

Patient Counselling Current Scenario

Sachin S Mali^{1*}, Prasad V Patrekar² and Amita A Ahir³

¹Department of Pharmaceutics, Adarsh Institute of Pharmacy, Vita, Maharashtra, India

²Department of Pharmaceutics, Adarsh Institute of Pharmacy, Vita, Maharashtra, India

³Department of Pharmaceutics, Shree Santkrupa College of Pharmacy, Ghogaon, Maharashtra, India

*Corresponding Author: Sachin S Mali, Department of Pharmaceutics, Adarsh Institute of Pharmacy, Vita, Maharashtra, India.

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Abstract

To obtain actual practice in counseling patients in order for the pharmacist to become a more effective counselor, many educational institutions have started to incorporate pharmacy practice as a subject in the UG level and many developments have taken place in the PG level too. It can be the beginning of a snow ball effect and pharmacy education and practice in India can grow to greater heights like never before, and all it needs is the push through the slow desks of the government officials and the unwavering support from the community.

Keywords: Patient Counseling; Role of Pharmacist; Pharmaceutical care; Patient compliance

Introduction

Patient Counseling [1]

What is patient counseling?

Patient counseling is defined as providing medication information orally or in written form to the patients or their representatives on directions of use, advice on side effects, precautions, storage, diet and life style modifications [1].

Objectives of patient counseling [2,3,4]

1. Patient should recognize the importance of medication for his well being.
2. A working relationship and a foundation for continuous interaction and consultation should be established.
3. Patient understanding of strategies to deal with medication side effects and drug interactions should be improved.
4. Patient becomes an informed, efficient and active participant in disease treatment and self care management.

5. The pharmacist should be perceived as a professional who offers pharmaceutical care.

6. Drug interactions and adverse drug reactions should be prevented.

Patient counseling consists of three stages [4,5,6]

1. Introduction
2. Process Content and Issues regarding manner
3. Conclusion

Introduction

- a. Review the patient's record
- b. Introduce yourself
- c. Explain purpose of counseling
- d. Obtain drug related information such as allergies, use of herbals etc.
- e. Assess the patients understanding of the reasons for therapy

- f. Assess any actual and/or potential concerns or problems of importance to the patient.

Process Content and Issues regarding Manner [5,6]

1. The medicine's generic and brand name
2. How it helps the patient.
3. How it makes him/her feel
4. How long it takes to begin working
5. How much to take at one time.
6. How often to take the medicine.
7. How long it will be necessary to take the medicine
8. When to take it: before, during, after meals? At bed time? At any other special times?
9. How to take it? With water? With fruit juice? How much?
10. What to do if you forget to take it (miss a dose)
11. Foods, drinks, or other medicines that you should not take while taking the medicines.
12. Restrictions on activities while taking the medicine
13. Possible side effects. What to do if they appear. How to minimize the side effects.
14. How soon they will go away.
15. When to seek help if they are problems
16. How long to wait before reporting no change in symptoms.
17. How to store the medicine
18. The expiration date
19. The cost of the medicine
20. How to have your prescription refilled, if necessary
21. Necessity to complete the course.
22. Drug-Drug, Drug-Food interactions
23. Supply medication reminder chart.

Issues regarding Manner [2,3,7]

- a. Use language that the patient understands
- b. Use appropriate counseling aids
- c. Present facts and concepts in simple words and in logical order
- d. Use open ended questions.

Role of Pharmacist [2,8]

- a. Prescription ,monitoring, aim to maximize drug efficiency, minimize drug toxicity and promote cost effectiveness
- b. Therapeutic drug monitoring of drug with narrow therapeutic index
- c. Drug information service
- d. Patient Service
- e. Improving patient compliance collecting past medical history.

Methods

The community pharmacist scenario design followed a three-stage approach [8]. The first stage comprised thinking of relevant questions to be addressed and definition of the scenarios horizon. The second stage comprised two face-to-face, scenario-building work-shops, for which 10 experts from practice and academic settings were invited. Academic and professional experience was the main selection criteria. The first workshop was meant for context analysis and design of draft scenarios, while the second was aimed at scenario analysis and validation. The final scenarios were built merging workshops' information with data collected from scientific literature followed by team consensus. The final stage involved scenario development carried by the authors alone, developing the narratives behind each scenario [4,8,9].

Conclusion

Clinical pharmacy has started to gain acceptance in India slowly but strongly. Many educational institutions have started to incorporate pharmacy practice as a subject in the UG level and many developments have taken place in the PG level too. It can be the beginning of a snow ball effect and pharmacy education and practice in India can grow to greater heights like never before, and all it needs is the push through the slow desks of the government

officials and the unwavering support from the community. The rest is safe within the hands of the pharmacy students and the professionals who should be ready to sacrifice anything for building a pharmacy practice with greater emphasize on patient welfare and support that is in one word“ CLINICAL PHARMACY”.

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