Impact of an educational workshop on detecting drug related problems by community pharmacists

Tharmalinga Sharma Jegath Janani\textsuperscript{1}, Rafaideen Risla\textsuperscript{1}, Lelwala Guruge Thushani Shanika\textsuperscript{1}, Priyadarshani Galappatthy\textsuperscript{2}, Nithushi Rajitha Samaranayake\textsuperscript{1}

\textsuperscript{1}B. Pharm Degree program, Department of Allied Health Sciences, Faculty of Medical Sciences, University of Sri Jayewardenepura, Nugegoda, \textsuperscript{2}Department of Pharmacology, Faculty of Medicine, University of Colombo, Colombo, Sri Lanka

My preferred method of presentation is: Oral Presentation

Background: Drug Related Problems (DRPs) in prescriptions could result in patient harm.

Purpose: To assess the impact of an educational workshop on detecting DRPs in prescriptions by a cohort of community pharmacists in Sri Lanka.

Methods: Pharmacists working in a selected community pharmacy chain were invited from 14 districts in Sri Lanka. Participants were asked to review three hypothetical prescriptions with DRPs before the workshop. After a discussion-based teaching session, pharmacists were asked to review the same three prescriptions again. The DRPs were classified according to Pharmaceutical Care Network Europe Classification V8.01. The maximum score attainable was 16. Mean scores, and proportions of DRPs detected, before and after the workshop were compared using a 5% significance level.

Results: Among 120 invited pharmacists, 58 participated. Mean age of participants was 36.8±6.3 years and 60.3% were females. Mean score for detecting DRPs per pharmacist at baseline was 0.33 which increased to 0.53 after the workshop (P<0.001). The proportions of detecting duplications (P=0.033), missing treatment duration (P=0.001) and other necessary information (P<0.001) on prescriptions were significantly increased after the workshop. Proportions of identification of DRPs like drug interactions (P=0.608), inappropriate drug form (P=0.069), prescribing too high doses (P=0.57), missing dose timing (P=0.5), and using error-prone abbreviations (P=0.15) were increased after the workshop but not significantly.

Conclusion: An educational intervention improved detection of DRPs by community pharmacists and we recommend regular educational workshops to improve detection of DRPs.