

**46th ESCP Symposium on Clinical Pharmacy,
Heidelberg, Germany, 9-11 October 2017**

Science meets practice – towards evidence-based clinical pharmacy services

Workshop Program & Workshop Abstracts

Workshop program:

Monday, October 9, 13:30 – 15:30

WS01	Getting conference abstracts accepted
WS02	Successful Scientific Writing Original research papers
WS08	Adequate Pharmaceutical Care for patients on anticoagulation
WS10	Advanced clinical decision support supporting clinical pharmacy services
WS11	How to counsel cancer patients about their oral anticancer medicines
WS14	Deprescribing as a part of clinical medication review
WS15	Medicines Use Evaluation planning and conducting
WS19	To tweet or not to tweet exploring eprofessionalism guidance and the use of social media

Monday, October 9, 16:00 – 18:00

WS03	Do you want help with a workshop you need to plan
WS04	Clinical outcome measures in minor ailments service
WS06	How to select a cost-effective treatment in your daily work
WS09	Paediatric Nutrition in Pharmacy Practice
WS14	Deprescribing as a part of clinical medication review
WS16	“You Cannot Pour from an Empty Cup” – A Mindful Approach to Pharmacy Education
WS17	The Importance of Clinical Rounds in Clinical Pharmacy Education

Tuesday, October 10, 13:30 – 15:30

WS04	Clinical outcome measures in minor ailments service
WS05	Chances and limitations of EBM in drug information
WS07	How to develop a drug-drug interaction alert for clinical decision support
WS12	Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly
WS13	Seamless pharmaceutical care for patients during hospital discharge and transfer to primary care
WS17	The Importance of Clinical Rounds in Clinical Pharmacy Education
WS18	Computer-based virtual humans for training self-medication consultation skills
WS19	To tweet or not to tweet exploring eprofessionalism guidance and the use of social media

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WS15	Medicines Use Evaluation planning and conducting
WS16	“You Cannot Pour from an Empty Cup” – A Mindful Approach to Pharmacy Education

Wednesday, October 11, 13:30 – 15:30

WS02	Successful Scientific Writing Original research papers
WS05	Chances and limitations of EBM in drug information
WS07	How to develop a drug-drug interaction alert for clinical decision support
WS09	Paediatric Nutrition in Pharmacy Practice
WS10	Advanced clinical decision support supporting clinical pharmacy services
WS13	Seamless pharmaceutical care for patients during hospital discharge and transfer to primary care
WS18	Computer-based virtual humans for training self-medication consultation skills

The number of participants to each Workshop is limited to 30.

Registration for Workshops will be at the ESCP-stand, for each day, starting at 8.00 in the morning.

Except for WS08 Improving Pharmaceutical Care for patients on anticoagulation: from prescription to medication use: Participants have to register themselves by sending an email to b.vandenbemt@maartenskliniek.nl not later than September 1st, as they have to follow the e-learning course.

Workshop abstracts:

WS01

Successful Scientific Writing: getting conference abstracts accepted.

Moderators:

Dr. Carole Kaufmann, Switzerland. Chair of the Communication Committee of ESCP

Dr. Samuel Allemann, Switzerland. Member of the Communication Committee of ESCP

Background:

There are several possible formats for written scientific information such as abstracts or scientific articles. Writing conference abstracts that will be accepted for presentation at a conference is a challenging experience. Apart from writing a condensed text, that represents the study well, there are a number of other important aspects that will facilitate acceptance and even lead to an (oral) presentation if your abstract is of high interest and good quality.

Aim:

This workshop aims to increase the participants' knowledge and skills on how to write structured conference abstracts.

Learning objectives:

After the workshop, the participants should be able to:

- Understand the structure and elements of a high-quality conference abstract
- Understand the difference between a research and a descriptive abstract
- Select an appropriate conference and presenter for the study
- Understand how ESCP scores and selects abstracts for presentation
- Know the common reasons why an abstract is rejected by ESCP
- Understand how to proceed after an abstract is accepted for presentation

Content and structure:

This workshop is structured as a lecture mixed with exercises and will focus on ESCP expectations for abstracts. Participants will also discuss more general considerations about submitting abstracts such as authorships and responsibilities.

Structure:

- Welcome/introduction
- Presentation on how to write abstracts mixed with illustrative group exercises
- Conclusion & take home messages

WS02

Successful Scientific Writing: original research papers.

Moderators:

Elena Galfrascoli, Italy. Member of the ESCP Communication Committee. ASST

Fatebenefratelli Sacco, Milano.

Daniela Scala, Italy. Member of the ESCP Communication Committee Medicina Nucleare.

AORN "A. Cardarelli", Napoli

Background:

The results of scientific research are only valuable for society, if they can be shared with others in an understandable written or oral format.

There are several possible formats for written information, such as abstracts or scientific articles. Writing research papers that can be accepted by a peer reviewed journal, can be a challenging experience. There are a number of important aspects that authors should pay attention to, and that will facilitate acceptance.

Aim:

Aim of the workshop is to discuss with the participants different examples of scientific papers, to make them able to write and judge a scientific paper, and also to select the appropriate journal for the publication.

Learning Objectives:

After the workshop, the participant should be able to:

- Understand the structure and elements of a quality scientific paper;
- Select an appropriate journal for his publication(s)
- Understand the differences between the different peer reviewed scientific journals;

Content and Structure:

A presentation will introduce participants to the content of the workshop, focusing on the aim of writing a full research article, and the structure of a scientific article.

The reason behind the different sections of articles will be explained.

The workshop will especially focus on scientific articles in the format for the International Journal of Clinical Pharmacy but most other scientific journals have similar compulsory formats.

After an introduction, the participants will study and discuss examples of the different stages of scientific papers in smaller groups, the selection of appropriate journals and important issues such as impact factors and authorship.

WS03

**“Do you want help with a workshop you need to plan?
Take away some new ideas and a workshop plan”**

Moderators:

Moira Kinnear, member of the ESCP Education Committee

Vera Jordan-von Gunten, chair of the ESCP Education Committee

Background:

A workshop requires participants to interact with some purposeful activity to achieve defined learning outcomes. Workshops provide an environment for participants to share ideas and learn from each other. Most people learn more from active involvement than from passively listening, therefore talking about a topic, role play or practical sessions are considered valuable learning experiences in clinical pharmacy. It's important to be clear about what can be achieved in a workshop and several factors need to be considered in the design. These include content, learning outcomes, tasks, structure, timing, group size, environment and resources.

