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Psychological and Behavior Skills for Ph. Care Practice in Medical Team 2016



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ABSTRACT

The aim of this work is to observe some instruments that can be used by ph. Care practitioner (and other healthcare professionals as medical laboratory professionals) working in hospital settings in order to have a good and rapid introduction in multidisciplinary medical team and to obtain improvement also in some patients clinical outcomes. This study move from the necessity to cover need in this field because clinical pharmacist is working added to physicians often in very complex situation (also due by cultural differences in university course: different type of studies and different kind in goal setting). The pharmacists were classically more oriented to drugs problems and only in last decades more oriented towards patient need in therapy field. The physicians have responsibility in patient drug therapy and the clinical pharmacists has a responsibility as consultant, adding his expertise in pharmaceutical and pharmacological field. Not only to provide drugs or preparing it in galenic laboratory but also a real consultant activities. Today there are already some cultural differences in medical practice in meaning the clinical pharmacy competences (In many countries). In some countries, there is the need to improve this gap to be at the same level of UK, USA, Canada, Australia and other. Clinical pharmacists are most highly trained but under-utilized medical professional. In some country, it is not clearly accepted the consultant role of clinical ph, in therapy field in improving some clinical outcomes by participation in multidisciplinary medical team (Luisetto et al 2015 ukjpb). To be part of this team, in efficiently way, there is the need to have a great skill in communications, conflict management, Proactivity, resilience, perseverance, critical thinking and other 1, 2, 3. At the same time, clinical pharmacist (expertise in field of DIAGNOSTIC science (as medical laboratory and Imaging) is not clearly accepted by scientific community (even if diagnostic data are used commonly in monitoring of many drugs therapy). We have observed the curriculum of different universities clinical pharmacy course in order to verify if the argument is in a right way considered. Three aspects are to be analyzed: The self motivation of clinical ph towards physicians equips members. The rapid introduction and acceptance of clinical ph. in medical team accepting their expertise and competence. Patient's and caregiver relationship. So in this work, we give some elements for improving behavior skills to be part of medical team to clinical pharmacist providing ph. care autonomy and independence towards the other healthcare professionals. We think that some management and psychological theory are to be post under right light: and for example : E. Goldratt TOC *Theory of constraints, about psychological limits (a management theory)* De Bono *Seven hats and Lateral thinking (problem solving approach)*.

INTRODUCTION

FROM website: <http://www.pharmacist.com/principles-practice-pharmaceutical-care>

AMERICAN PHARMACIST ASSOCIATIONS

Principles of Practice for Pharmaceutical Care:

“Pharmaceutical care is a process of drug therapy management that requires a change in the orientation of traditional professional attitudes and re-engineering of the traditional pharmacy environment. Certain elements of structure must be in place to provide quality pharmaceutical care. Some of these elements are: (1) knowledge, skill, and function of personnel, (2) systems for data collection, documentation, and transfer of information, (3) efficient work flow processes, (4) references, resources and equipment, (5) communication skills, and (6) commitment to quality improvement and assessment procedures.

The implementation of pharmaceutical care is supported by knowledge and skills in the area of patient assessment, clinical information, communication, adult teaching and learning principles and psychosocial aspects of care. To use these skills, responsibilities must be reassessed, and assigned to appropriate personnel, including pharmacists, technicians, automation, and technology. interprofessional communications (e.g. physician communication, pharmacist to pharmacist communication.....

The implementation of pharmaceutical care is supported by incorporating patient care into the activities of the pharmacist and other personnel”.

MATERIALS AND METHODS

Analyzing instruments of discipline involved in improving behaviour in working field, we have find that this can improve in hard way the healthcare professionals practice and results:

For example:

- Communication, PNL (Bandler, Grinder), negotiation, conflict management
- Transactional analysis (Harris)
- Emotional and social intelligence (Goleman), proactivity, take risk ability.

- Perseverance, resilience, self motivation, self control, critical thinking
- Goal setting, team working ability, team leadership
- Problem solving, chunking problems, focus on solution
- Lateral thinking, creativity, brainstorming, open mind
- Decision making in all situation, independence
- Serenity, assertivity, positive vision, SWOT analysis, cooperation, leadership
- Learning by errors, lifelong learning attitude
- Stress management and coping strategy, mindfulness
- Change management, flexibility, to say no ability
- Delegate, time management, MBO
- Prioritize activity, strategy and tactics, change strategy if not results.
- Rethinking problems, searching help, zero thinking ability, take time ability to give response.
- Mental training, no extreme thinking, lose comfort zone.
- HR management, Coaching

RESULTS

Observing university curriculum of different university course we have not found course all dedicated to improving psychological and behavior skill to practice ph. Care as autonomous discipline (and independent from the other studied).

DISCUSSION

Even if these skills are acquired in hospital practical rotation. We ask to deep introduce theory knowledge in the university course (clinical ph. Care) and dedicated useful time in improving behaviour skills to provide the ph. Care consultant activities at the right level.

Is this ethical not to use this clinical pharmacist expertise in medical team to improve clinical outcomes at the right level with a clearly collaboration between different healthcare professional?

Using the principle of knowledge management theory, we can have a more complete and efficient introducing of pharmaceutical professional in medical team.

CONCLUSION

In order to obtain more efficient results in improving some clinical outcomes the clinical pharmacist (and other healthcare professionals working in medical team) must have an expert in the field of psychological and behavior aspects to use a practical settings when member of medical equips.

This participation must be at the right level required, with professional autonomy and independence.

This can give the right response to drug related problem that a rational therapy requires.⁴

There is a need to improve the ability of clinical ph. in providing ph care in medical team and in particular way in the field of diagnostic for its relationship in monitoring of drugs therapy.⁵

And even if rotation in different wards provide a good experience. We think that some cultural instruments can be useful for this membership provided by autonomous university course.

So we ask to international organization and university to include the kind of course in university curriculum of students that will be applied in ph. Care works.

This skill is useful in pharmacists- patients relationship in order to have high compliance level.

The same kind of conclusion can be applied to other healthcare professionals in medical team that Collaborate with physicians.

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