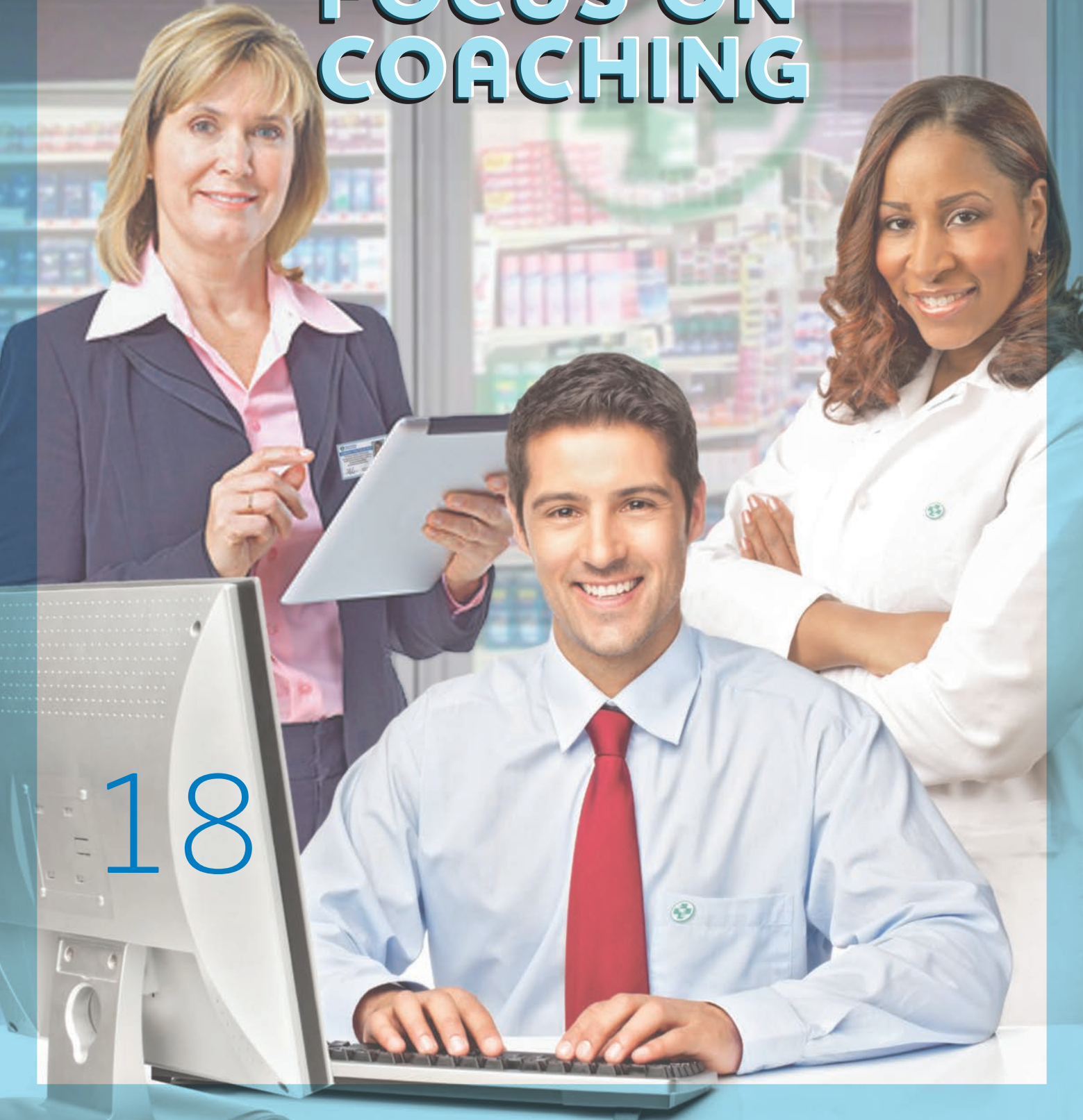


PRACTICE ASSESSMENTS FOCUS ON COACHING



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New model helps practitioners appreciate reasons behind standards

By **Stuart Foxman**

All healthcare professionals work under Standards of Practice and a Code of Ethics (guidance on activities that benefit patients), as well as legislation around preventing harm. It's not enough to know the rules, says Samer Mikhail, RPh. He has a theory on what makes practitioners actually abide by them.

"If you understand and appreciate standards, and what could happen if they aren't there, then you'll follow them consistently," says Mikhail, who has practiced since 2002. "That will lead to a more professional practice, and more confidence in the pharmacist."

Mikhail, who owns Woolwich Total Health Pharmacy in Elmira, was reminded of that recently when he participated in the College's new practice assessment.

The practice assessments, which are now part of the full pharmacy assessment (formerly called inspections), are being piloted as part of the College's commitment to continuous quality improvement. Practice advisors, who are experienced pharmacists themselves, have always inspected pharmacies to assess operations and processes.

The new practice assessments add an observation of a practitioner's performance in their practice site.

The practice advisors look at how practitioners handle four areas: patient assessment, decision making, documentation and communication. The advisor assesses these four areas by observing and discussing the processes for new and refill prescriptions, adaptations/renewals and medication reviews.

