

Original Article

EMERGING TRENDS IN PATIENT COUNSELLING: CURRENT SCENARIO

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ABSTRACT

Objective: To evaluate the impact of patient counselling in terms of knowledge, attitudes and practices (KAP) outcomes among retail and hospital pharmacist in Satara and Sangli district.

Methods: A cross-sectional survey was conducted on knowledge, attitudes and practices of patient counselling adopted by retail and hospital pharmacists from different areas of Satara and Sangli district. A specially designed questionnaire was used for data collection. Total 190 respondents were analyzed for the study.

Results: The highlighting result of the survey based project revealed that almost all retail as well as hospital pharmacists were practicing patient counselling without any charges and there is necessity of separate patient counselling cabinet. Pharmacist was lacking in adopting modern techniques, aids for counselling and 20% only attended patient counselling course (PCC) by Maharashtra State Pharmacy Council (MSPC).

Conclusion: KAP study revealed the positive attitude, knowledge and existence of patient counselling practices but not done in an appropriate manner. Step should be taken by authorities, pharmacist and the patient to make counselling more effective.

Keywords: Patient counselling, Pharmaceutical care, Emerging trends, Survey.

INTRODUCTION

Throughout the world, over the past four decades there has been a consolidated effort to shift the concept of pharmacy practice from its earlier focus on medicine supply to patient care. An important responsibility of contemporary pharmacy practice is to ensure appropriate and safe drug therapy which is cost effective and socially committed [1]. Presently the situation has changed in a way that the pharmacy profession has moved from behind the counter to explore their excellence in the field of pharmaceutical care. The pharmaceutical care implies all pharmacy activities aimed at promoting right use of medicines by patient in the right manner [2]. Patient counselling is one of the most important tools for better pharmaceutical care. Knowledgeable patient's exhibit increased compliance with drug regimens, resulting in improved therapeutic outcomes. In 1996 first separate patient counselling centres was established in the Govt. Medical College Hospital, Trivandrum, attached to the community pharmacy services of the department of Pharmacy Practice. In 1997, counselling centre with separate cabins and library facilities working on the clock basis was established. Patient counselling is defined as providing medication information orally or in written form to the patient or their representative on the direction of use, advice on side effects, precaution, storage, diet and life style modification [2]. It should be interactive in nature.

In 1990s Omnibus Budget Reconciliation Act specified some guidelines that pharmacist should follow while counselling patient: Name and description of the medication, dosage form and route of administration, special precautions for the preparation, administration or use of medication by the patient, common severe side effects, adverse effects, interactions and contraindications that may be encountered, technique for self monitoring therapy, proper storage of the medication, prescription re-fills information, any action that should be taken in the event of a missed dose [3]. The information is usually given verbally, may be supplemented with written materials. Good communication skills and knowledge are needed to gain the patients's confidence and motivate the patient to adhere to the recommended regimen. But still there is no satisfactory counselling by the pharmacist in pharmacies and hospitals with very few evidences of separate counselling cabins. Pharmacist should have knowledge and skills to provide effective and accurate patient education and counselling. To obtain and

sharing information with patient, effective open-ended questioning and active listening are essential skills. A separate room or space that ensures privacy and confidential communication with the patient that allows counselling and education to be conducted. Patient education and counselling usually occurs at the time prescriptions are dispensed but may also be provided as the separate service. Counselling concerning use of 'Generic medicines' is today's need. In Indian set up nobody will do the things unless there is strict act to implement regulations to provide compulsory patient counselling and pharmaceutical care by qualified personnel. So, legal assistance is specifically important by enacting a law by the parliament. In Maharashtra, the Pharmacy Council also took steps to popularized the counselling activities in the community set up with initiation of 'Patient Counselling Course' for pharmacist and recently focusing it to an academic curriculum of the diploma in pharmacy [4].

The purpose of KAP study is to explore changes in knowledge, Attitude and Practices of community. The knowledge, attitude and practices are important factors characterized by dynamism and unique interdependence. It explains about improving the knowledge, changes in attitude towards counselling as well as changes in kinds of practices that are followed regarding counselling.

Knowledge refers to understanding of any assigned topic, attitude refers to feeling and preconceived ideas and practices to the way in which they demonstrate their knowledge and attitude through their actions. KAP surveys are important and effective in terms of providing baseline for evaluating intervention programmes. It is hoped that factors which hinder a better understanding of patient counselling, shall be identified with the ultimate goal of improving the patient adherence/compliance and satisfying today's need [3,4].