Aim:

The aim of this workshop is to consider tips for inexperienced workshop facilitators to support future planning of successful workshops.

Learning Objectives: At the end of the workshop, participants will be able to

- Describe how people learn – The Learning Pyramid
- Prepare a workshop plan including a schedule of activities and learning outcomes

- Create group exercises achievable within a planned schedule and resources
- Describe workshop facilitation skills

Content and Structure:

Introduction (5 mins)

Groups will be provided with copies of The Learning Pyramid for discussion in their groups.

Task 1: Participants will be asked to reflect on previous learning experiences and consider in the context of the way most people learn. (10 mins)

Facilitated discussion: Experiences will be shared across groups. (10 mins)

Task 2: Participants will be asked to share their experiences of workshop facilitation (either as a facilitator or as a participant) and suggest skills required for workshop facilitation (20 mins)

Facilitated discussion: Groups share considerations (10 mins)

Task 3: Each group will be asked to agree the content for a workshop, formulate learning outcomes and design a schedule of activities. (30 mins)

Facilitated discussion: These will be shared across the groups and feedback provided (30 mins)

Summary and close (5 mins)

WS04

Developing an evidence base for clinical pharmacy: clinical outcome measures in minor ailments service delivery and research

Moderators:

Dr Vibhu Paudyal, Senior Lecturer in Clinical Pharmacy, School of Pharmacy, University of Birmingham, Edgbaston, B15 2TT v.paudyal@bham.ac.uk

Dr Katie Gibson Smith, Research Fellow, School of Pharmacy and Life Sciences, Robert Gordon University, Aberdeen, Scotland AB10 7GJ k.l.gibson@rgu.ac.uk

Contributors: Dr Scott Cunningham, Dr Katie MacLure, Dr Cristin Ryan, Dr Lorna West, Prof Maria Cordina.

On behalf of the ESCP Research Grant 2016 - Minor Ailments Study Research Group

Background:

Minor ailments are defined as common, self-limiting or uncomplicated conditions which can be diagnosed and managed with limited or no professional support.¹ There is overwhelming support from pharmacists and associated professional and regulatory bodies across Europe to widen pharmacists' role in the management of minor ailments. It is hoped that this will enable effective and rational utilisation of professional skills and reduce the burden on high cost services such as general practices and Accident and Emergency Departments.²⁻⁴ However, there is a need to strengthen and increase the evidence base around clinical effectiveness of pharmacist-led management of minor ailments. For example, currently within intervention studies on minor ailments, there is no gold standard with regard to the types of clinical outcomes which should be measured and methods for their assessment.

The current lack of robust evidence may negatively impact on the development and implementation of relevant policy and practice across Europe.

Aim:

The aim of this workshop is to discuss the implications of the results derived from a systematic review (SR)⁵ funded by ESCP Research Grant 2016 to the delivery and research of relevant clinical pharmacy services in Europe. The SR was designed to systematically review the types of clinical outcomes and methods for their measurement in the evaluation of pharmacist-led minor ailments management.

Learning Objectives (LO):

Through participation in this workshop, the participants will:

- LO1. Discuss and reflect on the results of the SR in the context of their own practice
- LO2. Critically reflect on methodological aspects of clinical outcome measurements identified in the SR
- LO3. Consider how to enhance the quality of clinical outcome measurement for minor ailments
- LO4. Explore how validated and robust clinical outcome measures can be further used for development and implementation of relevant policy and practice in minor ailments

Content and Structure:

The moderators will draw on their experience and expertise to encourage interaction and participation through small group based activities.

The following topics will be covered for each Learning Objective:

- LO1. Overview of the workshop in the context of key results from ESCP research grant 2016
- LO2. & LO3. Small group consideration of a number of minor ailment clinical scenarios – to critically reflect the type of clinical outcomes incorporated and how to enhance the quality of the measure
- LO4. Whole group discussion on how clinical outcome measures can be used for development and implementation of policy and practice

Activities:

- Case based discussion in group settings facilitated by moderators
- Moderator-led discussion, summary and conclusion

References:

1. **Paudyal V**, Watson MC, Sach T, Porteous T Bond CM, Wright DJ, Cleland J, Barton G, Holland R. Are pharmacy-based Minor Ailment Schemes a substitute for other service providers? A systematic review. *British Journal of General Practice* 2013 63;612:359-362 (e472-e481).
2. **Paudyal V**, Hansford D, Cunningham S, Stewart D. Pharmacy assisted patient self care of minor ailments: A chronological review of UK health policy documents and key events 1997–2010. *Health Policy* 2011;101:3 253-259.
3. Royal Pharmaceutical Society. National minor ailment service needed to improve urgent care. Available http://www.rpharms.com/pressreleases/pr_show.asp?id=2613. Accessed: 3 March 2017.
4. **Cordina M**, McElnay JC, Hughes CM. Societal perceptions of community pharmaceutical services in Malta. *Journal of Clinical Pharmacy and Therapeutics* 1998;23:115-126.
5. **Paudyal V, Cunningham S, MacLure K, Ryan C, West L, Cordina M**. Types of clinical outcomes and methods for their assessment in the evaluation of pharmacist-led

management of minor ailments: a systematic review. PROSPERO
2016:CRD42016050847 Available from
http://www.crd.york.ac.uk/PROSPERO_REBRANDING/display_record.asp?ID=CRD42016050847. Accessed: 07 March 2017.

WS05

Chances and limitations of EBM in drug information

Moderator:

Dr. Claudia Mildner, University Hospital Mainz, Hospital Pharmacy , Langenbeckstr. 1, 55131 Mainz, Germany mildner@apotheke.klinik.uni-mainz.de

Dr. Dorothea Strobach, University Hospital Munich LMU, Hospital Pharmacy, Marchioninstr. 15, 81377 Munich, Germany Dorothea.Strobach@med.uni-muenchen.de

Background:

Evidence based medicine is a corner stone of drug therapy today. Pharmacists providing drug information follow those principles and refer to guidelines and the best available evidence when answering questions of health care professionals or patients. Nevertheless, queries asked to drug information centres often concern very special clinical situations, complex drug regimens or rare patient conditions. These cases are often not covered by guidelines or randomized clinical trials. Thus, by an in-depth literature search drug information pharmacists have to find and judge information on every evidence level, while on the other hand keep in mind resource limitations and time consumption.

