

Are pharmacists from community pharmacies ready to tele-counselling the patient with vulvovaginal infection?

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Background It is proven that the proper support from pharmacists contributes to the improvement of appropriate and safe use of OTC medications. The quality of provided support is essential with ailments that are difficult to self-diagnose or embarrassing, like for example vulvovaginal infections. During counselling, pharmacy staff needs to be adherent to guidelines and to provide their patients with evidence-based treatment and advice. The quality of advice-giving seems to be crucial in a situation of difficult access to a doctor.

Purpose To determine whether the community pharmacists are ready (have skills, willingness and knowledge) to provide the proper tele-counselling in the field of vulvovaginal infections.

Method The tele-pharmacy "Mystery Patient" study, which was chosen because of Covid-19 pandemic. Setting: 238 non-recorded calls to randomly selected pharmacies from sixteen voivodeships in Poland. Materials: A scenario and a check-list. The check-list consists of three parts. The first part was to evaluate, if the pharmacy staff asked "basic" questions (for whom, the purpose of the purchase, chronic diseases, used medications) during phone-conversation. The second one was to determine if pharmacists checked, whether self-treatment would be sufficient and safe for the patient, and the last part consisted of a hidden test of knowledge about gynaecological probiotics. Additionally, the pharmacist's involvement in the conversation was rated by a subjective opinion of the researcher due to a Likert scale (1-5).

Findings 100 phone consultations were analyzed, because the actual conversation with pharmacist was possible only in case of 100 pharmacies (which was establish as a minimum). None of all pharmacist asked all four "basic" questions spontaneously. Only one out of four questions was asked during one tele-conversation, on average. The number of questions regarding the symptoms (the second part of the check-list) was not enough to distinguish whether the patient classifies to use self- medication. For example, less than 30% of all pharmacists asked about the vaginal discharge and only 16% asked about the frequency of the vulvovaginal infections. In the part connected with the knowledge about probiotics, the mysterious patient asked a total of 813 questions. Only 50% of the obtained answers were correct. Surprisingly the average score for pharmacist's involvement was rated three or more on a Likert scale.

Conclusion Pharmacists have the willingness, but they are not ready to conduct the proper pharmaceutical counselling accompanying vulvovaginal infections. It is necessary to implement training in the field of tele-counselling for pharmacists and to create algorithms facilitate the proper counselling.