

Compassionate Care In A Specialty Pharmacy

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Background

- Outpatient Pharmacy Services (OPS), a specialty pharmacy, at Yale New Haven Health provides disease management for more than 40 disease states.
- Specialty pharmacists and liaisons providing care to patients in various stages of chronic progressive diseases often interact with patients who have poor prognoses or are at the end-of-life.
- There is variation in staffs' expertise in counseling these patients and providing compassionate care.
- Compassionate care is to suffer with deep awareness of someone else's suffering and the wish to relieve it.

Objectives

To evaluate OPS staffs' knowledge and explore perceptions on providing compassionate care.

Methods

Created an anonymous 14-item electronic compassionate care survey.

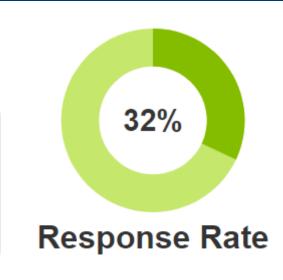
Composed of 3 knowledge, 8 perception, and 3 demographic items using best evidence and content expert feedback.

The survey link/ QR codes were disseminated via email and in-person to OPS staff.

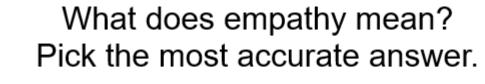
Survey Participation

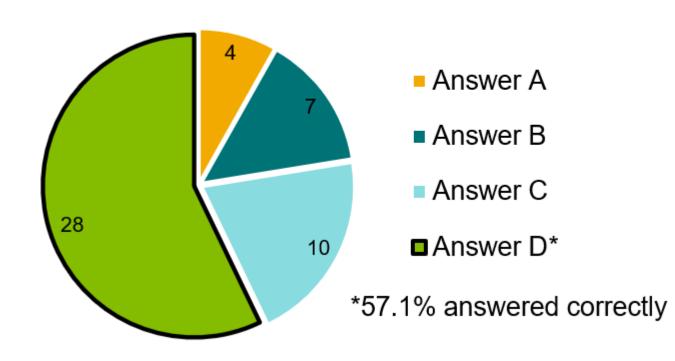


23 Pharmacy Liaison

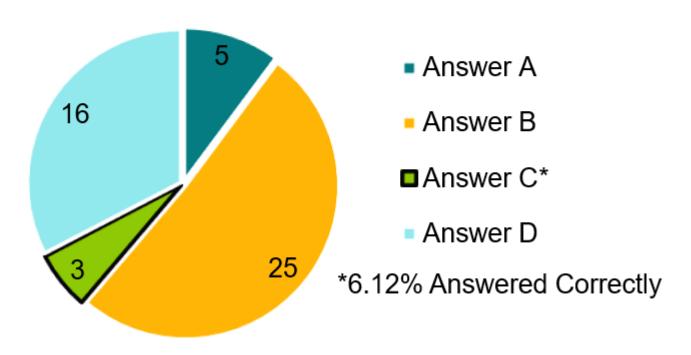


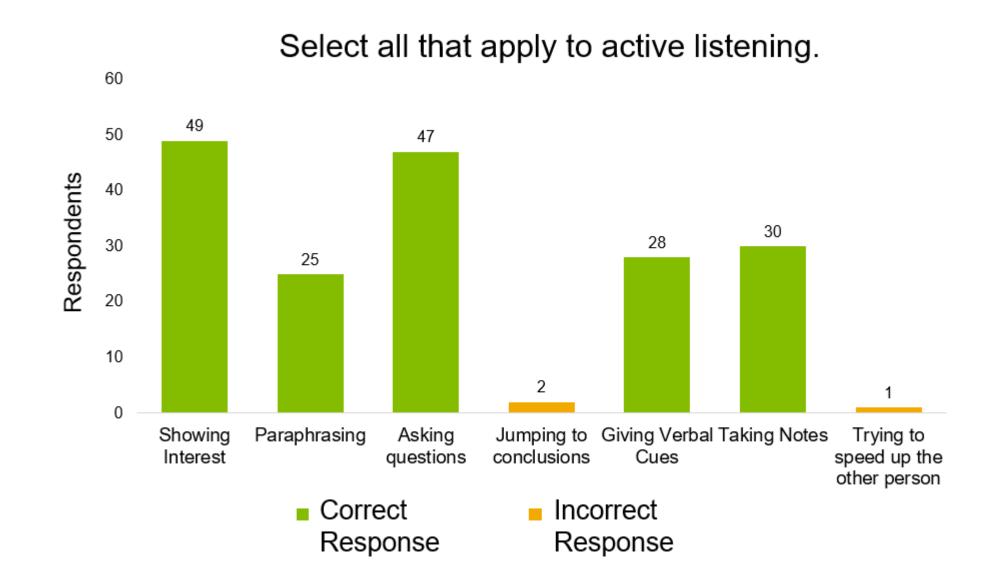
Knowledge Based Question Results





What does compassion mean? Pick the most accurate answer.





