

# Speaking the Same Language: Communicating Pharmaceutical Care More Effectively

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Pharmaceutical care, as defined by Hepler and Strand,<sup>1</sup> is the identification, resolution, and prevention of drug-related problems. It has been adopted as a mandate for pharmacists' practice by national and provincial pharmacy organizations and by individual pharmacists in Canada. Although the concept of pharmaceutical care was defined well over a decade ago, the question remains whether it is clearly understood and accepted by other health care providers as an essential role for pharmacists. Believing that pharmaceutical care is a "good thing" that will benefit patients is not sufficient to ensure that it becomes the norm in practice.

Health care providers, including pharmacists, can no longer work solely within their own domains; we all need to work effectively within a health care team, regardless of our practice site, as it is the coordinated efforts of the team that can optimally improve our patients' health. This teamwork depends on effectively communicating our role to other health care professionals.

So why do our students and some practising pharmacists still struggle to effectively explain to their health care peers what pharmaceutical care is and how it is provided? I believe that one reason for this problem relates to some of the terminology used within our profession.

When pharmaceutical care was first conceptualized, it dictated a fundamental shift in focus for pharmacists' activities. No other health care profession has evolved to the same extent as pharmacy over the past several decades. We have shifted our focus from simple product preparation (in the 1940s) to product delivery (from the 1950s onward) to provision of information and patient-oriented services (from the mid-1960s onward, as clinical pharmacy) to performing these valuable activities in the context of direct patient care (i.e., pharmaceutical care). Pharmaceutical care has brought us more closely than ever into the health care team as a valued partner, contributing directly and accepting our share of responsibility with respect to patients' drug therapy outcomes. As this practice was

developed, its specific components had to be defined in detail, so as to clearly delineate differences from and similarities to what we had done previously. The model then needed to be fine-tuned through extensive field testing. Pharmaceutical care has now been implemented and studied at many sites in North America.<sup>2-4</sup>

The initial development of pharmaceutical care occurred within academia and included the introduction of new terminology, some of which was not readily understood by other health care practitioners. Having recently had the opportunity to spend some time in discussions with Linda Strand and her colleagues at the Peter's Institute of Pharmaceutical Care (College of Pharmacy, University of Minnesota, Minneapolis), I have realized that one factor contributing to the success of their implementation of pharmaceutical care services, as well as their success in obtaining reimbursement for such services, relates to terminology. The terminology of pharmaceutical care, as used by Strand and her colleagues, has been refined on the basis of feedback from third-party payers and front-line practitioners and is now consistent with current usage elsewhere within the health care system. Speaking the same language allows others to clearly understand the contribution and value that pharmacists deliver to patient care.

An example of change in terminology is evident in the development of care plans. The practice of pharmaceutical care<sup>5</sup> requires a well-defined, systematic process for assessing patients' medications and the development of a plan for managing any identified problems. Several strategies can be used to systematically assess a patient's drug therapy, such as the therapeutic thought process<sup>6</sup> and the pharmacotherapy workup.<sup>7</sup> Using a systematic, step-by-step method in teaching reflects a logical, consistent approach and helps students and pharmacists to understand the "thinking" related to drug therapy, as well as ensuring that all significant problems are identified. The care or management plan needs to be developed in conjunction with the patient and, where appropriate, the health



care team, to ensure that it is accurate, feasible, and consistent with patient and team goals. This plan should be shared with the team verbally and should be documented within the patient record. Thus, it needs to be succinct and clear.

When the pharmacy care plan was initially defined,<sup>8</sup> it was important that the plan be as specific as possible and that the significance of each component be highlighted. The original pharmacy care plan<sup>8</sup> had several components: the clinical outcome (the overall goal in resolving the problem), the pharmacotherapeutic outcome (the pharmacist's outcome or the goal of drug therapy), the pharmacotherapeutic end points (parameters to indicate that the problem is resolving or has resolved), an assessment of alternatives (therapy options), the therapeutic plan (the pharmacist's intervention plan), the end points of the therapeutic plan (parameters to indicate the positive and negative outcomes of the selected drug therapy), and the monitoring plan (including who will monitor which parameter, starting when, how frequently, and for how long), followed by the plan for implementation and follow-up. Typically, those who provide pharmaceutical care document the essential components of the care plan, although they may not use the terms listed above; in fact, these terms are usually not understood by practitioners outside of pharmacy.

Cipolle and others<sup>5</sup> have a simplified care plan which consists of the establishment of goals of therapy, selection of appropriate interventions, and scheduling of a follow-up evaluation. These terms — developing goals, selecting and defining specific interventions, and determining a follow-up plan — are usually understood by other members of the health care team, who use similar terminology in their work with patients. The practice model of Cipolle and others<sup>5</sup> is based on extensive research (The Pharmaceutical Care Project in Minnesota) and the provision of this care has now been documented for over 20 000 patients, encompassing more than 60 000 patient encounters.

Pharmaceutical care has introduced new terminology into the health care system, just as each profession brings terminology specific to its area of expertise. However, terminology is also important at a more general level. If members of the health care team and other stakeholders in the system (including those who provide reimbursement) are to clearly understand the contributions of each professional group, they need a common vocabulary and terms of reference. Some terminology used by pharmacists may not always be understood by our health care peers. For example, one word that has become entrenched in the pharmacy vocabulary is “counselling”, which pharmacists understand to mean giving medication and health information to patients to increase their adherence to therapy. Within the broader health care system, however, this term refers to the use, by a trained counsellor, of psychological methods to guide an

individual to a better understanding of his or her problems and potentialities.<sup>9</sup> Hence, the term “patient counselling” may not clearly portray to other health care professionals the specific value of what pharmacists provide during this activity.

Reflecting on terminology and ensuring consistency will not, on their own, be sufficient to help others understand the importance of our role in providing pharmaceutical care. However, these steps can contribute substantially to such understanding. We must also remember that this fundamental shift in what we do is still relatively new: only pharmacists who graduated in the past 10 years have received formal training in pharmaceutical care. The changes required to consistently provide direct patient care, including a modification to the existing reimbursement system for pharmacists, may take several more years. However, with increasing recognition of pharmacists' contribution by governments and other health care professionals, it has become even more urgent that we work within our health care teams to make our value known and to make a difference to the health of our patients.

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