Clinical pharmacy tackling inequalities and access to health care

Important Dates And Deadlines

Symposium on-line registration open	1 April, 2016
Abstract submission open	1 May, 2016
Extended abstract submission deadline:	11 July, 2016
Early-bird registration deadline:	31 July, 2016
Notification to abstract submitters:	26 August 2016
Early-bird registration deadline for abstract presenters:	12 September 2016

Workshops

Workshop lasts for 2 hours for up to 30 participants. Participants sign up at the ESCP conference desk.

WEDNESDAY, 5 OCTOBER	
13:30–15:30	**WS01**: Successful Scientific Writing: getting conference abstracts accepted
	WS05: Improvements in quality of care with the "Model for Improvement"
	WS12: Controversy and consensus of integrating a clinical pharmacist into practice
	WS13: Skills set development for Advanced Clinical Pharmacy Practitioners
	WS14: What can a clinical pharmacist do to reduce medication waste?
	WS16: Contemporary approach to acute post-operative pain
	WS17: How can we optimize clinical pharmacy efficiency with limited resources?
	WS19: Less is more? Deprescribing in older polypharmacy patients
16:00–18:00	**WS02**: Successful Scientific Writing: original research papers
	WS06: Communicating with children
	WS13: Skills set development for Advanced Clinical Pharmacy Practitioners
	WS14: What can a clinical pharmacist do to reduce medication waste?
	WS15: Motivational interviewing: A method for clinical pharmacists to change
	WS16: Contemporary approach to acute post-operative pain
	WS19: Less is more? Deprescribing in older polypharmacy patients

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THURSDAY, 6 OCTOBER	
13:30–15:30	**WS02**: Successful Scientific Writing: original research papers
	WS03: Planning and running a workshop
	WS04: Total Parenteral Nutrition– an IT approach
	WS07: Tackling inequalities in access to research
	WS08: Guidelines for pharmaceutical care: nuisance or necessity?
	WS09, p1: SIMPATHY, part 1
	WS11: How to convince the doctor
	WS18: Administration of vaccines and injectable drugs by pharmacists
16:00–18:00	**WS06**: Communicating with children
	WS05: Improvements in quality of care with the "Model for Improvement"
	WS09, p2: SIMPATHY, part 2
	WS10: Cultural competence: pharmacist communication for a global population
	WS11: How to convince the doctor
	WS15: Motivational interviewing: A method for clinical pharmacists to change
	WS17: How can we optimize clinical pharmacy efficiency with limited resources?

FRIDAY, 7 OCTOBER	
13:30–15:30	**WS01**: Successful Scientific Writing: getting conference abstracts accepted
	WS03: Planning and running a workshop
	WS07: Tackling inequalities in access to research
	WS08: Guidelines for pharmaceutical care: nuisance or necessity?
	WS10: Cultural competence: pharmacist communication for a global population
	WS12: Controversy and consensus of integrating a clinical pharmacist into practice
	WS18: Administration of vaccines and injectable drugs by pharmacists

Workshops

WS01

Successful Scientific Writing: getting conference abstracts accepted.

ESCP Communication Committee workshop proposal

Moderators: Dr. Carole Kaufmann, Switzerland. Member of the Communication Committee of ESCP and member of the Scientific Committee

Dr. Anne Gerd Granas, Norway. Member of the General Committee of ESCP and member of the Organising Committee

Background: There are several possible formats for written scientific information such as abstracts or scientific articles. Writing a good conference abstract is important because it may lead to having an (oral) presentation at a conference. 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. This workshop will focus on abstracts, such as expected by ESCP. But participants will also discuss more general and ethical considerations about submitting abstracts, such as authorships and responsibilities. After an introduction, the participants will study and discuss examples of the different stages of abstracts in smaller groups.

Learning objectives: After the workshop, the participant should be able to:

- Understand the structure and elements of a quality conference abstract;
- Select an appropriate conference and presenter for the study
- Understand the differences between the different scientific presentation platforms;

WS02

Successful Scientific Writing: original research papers. An ESCP workshop.

ComCom workshop proposal (2) for ESCP.

Moderators: Elena Galfrascoli, Italy. Member of the ESCP Communication Committee. ASST Fatebenefratelli Sacco, Milano.

Dr. J.W.Foppe van Mil, the Netherlands. Member of the ESCP SIG-MI and the Communication Committee of ESCP, Editor-in-Chief of the International Journal of Clinical Pharmacy (previously PWS).

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 selec-

tion of appropriate journals and important issues such as impact factors and authorship.

Planning and running a workshop

Moderated by members of the ESCP Education Committee

Moira Kinnear and Vera Jordan-von Gunten

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)

Total Parenteral Nutrition– an IT approach for prescribing, compounding and strategies for continuous quality improvement and patient safety.

