



COMPLETED GRANT SYNOPSIS

Engaging Pediatric Patients in Counseling and Medication Therapy Management Services in Urban and Rural Community Pharmacies

Olufunmilola Abraham, PhD, MS, BPharm
University of Pittsburgh, School of Pharmacy | Pittsburgh, PA

Objectives	
<p>The primary purpose of this research was to identify innovative and sustainable strategies for engaging pediatric patients and their caregivers in Medication Therapy Management (MTM) services in community pharmacy settings. Our study findings aimed to shed light on current barriers that exist and how they can be overcome.</p> <p>The study aims included the following: 1) To document the prevalence of pediatric patient (ages 7-17) interactions with community pharmacists in one rural and two urban community pharmacies; 2) To identify pharmacy staff-reported barriers and facilitators to engaging children in MTM services in community pharmacies; and 3) To describe pediatric patient and parent preferences for receiving medication education in community pharmacies.</p>	
Methods	
Design	<ul style="list-style-type: none"> This was an observational cross-sectional study using a mixed methods approach. Aim 1 involved observations of pharmacists' interactions with children and their caregivers at three community pharmacies; and Aims 2 and 3 involved semi-structured interviews with pharmacy staff members (n=16) and 20 children and their 19 parents about factors that facilitate or hinder the provision of pediatric MTM services.
Study endpoints	<ul style="list-style-type: none"> Daily percentage of child-pharmacist medication interactions in community pharmacies. Barriers/facilitators to providing MTM to pediatric patients and parents in community pharmacies. Child-centered strategies for delivering medication education and services in community pharmacies.
Results	
<ul style="list-style-type: none"> During community pharmacy observations, pediatric patients accompanied their caregivers 29% of the time when picking up their prescription. Caregivers rarely received counseling during pick-ups (20%), and no children were counseled separately by pharmacists during the observations. Through interviews with community pharmacists, eight themes emerged as barriers and seven as facilitators to engaging children in medication counseling. The most prevalent barriers included child's absence during pick-up, child appearing distracted or uninterested, and having an uncondusive pharmacy environment. Common facilitators included availability of demonstrative and interactive devices/technology, pharmacist demeanor and communication approach, and having child-friendly educational materials. In interviews with children and parents, six themes emerged as key perspectives and experiences of receiving medication education in community pharmacies: (1) child's knowledge, self-management, and medication use experiences; (2) essential medication information and sources; (3) child's frequent absence from the pharmacy; (4) patient counseling needs and recommendations; (5) use of interactive technologies to facilitate learning about medicines; and (6) perceptions of pharmacists. 	

For further information and/or materials on this grant, please visit

www.CommunityPharmacyFoundation.org and submit your inquiry through [Contact Us](#).

Conclusion

Children infrequently accompany their parents to pick up their prescriptions, which limits pharmacists' opportunities to counsel children about their medications. Even when they are present, children rarely receive counseling from pharmacists. Child-friendly, interactive materials and technology were endorsed by pharmacists, parents, and children as being a facilitator to providing medication education and counseling. These findings can assist in developing community pharmacist-led interventions targeted at addressing the barriers to pediatric patients receiving education about safe and appropriate use of medicines.