Aim:

In this workshop we want to present example queries highlighting the limitations of guidelines and standard EBM resources and show how low level evidence can be helpful in special clinical situations. In addition, we want to discuss the time sparing effects of appropriate search and documentation tools.

Learning Objectives:

Participants of the workshop will learn about limitations and chances of EBM, evidence levels, search and documentation tools in drug information.

Content and Structure:

The workshop will present example queries to drug information centres. In discussing these enquiries, the chances and limitations of EBM resources will be explained. An in-depth literature search will be shown by means of an example query and the usefulness of low level evidence will be explained. Selected resources will be presented for time sparing searches on questions with only limited evidence available. The advantages of query documentation and reuse will be discussed and an example of a documentation database will be shown. The workshop will include small working units for participants using online resources.

WS06

How to select a cost-effective treatment in your daily work?

Moderators:

Barbara Claus, SIG leader Pharmacoeconomics, Lecturer at Ghent University, Faculty of Pharmaceutical Sciences, De Pintelaan 185, 9000 Ghent, Belgium

Yolande Hanssens, SIG Leader Medicine Information, Pharmacy Supervisor and Clinical Pharmacist Liver Transplant Team, Hamad Medical Corporation, Doha, Qatar

Background:

A lot of healthcare providers use new, promising and often expensive medicines for instance in oncology, rheumatology, neurology, cardiology etc... Providing these drugs with accurate advice creates a major opportunity to be cost-effective in daily practice. Even more, clinical pharmacy offers a powerful handle to the most efficient use of drugs, to drug adherence and the best allocation of the restricted resources.

This workshop will support attendees in improving their skills of promoting cost-effective use of drugs.

Aim:

to provide literature references about cost-effective therapy and to demonstrate in which areas pharmacists have proven to promote cost-effective use of drugs

to offer basic principles of pharmacoeconomics readily applicable into the own practice

to provide general as well as specific examples of cost-effective and non-cost-effective strategies

Learning Objectives:

to critically review examples of cost-effectiveness starting broad and general and ending up with very tangible practice examples.

to become aware of the fact that pharmacoeconomics is choosing the best patient option, leaving less favourable options in the closet

to orient minds to a critical pharmacoeconomic mood ☺: “if the effort is not in balance with the output, then you should re-analyse”

to demonstrate that pharmacoeconomics is a way to restructure treatment choices, both looking at the cost and effect of the treatment. On a macro-economic level, it offers an opportunity to save money due to optimal use of medicines while on a micro-economic-level, this means adopting the best individual treatment, which is not always the cheapest one.

to convince others of why your clinical pharmacy business case is a cost-effective one.

Content & Structure:

The content is brought to the audience by means of interactive exercises and other mind games.

Introduction: providing standard definitions and related terminology of pharmacoeconomics

15 min

Part 1: providing general examples of (non-)cost-effective strategies and making participants choose between provided options

30min

Feedback part 1: the different elements will be brought together in a plenary overview with a summary of the most important final statements

15 min

Part 2: individual cases to apply theory in daily practice. Some of these cases will challenge the participants to think in an economic way.

30 min

Feedback part 2: the different elements of the small group discussions will be brought together in a plenary overview with a summary of the most important final statements

Summary of the information presented and take home messages

15 min

WS07**How to develop a drug-drug interaction alert for clinical decision support?****Moderators:**

Borgsteede, S.D.^{1,2}, SIG Clinical Decision Support (i.s.n.)

Cornu, P.³, chair SIG Clinical Decision Support (i.s.n.)

1. Health Base Foundation, Department of Clinical Decision Support, Houten, the Netherlands. sander.borgsteede@healthbase.nl

2. SIR Institute for Pharmacy Practice and Policy, Leiden.
3. Universitair Ziekenhuis (UZ) Brussel, Department of Clinical Pharmacology and Pharmacotherapy, Jette, Belgium. pieter.cornu@uzbrussel.be

Background:

Many professionals, including pharmacists, use clinical decision support (CDS) systems to optimize safety and quality of decisions concerning pharmacotherapy.

However, each alert is also a burden for the health care professional. It takes time and effort to analyse the alert, to discuss with the patient and other professionals, and finally to reach a conclusion about changes in drug treatment. The term alert fatigue describes how health care professionals become desensitized to safety alerts, and fail to respond adequately to warnings. Hence, to prevent alert fatigue, for each potential alert an evaluation must be made if the clinical value is greater than the burden. Moreover, implementation of advices can be enhanced by giving specific suggestions to professionals how to act in case an alert occurs.

Aim:

The aim of this workshop is to develop an alert that can be implemented in a CDS system. The participants will evaluate the literature, discuss and conclude about the clinical relevance with respect to alert fatigue, and formulate how professionals should act in case this alert will occur.

Learning Objectives:

After following this workshop, the participant can develop an alert for CDS, motivate the clinical relevance and give recommendations for further action.

Content and Structure:

During the workshop two potential alerts for drug-drug interactions (DDIs) will be analysed based on literature (provided and summarized by the workshop leaders) and the clinical experience of the participants. The cases are potential alerts currently under review by the pharmacists of Health Base Foundation (The Netherlands), and pharmacists of the UZ Brussel, a university hospital in Brussels (Belgium).

During the evaluation the following questions will be answered:

1. Evaluation of severity and probability: what is the probability this interaction will occur and what is the severity?
2. Evaluation of the clinical relevance: is an alert for the DDI clinically relevant with respect to impact on medication safety?
3. Evaluation of 'alert fatigue': Is the clinical value of the alert more important than the burden?
4. Essential information for decision making: what background information do professionals need to make a decision?

Treatment options: what alternatives can professionals consider, and what precautions need to be taken?

