Workshops & Symposia

Workshops & Symposia
Main conference

Workshop 01

WORKSHOP ON RESEARCH IN THE ELDERLY: IDENTIFYING AND OVERCOMING THE OBSTACLES

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The world is rapidly aging with an estimated 870,000 people turning 65 each month in 2008. The projection has this rate more than doubling by 2020.(1). Kinsella states that most of the world's older population and the areas with the greatest growth are in the developing countries. (1) However, little research has been or is currently being conducted with the elderly in developed countries and virtually none in the developing countries. This important rapidly growing population presents numerous unanswered questions ripe with research opportunities. These questions cover the entire range of social pharmacy topics including clinical, social, behavioral, economic aspects and combinations of issues. The reasons these questions are of interest are also why conducting research in the elderly has been slow to develop; these issues create numerous obstacles.

An easy obstacle to overcome is the belief that the elderly are a vulnerable population and that the protections that have to be included are not worth the effort by researchers. The United States Department of Health and Human Services Office for Human Research Protections, who provides guidelines for Institutional Review Boards, states that, generally, the elderly are not in need of special protections (unless cognitively impaired or institutionalized) and no age exists when a person should become ineligible to participate in research. They do, however, acknowledge challenges in conducting research with older adults.(2) Many of the challenges involve communication; this is extremely evident in the obtaining of informed consent.

Objectives
The three objectives of this workshop will be to provide an overview of the known obstacles to conducting research in the elderly, to give participants practice identifying obstacles and, finally, to produce an appropriate informed consent form.

Methods
The workshop will be divided into three parts. The first part, thirty minutes, will present an overview of the literature on conducting research in the elderly. The second part, one hour, will present a research problem. The workshop participants will work in small groups for 40 minutes to design a simple study to be conducted in the elderly with the purpose of identifying and overcoming obstacles that could occur at all points in the study; the groups will recombine for the last 20 minutes to discuss how the study should be designed. The final part, one hour, will have the small groups work for 30 minutes to design an appropriate consent form for the study; the full group will reconvene for the final 30 minutes to discuss the form and to finalize discussion of conducting research in the elderly.

Results
At the conclusion of the workshop, the participants will have an appreciation of the obstacles to conducting research in the elderly and will take back techniques that will increase the likelihood that their projects will be successfully completed.

Conclusion
Social pharmacy research in the rapidly growing elderly population is desperately needed. Successful researchers need to be aware of the obstacles that exist when working with this diverse population and how to overcome these obstacles.

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Workshop 02

HOW TO DEVELOP EFFECTIVE AND EFFICIENT PROGRAMMES TO ACHIEVE LASTING IMPROVEMENTS OF PHARMACEUTICAL CARE SERVICES: LESSONS FROM PRACTICE

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Background
The introduction of new services in health care, or attempts to improve existing services, requires carefully planned and multifacetal interventions, in

which proven effective strategies are deployed. Research in the last three decades has shown that the afore mentioned approach is highly preferable over the deployment of narrow and single interventions when it comes to inducing change and maintaining these changes over a longer period of time (Grol).

Most of the research and the deployment of the acquired knowledge has taken place in hospital settings and especially general practice. This knowledge is however also very applicable to the (community) pharmacy settings. Our company has collected first hand experience with the application of this knowledge in the development and deployment of effective and efficient support programmes for change in large numbers of community pharmacies.

Aim
The aims of the workshop are to further:
a. the awareness of the complexity of effective improvement programmes;
b. the insight in tools and resources needed to develop effective improvement programmes;
c. the knowledge of the nature, the relevance and practical use of the general improvement strategies that are essential in those programmes (multidimensionality, stages of change and action research);
d. some of the practical skills that are needed to design initial improvement programmes.

Programme
1. Introductory interactive lectures - The structure and the results of a succesful improvement programme (folic acid education) will be presented to illustrate the practical relevance and aspects of well designed improvement programmes. This will be followed by a short introduction of our conceptual framework, built on the knowledge that i) mostly only multi faceted interventions are effective ii) changing professional behavior requires effective transition through the several stages that precede sustained behavioral changes and iii) classical action research is a powerful approach to achieve sustained change. Participants will then complete this initial framework from their own knowledge and by discussion.
2. Interactive development of an improvement programme - Participants will try and develop a programme for the introduction and maintenance of a (cognitive) pharmaceutical care service. They are asked to try and comply with the framework as presented and discussed before.The results of the participants will be compared with a real existing programme that has been developed and been deployed by us to clarify the pro's and con's of the solutions suggested.
3. Closing interactive lecture - In a short closing lecture we will try to integrate the lessons and practical experience from the first and second part of the workshop in practical guidelines (take home message)

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Grol R., Wensing M., Eccles M. Improving patient care. The implementation of change in clinical practice. Elsevier, 2004, Amsterdam.