Moderator(s), with affiliations:

Dr. Maria Skouroliakou, diatrofi@iaso.gr, Panos Papandreou PharmD, papandreou.panos@gmail.com

Background: The preparation of a daily formula for TPN for a patient is a complex procedure. Numerous factors such as weight, age, clinical state, environmental conditions (type of incubator, phototherapy etc.) and transition of care should be taken into consideration. Furthermore the variation amongst prescribing methods has lead to increased adverse events and strengthens the need for a safe prescribing of this therapy. Continuous quality improvement is a paramount aspect in health care and is a key feature in our clinical work as a pharmacist. Exploring appropriate strategies to integrate quality improvement will directly impact patient safety and allow for better communication between health care providers and clinicians.

Aim: The goal of the workshop is to provide the advantages of standardized prescribing automated compounding, and continuous quality improvement strategies that aid in:

greater accuracy of volumes transferred, fewer manipulation of the final container, less labor-intensive, availability of safeguards to ensure correct source solution placement and quantitative methods to verify volume transferred. Furthermore, it will strengthen the interdisciplinary approach of patient care between health care providers. It will function as a means to decrease adverse reactions and med errors and allow for continuous quality improvements and data collection for research purposes.

Learning Objectives:

1. Total Parenteral Nutrition (TPN) from neonates to adults (inpatient-outpatient)
2. Assessment of common adverse events associated with TPN therapy
3. Analysis of importance of standardized protocols and prescription forms
4. Define continues quality improvement (CQI) and how it applies to clinical care and patient safety.
5. Describe Electronic health record (EHR) implementations and practice improvement strategies.
6. Identify a conceptual framework to consider when implementing CQI techniques in a practice setting 7. Analyze Total Parenteral Nutrition protocols grouped by age.
8. Assessment of Standardized physician order/ prescription template
9. Determination of work-flow model involving patient care (from written prescription to dispensing medication to patient)
10. Compare and contrast between ready to use TPN and patient specific compounded solutions

Content and Structure: The workshop will give an overview in parenteral nutrition principles. Data collected from literature and clinical experience of the workshops' facilitators in collaboration with other health care prescribers, were the basis for the creation of protocols. The protocols differentiate according to the age of infants, children and adolescents. To assist in the difficult task of formulation and administration protocol-based TPN, an IT approach has been adopted. An assessment of this IT approach will follow presenting specifics on the aid on TPN prescription and production. An analysis and assessment clinical features will be made with the purpose of exposing and understanding common adverse events associated with TPN prescribing, compounding and dispensing. The association between the use of IT and continuous quality improvement strategies will be outlined and presented in addition to the power of data collection by means of tracking patients TPN regimen and their correlating clinical outcomes. Finally the need for individualized prescription versus ready to use will be discussed.

WS05

Major systematic improvements in quality of care with the 'Model for Improvement'

Moderators, with affiliations:
Dorthe Vilstrup Tomsen, M.Sc. Pharm. (dorthe.vilstrup.tomsen.01@regionh.dk)
Signe Kristensen, M.Sc. Public Health (signe.kristensen.02@regionh.dk)

Background: The Model for Improvement (MI) is developed by IHI (Institute for Healthcare Improvement) in Cambridge, MA. The Model is used in different health care settings and can address different levels of improvement work, from developing new working methods and services to setting organizational improvement efforts into an effective framework. MI is a way of creating sustainable changes in a short span of time. A systematic approach to breaking down the subject matter, and identifying "the best next move", the model enables a success combination of "quick-wins" and "fail-fast". The model is grounded in practice and the strengths lies within its focus on creating and testing changes within the local setting before

the actual implementation. By testing (going through the PDSA-cycle) you get feedback directly from the frontline personnel and you become able to adjust the change so it makes sense in the present setting. Hereby you ensure that the change is useful and relevant in the context which is an important element to ensure implementation and to sustain the changes made. Working by this method also makes it possible to show that the changes you create are actual improvements and are of benefit to the patients.

Aim: The aim of the workshop is to gain "hands-on" knowledge on the "Model for Improvement" and to get familiar with the tools used in the development, implementation and how to gain sustainability in pharmaceutical care services.

Learning objectives:
- To get to know the Model of Improvement
- To design an improvement project
- To be able to define and carry out PDSA's (Improvement cycles)
- To understand the basics of Statistical Process Control

Activities in the workshop: During the workshop, the model will be introduced, and participants will be encouraged to approach their own project idea with the tools offered. New tools and concept will be introduced based on examples from real life.

WS06
Communicating with Children
Moderators, with affiliations:
Katri Hämeen-Anttila, PhD, Finnish Medicines Agency, Finland
Elin Høien Bergene, Hospital Pharmacist, Trondheim Hospital Pharmacy & PhD student, Norwegian University of Science and Technology

Background: Children use medicines widely and as medicine users, they should be provided information concerning their own medicines. However, depending on, e.g., age, develop-ment stage and experience of chronic illnesses and previous medicine use of an individual child, she or he may have to be approached differently. Furthermore, communicating with children is always different than communicating with adults. Thus, pharmacists need knowledge and skills to counsel their small patients.

