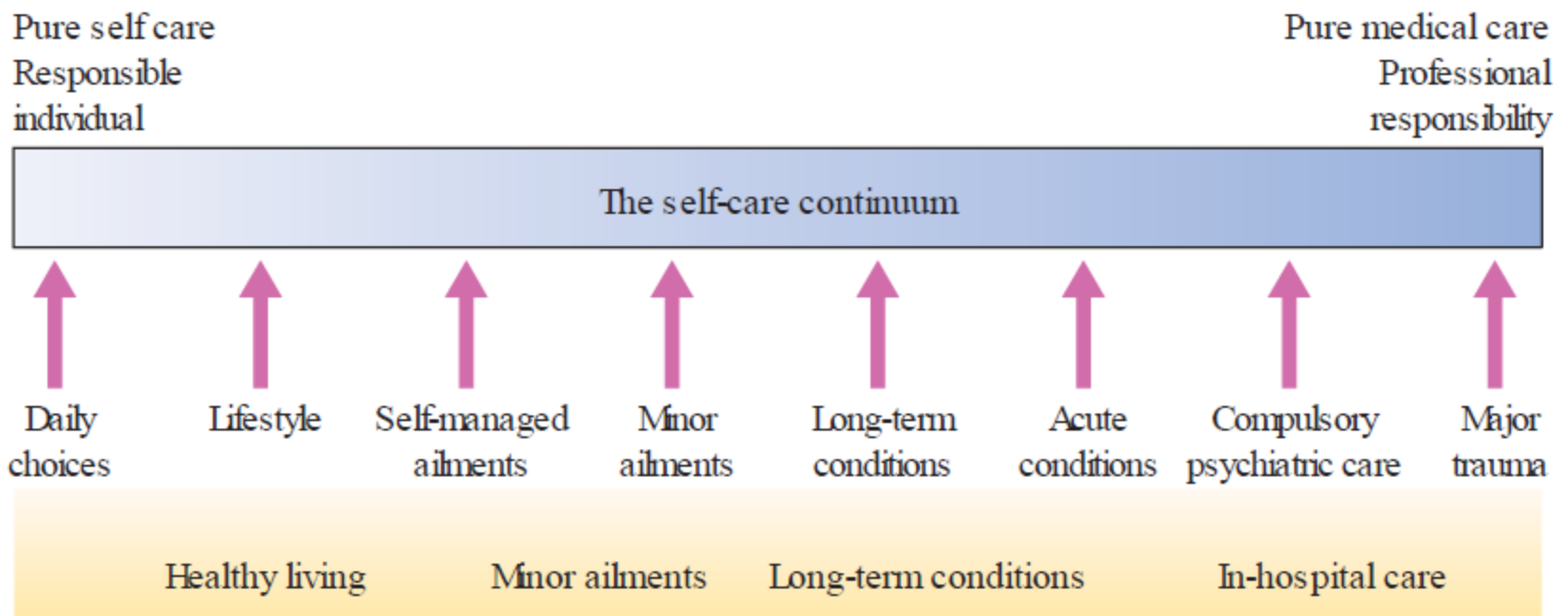
Self-care (continued)

- This has led to self-care being seen in a broader context than just the way in which people deal with everyday illness.
- In the UK the self-care forum (<http://www.selfcareforum.org/>), whose purpose is to promote self-care and embed it in everyday life, was established.
- Fundamentally, the concept of self-care puts responsibility on individuals for their own health and well-being.
- The World Health Organisation **defines** self-care as '*the ability of individuals, families and communities to promote health, prevent disease, and maintain health and to cope with illness and disability with or without the support of a health-care provider*'.

Self-care (continued)

- Self-care has been described as a continuum (Fig. 1), starting with individual choices on health (e.g., taking exercise), moving through to managing their own ill health (e.g., self-medicating) either on their own or with help.
- As people progress along the continuum, more facilitation by others is required until a person needs fully managed care.

Figure 1: The self-care continuum



Do you usually make an appointment to see your GP when you have any of the following illnesses?

- Athletes Foot
- Cold
- Constipation
- Cough
- Cystitis
- Diarrhoea
- Earache
- Fever
- Hay Fever/Allergic Rhinitis/Allergies
- Head lice
- Indigestion

- Insect Bites/ Stings
- Minor Burns/Cuts
- Mouth Ulcers
- Sore Throat
- Sprains/Strains
- Teething
- Threadworm
- Vaginal Thrush
- Verruca
- Viral URTI
- Warts

If the answer is yes, then there is now a quicker and easier way for you to receive advice and treatment for these conditions, without having to see your GP. Instead you can see your pharmacist for a consultation.