Workshop 03

THE SOCIAL DETERMINANTS OF HEALTH INEQUALITIES AND THE PROFESSION OF PHARMACY

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Background & Introduction
There is mounting epidemiological evidence which identifies inequality as having profoundly negative consequences for populations, particularly in relation to health but also with regard to key social, personal and political issues. Whilst the inverse relationship between socio-economic status (SES) and health is now well known, more recent attention has focussed on relative poverty and inequality and their roles in determining population and individual health. The most recent work, most notably Wilkinson and Pickett's book "The Spirit Level", using data which has only recently become available, makes a powerful case that it is inequality which underpins many pressing health and social problems. But whilst inequality is salient for health in both economically developed and less developed countries, it is those economies which have passed through the "epidemiological transition" where the epidemic diseases of poverty cease to be the major causes of mortality and are replaced by the cancers, cardiovascular and other degenerative diseases familiar in the west, that have become the subject of debate about if and how inequality comes to impact upon health.

There are of course competing explanations for the mechanisms that are thought to underpin what it may be about inequality (and particularly income inequality) which results in such negative consequences with Wilkinson and Pickett proposing that it is a process of social status differentiation involving evaluations of the self in relation to socially salient others and including key factors such as shame and respect that is central to this process. Thus, according to this explanatory model, the excess burden of ill-health and the negative social consequences associated with inequality have primarily psychosocial roots located within both the biology of stress and the nature and quality of social relationships. This perspective has been challenged from scholars espousing what has become known as the neo-

materialist thesis, which places a greater emphasis on both the lack of direct resources held by individuals and systematic under-investments across a wide range of community infrastructures and public goods. However, both maintain a central role for social inequalities in understanding health inequalities. Indeed, the policy relevance of this area of research has recently been confirmed by the high profile launch of the Commission on the Social Determinants of Health, which places an understanding of the corrosive impacts of inequality on population health at the centre of its work.

However, as individuals working within pharmacy, we are aware that the practice research community has done little to engage with these arguments and debates, despite their centrality to understanding the 'upstream' determinants of health and mortality. In this workshop, we seek to engage and to discuss with delegates the importance of understanding issues around the social determinants of health inequality and how this might intersect with the developing public health role of the (community) pharmacist. We outline some of the barriers to pharmacists adopting a more advocacy based role in relation to responding to the health inequalities policy issues in developed societies.

Aim
To raise the critical awareness of, promote informed debate about and encourage action around the social determinants of health inequalities and what it means for pharmacy practice and pharmacy practice research.

Learning objectives
After attending the workshop participant should be able to:
• Understand the basic concepts of the social determinants of health inequalities including the social forces producing and reproducing poverty
• Discuss emerging theories - population vs subjective?
• Something about not poverty per se but inequities in income
• Critique current pharmacy practice and pharmacy practice research in relation to health inequalities
• Suggest ways in which pharmacists can contribute to reducing inequalities including developing wider public health and advocacy roles

Format
• Introductions and establishment of group knowledge and expectations;
• Presentation of earlier understandings of inequalities based around Black Report, Acheson Report and other key texts;
• Critique of that theory – group debate over explanations for health inequalities;
• Presentation of new understandings from Wilkinson and Pickett (and others) including limitations;

• Small group discussions about implications for pharmacy practice and PP research;
• Reporting back of group discussions.

Recommended reading
R. Wilkinson & K. Pickett (2009) The Spirit Level, London, Penguin.

Workshop 04

CONTINUING PROFESSIONAL DEVELOPMENT; WHAT ARE 'WE' DOING FOR REVALIDATION?

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Background
Around the world there are a variety of methodologies utilized to explore, validate, verify and accredit continuing professional development (CPD) for pharmacists. In the United Kingdom (UK), for example, the Royal Pharmaceutical Society of Great Britain (RPSGB) has turned to educational philosophy adopting a modified Kolb's learning cycle (RPSGB 2007; Kolb et al 1974).
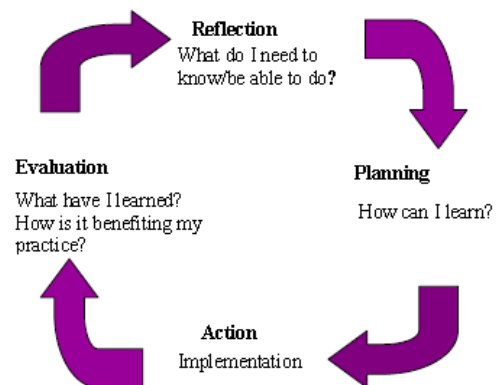
Adaptation of Kolb's Learning Cycle (Kolb, Rubin, & McIntyre 1974)

In Portugal, the system in place is based on a pre-defined number of credit units obtainable through CPD activities in a five year period. This has been shown to be valuable (Aranda da Silva et al 2004). Pharmacists around the world struggle to manage their workload. As such, the introduction of mandatory CPD, validation and revalidation can be seen to raise barriers to completing CPD together with operationalising what this means in day-to-day practise. Whilst there are differing systems around, there are some overlapping principles. Practitioners want to keep up-to-date with their practice yet this competes with many other work-related activities.