Aim: The aim of this workshop is to learn how children of different ages can be counselled about medicines.

Learning objectives: During this workshop, the participants will
- get an understanding of how children's thinking differ cognitively from adults' thinking, acquire skills to communicate with children of different ages,
- identify challenges, and on the other hand, facilitating factors when communicating with children in different environments,
- gain practical tips for communicating with children

Workshop program: (total 120 min) Welcome and introduction (15 min)
- Introduction of the workshop leaders, the aims and program
- **introduction of participants**

Mini-lectures (45 min):
- Children as medicine users. Children's cognitive development and how it impacts to communicating with children. Katri Hämeen-Anttila (25 min).
- **How to increase child's motivation for medicine taking. Elin Høien Bergene (20 min)**

Group work (30 min): Workshop participants are divided in groups of 3–5 people. Each group choose the settings they want to focus, e.g., hospital unit or community pharmacy.
In the groups the participants collectively
- identify barriers and challenges as well as facilitating factors when communicating with children in different environments
- discuss own experiences about best prac-

tices when communicating with children: what has worked and what has not worked.

- discuss available sources of medicine information for children. The groups are provided materials especially designed for children to facilitate their discussions

Discussion (30 min): Ideas and experiences shared in the group discussions will be shared and discussed with all participants focusing in two themes: discussing about the barriers and challenges in different environments and how they can be overcome, as well as facilitating factors identified

sharing best practices and tips when communicating with children of different ages

WS07

Tackling inequalities in access to clinical pharmacist led healthcare: recognising and overcoming ethical issues of inclusion in research

Moderators with affiliation:

Dr Katie MacLure, PhD, MSc, BSc (Hons), DipSysPrac, PgCert, MBCS, SRPharmS, AFHEA, Senior Research Fellow & Lecturer, School of Pharmacy & Life Sciences, Robert Gordon University, Aberdeen, Scotland AB10 7GJ k.m.maclure@rgu.ac.uk

Ms Joan Macleod, MSc, MPharm, MRPharmS, Lead Pharmacist, NHS Grampian & Doctoral student, School of Pharmacy & Life Sciences, Robert Gordon University, Aberdeen, Scotland AB10 7GJ joan.macleod@nhs.net

Background: Clinical pharmacists are trained to treat people from all walks of life equally. Their work ethos and ethical practice promotes inclusion and respect for diversity. Pharmacy practice is evidence-based so it follows that research must also promote equality and inclusion while respecting diversity. All too often what are considered marginalised or vulnerable groups are excluded from participation in research because gaining the necessary ethical approvals is perceived to be overly challenging and methods of data collection often require

adaptation. The paradox is that not researching such groups is in itself unethical.1-11

Aim: The aim of this workshop is to raise awareness of some of the ethical and practical issues in researching or not researching diverse populations. This workshop will challenge pharmacy practitioners to consider the inequalities inherent in research which undermine their evidence-base for tackling inequalities in their daily practice.

Learning Objectives: On completion of the workshop, the participants will be able to:

1– Recognise inequalities in research, asking why some groups are under-researched

2– Identify effective strategies to gain informed consent for marginalised or vulnerable group participation in research, asking what more we can do to tackle inequalities and promote inclusion

3– Reflect on the impact for evidence-based clinical practice, asking what we can do to tackle inequalities in access to clinical pharmacist-led healthcare

Content and Structure: The moderators will draw on their experience and expertise to encourage interaction and participation through small group based activities using a range of well-developed and tailored workshop materials.

- *Introductions including an:* Overview of the workshop and brief presentation on the ethical issues, inherent publication bias and perpetuation of the lack of evidence-base by not giving voice to marginalised and vulnerable groups

- *Activities* (facilitated in small groups) will focus on tackling inequalities in research involving elderly frail, people with learning disabilities, homeless people, refugees and children covering:
  - Research governance: how to gain ethical review
  - Recruitment: how to gain informed consent
  - Participation: how to facilitate and record engagement

– Presentations and feedback:
  – Each group presents their strategy for tackling inequalities through engagement, recruitment and participation of marginalised and vulnerable groups in research to inform clinical pharmacy practice

WS08

Guidelines for pharmaceutical care: nuisance or necessity?

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

Background: The primary goal of the Evidence Based Medicine (EBM) movement was to provide the best health care available to individual patients. To serve this goal the concept of clinical practice guidelines was developed. In a growing number of countries, pharmacists started with the development and the implementation of evidence based guidelines on pharmaceutical care. Aim: To share expectations on guidelines for pharmaceutical care, to discuss the necessity for guidelines on certain topics and to exchange experiences on how to be successful in the process of guideline development and implementation.