Need of patient counseling in Indian scenario

- A high level illiteracy, poverty and lack of awareness among patients.
- Lack of adequate drug information due to limited availability of literature, poor documentation and poor funding.
- Patient non compliance towards the prescribed treatment.
- The Widespread sale of prescription drugs over the counter. [4,5]

Objectives of survey project

- To describe the knowledge, attitudes and practices towards patient counselling among retail and hospital pharmacist in Satara and Sanagli district.
- To evaluate the impact of counselling in terms of KAP outcomes.
- To analyze whether patient counselling service is to be provided by pharmacies and hospitals or not, if it is provided then how efficient it is educating the patient.
- To analyze reasons if patient counselling and education don't seem to be provided [6, 7].

MATERIALS AND METHODS

Study design

A cross-sectional survey was conducted on knowledge, attitudes and practices of patient counselling adopted by retail and hospital pharmacists from different areas of Satara and Sangali district between February 5 to 9, 2015. A specially designed questionnaire was used for data collection. Total 190 respondents were analyzed for the study [7, 8]. The response rate was 100 percent. Apart from information regarding professional status and whether patient counselling services provided by their setup or not, questionnaire extracted detailed information regarding aids and techniques used for counseling.

Data collection

A questionnaire-based survey to determine the knowledge, attitudes and practices of pharmacists towards patient counselling was conducted. Respondents were provided with 24 items with a variety of issues on patient counselling [7-9]. Survey containing questionnaire items were grouped in four sections by type of subject matter as follows:

- Section-I: Detail information of Pharmacy/Hospital pharmacy including location, Name, address and License No.
- Section-II: Attitude and awareness of pharmacist towards patient counselling [Que.11]
- Section-III: Knowledge of pharmacists towards patient counselling [Que.6]
- Section-IV: Practices of pharmacist for patient counselling [Que.7]

The pharmacists were also asked if they conduct any health screening programme and have they attended PCC of MSPC in last three years; creating its awareness. Questions focusing counselling on use of generic medicines were attempted. The respondents were instructed to answer the questions on their own; with questions directed only to the author or the research assistant. Prior to the administration of the questionnaire, the subjects were briefed on the objectives of this study. The questionnaire finally requested information about the improvement in patient satisfaction rating after patient counselling [9].

RESULTS AND DISCUSSION

A knowledge, attitudes and practices (KAP) survey is a representative survey of a specific population to collect information on what is known, believed and done in relation to a particular topic. KAP survey data are essential to help plan, implement and evaluate advocacy, communication and social mobilization work. The findings showed almost 100 % presence of pharmacist in every chemist shop.

Attitude and awareness

Survey found that patient counselling facility was provided in retail pharmacies and hospital pharmacies at different scales. Patient should be informed about the need and importance of counselling to ensure effective disease management and therapy. According to survey, 89.95 % pharmacists revealed that patient counselling

should be compulsorily provided by pharmacists and only 10.05 % were opinioned that it is a duty of physician. Pharmacist involvement in patient care has reduced number of hospital admissions and emergency department visit and improved health status of patients and their quality of life. It was found that almost all pharmacists were providing patient counselling services without any charges while only 1.6% respondent were not providing any counselling services. This indicates that most of respondents were aware regarding importance of counselling and practices it with positive attitude [10].

Although, 73.02 % pharmacists were of the opinion that the separate patient counselling cabin is a necessity, only 9.52 % pharmacies were having separate infrastructure for it as shown in fig. 1. Unavailability of separate counselling room due to lack of space or it is not affordable. It is preferred that patient counselling is done in a separate room that ensures comfortable, confidential and safe environment that establish caring relationship between patient and pharmacist. Counselling is more effective in private room that ensures privacy and opportunity to have confidential communication, if the separate room is not available then area can be restructured to minimize visual and auditory privacy from other patients or staff [10, 11].