Objectives
• To explore the efficacy of CPD in professional and service development.
• To consider how CPD could be re-conceptualised in terms of a shift from a method to regulate towards promoting and facilitating practitioner development.
• To consider how CPD may reconcile itself with regulatory revalidation.

Methods
A workshop format is proposed that would be of interest to pharmacists in practise, educational developers, regulating bodies and other interested parties. It will commence with a short introduction to the topic of CPD and revalidation. By taking a census of the attendees, groups will be formed to be suitably mixed leading to guided small group discussions:

Discussion 1; The personal context of their practice; groups would be mixed to discuss and share the particularity of practise. There would be some key themes and ideas that would direct this group discussion.

Feedback 1; Each group will have the opportunity to feedback their discussions in the same format as the themes and ideas were explored during discussion 1.

Discussion 2; Groups will be further directed to use Feedback 1 to discuss some generic ideas for CPD and revalidation. Again clear direction of the discussions will be facilitated and managed.

Feedback 2; Each group to present back an agreed set of generic globally generic criteria that could be explored for CPD and revalidation processes and procedures.

Results and Analysis
From the group discussions, the workshop findings will be analysed and explored for common themes and clusters. leading to publication.

Conclusions
Having completed the workshop, attendees will have a greater appreciation of the global context of CPD and revalidation with the opportunity for expert participants to take insights back to their health systems. This would lead to the presenters taking back the themes and clusters for future publication and further research.

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COMMUNICATION AND PHARMACY PRACTICE: ADOPTING A SYSTEMATIC APPROACH TO DEVELOPING AND EVALUATING INTERVENTIONS TO IMPROVE COMMUNICATION BEHAVIOUR IN PHARMACY SETTINGS

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Objective
The objectives of this workshop are to:
• Review the importance of good communication behaviour in health consultations
• Develop an understanding of different theoretical and methodological approaches relevant to communication research
• Develop an understanding of the strengths and limitations of different research methods in communication research

Methods
The workshop will commence with an overview of why effective communication is important in healthcare generally, and pharmacy practice in particular. This workshop will focus on the development and evaluation of interventions to promote effective communication in community pharmacy in particular, and will comprise didactic and small group sessions.

The workshop leaders will share their experience of conducting communication research in community pharmacy settings[1-5] and will refer to the Medical Research Council framework for complex interventions[6] and its relevance to this type of research. The workshop will also highlight the importance of adopting appropriate theoretical underpinning to communication research and will include specific communication theory[7] as well as more diverse theories e.g. Human Error Theory[8, 9] which are relevant in terms of communication and patient safety. Different methods of data collection and analysis (e.g. linguistic analysis of pharmacy consultations[10]), and their strengths and limitations, will be presented and discussion of these facilitated by the workshop presenters.

Small group work will include discussion of:
• Strengths and limitations of methods in relation to communication research
• Covert versus overt measurement of communication behaviour
• Simulated versus "real-life" consultations
• Data collection methods: audio-recording, videotaping, other
• Approaches to analysis

• Identification of appropriate outcome measures for communication research

Outline of Workshop
Introduction
- Workshop leaders
- Overview of workshop
- Participants

Presentation
- Overview of systematic approach to research and theories that are relevant to communication research.

Small group
- Identify specific communication-related topics for research. Group members should consider why this is an important topic.

Feedback
- Each group to feedback on selected topic

Overview of issues
- Didactic presentation to illustrate the use of different methods and analytic techniques, to explore and change communication behaviour in the community pharmacy setting.

Small group
- Each group to address their topic for communication research and consider it in terms of defining the research question, strengths and limitations of research methods that could address the question, selection of appropriate data collection tools and analytical techniques.

Feedback
- Each group to feedback on selected topic

Summary
- Summary of content and output from workshop. Question and answer session if required.

Results
The anticipated results of the workshop will reflect the objectives stated above. In addition, it is expected that participants may be encouraged to develop collaborations in relation to the research questions identified and discussed during the workshop.

Conclusion
Effective communication is important in all aspects of pharmacy practice. This workshop should raise awareness regarding methods for improving communication and for measuring the effect of interventions which target communication behaviour.

