Unchartered waters. Pharmacy technicians educating patients on discharge medications: training for expanded technician roles

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Background

Pharmacy technicians have supported pharmacy services with dispensing duties and stock management. This scope of practice must expand to support the challenges faced by advanced hospital pharmacy services. [1-3]

The predictable nature of the elective short-stay surgery centre supports a novel workforce model for upskilling pharmacy technicians to provide clinical support. In this setting, discharge medications are generally routine and limited in range.

Aims

To develop and evaluate a comprehensive training program for pharmacy technicians to educate patients about discharge medications.

To evaluate whether patients discharged from a short-stay surgery centre are as satisfied with the medication counselling experience provided by a credentialed pharmacy technician as those educated by a pharmacist.

Method

Study Design

Comparative, parallel group quality assurance study.

Setting

Surgical short-stay unit of a teaching hospital.

Training and competency module development

Multidisciplinary input was engaged to develop the modules that addressed:

- communication skills
- medication knowledge
- surgical procedures and
- orientation to a clinical setting.

Competency assessments were adapted from those used to assess intern pharmacists.

Project technician was required to:

- complete online interactive learning modules
- observe pharmacists and practice skills under direct and indirect supervision.
- satisfactorily complete competency assessments.

Patient inclusion criteria

Prescribed medications that the technician was credentialed to educate on and the person managing the medications at home was English speaking.

Patient exclusion criteria

Prescribed warfarin, had cognitive impairment and self managed their medications, pregnant or breastfeeding, or changes were made to pre-admission medications that the pharmacist deemed were too complex to be explained by a technician.

Primary endpoint

Proportion of patients satisfied/very satisfied with the overall discharge counselling experience.

Data collection

Patient telephone interviews were undertaken by a pharmacist not involved in patient care, the day following hospital discharge.

Results

Table: Patient demographic details – overall, both groups were well matched

	Pharmacist-educated patients (n= 93)	Technician-educated patients (n=76)
Age, years, median (IQR)	44 (29 - 58)	39 (28 - 56)
Male gender, number (%)	44 (47.3)	37 (48.6)
Number of discharge medications, median (IQR)	3 (3 - 4)	4 (3 - 4)
Number of regular medications, median (IQR)	1 (0 - 3)	1 (0 - 3)
Number of changes to regular medications, median (IQR)	0 (0 - 0)	0 (0 - 0)

Patient responses according to the health professional who provided discharge medication education

Fig 1. Overall, how satisfied were you with the education you received about your medicines?

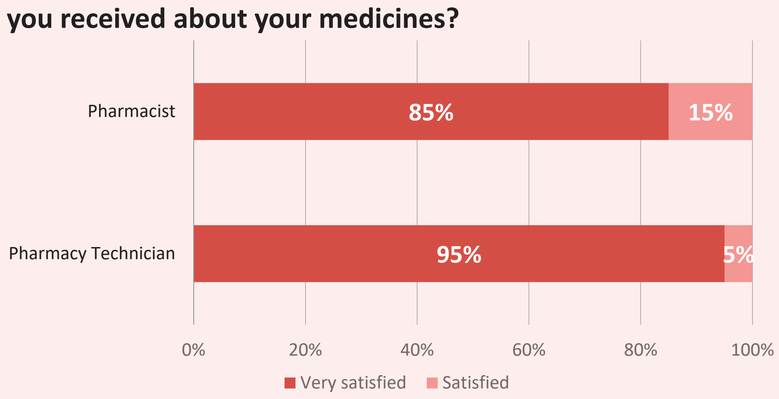


Fig 2. How confident were you with taking the medicines when you went home?

