

---

**Research Article**

---



Available Online at: [www.ijphr.com](http://www.ijphr.com)  
*An African Edge Journal*

---

---

**International Journal of  
Pharmaceuticals and  
Health care Research**

---

---

*SJ Impact Factor (2015) – 5.546*

ISSN: - 2306 – 6091

---

**ASSESSMENT OF CLINICAL PHARMACIST COUNSELLING TOWARDS  
MEDICATION, DISEASE AND LIFE STYLE MODIFICATION IN TERTIARY  
CARE CORPORATE HOSPITAL**

Praveen Kumar M\*, Zaibunnisa Firdous Fatima, Umme Amara, Manasa D, Venu Babu S,  
Ahmadi Sultana, N.Sriram

Assistant Professor, Pharmd Interns, Department of Pharmacy Practice, HITS College Of Pharmacy,  
Bogaram, Keesara, Medchel, Telangana, India.

---

**Abstract****Methods**

For this study, the completed patient counselling forms during the period from 20th June 2016 to 31st January 2017 were considered. A retrospective study was carried out at the Clinical Pharmacy Department, Sunshine Hospital, Secunderabad, Telangana, India.

**Results**

During the eighth month period 283 patients were counselled in the hospital. Among these majority were Males 159; (56.18%), the most common department from where patients were referred to the patient counselling was General medicine 119; (42.04%), maximum numbers of the patients counselled were between age of 51-60 years (30.88%), the majority of patients were interested in time taken the patient counselling between 2-5 minutes 132; (46.64%), the top counselling barrier was that lack of time 168; (46.64%), most of the patients who were counselled the diagnosis of OA of knee 57; (20.14%).

**Conclusion**

This document is to help clinical pharmacists provide effective patient education and counselling.

---

**Introduction**

Patient counselling is defined as providing medication information orally or in written form to the patient or their representative on direction of use, advice on side effects, precaution, storage, diet and life style modification. It should be interactive in nature. The information is usually given verbally, may be supplemented with written materials. Good communication skills are needed to gain the patients' confidence and motivate the patient to adhere to the recommended regimen [3].

Patient counselling is an extremely important pharmacy service which helps to improve the

concordance and studies have shown that a large majority of prescribing and dispensing errors are picked up before leaving the pharmacy when the patients are counselled properly by the pharmacists. It is therefore recommended to do this wherever practical. Throughout the supply process it is extremely important to maintain patient confidentiality. This may be difficult at the pharmacy counter; if there is a private consultation room the patient may prefer to hold any discussions in there [4].

The major component of clinical pharmacy in hospitals and in community pharmacy settings is patient counselling. The patients understanding of

**Author for Correspondence:**

**Praveen Kumar M**

**Email: [praveen.pharmd16@gmail.com](mailto:praveen.pharmd16@gmail.com)**

disease is enriched by counselling along with that it also improves medication adherence. Effective patient counselling aims at reducing the incidence of adverse effects and unnecessary healthcare costs along with that it also improves professional rapport between the patient and the clinical pharmacist. Counselling is a two way process and in order for a counselling to be a success, the interaction between the patient and pharmacist should be effective. Counselling is done verbally or nonverbally. The features of verbal skills are language, tone, volume, speed of communicating whereas non verbal includes hand and body movements, gestures, eye contact, head movements. The counsellor should be a good listener, flexible, tolerant and non judgemental. Patient counselling should be done with the help of counselling aids because the chances of patient forgetting the information are high. Medication cards and patient information leaflets are the most commonly used counselling aids during the counselling process [9].

Patient counselling can be considered as a skill or an art; but it would not be effective if it did not come straight from the heart. Before giving patient counselling, a pharmacist should first realize the necessity to promote patient counselling, what's needed to provide good counselling services and how to go about it. Patient counselling leads to a positive behaviour through which patient is motivated to improve medication adherence [3].

Hospitalization and subsequent discharge home often involve discontinuity of care, multiple changes in medication regimens, and inadequate patient education, which can lead to adverse drug events (ades) and avoidable health care utilization. Our objectives were to identify drug-related problems during and after hospitalization and to determine the effect of patient counselling and follow-up by pharmacists on preventable ades [12].

Pharmacists should document education and counselling in patients' permanent medical records as consistent with the patients' care plans, the health system's policies and procedures, and applicable state and federal laws. When

pharmacists do not have access to patients' medical records, education and counselling may be documented in the pharmacy's patient profiles, on the medication order or prescription form, or on a specially designed counselling record [4].