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Workshop 06

INTERVENTION STUDIES IN COMMUNITY PHARMACY PRACTICE

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Introduction
Over the past two decades, investigating the scope of professional practice in community pharmacy has received increasing attention internationally with the publication of numerous reports of interventions studies in the peer reviewed pharmacy literature. The challenge in implementing intervention research in the community setting has been repeatedly articulated in the limitations reported by the authors of implementation studies (such as limited compliance with the intervention protocol, lack of monitoring information). Unfortunately much of the wisdom and experience in overcoming the challenges of intervention studies is not explicitly reported in the literature.

This workshop seeks to bring together the collective experience of researchers to develop a cohesive research strategy which may assist both novice and experienced pharmacy practice researchers in designing, monitoring and implementing intervention studies in community pharmacy practice successfully in the future.

Objectives
1. To share experiences in implementation research trialling new professional pharmacy services in community pharmacy
2. To identify strategies that have been shown to be successful in implementing research into these services.
3. To develop tools/protocols to guide the design, conduct, monitoring and evaluation of research into new pharmacy services

Format
Part I. Problem analysis
Mini presentations by workshop leaders to introduce the topic:: The reality of pitfalls behind the 'study limitations' paragraph

Group Brainstorm – addressing the question:
What are main issues in community pharmacy implementation research?

Part II. Strategies and tools
In small groups participants will identify specific strategies to address one of the issues liste.)

Debrief – Representatives of each group will present a summary of their strategies addressed to the selected issue.

Small group work to design a protocol, tool or model to conduct intervention studies.

Final debrief - Reports of representatives of each group and discussion.

Workshop 07

CONDUCTING ETHICAL SOCIAL PHARMACY RESEARCH

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Research ethics, protecting the life, health, privacy and dignity of research participants, is an important issue for the appropriate governance of research studies. The regulatory requirement for submission of protocols for review to a research ethics committee or other review board often results in two benefits: the frequency of unethical research is reduced and researchers conduct their studies to a higher ethical standard. In many countries, however, there are no regulatory requirements that social pharmacy research must be formally reviewed in this way. Nonetheless, despite the lack of such regulation, social

pharmacy research must still be conducted to the highest ethical standards.

The purpose of this workshop is to discuss relevant ethical aspects when employing a variety of research methods commonly used in social pharmacy studies. We will discuss the key elements of some national and international standards for ethics in medical and psychosocial research. We will look in depth at some of the potential ethical dilemmas that are posed by different research designs, both quantitative and qualitative, including variation between the expectations and experiences from different countries. We will pay particular attention to the ethical dilemmas posed by research methods such as:

• Cluster randomised studies (i.e. when randomising by pharmacy or by hospital ward)
• Use of existing personal and healthcare data without explicit consent (e.g. computerised healthcare databases)
• Covert observational research
• Studies involving vulnerable people, such as people with impaired cognition, or people in a dependent relationship, such as undergraduate students or subordinate members of staff.

We will finish with an overview of the relevant ethical aspects and discuss the need for a framework for ethical research that is relevant to social pharmacy, which could form a resource for student and junior researchers.

Workshop 08

UNDERSTANDING & RESOLVING BARRIERS TO THE COMMUNITY PHARMACIST'S PROVISION OF SERVICES TO INDIVIDUALS WITH MENTAL ILLNESS

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There is evidence that the number of individuals receiving mental health diagnoses and treatments has been increasing over the past two decades.[1,2] Given the frequency of mental illnesses, pharmacists in community settings need to be prepared to assist in the management of these consumers. Pharmacists have helped consumers with mental illness better understand their medications and its value, monitor side effects and drug interactions, facilitate treatment adherence, and recommend to physicians changes in drug

therapy to improve medication use.[3] Pharmacists can significantly impact clinical, behavioral, and economic outcomes associated with psychotropic use in hospitals, ambulatory clinics, and community pharmacies.[3-6] While care management of consumers with mental illness requires knowledge of the symptoms of mental illnesses and treatments, it also requires a level of comfort working with these consumers. It has been reported that clinicians hold similar negative views of individuals with mental illness as the general public.[7] These negative views include thoughts that these consumers are incompetent, unpredictable and dangerous.[8] Such negative views may contribute to clinicians' discomfort interacting with consumers with mental illnesses.

There have been several papers in the international pharmacy literature over the past three decades describing the nature and extent of pharmacist and student attitudes toward individuals with mental illness and other factors affecting the provision of pharmacy services to individuals with mental illness. There are mixed reports showing pharmacists having positive and negative views of mental illness, comparatively more negative views toward severe mental illnesses, and distinguishably different attitudes toward those with medical illnesses vs. mental illnesses.[9-14] Other factors affecting provision of services include privacy of consultation area, time, and pharmacist training in mental illness What is less clear is the extent to which pharmacies/pharmacy organizations have explored interventions to reduce barriers and promote the provision of various services by community pharmacists to consumers with mental illnesses.

