ASHP Guidelines on Pharmacist-Conducted Patient Education and Counseling

Purpose

Providing pharmaceutical care entails accepting responsibility for patients' pharmacotherapeutic outcomes. Pharmacists can contribute to positive outcomes by educating and counseling patients to prepare and motivate them to follow their pharmacotherapeutic regimens and monitoring plans. The purpose of this document is to help pharmacists provide effective patient education and counseling.

In working with individual patients, patient groups, families, and caregivers, pharmacists should approach education and counseling as interrelated activities. ASHP believes pharmacists should educate and counsel all patients to the extent possible, going beyond the minimum requirements of laws and regulations; simply offering to counsel is inconsistent with pharmacists' responsibilities. In pharmaceutical care, pharmacists should encourage patients to seek education and counseling and should eliminate barriers to providing it.

Pharmacists should also seek opportunities to participate in health-system patient-education programs and to support the educational efforts of other health care team members. Pharmacists should collaborate with other health care team members, as appropriate, to determine what specific information and counseling are required in each patient care situation. A coordinated effort among health care team members will enhance patients' adherence to pharmacotherapeutic regimens, monitoring of drug effects, and feedback to the health system.

ASHP believes these patient education and counseling guidelines are applicable in all practice settings—including acute inpatient care, ambulatory care, home care, and long-term care—whether these settings are associated with integrated health systems or managed care organizations or are freestanding. The guidelines may need to be adapted; for example, for use in telephone counseling or for counseling family members or caregivers instead of patients. Patient education and counseling usually occur at the time prescriptions are dispensed but may also be provided as a separate service. The techniques and the content should be adjusted to meet the specific needs of the patient and to comply with the policies and procedures of the practice setting. In health systems, other health care team members share in the responsibility to educate and counsel patients as specified in the patients' care plans.

Background

The human and economic consequences of inappropriate medication use have been the subject of professional, public, and congressional discourse for more than two decades.[1–5] Lack of sufficient knowledge about their health problems and medications is one cause of patients' nonadherence to their pharmacotherapeutic regimens and monitoring plans; without adequate knowledge, patients cannot be effective partners in managing their own care. The pharmacy profession has accepted responsibility for providing patient education and counseling in the context of pharmaceutical care to improve patient adherence and reduce medication-related problems.[6–9]

Concerns about improper medication use contributed to the provision in the Omnibus Budget Reconciliation Act of 1990 (OBRA '90) that mandated an offer to counsel Medicaid outpatients about prescription medications. Subsequently, states enacted legislation that generally extends the offer-to-counsel requirement to outpatients not covered by Medicaid. Future court cases may establish that pharmacists, in part because of changing laws, have a public duty to warn patients of adverse effects and potential interactions of medications. The result could be increased liability for pharmacists who fail to educate and counsel their patients or who do so incorrectly or incompletely.[10]

Pharmacists' Knowledge and Skills

In addition to a current knowledge of pharmacotherapy, pharmacists need to have the knowledge and skills to provide effective and accurate patient education and counseling. They should know about their patients' cultures, especially health and illness beliefs, attitudes, and practices. They should be aware of patients' feelings toward the health system and views of their own roles and responsibilities for decision-making and for managing their care.[11]

Effective, open-ended questioning and active listening are essential skills for obtaining information from and sharing information with patients. Pharmacists have to adapt messages to fit patients' language skills and primary languages, through the use of teaching aids, interpreters, or cultural guides if necessary. Pharmacists also need to observe and interpret the nonverbal messages (e.g., eye contact, facial expressions, body movements, vocal characteristics) patients give during education and counseling sessions.[12]

Assessing a patient's cognitive abilities, learning style, and sensory and physical status enables the pharmacist to adapt information and educational methods to meet the patient's needs. A patient may learn best by hearing spoken instructions; by seeing a diagram, picture, or model; or by directly handling medications and administration devices. A patient may lack the visual acuity to read labels on prescription containers, markings on syringes, or written handout material. A patient may be unable to hear oral instructions or may lack sufficient motor skills to open a child-resistant container.

In addition to assessing whether patients know *how* to use their medications, pharmacists should attempt to understand patients' attitudes and potential behaviors concerning medication use. The pharmacist needs to determine whether a patient is willing to use a medication and whether he or she intends to do so.[13,14]

Environment

Education and counseling should take place in an environment conducive to patient involvement, learning, and acceptance—one that supports pharmacists' efforts to establish caring relationships with patients. Individual patients, groups, families, or caregivers should perceive the counseling environment as comfortable, confidential, and safe.

Education and counseling are most effective when conducted in a room or space that ensures privacy and opportunity to engage in confidential communication. If such an isolated space is not available, a common area can be restructured to maximize visual and auditory privacy from other patients or staff. Patients, including those who are disabled, should have easy access and seating. Space and seating should be adequate for family members or caregivers. The design and placement of desks and counters should minimize barriers to communication. Distractions and interruptions should be few, so that patients and pharmacists can have each other's undivided attention.

The environment should be equipped with appropriate learning aids, e.g., graphics, anatomical models, medication administration devices, memory aids, written material, and audiovisual resources.

Pharmacist and Patient Roles

Pharmacists and patients bring to education and counseling sessions their own perceptions of their roles and responsibilities. For the experience to be effective, the pharmacist and patient need to come to a common understanding about their respective roles and responsibilities. It may be necessary to clarify for patients that pharmacists have an appropriate and important role in providing education and counseling. Patients should be encouraged to be active participants.