WS08

Improving Pharmaceutical Care for patients on anticoagulation: from prescription to medication use

Moderators:

Silas Rydant, Royal Pharmacist Organization (KAVA), Antwerpen, Belgium
Secretary of the International Pharmacist for Anticoagulation Taskforce (IPACT)
Stephane Steurbaut, UZ Brussel, Belgium

Contactperson:

Bart van den Bemt, PharmD/PhD, Sint Maartenskliniek, The Netherlands, ESCP Special Interest Group Adherence, Treasurer of the International Pharmacist for Anticoagulation Taskforce (IPACT). b.vandenbemt@maartenskliniek.nl

Important:

This workshop will be a test for something new to ESCP: a course on the theoretical and practical aspects on anticoagulation care. As a result, this workshop will be preceded with an online e-learning course for the theoretical background, a workshop for practicing skills during the ESCP conference, and a webinar afterwards on implementation. **Participants have to register themselves by sending an email to b.vandenbemt@maartenskliniek.nl not later than September 1st, as they have to follow the e-learning course.**

The costs of the development of the webinars will be covered by IPACT: the International Pharmacists for Anticoagulation Taskforce.

Background:

Although oral anticoagulation therapy (OAT) has a beneficial effect on patients' long-term survival and the prevention of thrombotic events, the use of these medications is not without risk. Decreasing the clotting of the blood - which decreases the thrombotic risk - automatically increases the risk for gastrointestinal or intracranial bleeding. Previous research indicated that a substantial proportion of medication-related adverse events in hospitals were associated with VKA-use, and that bleeding complications were the most common reason for medication-related hospital admissions. (Hakkarainen et al., 2014; Damen et al., 2016).

Besides the risk of drug related problems (DRPs) due to the pharmacological properties of OAT (bleeding), both health care professionals and patients should also be supported in order to ensure effective and safe prescribing/use of these drugs. Several studies illustrated that inappropriate prescribing, monitoring and administration of OAT occur frequently. The drugs are often underdosed, inadequately monitored, inadequately stored and not taken as prescribed (patients are non-adherent). Consequently, DRPs occur often with patients using OAT (Simon 2015, Desmaele 2015). Thus adequate structured follow up of patients on OAT is essential to ensure safe and effective drug intake. This workshop therefore helps the pharmacist to improve their knowledge and skills with respect to anticoagulation and pharmaceutical care for patients on oral anticoagulation therapy.

Aim:

This workshop aims to increase interactively participant's knowledge and skills on optimizing effective and safe use of oral anticoagulants and aims to help the participant put these new competencies into practice.

Learning objectives:

After the workshop, participants will have:

- An increased knowledge of the on the indication, pharmacology, dosing, adverse events, interactions of oral anticoagulation therapy. (e-learning before the workshop)
- An increased knowledge with respect to drug related problems related to OAT-use. (during the workshop)
- An increased knowledge with respect to opportunities for pharmaceutical care for patients on OATs. (e-learning before the workshop)

- Practiced reviewing OAT prescriptions/medication profiles in order to detect drug related problems associated with OAT-use. (during the workshop)
- Practiced patients interviews to improve medication adherence for patients on OATs (during the workshop)
- Translated the learned pharmaceutical care possibilities into his/her own practice.(during the workshop)
- Evaluated personal experiences with pharmaceutical care on OATS 1 month after the workshop (by a webinar).

Content and structure of the workshop/course:

Before the ESCP conference:

E-learning about indications, pharmacology, dosing, adverse events, interactions of OATS.

During ESCP-conference:

The workshop/course will have the following structure:

0'00-0'05	Moderators: Introduction of the rationale of this workshop and the need for pharmaceutical care for patients on OATS.
0'05-0'15	Complete Group: Short introduction of each participant of the workshop. Each participant will be asked about his experience with anticoagulation.
0'15'-0'30	Moderator: Short summary of possible drug related problems with OATS.
0'30-0'45	4 subgroups In subgroups the review of prescriptions/medication profiles of patients using OATS will be practiced using patient cases.
0'45-0'55	Complete group The most important drug related problems found in the subgroups are discussed plenary in the group.
0'55-1'10	4 subgroups In subgroups cases of non-adherent patients on OATS are presented, and solutions to improve adherence are discussed
1'10-1'20	Complete group The most important findings of the subgroups are discussed in the group.
1'20-1'35	4 subgroups: In subgroup the learned knowledge and skills are translated to participants individual setting; how can you implement these pharmaceutical care interventions into practice?
1'35-1'45	Complete group The most important findings on implementation of pharmaceutical care on OATs are discussed plenary in the group.
1'45/2'00	Summary, inventory of specific aims for the after-conference webinar, evaluation and closing

After ESCP-conference (1 month):

A practice-based webinar will be organized to exchange participants experiences on implementing pharmaceutical care in practice. Also the specific aims mentioned in the ESCP-workshop will be addressed.

WS09

Paediatric Nutrition in Pharmacy Practice

Moderators:

Panos Papatandreu, papandreu.panos@gmail.com (SIG Paediatrics)

Dr. Maria Skouroliaou, mskour@hua.gr (SIG Nutrition Support)

Background:

The importance of nutritional support and dietary management in paediatric diseases is well recognized. The critical impact of nutrition in determining health and wellness in the paediatric population is well understood, although at times underutilized. This growing interest has been reflected in the expanding knowledge of evidence-based practice in nutrition and dietetics and a greater recognition of the influence of nutritional status and diet of children's healthcare and wellbeing is exemplified. The appropriate use of products (enteral paediatric products, vitamins and supplements, parenteral nutrition) for treatment and therapy is of growing concern to clinical pharmacists. Nutritional screening is the first step in the nutrition care process and allows for proper diagnosis, treatment, and monitoring and of course patient education. The role of a pharmacist is active in all aforementioned aspects of patient care and thus can contribute as an integral part of the nutrition care team. Food and nutritional inadequacy or excesses frequently are the causes of under or over nutrition, which often precedes biochemical, anthropometric or clinical signs. Pharmacists are vital to ensuring that their patients select appropriate products, use them correctly and are monitored routinely by their physicians.

Aim:

The aim of this workshop is to provide a very practical approach to the nutritional management of a range of paediatric nutritional disorders that may benefit from nutritional support, pharmaceutical care or be ameliorated and resolved by dietary manipulation and appropriate patient education.

Learning Objectives:

1. Identify the clinical significance of nutritional screening and assessment.
2. Identify the nutritional problems and preventing or correcting nutritional deficiencies.
3. Analyze clinical nutritional management and specific disease states.
4. Review the health benefits of early diagnose and treatments of malnutrition in paediatric population.
5. Provide updated information on the nutritional management of a wide range of pediatric clinical disorders.
6. To understand the appropriateness of correct administration of pediatric enteral or parenteral solutions and nutritional management.
7. Identify appropriate counselling points and supplementary patient education.

