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Concordance - Developing Patient-Centred Practice In Community Pharmacies

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Introduction

Patient-centred drug therapy that is based on partnerships in medicine taking has become the "gold standard" in health care.^{1,2} This has also challenged pharmacists to reconfigure their services provision to meet the requirements of concordance and patient autonomy. But what does patient-centred practice mean? How can pharmacists develop competency and skills needed in a new approach to the patient? The aim of this article is to discuss the role of communication skills in this process.

Teaching pharmacists a new approach to communication with the patient

It is crucial to teach pharmacists a new approach to communication with the patient.^{3,4} Patients should be regarded as an active medicine user, an active partner in communication with whom pharmacists are expected to establish a professional relationship based on trust, open communication and mutual decision-making. These principles are mentioned as prerequisites for performing pharmaceutical care services, e.g., by the FIP statements.^{5,6,7} Pharmacists should also have an understanding of their role in the multidisciplinary team, in supporting the patient and the flow of information to the patient from different sources, with emphasis placed on electronic information.

There is an urgent need for the development of courses on counselling skills. The process should begin at the student level to ensure that, as pharmacy students graduate, they are trained in patient-orientated counselling and adopt this approach from the very beginning. Current practitioners also need to be supported in changing their routines and adapting to new behaviour patterns.

Developing training courses on communication skills

An effective learning process to develop communication skills needs to focus on the principles of two-way communication, patient-orientation and concordance, self-evaluation and personal development, collective learning, strategic planning and quality assurance.

The learning process also needs to be systematic and horizontally designed, and based on constructive and experiential learning.⁸ It needs to start with an introduction to medication counselling as a process e.g., by using the USP Guidelines or some other instrument to facilitate detailed analysis of performance. It is also important to integrate theory and practice, e.g., by giving rehearsal assignments to students during their internship period.

The learning methods should consist of a mixture of labs, lectures, seminars, group-work, self-study and role-plays. We have found role-plays and socio-drama especially useful. They help in processing a picture of patients' needs and in rehearsing one's own skills and dialogue. Learning can be intensified by using colleagues or trained actors as standardised patients.

Long-term development plans are needed in pharmacies

How do you develop new patient-centred dialogue? According to our experiences and experiences in other countries, an extensive learning process is needed at the pharmacy level that involves individual pharmacists to develop personal competency, the whole working society to change the communic-

-ation culture; pharmacy owners to incorporate professional services into the vision and business strategy of the pharmacy, local consumers to educate themselves to take an active role in self-management, and other healthcare providers to agree on the new roles in multidisciplinary teams. 4,9,10

Practising pharmacists require systematic and planned training, or even coaching to make a change. 4,9,10 To make this happen in Finland, each pharmacy has been encouraged to develop a long-term action plan that takes into account local conditions by applying principles of strategic planning. The recommended period for this action plan has been set at two years to make a permanent change. Pharmacies have also been encouraged to incorporate patient-counselling-specific feedback measures into their quality management systems.

For the development plan, current practices need to be evaluated in a wider perspective than the customer-pharmacist interaction in order to implement good quality patient information. The three key dimensions crucial in this respect are (1) understanding the needs of the customers, (2) modifying service processes, including resources and facilities to integrate counselling, and (3) developing competency of the personnel.

Practitioners also need practical guidelines and resources based on concordance in acquiring a new practice. They need to learn how to process in-house guidelines to construct their communication patterns and produce repetitive quality. These mutual decisions within the working society of what to tell to the patient about the treatment can be done at the general level, but more and more pharmacies have been processing treatment-based guidelines for different patient groups (e.g., those on antihypertensive medication, antibiotics etc).

IPSF promoting international co-operation

There is a need for international cooperation in developing new innovations in training concordance-based communications. Steps have been already taken to establish a forum for sharing resources. The efforts made by IPSF in this respect are highly appreciated and welcome, as well as their pioneer work by promoting Patient Counselling Events.

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