



Development of an educational framework for pharmacists, doctors and nurses in Europe on managing and supporting medication adherence

Simon White, Wendy Clyne & Comfort Mshelia

School of Pharmacy, Keele University, UK



CONTENTS

- Discuss the background to the framework
- Outline the aim and how the framework was developed
- Present the components of the framework and discuss how these may be used



BACKGROUND

- Patients decide whether to take medicines
- Health professionals need to engage with patients to manage and support adherence
- ABC project - Ascertaining Barriers to Compliance: Policies for safe, effective and cost-effective use of medicines in Europe
- EC Framework 7 programme funded



AIM

To develop an educational framework for pharmacists, doctors and nurses in Europe for managing and supporting medication adherence



METHODS: OVERVIEW

- Used 2007 NPC+ competency framework for shared decision making as a starting point
- Literature search and review
- Europe-wide consultation
- Review of drafts by ABC project reference group & circulation to all ABC project partners
- Published as coverflow PDF and iBook



METHODS: LITERATURE SEARCH

- For relevant competency frameworks, standards, curricula, consensus statements, & systematic reviews
- EMBASE, MEDLINE & Cochrane Database
- Grey literature via online search engines
- Key words e.g. compliance, medication adherence, curriculum, education, health professional



METHODS: CONSULTATION

- 250 individuals & organisations invited
- All national & European patient groups
- National & European bodies representing:
 - pharmacists, doctors & nurses
 - schools of pharmacy, medicine & nursing
- Random sample of 5 schools of pharmacy, medicine & nursing from each EU country



RESULTS (1)

- **Databases:** No competency frameworks, curricula, guidance or consensus statements specific to education and training of health professionals on medicines adherence
- **Grey literature:** Various documents on education and training: adherence embedded in competencies / learning outcomes, but did not specifically concern medicines adherence



RESULTS (2)

- Consultation: few but detailed responses
- Educational framework comprised of 4 parts:
 - Competency framework
 - Common curriculum
 - Diagnostic tool
 - Reading list



COMMUNICATING WITH PATIENTS ABOUT MEDICINES

①

LISTENING

Listens actively to patients

②

COMMUNICATING

Helps patients to interpret information in a way that is meaningful to them

③

CONTEXT

With the patient, defines and agrees the purpose of the consultation

④

KNOWLEDGE

Has up-to-date knowledge of area of practice and wider health and social services

MANAGING AND SUPPORTING MEDICINES ADHERENCE

⑤

UNDERSTANDING

Recognises that the patient is an individual

⑥

EXPLORING

Discusses illness and treatment options, including no treatment

⑦

DECIDING

Decides with the patient the best management strategy

⑧

SUPPORTING

Supports the patient with medicine-taking

COMPETENCY AREA	LEARNING OUTCOMES	EDUCATIONAL CONTENT
Communicating with patients about medicines	<ol style="list-style-type: none"> 1. Listen actively to patients 2. Help patients to interpret information in a way that is meaningful to them 	<p>Theory, evidence, best practice and techniques on:</p> <ul style="list-style-type: none"> ▪ Effective patient centred communication, including non-verbal communication, in relation to medicines ▪ Reflecting on and developing communication skills
	<ol style="list-style-type: none"> 1. Define and agree the purpose of consultations with patients 2. Demonstrate up-to-date knowledge of area of practice and wider health and social services 	<p>Theory, evidence, best practice and techniques on:</p> <ul style="list-style-type: none"> • How to effectively prepare for and manage consultations with patients • Maintaining up-to-date professional knowledge and skills appropriate to own role • Maintaining up-to-date knowledge of effective interventions and practical resources to support patients with medicines adherence, and current terminology on adherence • Evaluating and improving / developing broad strategies and policy aimed at managing and supporting adherence • Working in partnership with colleagues and service providers to support patients with medicines adherence
Managing and supporting medicines adherence	<ol style="list-style-type: none"> 1. Recognise that the patient is an individual 2. Discuss illness and treatment options, including no treatment 3. Decide with the patient the best management strategy 4. Support the patient with medicine-taking 	<p>Theory, evidence, best practice and techniques on how to:</p> <ul style="list-style-type: none"> • Understand the patient's current circumstances and previous experiences and how these may impact on their beliefs and behaviour about their illness and its treatment. This includes recognising beliefs and behaviours found to be detrimental to adherence (e.g. low self-efficacy) • Discuss with the patient their current symptom experience and management, and health outcomes related to treatment options, including no treatment. • Discuss and agree with the patient their preferred option for treatment and the treatment decision • Recognise non-adherence (i.e. identify patients at risk of non-adherence, assess patients' adherence and recognise the effects of non-adherence) • Identify reasons for / causes of non-adherence, and barriers to future adherence • Manage adherence by providing effective practical support where the patient needs / wants help with adherence • Support patients by providing ongoing information and feedback (including encouraging patients to come back with any questions), and monitoring adherence



COMMUNICATING WITH PATIENTS ABOUT MEDICINES

	ATTRIBUTE	RATING (tick ONE box only for each attribute)			
		ALWAYS	USUALLY	SOMETIMES	NEVER
1. LISTENING	Helps patients feel at ease and feel that you have time for them				
	Gives the patient the opportunity to express their views				
	Listens to the patient's views and discusses any concerns				
	Encourages the patient to ask questions about their condition				
	Allows time for questions				
	Treats the patient as an equal partner				
	Respects diversity				
	Expresses willingness to be flexible				
	2. COMMUNICATING	Identifies barriers to communication and responds appropriately			
Shares knowledge and information in a way that the patient understands					
Explores and confirms the patient's understanding					
Checks own understanding of the patient's viewpoint					
Uses aids to help understanding (e.g. decision aids and question prompts)					
Recognises the importance of non verbal communication and responds appropriately					
Uses questions to elicit information					
Maintains appropriate eye contact					
Displays a non judgemental attitude					



RATING	DEFINITION	PERCENTAGE EXPRESSION
Always	Demonstrates the expected standard of practice with occasional lapses	85-100
Usually	Demonstrates the expected standard of practice but with frequent lapses	50-84
Sometimes	Fails to demonstrate the expected standard of practice more often than the expected standard is demonstrated	16-49
Never	Only demonstrates the expected standard on occasions	0-15



USING THE FRAMEWORK

- Help patients receive a high quality service
- Help health professionals & managers identify gaps in knowledge & skills
- Help health professionals & managers identify training needs
- Inform the development and accreditation of education and training courses



KEY POINTS

- Framework emailed to schools of pharmacy, medicine & nursing in 16 European countries
- And 70 health profession organisations
- Wide distribution & easy availability
- Intended to help raise standards, consistency of teaching & make learning about adherence easier to incorporate into existing courses