The pharmacist's role is to verify that patients have sufficient understanding, knowledge, and skill to follow their pharmacotherapeutic regimens and monitoring plans. Pharmacists should also seek ways to motivate patients to learn about their treatment and to be active partners in their care. Patients' role is to adhere to their pharmacotherapeutic regimens, monitor for drug effects, and report their experiences to pharmacists or other members of their health care teams.[12,15] Optimally, the patient's role should include seeking information and presenting concerns that may make adherence difficult.

Depending on the health system's policies and procedures, its use of protocols or clinical care plans, and its credentialing of providers, pharmacists may also have disease management roles and responsibilities for specified categories of patients. This expands pharmacists' relationships with patients and the content of education and counseling sessions.

Process Steps

Steps in the patient education and counseling process will vary according to the health system's policies and procedures, environment, and practice setting. Generally, the following steps are appropriate for patients receiving new medications or returning for refills[12–21]:

1. Establish caring relationships with patients as appropriate to the practice setting and stage in the patient's health care management. Introduce yourself as a pharmacist, explain the purpose and expected length of the sessions, and obtain the patient's agreement to participate. Determine the patient's primary spoken language.
2. Assess the patient's knowledge about his or her health problems and medications, physical and mental capability to use the medications appropriately, and attitude toward the health problems and medications. Ask open-ended questions about each medication's purpose and what the patient expects, and ask the patient to describe or show how he or she will use the medication.

   Patients returning for refill medications should be asked to describe or show how they have been using their medications. They should also be asked to describe any problems, concerns, or uncertainties they are experiencing with their medications.
3. Provide information orally and use visual aids or demonstrations to fill patients' gaps in knowledge and understanding. Open the medication containers to show patients the colors, sizes, shapes, and markings on oral solids. For oral liquids and injectables, show patients the dosage marks on measuring devices. Demonstrate the assembly and use of administration devices such as nasal and oral inhalers. As a supplement to face-to-face oral communication, provide written handouts to help the patient recall the information.

   If a patient is experiencing problems with his or her medications, gather appropriate data and assess the problems. Then adjust the pharmacotherapeutic regimens according to protocols or notify the prescribers.
4. Verify patients' knowledge and understanding of medication use. Ask patients to describe or show how they will use their medications and identify their effects. Observe patients' medication-use capability and accuracy and attitudes toward following their pharmacotherapeutic regimens and monitoring plans.

Content

The content of an education and counseling session may include the information listed below, as appropriate for each patient's pharmacotherapeutic regimen and monitoring plan.[8,9,20] The decision to discuss specific pharmacotherapeutic information with an individual patient must be based on the pharmacist's professional judgment.

1. The medication's trade name, generic name, common synonym, or other descriptive name(s) and, when appropriate, its therapeutic class and efficacy.
2. The medication's use and expected benefits and action. This may include whether the medication is intended to cure a disease, eliminate or reduce symptoms, arrest or slow the disease process, or prevent the disease or a symptom.
3. The medication's expected onset of action and what to do if the action does not occur.
4. The medication's route, dosage form, dosage, and administration schedule (including duration of therapy).
5. Directions for preparing and using or administering the medication. This may include adaptation to fit patients' lifestyles or work environments.
6. Action to be taken in case of a missed dose.
7. Precautions to be observed during the medication's use or administration and the medication's potential risks in relation to benefits. For injectable medications and administration devices, concern about latex allergy may be discussed.
8. Potential common and severe adverse effects that may occur, actions to prevent or minimize their occurrence, and actions to take if they occur, including notifying the prescriber, pharmacist, or other health care provider.
9. Techniques for self-monitoring of the pharmacotherapy.

10. Potential drug–drug (including nonprescription), drug–food, and drug–disease interactions or contraindications.
11. The medication's relationships to radiologic and laboratory procedures (e.g., timing of doses and potential interferences with interpretation of results).
12. Prescription refill authorizations and the process for obtaining refills.
13. Instructions for 24-hour access to a pharmacist.
14. Proper storage of the medication.
15. Proper disposal of contaminated or discontinued medications and used administration devices.
16. Any other information unique to an individual patient or medication.

These points are applicable to both prescription and nonprescription medications. Pharmacists should counsel patients in the proper selection of nonprescription medications.

Additional content may be appropriate when pharmacists have authorized responsibilities in collaborative disease management for specified categories of patients. Depending on the patient's disease management or clinical care plan, the following may be covered:

1. The disease state: whether it is acute or chronic and its prevention, transmission, progression, and recurrence.
2. Expected effects of the disease on the patient's normal daily living.
3. Recognition and monitoring of disease complications.

Documentation

Pharmacists should document education and counseling in patients' permanent medical records as consistent with the patients' care plans, the health system's policies and procedures, and applicable state and federal laws. When pharmacists do not have access to patients' medical records, education and counseling may be documented in the pharmacy's patient profiles, on the medication order or prescription form, or on a specially designed counseling record.

The pharmacist should record (1) that counseling was offered and was accepted and provided or refused and (2) the pharmacist's perceived level of the patient's understanding.[9] As appropriate, the content should be documented (for example, counseling about food–drug interactions). All documentation should be safeguarded to respect patient confidentiality and privacy and to comply with applicable state and federal laws.[10]

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This guideline was reviewed in 2011 by the Council on Pharmacy Practice and by the ASHP Board of Directors and was found to still be appropriate.

Approved by the ASHP Board of Directors, November 11, 1996. Revised by the ASHP Council on Professional Affairs. Supersedes the ASHP Statement on the Pharmacist's Role in Patient-Education Programs dated June 3, 1991, and ASHP Guidelines on Pharmacist-Conducted Patient Counseling dated November 18, 1992.

The bibliographic citation for this document is as follows: American Society of Health-System Pharmacists. ASHP guidelines on pharmacist-conducted patient education and counseling. *Am J Health-Syst Pharm.* 1997; 54:431–4.