Pharmacists in Camden can now give advice and treatment for any of the conditions from the above list. All you have to do is ask your GP receptionist at the GP Practice you are registered with to put you on the Minor Ailments scheme and give you a Patient Passport. You can use this passport each time you want to receive advice and treatment for your minor ailment.

This scheme is FREE and it means you do not have to wait for an appointment. If you do not normally have to pay for your prescriptions then any medicine the pharmacist gives you will be free. If you normally have to pay prescription charges many of the medicines maybe cheaper to buy from the pharmacist, who will advise you.



For more details on the scheme look out for Minor Ailments Patient Information Leaflets at your GP Practice and local pharmacy.

NHS
Camden
Clinical Commissioning Group

What is self-medication?

- I. 'Facilitated self-medication'
- II. Community pharmacy and self-care.
- III. Consumerism.
- IV. Costs.
- V. Contribution of community pharmacy to self-care

What is self-medication?

- Self-medication is just one element of self-care and can be defined as...

The selection and use of medicines by individuals to treat self-recognised illness or symptoms.

- How these medicines are made available to the public vary from country to country but all have been approved by regulatory agencies as safe and effective for people to select and use without the need for medical supervision or intervention.

What is self-medication? (continued)

- In many countries (e.g., Australia, New Zealand, France, Sweden, Canada, UK) regulatory frameworks support **reclassification** of medicines away from prescription-only control by having a gradation in the level of medicine availability, whereby certain medicines can only be purchased at a pharmacy. These '**Pharmacy medicines**' usually have to be sold either by the pharmacist or under his or her supervision.
- Over the last 30 years this approach to reclassification has seen a wide range of therapeutic agents made available to consumers, including proton pump inhibitors (US, EU-wide), orlistat (EU-wide), triptans (UK, Germany) and beta-2-agonists (Singapore, Australia).

I-‘Facilitated self-medication’

- The majority of purchases for non-prescription medicines are by the consumer alone, using product information from packaging to make an informed decision on whether to purchase. *When consumers seek help at the point of purchase, this can be termed ‘facilitated self-medication’.*
- Where medicines are purchased through pharmacies, staff are in a strong position to facilitate self-care decision-making by consumers, as in most pharmacies the **transaction** takes place through a trained counter assistant or the pharmacist.

‘Facilitated self-medication’ (continued)

- Limited research has shown that consumer-purchasing decisions are affected by this ‘facilitation’. **Nichol et al.** and **Sclar et al.** both demonstrated that consumers (25% and 43%, respectively) altered their purchasing decision when proactively approached by pharmacy students.
- Furthermore, a small proportion of consumers did not purchase anything (13% and 8%) or were referred to their doctor (1% and 4%).
- These studies highlight how the pharmacy team are able to positively shape consumer decisions and help guide them to arguably better alternatives.

II- Community pharmacy and self- care

- Increasing healthcare costs
- changes in societal lifestyle
- improved educational levels
- and increasing consumerism

are all influencing factors on why people choose to exercise self-care.

Of greatest importance are probably

- consumer-purchasing patterns
- and controlling costs.

III- Consumerism

- Changes in society have led to people to have a different outlook on health and the way in which individuals perceive their own health/ill health.
- Today people have easy access to information; the creation of the **Internet** giving almost instantaneous access to limitless data on all aspects of health and care means that people across the globe have the means to query decisions and challenge medical opinion.
- This growing empowerment is also influenced by greater levels of **education**; having information is one thing but being able to understand it and utilise it is another.
- This has proved challenging to healthcare systems and workers, having to move from traditional structures and paternalistic doctrines (e.g., 'doctor knows best') to **a patient-focused and centred type of care**.
- This heightened public awareness about health, in the context of self-care, allows individuals to make informed choices and recognize that much can be done by themselves.

Consumerism (continued)

- The extent of self-care is none better exemplified than by **the level of consumer self-medication.**
- The use of non-prescription medicines is the most prevalent form of medical care in the world. Sales are huge with the global market, estimated to be worth 73 billion Euros.
- Despite the enormous sums of money spent on nonprescription medicines, approximately only 25% of people regularly purchase non-prescription medicines (25% tend to seek medical attention, and 50% do nothing).
- The extent to which this happens does vary from country to country, and in some markets, this is considerably higher, for example South Africa and the United States where 35% to 40% of people use OTC medications on a regular basis.