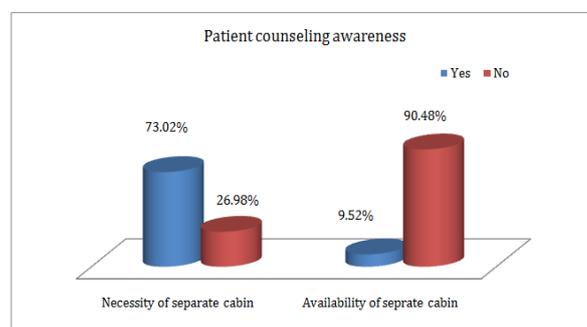


Fig. 1: Awareness of separate patient counselling cabinet

On investigation, it was revealed that, during last 3 y only 19.58 % pharmacists have attended PCC organized by MSPC as shown in fig. 2. This may be due to less frequency of organizing course and lack of awareness. Still most pharmacists were unaware of importance of counselling course as this course is designed to fulfill unmet needs of pharmacists and empower them with the required knowledge.

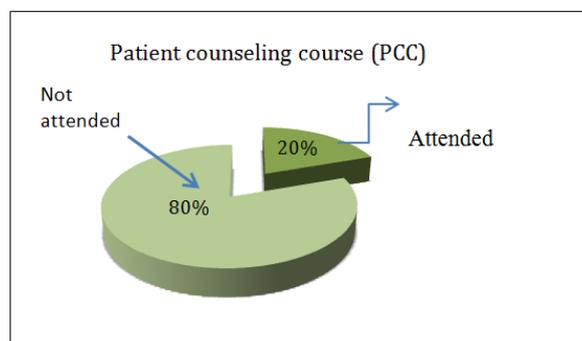


Fig. 2: Patient counselling course attendance

In Indian set up nobody will do the things if there is no act to implement regulations to provide compulsory patient counselling and pharmaceutical care by qualified personnel. So, legal assistance is very much important by enacting a law by the parliament. Because of these lacks of legality towards patient counselling, the effort for popularizing the patient counselling comes to an end. Survey findings revealed pharmacists has awareness regarding importance

of patient counselling and are positive for providing counselling services which will improve patient compliance and adherence [12].

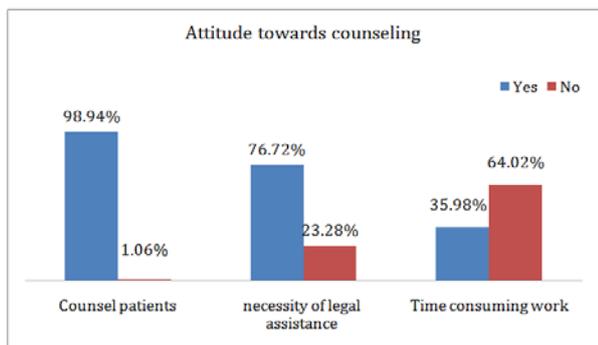


Fig. 3: Attitude of pharmacist towards counseling

Knowledge

33.86 %, 6.35 % and 12.17 % samples showed that they practiced counselling by means of verbal, written and audio-visual techniques respectively, while use of verbal and written techniques in combination was practiced by almost 46.56 % respondents as shown in fig. 4. It has also been shown that the combination of oral and written information is more effective in educating patient it allows the patient to refer to in case they forget any heard information. The use of videos, graphics and other tools could be used to support counselling. Pharmacist was still lacking in the knowledge and importance of audio-visual aids which were most significant aid for patients receiving OTC and for illiterate patients. Concept of medication reminder card still not evidenced [10]. Concept of medication reminder card still not evidenced. Medication reminder cards have proved to be useful for patient medication adherence. Medication information transfer, exchange, education and counselling all were considerable. Of this medication information transfer and counselling were in practice.

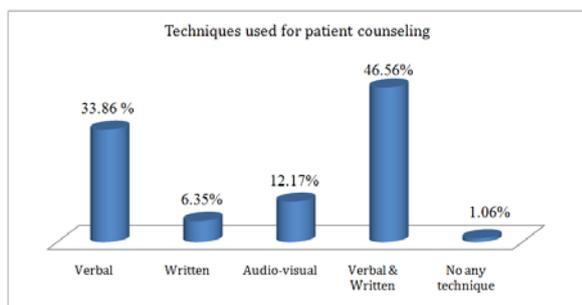


Fig. 4: Techniques used for patient counseling

51.32 % and 7.41 % respondents showed that they use posters and pictograms for patient counselling respectively, while 16.93 % were not using any aid which was in significant as in fig.5. Further, use of more than one technique in combination was not significant compared to others [11]. It has also been shown that the combination of oral and written information is more effective in educating patient it allows the patient to refer to in case they forget any heard information. The use of videos, graphics and other tools could be used to support counselling.

