

An opportunity to improve patient outcomes via pharmacist-led medication education – physiotherapists' perspectives

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INTRODUCTION

Physiotherapists often provide care to patients on medications that can impact therapy or function. Medications may affect a patient's cognition, falls risk and/or pain management which may impair the patient's ability to participate in physiotherapy and impact their recovery. Basic knowledge of how these medications affect physiotherapy is vital for a physiotherapist when planning therapy in order to optimise treatment.(1)

Prior research indicated a gap in Australian physiotherapists' knowledge of their patient's medications. Only 28.1% of physiotherapists felt adequately trained about prescription medications time.(2)

Improved medication knowledge may support physiotherapists provide their patients with optimal physiotherapy care and play a role in identifying and referring high risk to a pharmacist for a medication review. This will both promote multidisciplinary teamwork and improve patient outcomes.(3)

Currently, little is known about the current physiotherapists' perception on further education regarding medications.

AIMS

- To assess and determine physiotherapists' self reported
 - level of medication knowledge applicable for their practice and
 - interdisciplinary collaboration with pharmacists.
- To identify the potential education content and preferred delivery modes.

METHODS

An anonymous 5-10 min, 28-question qualitative survey was developed in consultation with pharmacists and physiotherapists. Survey responses included multiple choice, Likert scale and free text answers.

Survey was sent via a generic distribution list to 422 physiotherapists within 6 metropolitan hospitals.

The survey remained open for 4 weeks. A follow up email was sent after 2 weeks to encourage participation.

62 responses were received. The data was collected and evaluated using CasPro (Cabrini online survey tool).

REFERENCES

- Scuderi, pain. J interprofessional care. 2019, 593-7
- Sullivan, Lansbury. Theory and practice. 1999; 15, 191-1
- Reeves et al. Cochrane database syst rev 2013, 3.
- Forbes et al. Msk science and practise 39. 2017
- Grimmer et al. Aust J Physiotherapists. 2002. 82-92

ACKNOWLEDGEMENT

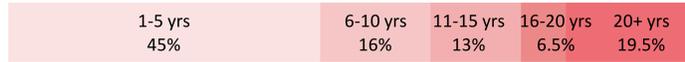
Acknowledge participating hospitals
Christine Lo, AMS Pharmacist – Cabrini Health
Dr Mary O'Reilly, Infectious Disease Physician – Cabrini Health
Elise Coia, Clinical Pharmacist – Cabrini Health



RESULTS

Respondent Demographics (N=62, response rate 14.7%)

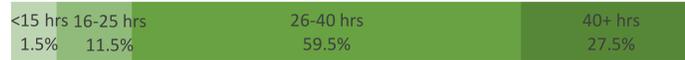
1. Years in practice:



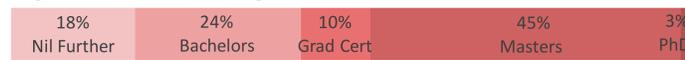
2. Predominant area of work:



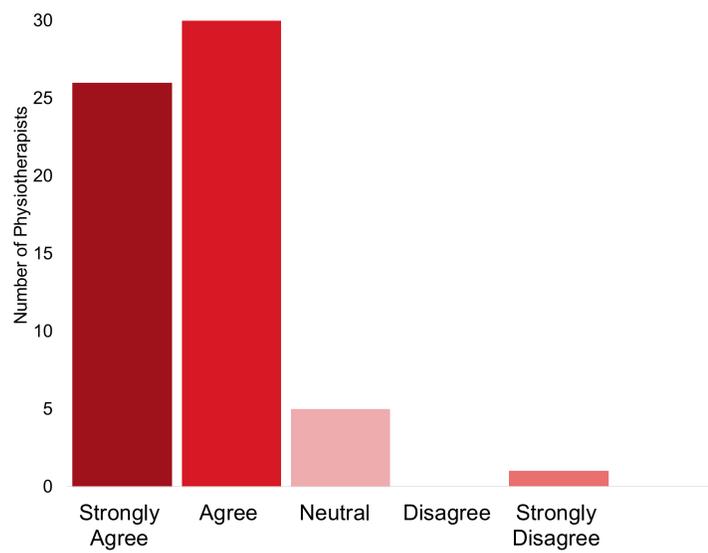
3. Total work hours per week



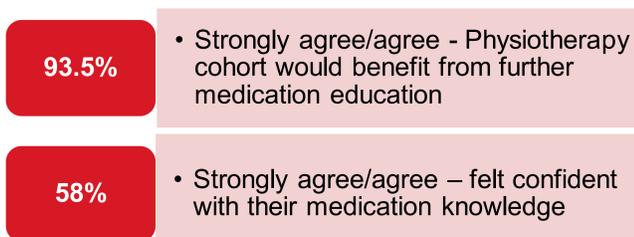
4. Highest level of post-graduate education



Do physiotherapists want to receive medication education?



Perception of medication education



DISCUSSION

As expected, the physiotherapists' reported limited medication knowledge; however, there was interest in receiving further targeted medication education to support practice. Our results were consistent with the findings dating back over 20 years.(2)

Our research also confirmed previous studies showing a high use of self-education education (4). Past research showed that 8.9% of physiotherapists would approach pharmacists for medication information.(2) Our research showed that pharmacist-led education sessions were the preferred option to gain medication education.

The study had a low response rate of 14.7%, compared to similar studies (38% or 72.5%). (2, 5) This may be due to voluntary nature of the survey and could result in non-response bias. Prior studies had a high response rates comparative to this study as they were conducted concurrently when physiotherapists applied for annual registration. To limit selection bias the sample size encompassed a large demographic, reaching a heterogenous population of 422 physiotherapists over six different hospitals within metropolitan Melbourne.

Future opportunities which were not assessed in this study include the inclusion of relevant medication information in referral and clinical handover to physiotherapists from the healthcare team – doctors, nurses and pharmacists.

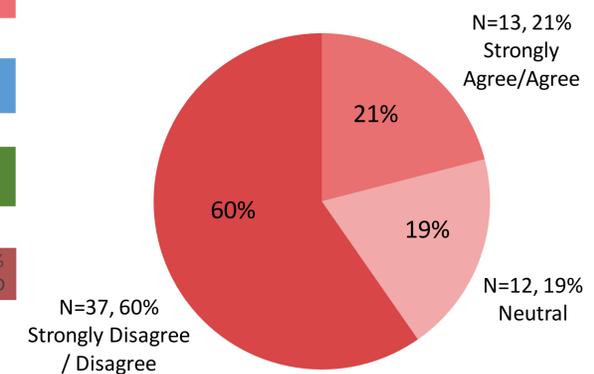
Our study could inform development of tailored medication education, such as pharmacist-led online presentations or online modules specific to physiotherapists.

CONCLUSION

This study highlights the opportunity for pharmacist-led medication education sessions to be implemented as part of physiotherapy ongoing education. Improving physiotherapists' medication knowledge through formal education and handover may assist with effective planning of physiotherapy activities and improve patient outcomes.

Physiotherapist – Pharmacist Collaboration:

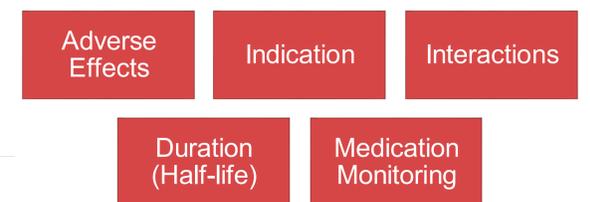
Do physiotherapists and pharmacists communicate about patients collaboratively



Personal barriers to physiotherapist-pharmacist collaboration:

- Time – everyone is busy
- Limited knowledge of pharmacist's role
- Limited access to a pharmacist – availability for easy contact

Top 5 medication topics



Top 3 preferred delivery:

- 81% – Online: Zoom or Teams
- 79% – Online modules
- 77% – Face to face education sessions

Top 3 preferred modes of medication education:

- 82% – Pharmacist at place of employment
- 65% – Australian Physiotherapy Association
- 60% – Self-directed learning