Consumerism (continued)

- Many papers and commissioned reports show that **access and convenience** shape the purchasing patterns of consumers.
- These factors seem to be **unaffected by country or time**.
- Reports spanning thirty years have repeatedly concluded that these play an important part in consumer decision-making.
- The element of convenience does have a country context, for example, in **Western countries** this is primarily due to **ease of access** that negates the need for doctor seeking that often is associated with higher **cost** and increased **time**.
- **In developing countries**, 'convenience' is more associated with '**need**' due to lower levels of **health infrastructure and access to medical resources**.

IV- Costs

- As populations across the globe live **longer** lives, whether through better hygiene, nutrition or advances in medicine, providing medical care is becoming more and more expensive.
- In an attempt to control costs many countries have gone through major healthcare reforms to maximise existing resources, both financial and staffing, to deliver effective and efficient healthcare.
- These reforms include integrating self-care into mainstream public health policy, including the management of long-term conditions.

Costs (continued)

- Encouraging more people to exercise greater levels of self-care, either for acute or chronic problems, has the potential to shift costs away from professional care.
- Figures from the UK give some indication as to the magnitude of potential cost savings. Take primary care workload as an example. It is reported that approximately 20% to 40% of general practice (GP) workload constitutes patients seeking help for minor illness at a cost of £2 billion.

V- Contribution of community pharmacy to self-care

- Community pharmacists are uniquely placed to provide support and advice to the general public compared with other healthcare professionals.
- The combination of **location and accessibility** mean that most consumers have ready access to a pharmacy where health professional advice is available on demand.
- A high level of public trust and confidence in pharmacists' ability to advise on non-prescription medicines is afforded to community pharmacists.
- Although there is a general global move to liberalise non-prescription markets, pharmacies in many countries still are the main supplier of non-prescription medicines.
- Pharmacists are therefore in a position to facilitate consumer self-care and self-medication, which needs to be built on and exploited.

Community pharmacy performance when dealing with patients' signs and symptoms

- Early research of **pharmacist/consumer interactions** in pharmacy practice did not address this but concentrated more on auditing questioning behaviour and analysing the advice people received.
- This body of work did illustrate the basic nature of performance; types of questions asked, frequency of advice provided and consumer perception to questioning.

Continued

- The findings were broadly critical of pharmacist performance. Over the same time period, covert investigation by the UK consumer organisation, ‘Which’, also concluded that pharmacists generally performed **poorly**.
- Pharmacists performed more poorly than doctors and only 40% of pharmacists were able to identify all lesions correctly.
- Data from developing countries is limited but a review highlighted inconsistent information gathering, leading to inappropriate recommendations.

Current pharmacy training in making a diagnosis

- The use of protocols/guidelines and mnemonics seem to have been almost universally adopted by pharmacy.
- The use of these ‘decision aids’ seems to have had little impact on improving performance and recent research findings have shown that community pharmacists over rely on using this type of questioning strategy
- **→ Try not to use mnemonics**

Example on mnemonics: WWHAM

	Meaning of the letter	Attributes of the mnemonic
W	Who is the patient?	Positive points
W	What are the symptoms?	Establishes presenting complaint
H	How long have the symptoms been present?	Negative points
A	Action taken?	Fails to consider general appearance of patient.
M	Medication being taken?	No social/lifestyle factors taken into account; no family history sought; not specific or in-depth enough; no history of previous symptoms

continued

- Other examples of mnemonics that have been suggested as being helpful for pharmacists in differential diagnosis are ENCORE, ASMETHOD and SIT DOWN SIR. Although these are more comprehensive than WWHAM, they still are limited.
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- **None take into consideration all factors that might impinge on a differential diagnosis.**
- **All fail to establish a full history from the patient in respect to lifestyle and social factors or the relevance of a family history.**
- **They are very much designed to establish the nature and severity of the presenting complaint.**

CLINICAL REASONING

- Whether we are conscious of it or not, most people will - at some level - use clinical reasoning to arrive at a differential diagnosis.
- Clinical reasoning relates to the decision-making processes associated with clinical practice.
- **It is a thinking process directed towards enabling the pharmacist to take appropriate action in a specific context.**

Continued

- It fundamentally differs from using **acronyms/mnemonics** in that it is built around clinical knowledge and skills that are applied to the individual patient.
- It involves recognition of cues and analysis of data.
- Very early in a clinical encounter, and based on limited information, the person will arrive at a small number of **hypotheses**.

Continued

- The pharmacist then sets about testing these hypotheses by asking the patient a series of questions.
- **The answer to each question allows the pharmacist to narrow down the possible diagnosis by either eliminating particular conditions or confirming his or her suspicions of a particular condition.**
- Once the questioning is over, the pharmacist should be in a position to differentially diagnose the patient's condition.

