

## How Health Professionals Communicate about the Management of Medications

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## Aims of Presentation

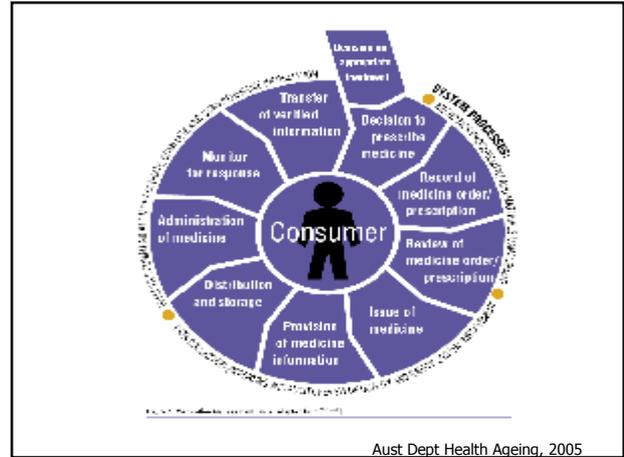
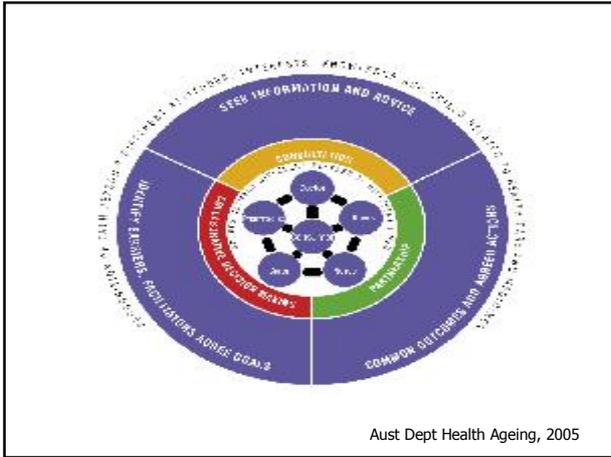
- Examine how communication about the management of medications is currently considered in the literature.
- Explore how health professionals communicate with each other and with patients and family members about how medications are managed in hospitals and in the community.

## Relationship between Medication Management and Communication

- Safe and effective medication management ensures a healthy state of wellbeing and has economic and social benefits.
- Between 2 and 3% of all hospital admissions are medication-related (over 150,000 hospital admissions in Australia). Medication incidents account for around 1 in every 10 medication activities.

## What is Considered Medication Management?

- Interconnected and interdependent steps.
- How health professionals converse with each other and with patients and carers about medications, how patients' and health professionals' beliefs, concerns and preferences affect choice of treatment regimen, and how certain decisions are made over others.



### Past Work on Communication about Medication Management

- Few studies have been conducted in Australia examining the links between medication management and communication.
- No consideration of the complex dimensions of the medication management pathway.
- Lack of focus on how gaps in communication bring about inappropriate management of medications.
- No focus on the perspective of the family members and significant others.

### Past Work: Pervasive Influence from Legal Discourse

- Traditionally, doctors prescribe, pharmacists supply and nurses administer.
- Changing roles – nurse practitioners, prescriber role for podiatrists, optometrists and eventually pharmacists, medication education by different disciplines, increasing complexity of patients with multiple conditions.
- Patients do not seek out advice from just one doctor for treatment decisions.

### Past Work: Pervasive Influence from Scientific Discourse

- Identifying medication error rates and differences between predicted and observed death rates for medication errors.
- Lack of acknowledgement of health professionals, patients and family members interact with each other to bring about decisions about medications.
- Lack of identification of barriers and facilitators for appropriate medication use.
- Importance of clinical context, nature of the situation, type of practices, forms of knowledge, and social, cultural and historical interests remain unexplored.