Content and Structure:

The major part of the workshop concentrates on nutritional requirements of sick infants and children in the critical setting. Normal dietary constituents are used alongside special dietetic products to provide a prescription that will control progression and symptoms of disease while maintaining the growth and development of the child. Community nutrition will be discussed and recommendations will be given. The workshop will further outline the role and potential impact of the clinical pharmacist as part of the nutritional care team and insight they can provide based on their knowledge of products and therapies pertaining to nutritional disorders. Finally, tools health care providers have in their disposal to aid in nutritional management of patients and counselling tips for the paediatric population will be outlined.

WS10

Advanced clinical decision support: supporting clinical pharmacy services

Moderators:

Annemieke Floor-Schreudering, PharmD, PhD, SIR Institute for Pharmacy Practice and Policy, Leiden, The Netherlands; Division of Pharmacoepidemiology and Clinical Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, The Netherlands, a.floor@sirstevenshof.nl

Mette Heringa, PharmD, SIR Institute for Pharmacy Practice and Policy, Leiden, The Netherlands; Health Base Foundation, Houten, The Netherlands; Division of Pharmacoepidemiology and Clinical Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, Utrecht, The Netherlands, m.heringa@sirstevenshof.nl

Background:

Clinical decision support systems (CDSS) are a tool to increase patient safety by preventing, detecting and solving drug therapy related problems. The current CDSS have limitations, both in specificity (only a minority of the generated alerts is considered relevant, with the risk of 'alert fatigue') and sensitivity (more complex drug therapy related problems are not detected). A proposed solution is the use of a new generation of CDSS in which alerts are based on patient characteristics like medication, diseases, allergies and lab values. However, understanding the design of clinical decision rules is crucial for increased patient safety. And just as important: specific patients characteristics should be available in the CDSS.

Aim:

To educate participants on the design and implementation of advanced CDSS, with a special focus on the availability of patient characteristics in the pharmacy.

Learning Objectives:

At the end of the workshop, the participants:

- are familiar with patient characteristics in CDSS, e.g. medication, lab values, special conditions, etc.;
- are able to identify situations in which the use of advanced CDSS has added value;
- know the advantages and disadvantages of using advanced CDSS including lab values;
- understand the design process of clinical decision rules, including the pitfalls;
- can adapt clinical decision rules to their own situation, taking into account the patient characteristics which are (un)available in the pharmacy;
- can prioritize the patient characteristics available in the pharmacy with respect to their relevance for clinical decision rules.

Content and Structure:

The workshop will consist of the following components:

1. Exercise A: which patient characteristics are available in the pharmacy?
2. General introduction on the use and potential added value of advanced CDSS.
3. Exercise B: designing a concrete clinical decision rule from provided building blocks representing the elements and patient characteristics of the rule.
4. Exercise C: testing the designed rule with patient cases.
5. Plenary discussion on the outcomes to a) enlighten the pitfalls in advanced clinical decision support and b) set priorities for patient characteristics needed in the CDSS.
6. Take home messages.

WS11

How to counsel cancer patients about their oral anticancer medicines?

Moderators:

Andreja Eberl, assist., MSc Clin Pharm, Institute of Oncology Ljubljana (Ljubljana, Slovenia), aeberl@onko-i.si

Marika Saar, MSc Clin Pharm, Tartu University Hospital (Tartu, Estonia), marika.saar@kliinikum.ee

Background:

More patients with cancer are being treated with oral anticancer drugs than ever before and a lot of these medicines are in development, thus the number being treated this way is likely to increase further. There are many advantages associated with oral chemotherapy and it is often more convenient and acceptable for patients. However, unlike intravenous chemotherapy, which is administered by qualified healthcare professionals, oral chemotherapy regimens are administered by patients or their carers, which means a great deal of responsibility considering the potential toxicity of these medicines. Additionally, the project „Empowering pharmacists to improve health care for oral chemotherapy patients“, which is initiated by ESOP (European Society of Oncology Pharmacy), will be introduced during the workshop.

Aim:

The aim of this workshop is to provide pharmacists with information and guidelines for management of therapy with oral anticancer drugs. In addition the aim is also to develop a discussion about role of the clinical pharmacists in seamless care of cancer patients and support of pharmacists at counselling.

Learning Objectives:

At the end of the session, participants should be able to:

- To identify which information patients need about oral anticancer drugs
- To describe and encourage pharmacist's role in counselling of cancer patients
- To share experiences and knowledge through group exercises

Content and Structure:

- Brief introduction of challenges of counselling of cancer patients
- Pharmacist's role in managing of oral anticancer drugs therapy
- Sharing experiences from different countries
- Case studies and group discussion
- Feedback of group discussions
- Introduction of oral anticancer drug database
- Comments and questions

WS12

Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly (SIMPATY)

Moderators: members of the SIMPATY consortium (led by Alpana Mair, Scottish Government)

Background:

Patients with multimorbidity are at risk of issues associated with polypharmacy and adherence to medicines. Management of care delivery to minimise these risks is challenging to healthcare

professionals. It is known that there's a wide variation in management of polypharmacy and adherence in the elderly across Europe ranging from national programmes of work to no specific management strategies. SIMPATHY, an EU funded project has benchmarked strategies in place across European countries to address this issue. SIMPATHY aims to share best practice across EU countries through development and implementation of tools and strategies to support multidisciplinary teams to ensure patients in Europe have access to appropriate management of polypharmacy.

Aim:

The aim of this workshop is to share findings from SIMPATHY, introduce participants to change management tools in the context of the multidisciplinary approach to polypharmacy management and explore potential application of these tools.