Objectives
(1) To review international research on factors affecting community pharmacist provision of services to those with mental illness
(2) To identify challenges in conducting research on factors affecting the provision of community pharmacist services to those with mental illness.
(3) To examine potential solutions and models to improving the provision of community pharmacist services to those with mental illness.

Methods
The workshop will involve three main sections. The first part, forty-five minutes, will be a review by panelists from different countries that describes key findings regarding attitudes and other factors and experiences associated with pharmacist provision of services to consumers with mental illnesses. Panelists will also identify the differences types of pharmacy services provided in their countries. Panelists will also share their reflections of the challenges associated with conducting such research. The second part, forty-five minutes, will involve an interactive discussion with small group breakouts to identify potential solutions to improve pharmacist provision of services to consumers with mental illness. The remaining 30-45 minutes will involve larger

discussions of effective solutions and models, future research directions, and ways to collaborate internationally on the topic.

Results
At the conclusion of the workshop, participants will have a stronger understanding regarding the state of knowledge about factors affecting community pharmacist's provision of services to consumers with mental illness and explore potential solutions to improve the provision of such services. It is also hoped that international collaborations can be generated to explore various solutions in the future.

Conclusion
Several international social pharmacy researchers have explored factors related to community pharmacist's provision of services to individuals with mental illness. There is a great need to identify feasible and sustainable solutions to engage more community pharmacists in provision of various services for those with mental illnesses.

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Workshop 09

MEDICATION REVIEW CLINIC FOR DIALYSIS PATIENTS

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Background
Chronic kidney disease (CKD) is a worldwide public health problem. The number of patients enrolled in the end-stage renal disease (ESRD) programmes is increasing worldwide. Despite the magnitude of the resources committed to the treatment of ESRD and the substantial improvements in the quality of dialysis therapy, these patients continue to experience significant mortality and morbidity, and a reduced quality of life. Moreover, 50 percent of dialysis patients have three or more comorbid conditions, the mean number of hospital days per year is approximately 14 per patient, and self-reported quality of life is far lower in dialysis patients than in the general population.

Patients on dialysis take multiple medications and have complex medication regimens requiring regular monitoring. Frequent medication changes increase the risk of inaccuracy of medication profiles and create adherence problems for patients. Subsequently the incidence of drug related problems (DRPs) is high leading to an increased risk of medication related hospital admissions. The study by Manely at al[1] estimated that for every $1 spent on pharmaceutical care activities in ESRD patients, approximately $4 to the healthcare system is saved.

In 2002, a study[2] at In-centre Dialysis Unit at Middlemore Hospital demonstrated that structured medication reviews are necessary for identification of actual and potential DRPs, treatment monitoring and adjustment. In 2007, a business case for clinical pharmacist for Medication Review Clinic (MRC)[2] was approved by the Renal Department at Middlemore Hospital and clinical pharmacists were trained to conduct the reviews.

Aim: To introduce the concept of medication review for dialysis patients and to develop the skills for medication management for dialysis patients.

Methods: This workshop will cover the MRC objectives (Figure 1), process (Figure 2), tools (Figure 3) and therapy management. Through interactive teaching process the workshop will enable pharmacists to develop the skills to conduct medication reviews for dialysis patients in the clinic setting.

Figure 1. Objectives of the medication review clinic
• Prevention and early detection of drug-related problems (DRPs)
• Provision of accurate medication profiles
• Prevention of medication errors occurring at admission or transfer of care in chronic dialysis patients
• Reduce doctors' time spent on medication review and allow additional time for review of medical problems
• Provision of medication education to patients
• Improve communication among patients and health care professionals
• Increase patients' motivation
• Increase patients' adherence
• Primary – secondary care continuum improvement

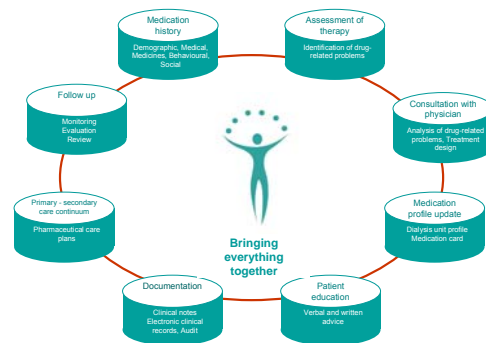Figure 2. Medication Review Clinic Process