Learning Objectives: After this workshop participants should be able to:
1. Be aware of the pros and cons in guideline development;
2. Know arguments for developing guidelines for specific pharmaceutical care topics;
3. Name critical steps in the process of guideline development;
4. Be aware of barriers and have some ideas how to overcome them.

Content and Structure: Guideline development is complex. For a successful development and implementation of a clinical practice guideline all kinds of knowledge, skills and support are needed. In this process scientific knowledge and professional skills are combined with the support from healthcare professionals, patient organisations, health insurers and governmental policy. Organizations with experience in guideline development have defined a number of specific phases and steps in the development of guidelines. During this workshop, the participants will use these steps to plan the development of a guideline on a specific topic of pharmaceutical care. This workshop is above all interactive. The diversity en experiences of the participants will broaden the views on guidelines. In this workshop we will work in smaller groups where views on pharmaceutical care topics are exchanged. Experiences on the use of guidelines to implement and improve evidence based pharmaceutical care are discussed. Tips to take the subsequent steps of guideline development and to overcome barriers are collected. The insights from the group discussions are shared in plenum.

WS09 part 1

Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly (SIMPATHY) Part 1: Conducting Medication Review –clinical problem solving

Moderated by members of the SIMPATHY consortium led by Alpana Mair Deputy Chief Pharmaceutical Officer, Pharmacy and Medicines Division, Directorate for Healthcare Quality and Strategy, 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, is identifying and benchmarking 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 workshop aims to develop skills in clinical problem solving through case studies which illustrate the challenges of polypharmacy and adherence with medicines in elderly patients.

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

- Practise a systematic approach to clinical medication review to identify and propose solutions for medication related problems
- Make judgements about the appropriateness of prescribing taking into consideration potential benefits vs harm in the use of medicines
- Propose a plan to discuss potential medication changes with the prescriber and with the patient to solve patient problems and improve patient safety

Content and Structure: 30 participants over 2 hours

Presentation: 0-20 min: Introduction and plan for SIMPATHY workshops parts 1 and 2. Patient safety issues – facts and figures about harm from medicines. Brief overview of Polypharmacy Guidance, targeting patients for review and systematic approach to clinical medication review.

Small Group Task (5 groups of 6): 20- 70 min: Groups to apply the systematic process to polypharmacy case studies. Use 2 case studies, allocate groups to focus on one and if time allows, consider the other. Provide copies of the systematic process. Groups to consider benefit vs harm and how they propose to approach communication with the prescriber and with the patient

Group Feedback: 70-110 min: Groups feedback their proposed solutions (20 mins per case)

Summary: 110-120 min: Summarise and reflect on learning outcomes. Introduce part 2

WS09 part 2

SIMPATHY Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly (SIMPATHY) Part 2: Influencing change in practice

Moderated by members of the SIMPATHY consortium led by Alpana Mair (as above)

Background: see part 1

Aim: The aim of this workshop is to share initial findings from the benchmarking exercise, 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: 30 participants over 2 hours

Presentation: 0-20 min: What is SIMPATHY trying to achieve (in terms of inequalities and access to care – theme of conference) including examples of programmes from different countries and challenges identified.

Small Group Task (5 groups of 6): 20- 70 min: Drawing from the examples provided, ask groups to reflect on their own practices and try to benchmark where they are relative to the examples provided. Allow time for members of the group to share their own practice situation and reflect/discuss their position in the evolution of polypharmacy management. Handout 8 step process for implementing change (Kot-

ter). Suggest they select one example from the group to use as an illustration to work through the 8 step process. Group would generate a plan on flipchart including challenges to be overcome and suggested solutions.

Group Feedback: 70-110 min: Groups can feedback their plans on flipchart. 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.

Summary: 110-120 min: Capture and summarise key messages which participants can take away and which can be written into a report to contribute to SIMPATHY outputs and for publication in ESCP Newsletter.

WS10

Cultural Competence: Enhancing Pharmacist Communication for a Global Patient Population

First Moderator: Kyle Wilby, BSP, ACPR, PharmD, Assistant Professor & Coordinator of Assessment and Accreditation, College of Pharmacy, Qatar University, Doha, Qatar Second Moderator: Kerry Wilbur, BScPharm, ACPR, PharmD, MScPH, FCSHP, Associate Professor, Director & Experiential Coordinator Doctor of Pharmacy College of Pharmacy, Qatar University, Doha, Qatar

Background: Pharmacists are increasingly placed in difficult situations requiring effective cross-cultural communication with patients and/or other health professionals (1, 2). As "culture" is a broad term generally defined as groups of people sharing similar values and beliefs systems, cross-cultural communication can relate to many different variables, including ethnicity, gender, language, sexual orientation, religion, and others. In fact, it is unknown when one might encounter a 'cultural moment' requiring self- and cultural-awareness of the situation at hand (3). Considering recent increases in migration of people (potential patients and health professionals) to Europe, North America,

and elsewhere, it is more important than ever for pharmacists to be self-aware and exhibit cultural competence during care-related interactions (4, 5). In order to develop these skills, pharmacists must first be able to recognize actual and potential cultural conflicts, practice effective communication behaviours during interactions, and be open to self-reflection and evaluation for future personal and professional growth.