Learning Objectives: At the end of the workshop, participants will be able to

- Describe the challenges in working collaboratively in multidisciplinary teams to deliver patient centred care to elderly patients taking multiple medicines to ensure appropriate polypharmacy.
- Consider the adoption of successful implementation strategies across EU countries to their own areas of practice
- Plan the application of change management principles to support engagement and adoption of SIMPATHY tools

Content and Structure:

0-20 mins	Presentation	Outcomes from SIMPATHY Signposting to resources
20-70 mins	Small Group Task 5 groups of 6	Groups to reflect on their own practices and current status in their own countries. Allow time for members of the group to share their own practice situation and reflect/discuss their position in the evolution of polypharmacy management. Suggest they select one example from the group to use as an illustration to work through change management processes. Group to generate a plan on flipchart including challenges to be overcome and suggested solutions
70-110 mins	Group Feedback	Groups feedback their plans. Time per group depends on numbers of participants – if 5 groups then could ask each group to share their plans for different steps in the process.
110-120 mins	Summary	Capture and summarise key messages which participants can take away

WS13

Seamless pharmaceutical care for patients during hospital discharge and transfer to primary care

Moderators:

Dr. Berry Daemen, Dr. Martina Teichert, Royal Dutch Pharmacists Association, The Hague, the Netherlands

Background:

Discharge from hospital and transfer to the primary health care setting bear many medication related risks that are potentially preventable. The whole process is complex and involves different disciplines and organizations (e.g. doctors, nurses, hospital and community pharmacists). So far only few countries have pharmaceutical care guidelines and indicators developed on this.

Although the specific organization of this process might differ, the fundamental structures and process steps are comparable in all countries.

Discussion of these structures and processes from the perspective of different countries, healthcare settings and professional experiences will help to develop generic structural and process elements. As an example, a structural element addresses the stakeholders involved with their responsibilities and tasks. A process element is for instance the counselling of patients – in hospital as well as in primary care.

Finally this common set of essential structures and process elements will be checked for reason and completeness, and applied to examples from local practices. Participants can use this final set in their own settings as a basis to develop guidelines and quality indicators on this topic.

Aim:

To develop a common set of structures and processes for securing patient medication safety during hospital discharge and transfer to primary care, to define potential barriers in this process and to discuss how to overcome them and to evaluate this set on examples of local practices.

Learning Objectives:

After this workshop participants are:

aware of critical structures and process steps in the process of hospital discharge and transfer to primary care;

aware of potential barriers in this process and have ideas how to overcome them;

able to critically review the developed set of structures and process elements for examples in individual practices.

Content and Structure:

This workshop is above all interactive. The diversity in experiences of the participants will broaden the views on seamless pharmaceutical care. In this workshop we will work in small groups to exchange different views on the following topics: what are the risks for patients – and what is the role of the pharmacist in this - in hospital and in primary care? What is essential to cooperate efficiently? The insights from the group discussions are shared in plenum. They lead to a set of essential structures and processes, which will be tested and improved for examples from daily practice.

WS14

Deprescribing as a part of clinical medication review to attain health related goals and reduce adverse drug events

Moderators:

Henk-Frans Kwint, PhD, Community pharmacist and Pharmacy Practice Researcher, Academic Pharmacy Stevenshof, SIR Institute for Pharmacy Practice and Policy, The Netherlands.h.f.kwint@apotheekstevenshof.nl

Sanne Verdoorn MSc, Community pharmacist and Pharmacy Practice researcher, SIR Institute for Pharmacy Practice and Policy, The Netherlands.: s.verdoorn@sirstevenshof.nl

Background:

Studies of medication reviews in community pharmacies have shown positive effects on process- and intermediate outcomes such as resolution of drug related problems (DRPs). However, the

effects on clinical outcomes (mortality, hospital admissions and quality of life) are variable. Medication review with a more focussed approach on patient's needs, concerns and complaints could possibly have more effect on health-related quality of life. For example, reducing adverse drug events may improve the health-related quality of life. One approach to handle medication use, where the benefit-risk ratio is negative, has been called "deprescribing". Deprescribing is the process of tapering, stopping, discontinuing, or withdrawing drugs, with the aim of improving health-related outcomes

In the Netherlands, a new study with more emphasis on patient's needs and complaints within medication review has been launched. This so-called "DREAMeR-study" (Drug use Reconsidered in the Elderly using goal Attainment scales during Medication Review) aims to investigate whether a clinical medication review focused on experienced health complaints and personal expectations of medication could improve the health-related quality of life of patients aged 70 years or older and using at least seven chronic medications. During the clinical medication reviews in this study, specific attention will be paid to adverse drug events and patients' goals related to their medication. Reaching these goals will be measured with goal attainment scales. An example of a problem measured with a Goal Attainment Scale can be found in figure 1.

Aim:

The aim of the workshop is to provide participants more clinical knowledge of adverse drug events and how to define goals related to health and medication in concordance with older patients.

Learning Objectives:

After attending this workshop participants should be able to

- Describe the most frequent adverse drug events in older people with polypharmacy which have a negative impact on quality of life.
- Discuss possible health-related goals in a pharmaceutical care plan with the patient during a clinical medication review using goal attainment scales
- Describe the steps of a deprescribing protocol within the context of a patient-oriented medication review, in particular assess each drug in regard to its current or future benefit potential compared with current or future harm or burden

Content and Structure:

- **Introduction** **20 min**
Short presentation of adverse drug events, goal attainment scales and deprescribing and objectives of the workshop
- **Interactive quiz with smart phone** **45 min**
Participants will be invited to use their smart phone to answer questions about cases of adverse drug events and goal attainment scales in older patients with polypharmacy.
- **Practicing with a patient case in small groups** **45 min**
Participants will watch a video where a pharmacist interviews an older patient with polypharmacy. After the video, participants will work in small groups. They will receive medical and medicine information and have to set up in a pharmaceutical care plan using goal attainment scales and using a deprescribing protocol. The pharmaceutical care plans will be discussed plenary.
- **Take home messages** **10 min**
Summary of the information presented and take home messages

Problem Diarrhoea as adverse drug effect of metformin. Patient is afraid to go out of his home because of suffering of the complaint almost every day.	Goal Reduce the frequency of the complaint to a maximum of two times a week	Plan -Stop metformin -Evaluate complaints and monitor HbA1c value -Start with gliclazide (eventually only dosage reduction of metformin is enough)	Evaluation Evaluation of complaints by pharmacist Monitoring of HbA1c value by general practitioner
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		Description	Example	Score
Was the goal achieved?	Yes	A lot more	No complaints anymore	+2
		A little more	Frequency of complaints reduced (maximum of 1 time a week)	+1
		As expected	Frequency of complaints reduced to acceptable amount for the patient (maximum of 2 times a week)	0
	No	Partially achieved	Frequency of complaints reduced a little bit (3-5 times a week)	-1
		No change	Frequency of complaints remained the same: almost every day (6 times a week)	-2
		Got worse	Complaints got worse (7 times a week)	-3