## Methods

For this study, the completed patient counselling forms during the period from 20th June 2016 to 31st January 2017 were considered. A retrospective study was carried out at the clinical pharmacy department, Sunshine Hospital, Secunderabad, Telangana, India. It is a 750-bed tertiary care hospital with 15 medical departments. Established in the year 2008, the clinical pharmacy department is an integral part of the hospital which caters clinical pharmacy services to health care professionals and provides patient counselling as a part of its clinical pharmacy activities. Then the patient was made to sit comfortably and counselled regarding the use of medicine and medicine delivery system to obtain better therapeutic outcomes.

The patient counselling documentation form includes: hospital number, patient's demographic details, date at which counselled, and department from which they have been referred. Details regarding purpose of their visit were also noted. Pre-evaluation was done to note patient's level of knowledge regarding the use of the medicine. This was only done with the patients who were already using or had been using the medication and/or devices for administration of medicine. Measuring the level of their knowledge they were then counselled once again in order to improve their understanding regarding the medicine use.

Various counselling aids were used in order to improve understanding regarding the medicine use. If patients were unable to understand the counselling provided then counselling was also provided to the patient's representatives. This was mainly done in elderly, children and in patients who required repeated counselling.

## Results and Discussion

### *Patient counselling given to different departments*

Departments	Number of cases (n%)
Neurology	18 (6.3%)
Paediatrics	01 (0.3%)
Gynaecology	02 (0.7%)
Oncology	02 (0.7%)
Urology	25 (8.8%)
Ent	06 (2.12%)
Orthopaedics	23 (8.12%)
General medicine	119 (42.04%)
Cardiology	56 (19.78%)
Gastroenterology	20 (7.06%)
Pulmonology	11 (3.8%)

The most common department from where patients were referred to the patient counselling was general medicine 119; (42.04%) followed by cardiology 56; (19.78%), urology 25 (8.8%) and orthopaedics 23 (8.12%).

### *Patient counselling given to gender*

Gender	Number of cases (n%)
Male	159 (56.18%)
Female	124 (43.81%)

During the eighth month period 283 patients were counselled in the hospital. Among these majority were males 159; (56.18%) and followed by females 124; (43.81%).

### *Patient counselling given to different age groups*

Age groups	Number of cases (n%)
<=10	02 (0.7%)
11-20	11 (3.8%)
21-30	19 (6.7%)
31-40	45 (15.9%)
41-50	30 (10.60%)
51-60	86 (30.88%)
61-70	38 (13.42%)
71-80	45 (15.9%)
81-90	07 (2.4%)

The above table shows the demographic details of the patients who received counselling. Maximum numbers of the patients counselled were between age of 51-60 years (30.88%), followed by 31-40 years (15.9%), 71-80 years (15.9%) and 61-70 years (13.42%).

### *Time taken to counsel*

Time taken to counsel	Number of cases (n%)
>2 minutes	55 (19.43%)
2-5 minutes	132 (46.64%)

5 minutes	86 (30.38%)
10-30 minutes	09 (3.18%)
>30 minutes	01 (0.3%)

The majority of patients were interested in time taken the patient counselling between 2-5 minutes 132; (46.64%) followed by 5 minutes 86;

(30.38%), 2 minutes 55; (19.43%), 10-30 minutes 9; (3.18%) and 30 minutes 1; (0.3%).

### **Barriers to counselling**

<b>Barriers to counselling</b>	<b>Number of cases (n%)</b>
Language	26 (9.18%)
Lack of time	168 (46.64%)
Lack of patient interest	86 (30.38%)
Gender	09 (3.18%)
Others	01 (0.3%)

Perceived barriers to patients counselling were reported in 283 patients. The distribution of perceived barriers to counselling is shown in above table. Six barriers were identified from the responses of the patient counsellor. The top

counselling barrier was that lack of time 168; (46.64%) followed by lack of patient interest 86; (36.38%), language 26; (9.18%), gender 9; (3.18%) and others 2; (0.3%).