Figure 3. Medication Review Clinic Tools
1.   Patient pack
  • Computerised medication card
  • Self-monitoring sheet for dialysis patients
  • Patient information leaflets
2.   Medication Review Clinic Tools
  • Patient consent form
  • Medication history form
  • Medication Review Clinic pathway
  • Electronic clinic letter template
3.   Monthly Process Outcomes
  • Number of MRC reviews conducted per month
  • Number of patients identified with pharmacists-prevented DRPs/morbidity

• Number and type of drug-related problems
• Total number of pharmacists' interventions

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Workshop 10

DEVELOPING COMPETENT PHARMACY MANAGERS THROUGH TEACHING AND RESEARCH

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Objective: What to teach, how much to teach and the role of pharmacy management in the Pharmacy Practice Curriculum have challenged pharmacy educators. Likewise, pharmacy management research has yet to reach its full potential. Students require the appropriate knowledge, skills and attitudes in order to manage the scarce healthcare resources to deliver pharmaceutical care in an efficient and professional manner. While it is accepted that translating available resources into better health outcomes requires good management as well as clinical acumen, developing a curriculum to incorporate pharmacy management in the program may be challenging. This workshop explores how to incorporate pharmacy management into the pharmacy curriculum to ensure students are able to effectively utilise their clinical skills in practising pharmacy. This workshop will share experiences from the Australasian Pharmacy Management group in the role of pharmacy management in the pharmacy curriculum, how much, and what is included in the curricula across Australia and New Zealand. Methods of teaching and delivery of pharmacy management modules including online courses, simulation and competitions will be explored, together with discussion on the trials and tribulations of these methods and how the learning outcomes can be aligned with the assessment methods. At the end of the workshop, time will be spent brainstorming and developing a parallel research stream in the areas of pharmacy management practice, education and theory.

Topics:
• Developing a Curriculum
• Delivery, Simulation
• Assessment
• Developing a research stream

Workshop 11

WRITING MEDICINE AND HEALTH INFORMATION FOR PATIENTS- CAN WE CREATE A USEABLE DOCUMENT?

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Written information forms an important basis for the dissemination of medicine and health information to consumers. As consumers become more actively involved in healthcare decisions, it is imperative that accurate information exists in an accessible and usable form. Written documents, such as the European Patient Information Leaflets (PILs) and the Australian Consumer Medicine Information (CMI), provide information which can be retained and referred to by patients. They also have the potential to empower patients and give them the confidence to ask questions and engage in discussions about their disease and medicine with their healthcare professionals. However, both consumers and healthcare professionals have criticised the format, presentation, language, readability and the overall usability of these documents, potentially limiting the use of PILs and CMI as important aids to verbal counselling.

Objectives: This workshop aims to review the key design and wording principles to guide the creation of effective written medicine and health information; and to demonstrate how to develop a more useable written information document.

Methods: The workshop will consist of two parts. During the first part, the workshop facilitators will present the key design and wording principles from the perspectives of information design, linguistics, and medicine information writer experts, in a series of didactic sessions. They will also review written information evaluation tools used to assess the written documents developed.

During the second part, workshop participants will be divided into groups of 4-5 participants, and guided through the re-writing of a written medicine and / or health information document.

Results: Workshop participants' understanding of the key design and wording principles in preparing effective written medicine and health information, as well as their understanding of the tools used in evaluating written information will be increased.

Workshop 12

THREE LEVEL MEDICATION REVIEW. DOING IT THE PCNE WAY

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Aim and content

The aim of the symposium will be to discuss, and perhaps further develop concepts around medication review by pharmacists, along the lines of previous PCNE workshops. Medication review is a broad topic, and there is a wide variation of methods and guidelines, often dependent on national cultures. The Pharmaceutical Care Network Europe is trying to develop a framework that is applicable internationally, and that has been discussed during its 2009 Workshop on Medication Review. The framework is based on a concept of 3 types/stages of medication review of increasing complexity and increasing availability of information, and focuses on medication reviews performed by pharmacists in ambulatory care. After a general introduction, the proposed lectures will deal with:

I. The simple medication review. A simple medication review is based on the medication history in the pharmacy. There is a limited set of problems that can be detected, such as drug-drug interactions, duplications, some potential side-effects, unusual dosages and adherence issues. The outcomes are issues to be addressed with the prescriber/and or the patient.

II. The Intermediate medication review. An intermediate review can be performed when the patient can be approached for information. Such a review is based on medication history and patient information and can also uncover problematic elements of patient behaviour and knowledge. A good interview guide will be fundamental to this type of review.

III. The advanced medication review. An advanced medication review is based on medication history, patient information and clinical information. An advanced review also makes it possible to look at issues around indications related problems (indication without a drug and drugs without indication), and possibly also dosage issues based on laboratory data, appropriateness of drug choice, adherence to clinical guidelines & formularies etc..