Figure 1: example problem adverse drug event and Goal Attainment Scale

WS15

Let's get aMUsEd: Hands-on essentials for Medicines Use Evaluation planning and conducting

Moderators:

Barbara Datterl, Medicines information and clinical pharmacist, Vienna General Hospital – Medical University Campus, Vienna; Medicines information and clinical pharmacy department
Gunar Stemer, Medicines information and clinical pharmacist, Vienna General Hospital – Medical University Campus, Vienna; Medicines information and clinical pharmacy department, gunar.stemer@akhwien.at

Background:

To guarantee the safe and effective use of medicines in various health care settings, a sound understanding of how medicines are used is key. A Medicines Use Evaluation (MUE), as part of a performance improvement process, is usually performed to gain insight in the prescribing, dispensing, administration and/or monitoring process of a single medicine or a therapeutic drug class. It can furthermore be conducted to enlighten pharmacotherapy issues of a disease state, or to shed light on off-label use. High-risk, high-volume, or potentially mis- or overused medicines are perfect candidates for being looked at in a MUE.

Aim:

By means of different case studies participants will work on and discuss essential steps in planning and conducting an MUE.

Learning objectives:

After the workshop, participants should be able to

- Identify medicines or areas where MUE could be performed.
- Explain key criteria when setting up a MUE
- Define indicators to conceptualize the use of medicines

Content and structure:

Introduction and background on MUE: 20min Case studies (Part 1): 30min

Case studies (Part 2): 30min

Feedback from different groups and case study presentation: 30min

Conclusions: 10min

WS16

“You Cannot Pour from an Empty Cup” – A Mindful Approach to Pharmacy Education

Moderator:

Dr Laura J. Sahm, Senior Lecturer, Pharmaceutical Care Research Group, School of Pharmacy, University College Cork, Cork, Ireland and Department of Pharmacy, Mercy University Hospital, Grenville Place, Cork, Ireland.

Background:

Pharmacy students have demonstrated much higher stress levels than the general population, regardless of year of study (1, 2). Stress can have a negative impact on the physical and mental health, and academic performance of healthcare students (3, 4), with subsequent negative consequences for professional performance. Mindfulness may be a suitable way to help pharmacy students to cope with the stress associated with their current degree and future career.

Aim:

To educate participants regarding mindfulness and the role that it may play in pharmacy education.

Learning Objectives:

After the workshop, participants should be able to:

Demonstrate an understanding of; the definition of mindfulness, the available scientific literature in relation to mindfulness in healthcare education, and the potential benefits that mindfulness may have in undergraduate education

Describe the phenomenon of “autopilot,” and the impact that it can have on daily life and professional performance

Discuss common sources of stress, and ways in which one can respond positively

Describe current research in mindfulness in pharmacy education in Ireland and relate this to their own practice

Content and Structure:

Introduction (20-30mins) - Self-care being taught as part of the pharmacy curriculum through mindfulness, covering in particular the following points:

- Evidence of students’ stress throughout the pharmacy degree
- Literature in relation to mindfulness – benefits it can produce, and scientific evidence of these benefits e.g. salivary cortisol levels, MRI scans.
- Overview of key findings of the Moderator’s literature review

- Messages and lessons from the moderator's undergraduate pharmacy students research
- Interactive Session: What is Mindfulness? (1hr)
- An experiential exploration of what mindfulness is, and is not! Based upon the clinical Mindfulness-Based Stress Reduction (MBSR) course (5).
 - Participants will be invited to engage in a variety of reflections, watch short video clips and take part in various group discussions regarding the role that mindfulness can play in relation to:
 - the phenomenon of “autopilot” and its impact upon medication safety and patient counselling,
 - the inner critic – recognising it and learning how to change it to improve performance and increase productivity
 - our habitual reactivity to stress, and how our response can have a more positive outcome
 - Mindfulness in Pharmacy – A National Study (30mins)

Mindfulness has been offered to all pharmacy undergraduate students on the island of Ireland for the 2016/2017 academic year - preliminary findings of this intervention are presented as well as room for discussion about ways in which this could be modified for other jurisdictions and practice settings.

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WS17

Inter-professional Training: The Importance of Clinical Rounds in Clinical Pharmacy Education

Moderators:

Assoc.Prof.Dr. Mesut Sancar, Marmara Univ., Faculty of Pharmacy, Clinical Pharmacy Dept., Turkey, Coordinator of Clinical Clerkships of Pharmacy Students, Founder member of Society of Clinical Pharmacy in Turkey, Member of ESCP, sancarmesut@yahoo.com Tel: +90 216 346 40 60

Prof.Dr. Fikret Vehbi Izzettin, Marmara Univ., Faculty of Pharmacy, Clinical Pharmacy Dept., Turkey, Head of Clinical Pharmacy Department and Head of Society of Clinical Pharmacy in Turkey, Member of ETC in ESCP, FESCP, fvizzettin@hotmail.com

Assist.Prof.Dr. Betül Okuyan, Marmara Univ. Faculty of Pharmacy, Clinical Pharmacy Dept–Turkey, Coordinator of Clinical Clerkships of Pharmacy Students, Member of ESCP, betulokuyan@yahoo.com, tel: +90 216 346 40 60

Background:

The clinical and practice-based education has a major role in the pharmacy education. Introducing clinical rotations (rounds) to pharmacy education will help the pharmacist for a better professional life in the future. By increasing the exposure of pharmacist or pharmacy students to patients and medical team in their education, it will help for better understanding of patients, their diseases and drug therapy and will enhance communication skills. Clinical rounds are ideal opportunities for the students to learn and apply these patient oriented services. Clinical rounds in patients with common diseases that frequently cause hospital readmissions can be of equal importance and relevance to those with community pharmacy and those with hospital pharmacy orientation.

Aim:

To show the importance of clinical practice based education within medical team for clinical pharmacists

Content and Structure:

The outline of this workshop has been planned as:

15 minutes: Introduction

- Introduction of workshop tutors
- Explanation of the aim of workshop
- Brief information on role of the clinical pharmacist
 - o How can we introduce clinical pharmacist into the medical team?

10 minutes: A case presentation

- Presentation of medical history of patient with chronic diseases.

