INTRODUCTION

Parents assume the dominant role in medical decisions for children.

- Parents report having concerns about their children’s prescriptions.
- Parents address medication concerns by consulting healthcare professionals without involving the child.
- Medication counseling by community pharmacists is mainly directed towards parents.

Little is known about parent perceptions of the pharmacist-relationship.

- Studies have shown that parents’ medication beliefs influence children’s adherence.
- Parents’ views are important to understand how pharmacists can directly communicate with children about medicines.

OBJECTIVE

To describe parents’ perceptions and preferences for community pharmacist-provided medication counseling for children.

METHODS

Recruitment

- Parents of children aged 7 to 17 with chronic conditions were recruited from three community pharmacies in two Eastern states.

Study Design

- A semi-structured interview guide elicited parents’ perceptions of the importance of children’s medication education in the pharmacy.

Data Collection and Analysis

- 19 interviews were conducted lasting approximately 20 minutes.
- All interviews were audio-recorded and professionally transcribed.
- Transcripts were reviewed for accuracy and a codebook was developed.
- NVivo 10 software was used for content analysis and identifying prevalent themes.

RESULTS

Child-Pharmacist Communication: Parent Perspectives

**Barriers**

- Lack of child-pharmacist interaction.
- Transcripts were reviewed for accuracy and a codebook was developed.
- "Parents assume the dominant role in medical decisions for children."

**Facilitators**

- "Parents report having concerns about their children’s prescriptions.
- "Parental medication knowledge: the ideal—would be new learned about the medicines.
- "Parents feel more confident in their ability to provide appropriate counseling.

Physician-Directed Counseling

- "Physicians often attend to the patient and do not interact with the child.
- "Physicians may not have the time to communicate with the child.

Pharmacist-Directed Counseling

- "Pharmacists have more flexibility in the amount of time they can spend with the child.
- "Pharmacists can provide more in-depth information.

Age-Appropriate Education

- "The information packet, if it was geared towards children, could be very helpful.
- "Almost all participants wanted to receive education resources.

Private Counseling

- "The pharmacist should use interactive educational tools such as tablets like an iPad or videos on a TV to engage children in counseling.
- "Children feel more comfortable communicating with the pharmacist in a private setting.

Parents’ Medication Information Sources

- Educated by physician
- Package inserts
- Internet resources

**Examples of Educational Tools**

- Tablets such as an iPad
- "I could see them using the iPad because it would be fun and games."

- TV/Videos
- "Any screen that looks like a video game, if it had fun characters—not a doctor."

- Comic Books
- "Well, with the age of mine, probably not. I mean with my younger kids, probably.

- Patient Information Pamphlets
- "The information packet, if it was geared towards children, could be very helpful.

CONCLUSIONS

- Pharmacists are the most accessible healthcare professionals in the community and are well positioned to counsel children and parents about medicines.
- Study findings shed light on parents’ recommendations for age-appropriate educational resources and times for child-tailored counseling.
- Pharmacists should use interactive educational tools such as tablets like an iPad or videos on a TV to engage children in counseling.

REFERENCES