All lectures will deal with resolving the problems that are discovered, the inter- professional cooperation and documentation issues.
If time allows, separate Workshops will be organised around the same topics.

Reference
Welcome to the site of the PCNE Working Symposia 2009. http://pcne.vanmilconsult.nl/ws2009/ . Last accessed 15 November 2009.

Workshop 13

ASSESSMENT OF DRUG INFORMATION SOURCES FOR HEALTHCARE PROFESSIONALS

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Objective
The objectives of this workshop are:
- Review of drug information sources and their importance for communication among professionals and for clinical practice. Discussion of characteristics of drug information sources: advantages and disadvantages
- Understanding methods to assess information sources
- Learning how to assess the content of a drug information source in the daily practice

Methods
The workshop will begin presenting the different alternatives of retrieving information on medicinal products for healthcare professionals. Drug information sources are the key elements from which healthcare professionals retrieve the information to communicate among them and for the decision-making process in clinical practice.

The workshop leaders will share their experience in developing a method to assess different drug information sources. Characteristics taken into account, analysis of the information content, and perceptions of healthcare professionals towards drug information sources will be discussed. Workshop leaders will be facilitators in the debate of current use of drug information sources among participants in the workshop.

An example of a piece of information of a specific drug will be handed out to participants divided into small groups. Groups should analyse the information content using the method developed by the workshop leaders and providing scores to different items according to the information content of the selected source. Workshop leaders will facilitate the team work and later discussion. Different perspectives from groups and application of the acquired knowledge to the daily practice will be shared.

Results
Participants should be aware at the end of the workshop of the importance of drug information sources for communication and clinical practice,

and be able to critically assess the content of drug information sources.

Conclusions
Drug information sources are the basis of an informed, effective and safe clinical decision making. Communication among professionals should be based on reliable information. Learning to use and evaluate the content of any drug information source would raise the concern of its importance and lead to improve communication and to evidence-based decisions in healthcare sciences.

Workshop 14

ADHERENCE PROMOTING INTERVENTIONS IN COMMUNITY PHARMACY- AN INTERNATIONAL PERSPECTIVE

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Non-adherence to chronic therapy is a global problem, with reported average adherence rates of 50% with chronic medicines. To optimise treatment and health outcomes for patients, it is important that patients persist with their therapy. Community pharmacists are in an ideal position to monitor and promote patients' adherence to both chronic and acute therapy. The adherence specific services delivered by community pharmacists internationally, however, vary greatly, from no specific services, to in-depth consultations and follow-ups, but often as part of short-term research projects.

Objectives: To design an international study to investigate the adherence monitoring and promoting services delivered by community pharmacists as part of their routine practice.

Methods: The workshop will compromise of two parts: the first part will consist of up to three didactic sessions, and the second part will consist of a series of activities aimed at addressing the above objective.

Each of the workshop presenters will provide an overview of the current adherence monitoring and promoting services delivered by community pharmacists in their countries. This will include 15 minute presentations from Australia, Switzerland and Denmark.

Following these presentations, the workshop participants will be divided into three groups (or more depending on the number of participants: with each group consisting of 5-6 participants). Workshop participants will be engaged to design an international study to explore the adherence specific services delivered in community pharmacies.

The first 10-15 minutes will be spent by each group brainstorming the international study objectives and best research design to address the study objectives. These will be presented to the entire workshop group. In the next 30 minutes, the groups will design the international research study including the instruments.

The small groups will then report their outcomes to the workshop.

Results: Workshop participants will develop an international research study to evaluate the adherence services delivered by community pharmacists as part of their routine practice. The methods and tools developed will be able to be used by the workshop participants.

Conclusions: This workshop will provide an opportunity for delegates of ISPW to participate in an international study which has similar methods, allowing for an international comparison of community pharmacy activities in the area of adherence.

Workshop 15

INDICATORS FOR PHARMACY PRACTICE: WHAT ARE THEY, WHAT SHOULD THEY BE?

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Indicators are increasingly used as measures of the quality of care of clinical practice. At health service, national and at the international level the devising and use of indicators to benchmark and to compare the outcomes of service provision is continuing. Indicator development and implementation are not easy and the hazards of inaccurate measurement or of inappropriate interpretation are considerable.

Review of the literature shows that few of these initiatives have included any indicators of pharmacy practice. Recently, the Council of Europe, through it Centre for the Evaluation of Quality has begun to explore the availability and suitability of indicators for pharmaceutical care and practice through an international, collaborative, research project.

Within the published literature of Pharmacy Practice there is little on Indicators and less that is described in sufficient detail to permit detailed examination and practical assessment. In Australia, Spain and the Nordic Region the intent to develop indicators is acknowledged, but substantial progress does not yet appear to have been made.