Aims: Using carefully selected examples of topics grounded in cultural sensitivity literature (narcotic use, antibiotics, herbal products, etc.), this workshop aims to provide participants with skills to recognize actual and potential cultural conflicts and strategies to promote self-awareness and reflection for personal and professional growth.

Learning Objectives:

- Recognize various situations where miscommunication and/or care conflicts may arise due to cultural differences ('cultural moments");
- Consider one's own initial responses in such circumstances and how these might affect the pharmacist's' relationship with patients or colleagues; and
- Outline and employ strategies to communicate in a culturally competent manner when given specific scenarios.

Workshop Content and Structure:

Welcome & Introduction by Moderators (10 minutes): Cultural competency in health: background and contemporary implications for pharmacists.

Task 1 by Small Groups (10 minutes): Participants will be asked to reflect upon what they believe to be prior experiences of "cultural moments" in care and consider their responses in these situations.

Facilitated Discussion by Moderators of Whole Group (15 minutes): Experiences will be shared across groups.

Task Orientation by Moderators (15 minutes):

Other examples shared to close discussion and introduce next small group task. Task 2 by Small Groups (30 minutes): Participants will conduct short role play/s and reflection given specific scenario/s (worksheets with prompts and small group discussion points to be provided). Facilitated Discussion by Moderators of Whole Group (30 minutes): Small group representatives will be asked to share consensus on strategies explored and perceived most effective for culturally competent communication in their specific scenario. Summary & Closing by Moderators (10 minutes).

WS11

How to convince the doctor

Moderators, with affiliations:

A.C.M. (Ankie) Hazen, MSc, PhD, pharmacist, Department of General Practice, UMC Utrecht, Julius center,

Dr. A.J. (Anne) Leendertse, clinical pharmacist, assistant professor, Department of General Practice, UMC Utrecht, Julius center.

Background: To have a positive impact on patient outcomes achieved with pharmacotherapy, it is likely that pharmacists will work more closely with physicians to collaboratively manage patients' pharmacotherapy. However, only a proportion of pharmacotherapy recommendations made by pharmacists to physicians are implemented. (1) In general, poor pharmacist-physician communication leads to medication errors that can even result in death or permanent loss of function for a patient. (2) Therefore, there is a need to improve pharmacist-physician communication. From the Pharmacotherapy Optimization through Integration of a Non-dispensing pharmacist in primary care Team (POINT) study (3) the pharmacists were given a tool to use in the communication with physicians and the documentation of drug therapy problems. The PIAPE tool focuses on the problem of the patient combined with clinical information, assessment, the treatment plan

and evaluation (monitoring) of the problem. In this workshop we will analyze several clinical patient cases with the PIAPE tool to help the pharmacist in effective communication with a physician.

Aim: The aim of this workshop is to improve communication with the physician to improve patient outcomes and medication safety.

Learning Objectives:
1. After the workshop, participants should be able to identify drug therapy problems which are clinically relevant;
2. The participant learn about a tool to document drug therapy problems from a patient and physician perspective;
3. The participant learn about a tool to improve communicate about drug therapy problems and implementation of recommendations with the physician.

Content and Structure:.
– short presentation about the PIAPM tool with handout,
– applying of the tool to several patient cases in writing,
– discussing the cases in small groups,
– plenary discussion and feedback on the cases

WS12

Controversy and consensus of integrating a clinical pharmacist into practice

Moderators, with affiliations:

A.C.M. (Ankie) Hazen, MSc, PhD, pharmacist, Department of General Practice, UMC Utrecht, Julius center. Dr. A.J. (Anne) Leendertse, clinical pharmacist, assistant professor, Department of General Practice, UMC Utrecht, Julius center.

Background: Co-locating a non-dispensing clinical pharmacist (NDP) in primary care practice is expected to improve interprofessional collaboration and communication and thus pharmaceutical care. However, the controversy about this new role for pharmacists hampers broad implementation.

In the Netherlands, a study was set up to

Workshops

systematically map the debate amongst all involved stakeholders (e.g., general practitioners and pharmacists) on the introduction of NPDs in primary care practice. In this workshop we will identify and learn about controversy and consensus. From four different perspectives ("the independent community pharmacist", "the independent clinical pharmacist", "the dependent clinical pharmacist" and "the clinical managed-care pharmacist") provoking statements will be discussed. Insights in these perspectives will be of use for successful implementation of the clinical pharmacist in your own practice.

Aim: The aim of this workshop is to learn about the implementation of a clinical pharmacist in order to improve pharmaceutical care.