25 minutes: Interactive session

- Interactive discussion to show roles of the physician, clinical pharmacist, nurses and students for better understanding the following subjects:
 - o signs and symptoms,
 - o treatment plan,
 - o management of complications,
 - o drug information and patient counselling,
 - o monitoring of laboratory values.

30 minutes: Group study

- Different cases will be studied by small groups to identify expected benefits from the clinical rounds
- Presentation of group recommendations for case scenarios.

10 minutes: Evaluation of workshop

WS18

Computer-based virtual humans for training self-medication consultation skills*

Moderators:

Mara P Guerreiro, Unidade de Investigação e Desenvolvimento em Enfermagem, Escola Superior de Enfermagem de Lisboa & Centro de Investigação Interdisciplinar Egas Moniz, ISCSEM, Monte de Caparica, Portugal

Afonso M Cavaco, Faculty of Pharmacy, University of Lisboa & iMed.Ulissboa, Portugal

Ana Paula Cláudio, Faculty of Sciences, BioISI– Biosystems & Integrative Sciences Institute, University of Lisboa, Portugal

Maria Beatriz Carmo, Faculty of Sciences, BioISI– Biosystems & Integrative Sciences Institute, University of Lisboa, Portugal

Background:

Computer-based virtual humans have been used since the 1990's in pharmacy education for teaching and assessment of clinical and communication skills(1). Although far from widespread, they allow students' engagement in true-to-life situations in a safe environment. Virtual Pharmacy, a prototype of an interactive application with virtual humans (VHs) was developed at the University of Lisbon, for training and assessment of self-medication consultation skills (2–4). VHs are depicted in a community pharmacy environment and have natural body movements. Users, playing the role of a pharmacist, communicate with a VH in a chosen self-medication scenario by selecting textual options in the application interface. Each set of three options involves questions on patient assessment, or alternatively, recommendations in the form of information provision, patient referral or others. Options are scored according to their level of correctness; the goal is to obtain the highest score by selecting the options that are more correct at that point. The VH communicates verbally, by a synthetic voice synchronised with lips movement, and non-verbally, by emulating facial expressions - discontent, satisfaction or neutral feelings - as a response to the options chosen by the user. When the consultation is completed, users receive feedback on their overall score and on their test score in different consultation stages (e.g. patient assessment and counselling).

Aim:

To discuss the use of virtual humans for training self-medication consultation skills and to promote opportunities for transnational collaboration.

Learning Objectives:

By the end of the workshop participants should be able to:

- Define “simulation” and “virtual humans”;
- Identify key references on the effect of simulation with virtual humans on learners' satisfaction and learning outcomes;
- List features in the application considered important for training self-medication consultation skills;
- Discuss advantages and limitations of using virtual humans for this purpose.

Content and structure:

After an “ice-breaker” activity the workshop will provide an overview on the use of simulation in pharmacy education and on the development of the Virtual Pharmacy project. Then a demo of the application (English version) will be used to simulate self-medication consultations. Based on this experience participants will be asked to debate the use of simulation, including preferred features and advantages/limitations.

*The project has been partly funded by UID/MULTI/04046/2013 FCT/MCTES/PIDDAC and by BINOV 2015, a scholarship for innovation awarded by “Secção Regional do Sul e Regiões Autónomas da Ordem dos Farmacêuticos”. We thank Microsoft Portugal for the license of the TTS voice.

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WS19

To tweet or not to tweet: exploring eprofessionalism guidance and the use of social media

Moderators:

Mrs Alyson Brown, Lecturer in Pharmacy Practice, Robert Gordon University, Scotland
alyson.brown@rgu.ac.uk

Dr Katie MacLure, Senior Research Fellow & Lecturer, Robert Gordon University, Scotland

Background:

Of the limited number of studies reporting the use of social media (SoMe) by healthcare professionals, many have concluded there is a need for professional guidance on appropriate online behaviours, increasingly referred to as e-professionalism. Findings indicate particular concerns relating to fitness to practise, framed by high profile cases of registered healthcare professionals being subject to investigation and potentially disciplinary procedures, due to their social media behaviour. Although e-professionalism has been defined as ‘the attitudes and behaviours (some of which may occur in private settings) reflecting traditional professionalism paradigms that are manifested through digital media’ (Cain 2009), the reality of this in the context of healthcare is under-researched. There is a need to describe clearly what appropriate social media online behaviour looks like within the pharmacy context in order to establish whether social media has a role within pharmacy practice.

This workshop has been informed by a systematic review of professional body and regulatory organisation guidance carried out by the moderators (Brown et al 2016) and a series of prior workshops exploring the definitions of eprofessionalism and ‘characteristics’ of appropriate online behaviour.

Aim:

The aim of this workshop is to explore the definition of ‘appropriate’ online behaviour in pharmacy practice and to consider those behaviours which may be judged to be ‘inappropriate’. Participants will suggest a shared understanding of eprofessionalism in the context of registered pharmacists and recommend content and delivery of professional guidance to support the use of social media in the profession.

Learning Objectives:

By the end of the session, attendees will be able to:

- Describe eprofessionalism and ‘appropriate’ professional behaviour
- Debate issues around achieving eprofessionalism in pharmacy practice
- Describe the desired content of professional guidance and create illustrative case studies of pharmacy practice behaviours to support the appropriate use, or e-professionalism, in social media

Content and Structure

The moderators will encourage interaction and participation through small group based activities using a range of well-developed and tailored workshop materials. Workshop content will be based on a systematic review carried out by the moderators on SoMe professional guidance (Brown et al 2016) and case studies developed from evidence collated in prior pharmacy related workshops. Findings from this workshop will inform ongoing research surrounding the use of SoMe in pharmacy practice.

- Introduction (10 minutes)

An overview of the structure of the workshop, including a brief presentation of the key systematic review and previous workshop findings.

- Activities (facilitated in small groups)
- Icebreaker (5 minutes)

Participants will consider what SoMe platforms they use and the frequency and purpose for which they primarily use the platforms.

- Testing e-professionalism (30 minutes)

Using case studies described above participants will explore how these might support eprofessionalism, particularly considerations of ‘appropriateness’.

- Road Map (30 minutes)

Participants will explore the key elements of the content of professional guidance which they feel will support eprofessionalism in the form of appropriate SoMe use.

- Summary and feedback (15 minutes)

A brief summary of the key findings from the workshop.