### Overview of Research Conducted

- Examination of communication processes in variety of different environments:
  - Medical and surgical wards.
  - Outpatient clinics.
- Perspectives of patients with various acute and chronic conditions and family members.
- Perspectives of health professionals of various backgrounds (medical specialists, inexperienced doctors, GPs, graduate nurses, experienced nurses, pharmacists).

### Overview of Research Conducted

- Two studies:
  - Conduct of 90 in-depth interviews with doctors, nurses, pharmacists, patients and family members at 16 wards in two hospitals.
  - Conduct of focus groups with community-based patients (n=35) and health professionals (n=19) in an outpatient clinic of one hospital, and in-depth interviews with general practitioners (n=3).

### Findings

#### Sociocultural and Environmental Aspects of Communication

- Patients' understanding about medications.
- Assessment of patients' ability to communicate.
- Complexity of patients' medication regimen.
- Use of family supports by patients.
- Influence of environmental context.

### Sociocultural and Environmental Aspects of Communication

- Patients' understanding about medications
- Health professionals assumed that patients have good understanding of regular medications.
- Focus for communication was on new medications prescribed in hospital or in the community.
- Perception by doctors that patients and family members were not interested in receiving information about medications.

### Sociocultural and Environmental Aspects of Communication

- Assessment of patients' ability to communicate
  - Dependence on level of intellect and competence
- "What you say [to patients] depends on their intellect...you got to tailor it. For some people, if you assess they are well-functioning, then you can tell them about their medications...If the patients are not quite as intelligent, we might just write it down for them." [Dr]

### Sociocultural and Environmental Aspects of Communication

- Complexity of patients' medication regimen
- Many patients are receiving more than 5 different medications.
- Difficulties in conveying information about medications because of complex physiological principles involved.
- Perceptions of what is an important medication and less important medication.



"I feel a lot better since I ran out of those pills you gave me."

## Sociocultural and Environmental Aspects of Communication

- Complexity of patients' medication regimen

"If they are important drugs like heart failure drugs and antibiotics...we make sure we tell them [patients] everything about them, how they need to take them and stress the importance of taking them...if it is something basic like Coloxyl or Lactulose, we don't tell them as much. We just say, 'We'll give you something to loosen your bowels'...[It also depends] on how potentially toxic they are...Antibiotics like rifampicin and also warfarin need to be monitored carefully." [Dr]

## Sociocultural and Environmental Aspects of Communication

- Use of family supports
- Importance acknowledged by family members.

"My husband had a heart operation and the doctors put him off the Aropax [paroxetine]...and they shouldn't have taken him off, so I told them and they quickly put him back onto it. I said to them, 'You've got to be very careful, when you see what the tablets are. You've got to write them down not to be stopped.' They didn't pick it up at all." [FM]
- Family members were expected to put trust in health professionals.

"I was told by the infectious diseases doctor that I ask too many questions. And I said, 'If I don't ask a question, I don't get the answers.'" [FM]
- Provision of information about medications to family members by health professionals was reactive.
- Family members lacked knowledge about relative's medications: need for more time with health professionals to enable explanations.

## Sociocultural and Environmental Aspects of Communication

- Influence of environmental context
- Environments are prone to interruptions and lack of time.
- System is not organised to address the needs of patients with complex medication regimens.

"I am on about 12 different tablets, and for some I need to take them many times during the day. I find some of them don't even work, I just don't feel any different or my pain is not better, and I say this to my doctor. I say to him, 'How do I know my blood pressure or cholesterol are down?' And he says, 'You keep trying, you got to give them time.' But after about six months, you wonder how much more time to give them...or even if I am taking them properly. The system is not set up to deal with these things." [Pt]

## Findings

### Actual Communication Act

- Dissemination of information at structured forums.
- Dissemination of information at unstructured forums.

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- Dissemination of information at structured forums
- Attendance at ward rounds: nurses and pharmacists largely absent.
- Consultant and nurse-in-charge of shift usually present.
- Time delay in relaying information to nurses about medication changes.
- Time delay in relaying information to pharmacists about supplying medications.
- Doctors have responsibilities across different wards – ward rounds conducted in variety of environments.