Learning Objectives:
1. After the workshop, participants should be able to identify and learn about different perspectives on integrating a clinical pharmacist into practice;
2. The participant learn about consensus and controversy of integrating a clinical pharmacist into practice;
3. The participants develop ideas about improving interprofessional collaboration within their own healthcare setting.

Content and Structure:
– Short presentation about the four perspectives ("the independent community pharmacist", "the independent clinical pharmacist", "the dependent clinical pharmacist" and "the clinical managed- care pharmacist");
– Interactive game with provoking statements;
– Group discussion and evaluation.

WS13

Skills set development for Advanced Clinical Pharmacy Practitioners

Moderators with affiliations:
Professor Rosemarie Parr, Chief Pharmaceutical Officer, Scottish Government Health Depart- *ment & Fiona Reid, Principal Lead Pharmacist (Prescribing & Clinical Skills) NHS Education for Scotland*

Background: Traditional healthcare delivery is constrained secondary to reduced resources, medical, nursing and financial, and increased requirements secondary to an aging population with multimorbidities. As a result policy has shifted to maximise delivery of patient care utilising clinical skills of the multidisciplinary team working (1). Recent developments in the United Kingdom advocate the development of Clinical Pharmacists working in General Practice settings (2, 3) and in NHS Scotland the Vision and Action Plan, A Prescription for Excellence advocates that all patient facing pharmacists will be Accredited Clinical Pharmacist Independent Prescribers (4).

Aim: The aim of this workshop is to provide clinical pharmacy practitioners with the ability to review and plan the skills set required for those working in Advanced Clinical Practitioner roles. Detail in relation to identification of training needs, skills set development and ongoing support requirements to implement safe and effective clinical practice will be explored.

Learning Objectives: On completion of the workshop participants will be able to:
1. Describe methods to identify systematically the training needs for this group of practitioners
2. Identify methods to support planning and delivery of the required skills set
3. Explain potential systems for ongoing assessment of safe and effective practice
4. Reflect upon pathways for clinical skills developments at individual and team levels

Content and Structure: The moderators will draw on their experience both within Education and Training and Clinical Practice to encourage interaction and participation through facilitated small group activities. A short presentation will

Workshops

conclude the session highlighting the ways in which Advanced Practice has been developed and supported to date within Scotland.

WS14

What can a clinical pharmacist do to reduce medication waste?

Moderator(s), with affiliations:

-Charlotte L Bekker, MSc, PhD student, Department of Pharmacy, Sint Maartenskliniek, Department of Clinical Pharmacy, Utrecht University Medical Centre, The Netherlands, -Dr. Lorna M West, B.Pharm (Hons), MSc, PhD, Post-doctoral researcher and Visiting Assistant Lecturer, Department of Pharmacology and Therapeutics, University of Malta, Malta, -Marcel L Bouvy, Professor of Pharmaceutical Care, Division of Pharmacoepidemiology and Clinical Pharmacology, Utrecht Institute for Pharmaceutical Sciences, Utrecht University, The Netherlands

Background: The yearly disposal of tons of unused medication has a resultant burden on the health care budget, as well as environmental implications in relation to disposal. By virtue of the multidisciplinary role within an organization and their close contact with the patient, clinical pharmacists can play an important role in decreasing medication waste. Exploring new and existing interventions to decrease medication waste will further empower the clinical pharmacist to reduce medication waste, subsequently benefitting the complete health care system.

Aim: To explore existing and new strategies within the clinical pharmacy community to reduce medication waste and to translate these into participant's own clinical practice.

Learning Objectives: After the workshop, participants will be able to:

1. Describe practical strategies to decrease medication waste in the prescribing phase, the dispensing phase, during patient use and (possibly) by redispensing of unused medication

2. Target those strategies on three stakeholders: health care organizations, health care professionals and patients

3. Describe potential barriers and facilitators of each strategy

4. Take a statement on the redispensing of unused medicines: pro's and con's

5. Reflect on approaches to reduce waste within their own clinical practice

Content and Structure: Introduction – Key findings of the literature on medication waste will be highlighted. These include often absent and inconsistent definition of 'medication waste', lack of valid, reliable outcome measures and dearth of literature on implementation of interventions to reduce waste.

Workshop – The majority of the time will comprise interactive group work (4-5 participants) during which each subgroup will be assigned to several case studies. The case studies will be explored in depth with the following activities:

1. Exploring existing and new strategies to reduce medication waste during different aspects of the pharmaceutical supply chain: the prescribing process, the dispensing process, patient use and the redispensing process.