### **Diagnosis**

<b>Diagnosis</b>	<b>Number of cases (n%)</b>
Viral fever	10 (3.5%)
Asthma	16 (5.6%)
Diabetes	23 (8.12%)
Uti infection	15 (5.3%)
Anaemia	12 (4.24%)
Cad	48 (16.96%)
Ckd	30 (10.6%)
Oa of knee	57 (20.14%)
Seizures	28 (9.89%)
Gerd	15 (5.30%)
Copd	20 (7.06%)
Thrombocytopenia	09 (3.18%)

Most of the patients who were counselled the diagnosis of oa of knee 57; (20.14%) followed by cad 48; (16.96%), ckd 30; (10.6%), seizures 28; (9.89%), diabetes 23; (8.12%) and few patients who were counselled the diagnosis of thrombocytopenia 09; (3.18%).

### **Conclusion**

Patient counselling is important to encourage patient to attend counselling services which

improve effective patient education and counselling regarding the safer and appropriate use of medication for better therapeutic outcomes.

### **References**

1. Medication therapy management:its relationship to patient counselling, disease management and pharmaceutical care melissa somma mcgivney, susan m. Meyer, wendy

- duncan hewitt, deanne l. Hall, jean-venable r. Goode, and randall b. Smith
2. Patient counselling at dispensing of medicines in health care facility outpatient pharmacies of bahir dar city,northwest ethiopia wubante demilew nigussie department of pharmacy, bahir dar health science college, bahir dar, ethiopia
  3. Legal aspects of patient counseling: need of the hour m. Sonal sekhar1\*, k. Samiya nazeer2, j. Tintu sara2 and r. Saraswathi3
  4. Clinical pharmacist role in patient counselling in health care services in india – an over view mounica bollu\*, nallani venkata ramarao, sharmila nirojini, ramarao nadendla
  5. Pharmacists' perceived barriers to patient counseling abdukkareem m. Albekairy1,2
  6. Medicine counseling services at tertiary care hospital in nepal bajracharya o , shankar pr, s jha n, banstola a, shrestha r, thapa h
  7. Effect of pharmacist mediated patient counseling in hypertensive patients in terms of knowledge, compliance and lifestyle modification sunita pawar\*1, kaveri d. Lokhande 2, soumya padma 2, arundhati diwan 3
  8. Patients' assessment of pharmacists' medication counseling in a psychiatric hospital in nigeria ifeanyichukwu offor 1,2 and ehijie fo enato 1\*
  9. Evaluation and effect of patient counselling in a tertiary care teaching hospital at bengaluru by pharmd students mihirkumar p. Borad, ashley g. Soares\*, basavaraj k. Nanjwade
  10. Effectiveness of counseling on depression among cancer patients admitted in pravara rural hospital, loni (bk) vimala g. College of nursing, pravara institute of medical sciences deemed university, loni-413736, (maharashtra), india
  11. Ashp guidelines on pharmacist-conducted patient education and counselling
  12. Role of pharmacist counseling in preventing adverse drug events after hospitalization jeffrey l. Schnipper, md, mph; jennifer l. Kirwin, pharmd, bcps; michael c. Cotugno, pharmd; stephanie a.wahlstrom, pharmd; brandon a. Brown, pharmd; emily tarvin, ba; allen kachalia, md, jd; mark horng, md; christopher l. Roy, md; sylvia c. Mckean, md; david w. Bates, md, msc
  13. Pharmacist's counselling improves patient knowledge regarding warfarin, irrespective of health literacy level sean collins 1,2, andrew barber 1 and laura j. Sahn 2,3\*
  14. Patient perceptions of medication counselling provided by community pharmacists andrew brinkerhoff, m.s. candidate 2016 1, graduate research assistant 2, sharrel pinto, b.s.pharm., ph.d., division head and associate professor 1, and director 2, eric sahloff , pharmd., associate professor3, varun vaidya, b.s.pharm., ph.d., associate professor 1
  15. Patients' general satisfaction with telephone counseling by pharmacists and effects on satisfaction with information and beliefs about medicines: results from a cluster randomized trial ☆marcel jan kooy a, ,, erica c.g. van geffen a, 1,, eibert r. Heerdink a,, liset van dijkb,, marcel l. Bouvya,
  16. Knowledge, attitude, and practice outcomes: evaluating the impact of counseling in hospitalized diabetic patients in india subish palaian, mpharm, leelavathy d. Acharya, mpharm, padma guru madhva rao, mpharm, phd, p. Ravi shankar, md, nidin mohan nair, mpharm, and nibu p. Nair, mpharm

*Indexed by - Scientific index, Research bible, Jour-Informatics, Google Scholar, Inno-space.org, Cosmos: Germany*

*Registered & Approved by:  
ISSN International Centre, Bibliographic Data Section,  
45 rue de Turbigo, 75003 Paris, France.*