## Actual Communication Act

- Dissemination of information at unstructured forums
- Pharmacists in community used as easily accessible and helpful.  
"My doctor tells me to take the medication and gives information about side effects but I always also ask my pharmacist." [Pt]
- Aside from ward rounds, difficulties in accessing doctors in hospital.
- Nurses spend most time at bedside but sometimes this is not used productively.  
"The nurses just say, 'Here are your tablets' and they give them with a glass of water but they don't go into what they are for or what they do." [Pt]
- "Nurses are the first point of call, which is ludicrous because they don't seem to have the time." [Pt]
- Pharmacists have set activities in hospital but sometimes time is not used to communicate with patients.  
"I don't talk to the pharmacist about anything. They say that they are filling my drawers [with medications] and preparing my medications for when I go home...but they didn't say anything else, and they should." [Pt]

## Findings

### Outcomes of Communication Processes

- Continuum of decision making from passive to active forms.
- Knowledge about medications.
- Medication incidents.

### Outcomes of Communication Processes

- Continuum of decision making from passive to active forms
- Passive involvement  
"I just take my medicines and hope for the best." [Pt]  
"I am not involved in decisions but I can't be bothered. They know what's best for me at this particular time and I am just too sick. I can't be bothered. Whatever they give me is going to help." [Pt]
- Active involvement  
"The doctors have asked me what was the problem. I used to take 7 tablets at one go in the morning and by 10 o'clock I was down. I could not function...They listened to me and said 'Okay, we'll change it [the timing]. Instead of giving you them all at once, we'll have you take some in the afternoon.' And they explained how they were going to move them around and asked if it was okay." [Pt]

### Outcomes of Communication Processes

- Knowledge about medications
- All patients asked about name, purpose, time of administration and side effects for all medications.
- For community-based people (n=35) who were consuming a total of 248 medications:  
Name of medication: 246/248 (99%)  
Time to take medication: 242/248 (98%)  
Purpose of medication: 227/248 (91%)  
Side effects of medication: 29/248 (12%)

### Outcomes of Communication Processes

- Knowledge about medications
- Researcher [R]: Do you know this is [pointing to mirtazapine on the medication chart]?
- Pt: Yep, that's my antidepressant [Pt has been taking this medication for 4 months].
- R: When do you usually take it?
- Pt: One each morning.
- R: Do you know any of its side effects?
- Pt: There is everything under the sun.
- R: Can you name the major ones?
- Pt: Weight gain, depression, which I think is hysterical for an antidepressant, night sweats. I can't remember the rest.
- R: That's okay. Where did you get that information from?
- Pt: From the pamphlet of the box.
- R: Did a doctor or pharmacist go through it with you as well?
- Pt: Oh no! There was none of that.

### Outcomes of Communication Processes

- Medication incidents
- Great potential for medication incidents due to complexity of medication regimens.  
"I developed a terrible sore throat and I told my GP. He didn't know anything about it so he got me to see a specialist for throats...He looked down my throat and said, 'What sort of medication are you on?'...He picked up one of the tablets, and said that was the problem...It was Renitec [enalapril] and I was on it for probably two years." [Pt]

## Implications for Overseas Trained Health Professionals

- Dedicated time should be allocated during consultations to facilitate verbal exchange of information about medications.
- Pharmacists and nurses need to communicate regularly with doctors about patients' medication needs to help pre-empt any problems that may arise.
- Greater use should be made of family members in medication communication.

## Implications for Overseas Trained Health Professionals

- Due to the nature of patients' illness, patients may not feel motivated in communicating.
- Should not be a reason for health professionals to abrogate their responsibility.
- Need to review all medications with patients, not just newly commenced ones.
- Structured and unstructured forums of communication should be viewed as opportunities to interact with patients.

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## Thank you for your interest

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