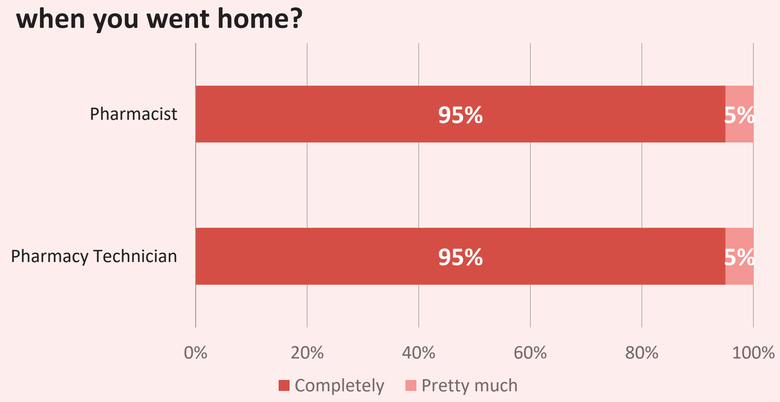


Fig 3. How satisfied were you with the amount of information you received about your medicines?

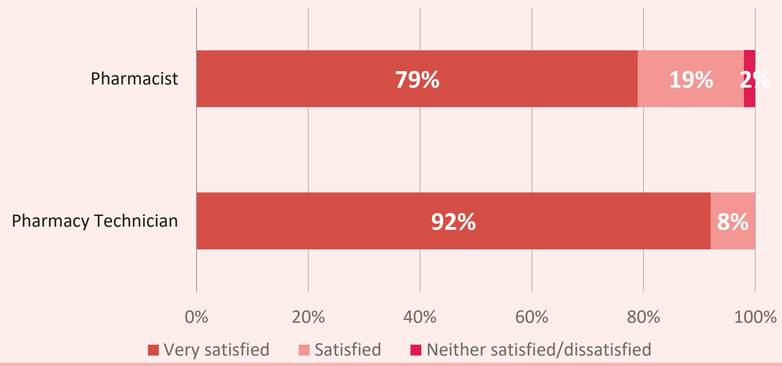
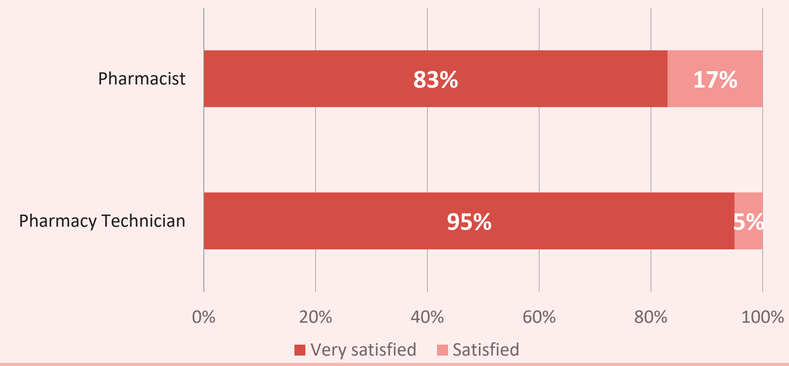


Fig 4. How satisfied were you with the amount of time spent educating you about your medicines?



Overall, patients were very satisfied with the education about their discharge medicines, regardless of whether it was provided by a pharmacy technician or a pharmacist.

Discussion

The high levels of patient satisfaction demonstrated support for the role of technicians providing discharge education. In some domains, technician-educated patients were more satisfied than pharmacist-educated patients. Time saved by pharmacists completing this routine task, in this setting, may facilitate an increased capacity to attend to other patient-focused clinical tasks.

Pharmacy technicians are not registered healthcare professionals in Australia and do not have professional indemnity insurance, unlike in the UK. [1,2,5] It is therefore essential that hospitals have their own robust credentialing processes.

The Pharmacy Board of Australia's Guide to Dispensing states, "…patients have the right to expect that the pharmacist will counsel them...". The guideline also stipulates "…technicians' functions are limited to those…that do not require… professional judgement or discretion".[4]

To address these requirements, all patients were asked if they would like to speak to the pharmacist, however, all patients accepted being educated by the technician. Clinical reasoning, review and medication reconciliation was conducted by a pharmacist to ensure compliance with the guideline and was a discrete activity to the discharge education.

Conclusion

Patients were highly satisfied with the education received from both the technician and pharmacists.

This comprehensive training development model may be applied to other technician role expansion projects.

Such roles may afford technicians increased job satisfaction and enable pharmacists to better use their clinical decision-making expertise.

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