Enhancing the pharmacists' counselling skills in Germany

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Background Non-communicable diseases lead to nearly two-thirds of deaths worldwide. Polypharmacy contributes to poor adherence and drug-related problems. Well-trained community pharmacists can enhance responsible use, increase adherence and provide complete pharmaceutical care. The aim of our study was to assess the effect of a structured training for community pharmacists that consisted of e-learning, face-to-face training and OSCEs that were designed to conduct short interventions in situations that might happen in community pharmacies: emergency, initiation, implementation of therapy or early detection of frequent chronic diseases such as hypertension, diabetes, depression or conditions that require anticoagulation (PharmAdhere-Study).

Purpose The primary outcomes of the study were (a) the difference of the test results before and after the e-learning and (b) the difference in the scores of the summative OSCEs before and after the training.

Method PharmAdhere was an interventional study with pre-post design. E-learning was combined with formative and summative Objective Standardised Clinical Examinations (OSCEs). A global analytical checklist was developed using the Canadian criticality/relevancy matrix. The time frame for completion of the exercise was noted in order to check for feasibility.

Findings 22 out of 26 enrolled pharmacists completed the study. The number of correctly answered questions after the e-learning increased significantly (p<0.01). In the final knowledge test, the mean percentage of points received was higher than 60% for every topic (66.33% for anticoagulation, 65.66% for depression, 69.53% for diabetes and 73.06% for hypertension). The sums of the analytical checklist points in percent increased significantly in all topics (p<0.01) from the baseline OSCE to the final OSCE. The lowest result was achieved in the first anticoagulation OSCE with an average of 47.13%; the best results were achieved in the second depression case with an average of 84.12%. In the second OSCE, the mean percentage of points received was higher than 60% for each topic. Every consultation was conducted in a maximum of ten minutes.

Conclusion The OSCEs with standardised patients were highly effective and well received. They should be included in the German curriculum and in continuing education courses for pharmacists. By combining the methods described above with effective feedback methods, we showed that sustainable pharmaceutical care can be delivered in real-time situations. Implementation would require scaling up this innovative training in a systematic way.