2. Describing the roles that different stakeholders can fulfil in each strategy, by considering what they perceive as medication waste with the focus on:

   – Participant's local and national strategies to decrease medication waste (organization level)

   – How clinical pharmacists can specifically decrease medication waste (professional level)

   – How patients can be involved in decreasing medication waste (patient level)

3. Assessing the barriers and facilitators that are related to those strategies.

Group discussion – An individual from each group will present their subgroup findings

of the case studies. At the end of the workshop, participants will be asked to reflect on the possibility of implementing the discussed key solutions to reduce medication waste in their individual clinical practice.

WS15

Motivational interviewing: A useful method for clinical pharmacists to change patients' health behavior

Moderators with affiliation:

Ulla Hedegaard, MScPharm, PhD, Associate Professor, Odense University Hospital & Clinical Pharmacology and Pharmacy, University of Southern Denmark.

Christina Skovsende Eriksen, MScPharm, Psychiatric Centre Glostrup, Capital Region of Denmark

Background: Negative medication- and lifestyle behaviour is associated with poor health outcomes, and clinical pharmacists have an important role in helping patients to improve behaviour. Conventional patient counselling, where the pharmacist provides information to the patient, is not very effective in changing behaviour, and therefore more patient-centered methods which focus on patient autonomy, collaboration and patient empowerment have been developed. One new approach is motivational interviewing (MI) which originally was developed in the context of addiction treatment, but with growing evidence for change of behaviour related to lifestyle and medication adherence. MI is client-centered and intends to initiate change by creating dissonance between a patient´s current status and the target behaviour without making the patient feel threatened or pressured. MI is designed to help patients discover their own resources and solution. Pharmacists are traditionally taught that they are experts and in charge, and training is therefore needed to adapt to a more client-centered approach such as MI.

Aim: This workshop will bring together pharmacists with an interest in communication skills and intervention to improve medication- and lifestyle behaviour. Participants should achieve knowledge of MI and be introduced to use of simple techniques of MI.

Learning objectives: After the workshop, participants will be able to:

– Explain the "spirit" and key principles of motivational interviewing
– Differentiate between good and poor performance in motivational interviewing
– Recognise statements from the patient that indicate motivation for change ("change talk")
– Recognise when good practice principles for motivational interviewing are not followed
– Use some simple techniques of motivational interviewing

Content and structure:

– Introduction to key principles and the "spirit" of MI (15 min)
– Use motivational interview video clips to demonstrate key principles of motivational interviewing – how to do it and how not to do it. (15 min)
– 5 min. introductions to specific techniques, e.g. open-ended questions, reflective listening, affirmation, responding to resistance and summarizing. (3x5 min)
– Exercise about simple and complex reflections undertaken in subgroups followed by group discussion (15 min)
– Role play – participants have the opportunity to role play being the interviewer and the patient and also have the opportunity to observe other role play scenarios and provide feedback. (2x15 min)
– Feedback, summary and reflection on learning outcomes. (15 min)

(total 105 min) + 15 min for change between sessions.

Workshops

WS16
The role of the clinical pharmacist in an acute pain management team, contemporary approach to acute post-operative pain

Moderators, with affiliations:

Jana Lass MSc Clin Pharm, PhD, Tartu University Hospital, Estonia; Anne-Grete Märtson, MSc Pharm, Tartu University Hospital, Estonia

Background: Appropriate acute pain management is the cornerstone of patient care. If acute postoperative pain is not controlled then this will lead to longer hospital stay and in the long run may lead to development of chronic pain. A multi-professional pain management team will help prevent and reduce these problems.

Aim: The aim of this workshop is to describe the assessment, management and benefits of early treatment of acute pain. Also to develop a discussion about the role of the clinical pharmacist in the pain management team and possible new strategies of treating pain.

Learning Objectives:
– Learn about the structure and work of a multi-professional pain management team and the role of the clinical pharmacist within the team
– Learn about the contemporary approach to managing acute post-operative pain
– Learn about same experience in other countries via discussion

Content and Structure:

Introduction: Brief introduction to the topic and description of the everyday work of Tartu University Hospital pain management team.

Main topics:
– Clinical pharmacist role in the pain management team
– Patient specific aspects of analgesic use
– Comparison of different practices
– Case discussion

WS17
How can we optimize clinical pharmacy efficiency with a limited budget?

Moderators, with affiliations:

Barbara Claus, Hospital Pharmacist, Ghent University Hospital & Professor at Ghent University, Faculty of Pharmaceutical Sciences De Pintelaan 185, 9000 Ghent, Belgium

Yolande Hanssens, SIG Leader Medicine Information, PO Box 11717 , Doha, Qatar

Background: A lot of European pharmacists face limited budgets to perform their clinical pharmacy activities. In most cases the turn-over of patients is much higher than the available resources. This workshop will support attendees in improving their ability to pinpoint patients with the highest need of pharmacy consultation and follow-up.

