

INTRODUCTION

- ❖ Pharmacists are in a great position to help individuals make a behavioural change.
- ❖ Communication, using the person-centered approach, is a fundamental skill of pharmacists.
- ❖ Greek pharmacists (GPs) tend to use a paternalistic approach in their consultations (1), which does not favour the patient-centred approach.
- ❖ GPs indicated that they act mainly based on their experiences. (1)
- ❖ It is clear that there is a need for training that will educate GPs on how to approach and consult their patients.

AIM/S

- ❖ Based on published data (1) the decision to deliver a weight management programme (WMP) in Greece was taken and more specifically in Patras (the third largest city in Greece).
- ❖ Patras was chosen for convenience, due to the researcher 's local knowledge and network.
- ❖ This study aimed to identify the current knowledge and educational needs of GPs regarding obesity and running a WMP.

Acknowledgments : The authors would like to acknowledge all participating pharmacists in Patras.

METHOD

624 pharmacies in Western Greece

6.01% of the total number



223 pharmacies are located within the municipality of Patras

- ❖ The Pharmaceutical Association of Achaia (PAA) informed GPs in Patras about the WMP to determine their interest in participating in it.

In person semi-structured interviews were conducted each lasting for about 15'



The interview schedule included 7 open-ended questions & demographic information

Interviews were transcribed verbatim, anonymised and then were analysed using both thematic and content analysis.

The study was ethically approved by the Kingston University's Ethics Committee and by the PAA.

RESULTS

26 pharmacists (61%, n=16 males) participated.

3 themes were identified; pharmacists' and public's perceptions about obesity, pharmacists' approach and educational needs.

Pharmacists explained that their current knowledge is based both on their university studies and their working experience.

"[I only approach] people I am familiar with, with whom I have the courage to speak to and say some things about [obesity/weight loss]."

"With a client with whom I am comfortable, I can start talking. If there is courage, I speak to the client. If there is no courage, you have to handle things a little more delicately."

The knowledge that I have on obesity is what I gained from my university studies [...] and my personal experience."

"My current knowledge is my experience. I don't have anything else. I have 25 years of experience in the pharmacy, and I know my patients very well. I have many patients in my pharmacy."

14 GPs, did not initiate a conversation about WM unless asked by a client or only if they know the individual well, or if their client visits their pharmacy regularly.

Summative Table of pharmacists' responses about their Educational Needs and Training Delivery (No. of Pharmacists (n))

Pharmacists' Educational Needs (n)	
Communication and Motivational Skills	10
Clinical Aspects of Obesity including consequences / lifestyle guidelines	9
All aspects of obesity (guidelines, motivation + communication skills)	7
Number of training sessions (n)	
1 training session	3
2 training sessions	13
≥3 training sessions	4
Continuous training	1
No suggestion	5
Delivery of the Training (n)	
Face to face in a group	11
One-on-one	4
Online via Webinars	3
Both online and face-to-face	2
Training Format (n)	
Lectures followed by discussion	11
Interactive training (including role play, video, etc.)	8
No suggestion	7
Distribution of materials (n)	
Before the training	8
On the day of the training	13
After the training	2
No preference	3
Medium of Materials' Delivery (n)	
Paper copy	10
Online	5
Either in a paper copy or online	1
No preference	10
Refresher Courses (n)	
No	15
Yes	11
• During the programme's delivery	6
• At the end of the programme's delivery	2
• Both during and after programme's delivery	2
• No preference	1

CONCLUSION

To our knowledge, this was the first and only study identified GPs' educational needs and training preferences to design a training model allowing them to expand their clinical role in offering pharmacy-led public health services.

REFERENCES

1. Peletidi A, Nabhani-Gebara S, Kayyali R. The role of pharmacists in cardiovascular disease prevention: Qualitative studies from the United Kingdom and Greece. J Res Pharm Pract 2019;8:112-22