Continued

- In addition, clinical experience (pattern recognition) also plays a part in the process.
- Therefore, much of daily practice will consist of seeing new cases that strongly resemble previous encounters and comparing new cases to old.

Steps to consider in clinical reasoning

1. Use epidemiology to shape your thoughts
2. Take account of the person's age and sex
3. The general appearance of the patient
4. Hypothetico-deductive reasoning → *'The right question, at the right time, for the right reason'*
5. Pattern recognition
6. Physical examinations
7. Safety netting → • Conditional referrals and Advise patients on warning symptoms

Physician Consults

- Using appropriate communication strategies during physician consultations is important.
- Pharmacists should use the right words during a consult, to ***be assertive, but not aggressive***, and to be ready to provide clinical recommendations.
- In other words, pharmacists' recommendations should be **concise, provide physicians with information that they may not know** (eg: patient adherence to their regimen or other medications that have been prescribed by other providers), **and suggest potential solution(s) to drug therapy problems that had been identified.**

Conflict Management

- Whether pharmacists are communicating with patients, physicians, or colleagues, conflicts will occur.
- Learning appropriate conflict management strategies will help students address conflicts that occur in practice.
- It is important for students to realize that during conflict, their emotions and anger may escalate.
- This is a time to take a step back, control one's anger, and try not to take the conflict that is occurring personally.

Types of Responses During Conflict Resolution

When to Use	Skill	Example
To avoid conflict escalation	Paraphrasing and restating	“Dr. _____, you sound upset because I made this recommendation to discontinue your patient’s hydrochlorothiazide.”
When the other party has a piece of the truth that needs to be acknowledged	Partial agreement without self-indictment	“You are right, there are some individuals with reduced renal function who still might benefit from hydrochlorothiazide”
Anger that comes your way that is overly vague	Ask for specifics	“What is it about the recommendation that upsets you?”

Types of Responses During Conflict Resolution

When to Use	Skill	Example
When the conflict is unfairly abusive and even after inquiry, you still do not know the corrective action to take	Ownership of language and appropriately assertive tone of message	“I am uncomfortable with your tone regarding this situation without understanding my reason for the recommendation”
If the conflict has heated up and emotions are escalating	Contracting to talk at a later time	“I need some time to think about what you said”

COMMUNICATION SKILLS

- The ability of the community pharmacist to diagnose the patient's presenting signs and symptoms is a significant challenge.
- Given that, unlike most other healthcare professionals, community pharmacists ***do not normally have access to the patient's medical record*** and thus ***have no idea*** about what the person's problem is until a conversation is initiated.

Continued

- Having said this, a number of studies have shown that **patient history taking is by far the most important element** of arriving at a correct diagnosis.
- Although performing physical examinations and conducting laboratory investigations do improve the odds of getting the diagnosis right.

Continued

- It is vital, therefore, that pharmacists possess excellent **communication skills** to ensure the correct information is obtained from the patient.
- This will be drawn from a combination of **good questioning technique, listening actively to the patient and picking up on non-verbal cues.**

Patient Counseling (continued)

- They need to be aware of other communication strategies that can help make the pharmacist-patient encounter more meaningful.
- These include **active listening** (focusing on the patient), **eye contact** (being attentive, but not staring), being aware of your own **body language** (facing the patient and giving them your undivided attention), recognizing and interpreting **nonverbal cues from the patient** (comparing their nonverbal behaviors to their verbal communication), and being aware of **barriers that prevent a good exchange** between the pharmacist and patient (lack of privacy, interruptions, noise, etc)

Patient Counseling (continued)

- Pharmacists often **use print material** as a teaching aid or supplementary material during the educational process.
- It is important for students to understand that some patients are completely illiterate (13%-40%) or marginally illiterate (20%). The average reading level for the general public is at the 7th-8th grade level.
- Therefore, students should keep in mind the readability of print material as they develop it.

Calgary-Cambridge model of consultation

Initiating the session

- Establishing initial rapport
 - Identifying the reason(s) for the consultation
-

Gathering information

- Exploration of problems
 - Understanding the patient's perspective
 - Providing structure to the consultation
-

Building the relationship

- Developing rapport
- Involving the patient

Explanation and planning

- Providing the correct amount and type of information
 - Aiding accurate recall and understanding
 - Achieving a shared understanding: Incorporating the patient's perspective
 - Planning: Shared decision-making
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Closing the session

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THANK YOU