Various counselling aids adopted by pharmacist include posters, computerized generated leaflets, pictograms and social networking media like the telephone system. Computer aided counselling system is not yet popularized in the country. By adopting modern techniques one can expect effective counselling and patient adherence [13].

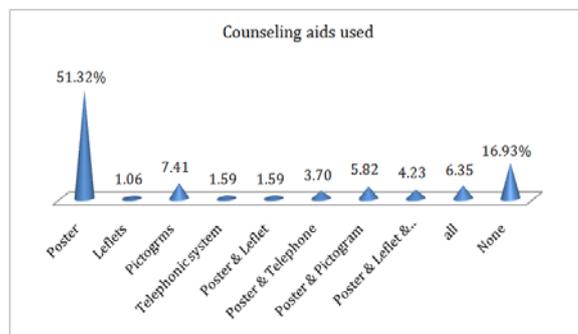


Fig. 5: Counselling aids used

The results shows that 71.20 % respondents were not providing any health screening facilities to patients while only height and weight measurement facilities were most prevalent among providers. Screening services like blood pressure check-up, blood sugar level, blood group and hemoglobin detection were provided non significantly. The survey showed that patient prescription record was kept by 92.06 % respondents and remaining was opinioned that it was of no use to keep such record [13, 14].

The results show that 79.37 % respondents were proficient at the use of computer and were keeping dispensing medication record. Contrary, 20.63 % respondents, mostly from rural area, were deficient in use of computer applications to keep dispensing medication record.

Practices of pharmacist for patient counselling

Practices refer to the way in which they demonstrate their knowledge and attitude through their actions. The amount and type of information provided to the patient will vary based on the patient's needs, and practice setting. Ideally, the pharmacist counsels all types of patients provide service but not done in appropriate manner [15].

79.89% respondents were practiced patient counselling to all types of patients and 9.84 % were provided services only those patients asking questions. Others counselling to singly or in combination to illiterate and confused patients, patient taking OTC were not scored significantly.

Survey finding showed that 94.71% ask for prescription, 86.77%, 97.88%, and 68.78% provided counselling related with rational OTC selection, antibiotics course completion and demonstrate technique for novel packaging respectively as in fig.6. Others were not practicing significantly on these matters [16].

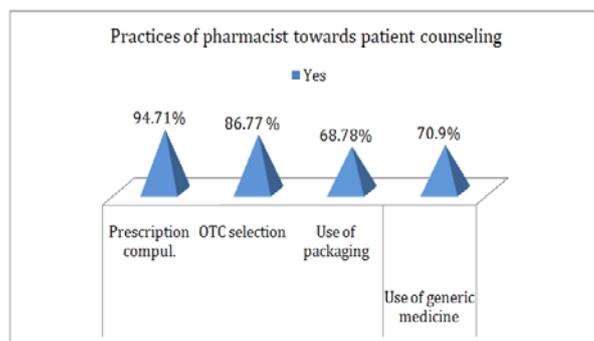


Fig. 6: Practices of pharmacist towards patient counselling

In survey, it was asked that what points are emphasized by the pharmacist during counseling. Findings include counselling not efficient as per requirements of OBRA's 90. There is need to evolve strategies for effective communication and counselling. It was noted

that practices following 'No prescription no medicine' for patient counselling varies as per system and as per the needs of patients. OTC counseling, antibiotics course completion and demonstrating packaging techniques will make patients more informed ensuring compliance [16, 17].

Problems and issues of current scenario

India is a developing country, facing significant drug related problems due to poly pharmacy. Compared to developed countries, patient compliance is not satisfactory in India. Survey investigations revealed pharmacist facing patient, system and provider based barriers while working as health care professionals. busy pharmacies, lack of time, non availability of suitable infrastructure and lack of knowledge, sources, absence of training in skills like communication and interview, poor patient perception [18, 19].

CONCLUSION

The study showed that, although, almost all retail as well as hospital pharmacists were practicing patient counseling, it was not up to the mark due to lack of infrastructure, awareness and of knowledge. To prevail over these issues, concerted efforts by the government authorities, pharmacists and academicians are needed. The gap can be filled with regularly organized content updating training programs for pharmacists like PCC, introduction of new subject related to patient counselling in syllabus at diploma as well as undergraduate level. This will help to mobilize pharmacists to use modern techniques and social media for counseling.

CONFLICT OF INTERESTS

Declared None

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