Aims of the workshop:
– to provide literature references and strategies to identify high-risk patients
– to highlight the importance as well as the pitfalls of focusing on high-cost drugs
– to make the link with cost-effectiveness of therapy outcomes
– to consider ethical aspects to minimize inequalities of clinical pharmacy services

Learning Objectives (min 2, max 4):
– To enable the participants
– To critically review and restructure clinical pharmacy activities in the own work setting (regardless of the position in the hospital: junior, senior pharmacist, manager, daily practioner or 'start-up' pharmacist)
– To be aware of the ethical considerations when making choices
– To identify high risk patients and the value of electronic decision rules to maximize clinical pharmacy output
– To think in a basic pharmaco-economic way and adopt the principle: "if the effort is not in balance with the output, then a re-evaluation is needed"

Content & Structure: The content is brought to the audience by means of interactive exercises (interactive audience voting system (Turning point if possible) and other mind games.

Workshops

- Introduction: providing standard definitions and related terminology *of ethics and pharmacoeconomics*   *10 min*
- Critical evaluation of a basic framework to define high-risk patients (both plenary and in small groups) (Part 1).   *30 min*
- Feedback part 1: the different elements of the small group discussions will be brought together in a plenary overview with a summary of some final statements   *20 min*
- Part 2: case presentations to apply theory. Some of these cases will challenge the participants to think in an economic way. Upon completion of these exercises, the aspect of high-cost drugs will be discussed.   *30 min*
- Summary of the information presented and take home messages   *10 min*

WS18

Administration of Vaccines and Injectable Drugs by Pharmacists: Frameworks, Impact and Challenges

Moderator: Mara Guerreiro, PharmD, PhD PgDip, Invited Associate Professor (ISCSEM) & Consultant (4Choice Health Consultancy), Portugal, mara.guerreiro@sapo.pt

Background: Vaccine-preventable diseases in Europe are still associated with morbidity, disability and mortality. (1) Access and convenience remain key issues for improving vaccination rates. Several countries have regulations which allow pharmacists to administer vaccines and, in some cases, other injectable drugs. (2) Internationally the framework under which this service is provided varies; differences include eligible drugs/vaccines and the nature of remuneration (public/private/out-of-pocket). There is a growing body of literature on the evaluation of pharmacy-based injection provision, focusing on measures such as vaccination rates, clients' preferences and cost.

Aim: The aim of this workshop is to review existing frameworks for administration of vaccines and injectable drugs in community pharmacies, its impact and challenges concerning implementation.

Learning Objectives: By the end of the workshop participants should be able to:
- List countries which allow pharmacists to administer injections;
- Discuss key aspects of international frameworks for this practice;
- Discuss the impact of pharmacy-based injection provision«
- Discuss challenges related to implementation and possible strategies to address these challenges.

Content and Structure: After an "ice-breaker" activity the workshop will give an overview of countries where pharmacists are allowed to administer injections and of international frameworks for this practice.

Secondly, the impact of pharmacy-based injection provision will be briefly presented. Participants will then be split in groups to discuss specific challenges in implementation of this service and possible ways to address them. The workshop will be reconvened and the contribution of each group will be debated. Closure will consist of a wrap-up session.

WS19

Less is more? Deprescribing in older polypharmacy patients

Moderators, with affiliation:

Katja Taxis, University of Groningen, the Netherlands

Anne Gerd Granas, Oslo and Akershus University College, Norway

Background: Over the last decades, there has been a major increase in drug use in older people [1]. Drug treatment is essential in both treatment and prevention of diseases, but late in life, the focus should be on symptomatic treatment to increase patient's well-being. Consequently, the number of medicines should decrease and non-pharmacological alternatives should be used whenever possible. This process

Workshops

can be called deprescribing, recently defined as "the process of withdrawal of an inappropriate medication, supervised by a health care professional with the goal of managing polypharmacy and improving outcomes" [2].

Aim: Upon completion of this workshop participants will know the basic concepts of deprescribing and will be able to apply this in practical patient cases.

Learning objectives:
– Partipants will be able to define the process of deprescribing.
– Participants will gain knowledge of a number of tools used during the deprescribing process.
– Participants will know a number of barriers and facilitators of deprescribing in different settings (e.g. community pharmacy and nursing homes).
– Participants will be able to apply deprescribing in simple/complex patient cases (depending on prior knowledge).

Content: In this workshop we will give a short introduction to the concept of deprescribing. The main part of the workshop will consist of discussing real clinical cases of (very) old polypharmacy patients in small groups. Participants are asked to outline a plan on how to optimize the patient's pharmacotherapy considering advantages, disadvantages and practical issues of deprescribing as well as discuss potential underuse of beneficial medication. The final part of the workshop will be used to discuss the main outcomes from the patient cases and to share some practical experiences with deprescribing in the different countries and settings.

Structure including a time schedule:
– Welcome and introduction: 25 min
– Outline of group work: 5 min
– Discussion of patient cases in small groups (5-8 participants): 60 min
– Feedback about group work and summary of patient cases: 20 min
– Summary and wrap up: 10 min