

R-PCL-8

# Community pharmacists' practices and clinical reasoning during medication dispensing at hospital discharge

## AFFILIATIONS

- (1) School of Pharmaceutical Sciences, University of Geneva, Geneva, Switzerland.
- (2) Institute of Pharmaceutical Sciences of Western Switzerland, University of Geneva, Geneva, Switzerland.
- (3) Pharma24, Academic community pharmacy, Geneva, Switzerland
- (4) Division of Endocrinology, Diabetes, Hypertension and Nutrition, Department of Medicine, Geneva University Hospitals, Geneva, Switzerland.
- (5) Division of Pharmacy, Geneva University Hospitals, Geneva, Switzerland.
- (6) University Institute for Primary Care (IuMFE) and Unit of Development and Research in Medical Education (UDREM), Faculty of Medicine, University of Geneva, Geneva, Switzerland.

## BACKGROUND

Community pharmacists are the first healthcare professionals encountered by patients after hospital discharge. They play a key role in medication reconciliation, medication provision and patient education. Their practices and clinical reasoning at hospital discharge are yet to be explored and better defined.

**The objective of the study is to assess community pharmacists' practices and the extent of their clinical reasoning during the dispensing of a hospital discharge prescription.**

## METHODOLOGY

**Participants:** Community pharmacists in Geneva, Switzerland

**Procedure and data analysis:**

**Case scenario:** Simulated patient with type 2 diabetes requiring medication reconciliation, medication review & assessment of patient knowledge and medication adherence

1. On-site simulated encounter



Quantitative analysis of practices, based on a checklist<sup>1,2</sup>: presence/absence of practices and structure of the encounter

2. Retrospective think-aloud interview



Inductive and deductive qualitative analysis<sup>3,4</sup> of semi-structured interview transcripts: steps, structure, mechanism and shortcomings of clinical reasoning

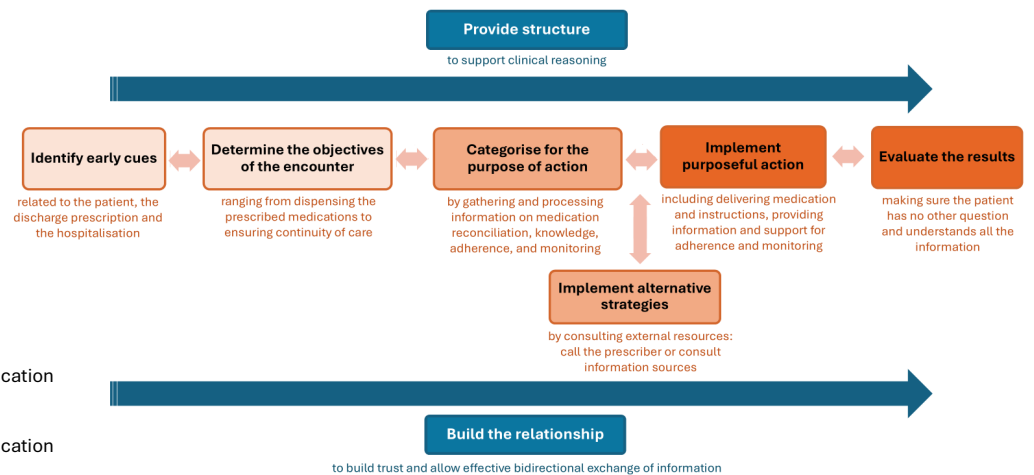
## RESULTS

Pharmacists	14
Community pharmacies	11
- Chain pharmacy	5
- Independent pharmacy	6
Gender	
- Female	9
- Male	5
Professional experience	
- 1-10 (years)	7
- 11-20	3
- 21-30	3
- >30	1

### Practices:

- 13 medication reconciliations
- 10 calls to the simulated prescriber to validate medication discrepancies
- 7 assessments of non-adherence
- 5 considerations of the patient's needs for medication adherence aids

**Integrated clinical reasoning process** from the clinical reasoning model developed by Charlin et al. and the Calgary-Cambridge medical interview model<sup>3,4</sup>



## CONCLUSION

While community pharmacists performed well in medication-related tasks, patient-centred activities at hospital discharge must be reinforced. Implementing a more structured encounter and a stronger patient partnership would increase the effectiveness and safety of post-discharge care. Community pharmacists encounter challenges in their clinical reasoning. Integrating clinical reasoning training into pharmacy education is needed to equip them with the necessary skills to address complex patient needs and strengthen their role within interprofessional care teams.

### References:

- <sup>1</sup>Richard C et al. MEDICODE: An instrument to describe and evaluate exchanges on medications that occur during medical encounters. Patient Education and Counseling. 2006
- <sup>2</sup>PharmaSuisse, tarifsuisse, HSK, CSS. Convention tarifaire RBP IV/1. 2016
- <sup>3</sup>Kurtz S et al. Marrying content and process in clinical method teaching: enhancing the Calgary-Cambridge guides. Acad Med. 2003
- <sup>4</sup>Charlin B et al. Clinical reasoning processes: unravelling complexity through graphical representation. Med Educ. 2012

## Shortcomings in clinical reasoning

- Failing to consider the overall context  
*"I went straight to the prescription. Perhaps it would have been interesting to take a slightly higher point of view and not go straight to the [empagliflozin] that was introduced but see the whole treatment."* [rt1]
- Reaching conclusions prematurely:  
*"Looking at the medication history, I assumed that she was hospitalised for uncontrolled diabetes and increased hypertension."* [rt6]
- Lack of standardisation:  
*"In 15 minutes, you must discuss different points but also make choices. As pharmacists, we don't really have a standardised way to validate [a prescription]."* [rt5]