With an emphasis on educating, the goal of the practice assessments is to increase adherence to practice standards, help practitioners use their full scope, and ultimately support optimal health outcomes.

How have the pharmacists who've taken part reacted to the new model? Sometimes, they agree, the old process could seem daunting. Just the word "inspection" caused some apprehension, says Sandra Cox, RPh, who runs a Pharmasave in Huntsville with her pharmacist husband Troy.

In the past, she says, "We would get the letter informing us of an inspection and start checking off items that were current and ordering books that had lapsed in editions."

In contrast, the new focus on practice standards made the experience educational and very thought provoking. "It was a chance for self-reflection and positive reinforcement of everything we are doing well," says Cox, who has been practicing since 1990.

"It was a two-way conversation with another pharmacist/educator who had great ideas and insight into the reasons why we do things and how to improve on them."

BETTER AND MORE CONSISTENT PRACTICES EMERGE

The sessions centre around coaching and mentoring. The advisors probe the thinking behind certain practices and decisions through observation and conversations about previously filled prescriptions, and help the pharmacists to adopt best practices.

Cox mentions how the advisor reviewed her prescription files and documentation. It was an in-depth conversation about the thought processes, and the counselling that occurred (or could have) when filling prescriptions. This included proper dosing, drug interactions, late refills, and always explaining the reasons for documenting everything to ensure continuity of care.

Another topic discussed was prescription errors and documenting them. The advisor explained the importance of keeping medication incident files on even the tiniest mistakes, and created fictional scenarios to emphasize that need.

"Nothing was new and foreign, just a gentle reminder of why we need to always document, says Cox. "The entire experience was very positive and will translate to even better patient care."

Mark McNamara, RPh, concurs with Cox that when preparing for past inspections he would run through a checklist. He says it's easy to get into a day-to-day routine and not step back to think about why you're doing what you're doing.

"I like the spirit of this practice assessment," says McNamara, who has been a pharmacist for 10 years and runs a pharmacy in Guelph. "We're being asked to reflect on and talk through our processes. For instance, I had to show a medication

review, and the advisor asked me about my rationale for the steps I took."

McNamara says he started to think more deeply about the intent behind the standards of practice for the profession, and view them from the patient's perspective. Following the rules "to a T" should be a given, he says. What's just as important is embracing why those rules exist.

"You have to think about what patients need and how you're a conduit in meeting those needs," McNamara says. "What's best for the patient, and what procedures do you have in place to ensure that they receive the best care?"

Mikhail appreciated the chance to delve into issues with his practice advisor – no discussions of mistakes and actions plans, just sound suggestions from a peer.

For example, the advisor asked Mikhail about his inventory of narcotics. He had an actual count, but was reminded of the importance of periodic reconciliation. Mikhail was eager to learn more, so he and the advisor went deeper. They talked over the whys and hows of creating a perpetual inventory on the computer. The advisor explained scenarios

where misuse could occur, and how the reconciliations can catch it.

To Mikhail, those sorts of conversations were instructive. He says shortcuts can happen when people either aren't aware of a rule or fail to recognize its importance. The open and supportive tone of the assessments, he says, can "change the way you practice".

SHARING THE LESSONS

How will pharmacists try to preserve what they gained from their practice assessments and extend those lessons?

Cox says the session helped her to look at the big picture, and reinforce the need to do more – put better systems in place, do additional patient counselling, improve service, and contemplate how to better apply the standards in practice.

For instance, since the assessment Cox has become more alert to having proper documentation. When she advises patients on interactions or adjusting doses, she's likelier to write it all down. "That will lead to more continuity of care," says Cox.

It's not that she or the pharmacy were deficient, she says. But post-assessment she has talked with her



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team about how she envisions the pharmacy evolving into an even more therapeutic role.

“Do we want to be a factory or be people who can educate and do patient care?” Cox poses. “I want to do more diabetes, nutrition and weight care management, and practice above the standards to provide the best care we can possibly give.”

For his part, McNamara was made more aware of educational tools available via the College, like e-Learning modules and videos. He also briefed his pharmacists, technicians and pharmacy assistants on what he heard from the practice advisor. He'll follow up one-on-one with the four staff pharmacists. Drawing on the assessment, McNamara's message is clear: “Here's



what we're doing well, and here's where we can do even better.”

He says the assessment model is a critical foundation for enhancing practice. Traditionally, healthcare professionals are continually increasing their knowledge by learning more. “But there's not always a lot of self-reflecting, beyond the new educational learning, on how you can improve in your daily practice,” McNamara says.

“Pharmacists become accustomed to doing the same things every day,” he continues. “You get in the habit of just doing something a certain way. When you start understanding the ‘why’ of what you're doing, it takes hold and you can be more insightful. When you boil it all down, the reason we're here is to improve patient outcomes.”



The College's new practice assessments are designed to support pharmacists and pharmacy technicians to do just that.

Find out more about the practice assessments at <http://www.ocpinfo.com/about/key-initiatives/practice-assessments/>.

To access the videos visit: <http://cpd.pharmacyutoronto.ca/opc.html>. PC

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