

Urgency in Pharmaceutical Care: Developing a Realistic Clinical Framework for Pharmacy Students

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Abstract

The resolution acknowledges potential to improve pharmaceutical treatment through collaborative and patient-centered approaches, as well as certain difficulties. The resolution lists the following steps in pharmaceutical care: patient assessment of medication, health problems, and health status; identification and prioritisation of medication-related problems; selection of interventions and formulation of pharmaceutical care plan; patient agreement, implementation, and monitoring; and patient follow-up. Other concepts, such as medications optimisation, as defined by the UK National Health Service (NHS), are sometimes used to refer to (parts of) pharmaceutical care as stated above. This work incorporates these ideas to the extent that they are consistent with the definition of pharmacological care.

Keywords: Pharmaceutical • Clinical framework • Pharmacy students

Introduction

The resolution recognises the significance of an integrated inter professional and multidisciplinary approach to enhancing patient outcomes and quality of care. The World Health Organization (WHO) defines integrated health services as "health services that are managed and delivered in such a way that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation, and palliative care services, coordinated across different levels and sites of care within and beyond the health sector, and according to their needs throughout their lives". Person-centered or people-centered care is required for integrated care. explain in an editorial that person-centered care can influence the regulatory and decision-making context for the safe use of medications at the clinical level. Individual or people-centered care comprises [1].

Person- or people-centered care comprises goal-oriented treatment with an emphasis on the person rather than the patient or the disease: it can be provided in the absence of disease. It fosters equality between health care providers and patients. This framework investigates the person's wants and expectations while taking the patient, family, and community into account. People-centered care attempts to educate and assist individuals so that they can make decisions and participate in their own care. People-centered pharmaceutical care, by definition, necessitates continuous communication between patients and health care professionals, patient education, monitoring, and customising of care and interventions. Medication use must be tailored to patients' treatment goals and environmental considerations such as patient competencies [2].

Interprofessional teamwork is essential for integrated care. To establish high-quality interprofessional relationships in pharmaceutical care, health care practitioners must recognise common, person-centered goals while also respecting each other's competencies and contributions. Frameworks are

required for cooperation, communication, and the establishment of trust. From a nursing standpoint, we consider prospects for integrated evidence-based pharmaceutical treatment to improve care quality and patient outcomes in this position paper. While the resolution focuses primarily on what is required in terms of pharmacy services, we would like to raise certain considerations from the perspective of nurses. Nurses play a significant part in multidisciplinary pharmaceutical care. When developing pharmaceutical care implementation frameworks, policymakers and administrators must consider more than just what health care providers can or want [3].

Description

Every day, nurses contribute to pharmaceutical care. In pharmaceutical care, nurses deliver autonomous and collaborative care on the front lines, including health promotion, sickness prevention, treatment, and rehabilitation, in accordance with WHO statements on nursing and health care more broadly. They closely assist patients in managing their medications, monitoring the effects and any unpleasant side effects of medications, and preventing drug-related problems, such as by checking drugs before to administration. Nurses taking up responsibilities in pharmaceutical care have a beneficial impact on care quality. Nurse observations in nursing homes and community care have considerably increased the detection of drug-related problems and the number of drug-related problems handled. Nurses observed 821 adverse medication responses using Pharm nurse software [4].

The insights led to 214 prescription modifications to address patients' issues. The use of possibly inappropriate drugs dropped in 26% of residents when the programme was integrated into a multidisciplinary platform to optimise medication use (OptiMEDs). Descriptions of nurses' interventions in outpatient consultations demonstrated nurses' contributions to pharmaceutical care effectiveness, safety, and efficiency, for example, by detecting discrepancies in (para) medical records on treatments, allergies, or intolerances or by patient education on discharge. Doctors and pharmacists anticipate that nurses will make observations and assessments of essential patient information, which will be shared and addressed by the interprofessional team [5].

As stated in the Council of Europe decision on the implementation of pharmaceutical care, full acknowledgement of nurses' activities is important. Nurses play an important role in pharmaceutical care and, as those who dispense medications, are the final link in the patient safety chain. Nonetheless, nurses' duties are not often recognised. According to one definition from Pharmaceutical Care Network Europe, pharmaceutical care is defined as pharmacist care. This was decided in the last round of an expert meeting for pharmacists only. Previous rounds of expert discussions revealed

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disagreements about who can give pharmacological treatment. The functions of nurses in pharmaceutical treatment are not always obvious, increasing the possibility that these activities are minimised or even ignored.

Nurses will be able to collaborate more openly in research and policymaking if their contributions are recognised. The literature on interventions to improve pharmaceutical care reveals that these programmes frequently lack interprofessional perspective and rarely include nurses' contributions to pharmaceutical care beyond prescription administration. Furthermore, nurses are rarely investigators in study teams. In a Cochrane review of interventions for improving medication-taking ability and adherence in older adults prescribed multiple medications, interventions were delivered in 15/50 studies by teams of more than one profession (physician, pharmacist, or nurses together), and nurses were involved in 17/50 studies. A Cochrane analysis of medication reviews in hospitalised patients found no nurse engagement in the included treatments.

Opportunities to organise efficient treatment with good patient outcomes through inter professional collaboration appear to have been ignored in these creative approaches. Furthermore, when plans are created, decisions on nursing care are sometimes made by other specialties. As a result, decisions may not fully reflect nurses' professionalism, experiential learning, and day-to-day experience, and they may unwittingly ignore components critical to successful implementation. This is untenable in an era of physician shortages, heavy workloads, and tight finances. Implementation frameworks should take into account all of the disciplines involved as well as the various levels of expertise within each discipline, such as the EU levels of nursing competence. While maximising treatment quality and patient safety, assigning duties and tasks to disciplines or levels should be aligned with their competencies, availability, and prices.

Evidence suggests that nurses can contribute very effectively to health care provision by taking on responsibilities that were previously not considered nursing tasks and are capable of providing advanced care, including prescribing, at the same (or even higher) standards as other health care professionals. Role expansion should never be pursued as a goal in and of itself, but it should be accepted if it improves efficient and effective pharmaceutical care. Future quality improvement efforts in pharmaceutical care should be supported by interprofessional implementation frameworks that allow disciplines and levels to interact to improve treatment quality and patient outcomes. The full recognition of nurses' duties will aid in the formulation of inter professional and multidisciplinary integrated care plans that focus on person-centered care, quality of care, and patient outcomes. Full recognition of nurses' roles would encourage investment in research.

Conclusion

Recognizing nurses' duties is critical not only for research and

policymaking, but also for nurse education. Nurses are expected to be completely competent in pharmaceutical care at the time of graduation in order to fulfil their tasks (including those in pharmaceutical care). However, current practise demands frequently surpass expectations drawn from formal criteria of nurses' competencies in school programmes. Nursing curriculum cannot prepare nursing students for their roles in clinical practise unless nurses' involvement in pharmaceutical treatment is recognised. Nursing curricula at the undergraduate and postgraduate levels must be built on structures, processes, and objectives that lead to clinically relevant skills and knowledge. This is especially true for pharmacological care, which is an essential component of nursing.

Acknowledgement

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Conflict of Interest

None.

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