It is crucial that practitioners, researchers and policy makers address the issue of Indicators for Pharmacy Practice and the aim of the workshop is to raise awareness and to facilitate networking of interested persons and groups.

The workshop will be composed of two parts;
An illustrated lecture on indicator development and the particular problems posed by pharmacy practice
An short open discussion of what work is being done and what needs to be done to establish topic areas, followed by small group discussions about these topics and feedback to the whole group with prioritisation of potential indicators for development
The workshop will aim to provide two outcomes;
An understanding of indicator development
A consensus on the range of potential indicators for Pharmacy Practice

Symposium 01

COMMUNICATION RESEARCH AND PHARMACY PRACTICE: INAUGURAL MEETING OF AN INTERNATIONAL SPECIAL INTEREST GROUP

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Objectives
• To provide an overview of communication research in pharmacy practice.
• To generate international commitment and collaboration to develop research initiatives which promote enhanced communication in pharmacy practice.
• To develop a strategy for communication research in pharmacy practice.

Methods
The symposium will comprise a series of short didactic presentations followed by small group discussion and plenary sessions (Figure 1). The presentations will address the following topics:
• Defining communication in healthcare, particularly pharmacy practice
• Empirical evidence of the impact of communication on patient outcomes
• Theoretical underpinning of communication
• Methods of analysis of communication

MW
Communication during consultations for nonprescription medicines; Presentation of empirical data; Discussion of techniques to

research communication in the community pharmacy setting

DR
Broad overview of the communication field and research areas relevant to pharmacist-client communication. Oral literacy burden of medical communication - what communication elements make it especially difficult for patients with restricted literacy skills to engage in the medical dialogue and understand information that is conveyed. Framework for genetic counseling and primary care encounters and relevance to pharmacy communication. Elaboration on framework and discussion of practical and skill-based methods to diminish the oral literacy burden of pharmacist communication.

JC
Impact of communication on patient outcomes. What can we learn from medical education and research? Pragmatic considerations in researching communication in real-life and simulated settings.

MG
The application of linguistics to communication research in pharmacy.

Conclusion
Effective communication in pharmacy practice is essential to deliver safe and effective pharmaceutical care and medicines management. Robust empirical evidence needs to be derived and used to inform the development of initiatives to enhance effective communication by pharmacists and their teams. The establishment of a Special Interest Group to generate international collaboration on this subject will help to achieve this objective.

Symposium 02

THE CONSTRUCTION OF CERTAINTY: PHARMACEUTICAL KNOWLEDGE AND THE SHAPING OF LAY EXPERTISE ABOUT DRUGS, TECHNOLOGIES AND RESEARCH

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Many drugs have triggered controversies during their trajectories from development to everyday usage. From bench to bedside - either now or in the past - a number of

uncertainties regarding efficacy, effect, costs, safety and the ethics of medication use can emerge that different stakeholders and, increasingly, also lay people (individually or collectively) have to deal with and act upon.

This symposium will address the question of the dissemination of scientific knowledge and controversies about drugs and the way it shapes lay knowledge and expertise on drugs, technologies and research. It aims to contribute to a sociology and anthropology of uncertainty - the study of collective practices reaching for (at least momentarily) certainty. The study of health risks and uncertainties concerning medications is essential for understanding social processes that shape the increasing use of medications in everyday life. In sociology, uncertainty has long been considered a pervasive element of medical education, the clinical consultation as well as the lay experience of illness (Fox, 1959; 2000). Defined as the gap between knowing and not knowing, uncertainty has implications for the way medical professionals and patients interact with each other. Considering that the world of science (universities and laboratories) is not the only place in which evidence is debated and knowledge generated, we will explore the different levels of the making and dissemination of knowledge and expertise about drugs.

In this symposium, we will specifically ask how lay knowledge and expertise is constructed through the dissemination of evidence in the media and other knowledge networks, and indeed, how deal with or interact with these networks and media. There are a number of elements to the symposium. Firstly, we address how the manifold practices of self-medication are rooted in the public negotiations of knowledge (S. Fainzang); secondly, we show the problematic nature of incorporating lay 'expertise' in national (cancer) research networks (P. Bissell). Furthermore, we will explore the way scientific knowledge and controversies get translated from intra-science debates into public debates and how these two spheres mingle and inter-relate. Using the examples of pharmaceuticals for coronary heart disease (J. Collin), Alzheimer's disease (A. Leibing), and prostate cancer (A. Kampf), we plan to show the entangled paths of the making of certainty regarding medications. At issue in these "narratives of unease" (Kerr et al 2007) are the way structures of certainty, including

expertise, authority, and trust are forged and experienced.