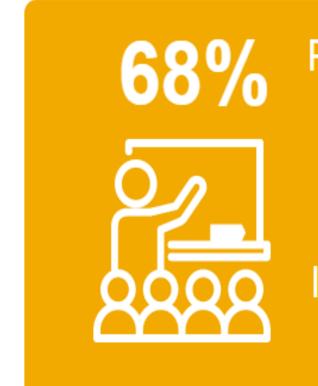
Results

Perception Question Results

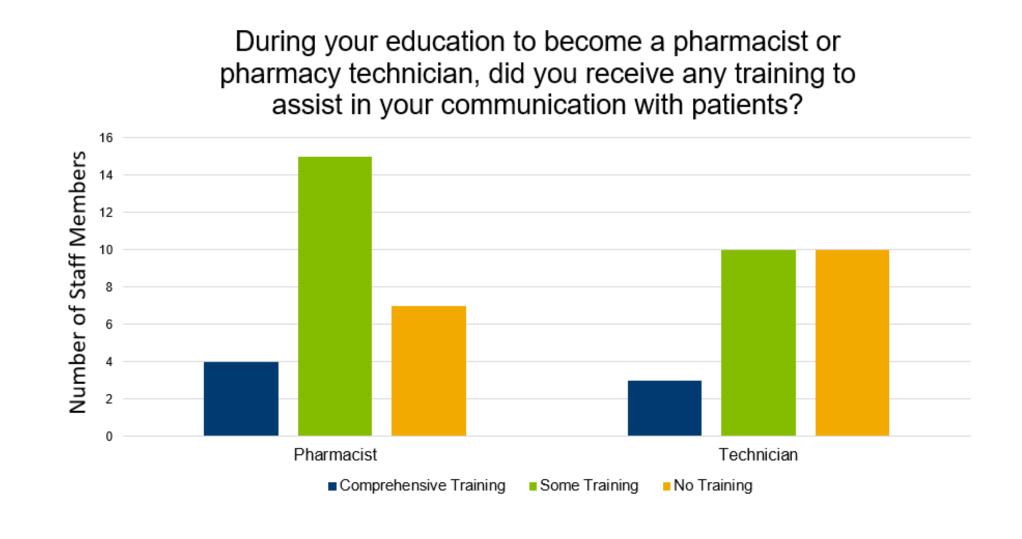


53% Reported being confident/very confident communicating with patients who have a poor prognosis.

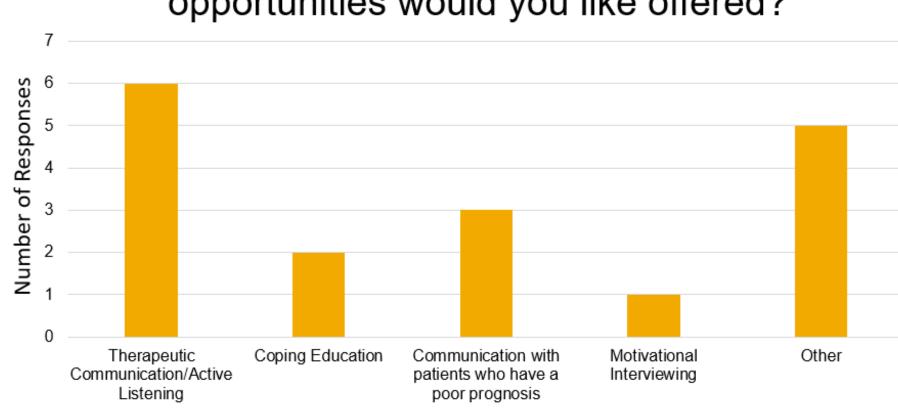
82% initial Reported experiencing sadness/grief after a patient died.



Perceive gaps in education for their role in relation to compassion, therapeutic communication, active listening, and personal coping skills.



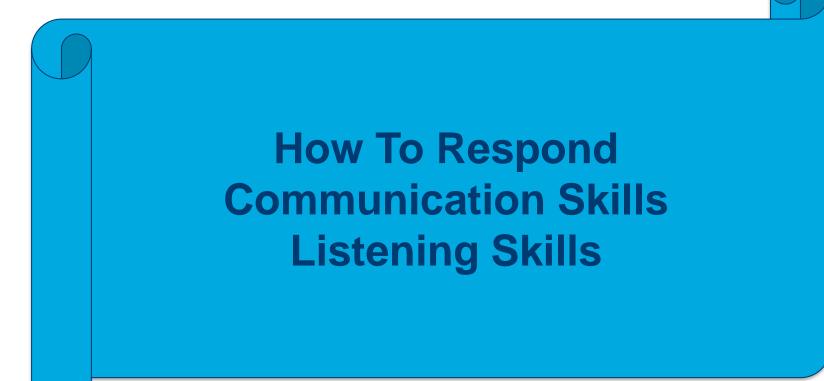
If gaps were perceived, what education opportunities would you like offered?



Can you identify any barriers to providing compassionate care?



What skills would you like to improve in order to more effectively and compassionately communicate with patients?



Discussion

- Forty-nine staff completed the survey (26 pharmacists, 23 liaisons) yielding a 32% response rate.
- The percentage of participants who were able to correctly define: empathy 57%; compassion 6%; and 5 elements of active listening 10%.
- With regard to the perception items, 53% reported being confident/very confident communicating with patients having a poor prognosis.
- Most (82%) of respondents experienced sadness/grief after a patient died.
- Of the respondents, 68% perceived gaps in education for their role in relation to compassion, therapeutic communication, active listening, and personal coping skills.

Conclusions

- Despite the fact that only 6% of respondents were able to define compassion, 71% of respondents found it not difficult to demonstrate compassion when communicating with patients with a poor prognosis.
- The survey results showed knowledge gaps in compassion, empathy, and active listening. As well as gaps in staff's education for their role in relation to compassion, therapeutic communication, active listening and coping.
- The survey indicated that formal training was necessary to address these gaps and align their knowledge and perceptions on compassionate care.

Future Directions

These results will guide the development of an educational program to be offered to all staff.

References:

Berger BA. Listening and Empathetic Responding. In: Communication skills for pharmacists: Building relationships, improving patient care. 3rd ed. Washington, DC: American Pharmacists Association; 2009. Ellis AW, Sherman JJ. Counseling and Motivational Interviewing. In: Community and clinical pharmacy services a step-by-step approach. New York: McGraw-Hill Education/Medical; 2013.

Disclosure: The authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

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