

# Introducing a technician-led inhaler counselling service

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Patient counselling at the United Hospitals Trust has traditionally been the responsibility of the pharmacist. This article looks at how the role of the pharmacy technician has been developed to provide trust-wide delivery of a technician-led inhaler counselling service



The technician-led service provides counselling for all types of inhaler devices

**A**n integrated medicines management (IMM) project, launched in 2001 within United Hospitals Trust, Northern Ireland<sup>1</sup>, incorporated as a key element the development of the role of the pharmacy technician to include more clinical ward-based responsibilities.

A number of publications has recognised that the skills and knowledge of pharmacy technicians are largely underused.<sup>2,3</sup> The Audit Commission's 2001 report, "A spoonful of sugar" concluded that developing a

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better skill mix within pharmacy departments would optimise the available staff resources and improve medicines management.

In order to address this, many hospital pharmacy departments have encouraged the development of the role of the pharmacy technician, such as the accredited checking technician within the dispensary<sup>4</sup> and technicians' involvement in the delivery of medicines information services. At ward level, the technician's role in the supply of medicines has been expanded to facilitate one-stop dispensing schemes and ward-based pharmacy services. The delivery of clinical pharmacy services and more complex patient interaction has traditionally been the responsibility of the pharmacist, but with the correct training and focus, technicians can effectively deliver selected parts of a clinical pharmacy service.

The "Review of clinical pharmacy services" in Northern Ireland highlighted that pharmacy technicians are well trained in the technical aspects of pharmacy but have relatively little training in clinical pharmacy.<sup>5</sup> Recognising this, the IMM project incorporated a clinical aspect to the pharmacy technician's ward-based role. Although other trusts have developed comprehensive in-house clinical pharmacy training schemes for technicians,<sup>6</sup> it was decided to concentrate on developing technician-led counselling services specifically for patients prescribed inhaled respiratory medicines. This allowed the technicians' skills to be developed over three months and used within the first six months of the establishment of the service.

Before the project, the delivery of such counselling by clinical pharmacists within the trust was inadequate. Owing to time

constraints and poor systems of referral, the number of patients receiving counselling was low. The technician-led inhaler counselling service aimed to address this, targeting patients prescribed inhaled medicines for the first time, and also checking inhaler technique with existing devices in patients whose condition was poorly controlled.

## Education

All the pharmacy technicians employed within the IMM service were either at, or progressing to, MTO2 level. All were experienced in hospital pharmacy at ward level. In order to facilitate this new role for pharmacy technicians, a comprehensive training programme was developed by a clinical pharmacist within the trust who had a special interest in respiratory medicines. The overall programme comprised three stages: theory, practice and assessment.

An education package was developed, comprising written and lecture-based materials. The written material included an overview of the basic pharmacology of inhaled respiratory drugs, the British Thoracic Society guidelines for the treatment of asthma and the National Institute for Health and Clinical Excellence guidelines for the treatment of chronic obstructive pulmonary disease. This was intended to enhance technicians' knowledge and understanding of inhaled therapy and enable them to answer simple questions from patients, with more complex questions being referred to a clinical pharmacist.

Also included in the pack were practical instructions for the use of each inhaler device, patient education leaflets for each device and a list of recommended reading. A counselling procedure, written specifically for the use of inhaler devices, based on the trust procedure for pharmacist-led patient counselling, completed the package.

A three-hour tutorial session, given by the clinical pharmacist responsible for the training programme, followed the distribution of the written material. The technicians were required to have read all the written material and some of the recommended reading before attending the tutorial session.

The pharmacology of inhaled drugs and respiratory disease states were covered in detail to enable the technicians to understand the use of different inhaled drugs for different conditions. Key to providing a basis for all types of patient counselling was an overview of communication skills, including methods of communication, basic interpretation of body language and creating an appropriate counselling environment. Structured workshops facilitated discussion on how to tackle challenging situations and to deal with difficult patients.

Vital counselling tools such as verbal communication, written information and demonstration were illustrated, and the

importance of combining multiple formats to reinforce the information given was emphasised. At the session, all the commonly encountered inhalers, spacer devices and compliance aids were available as placebos for demonstration. Participating technicians were encouraged to try the devices, familiarise themselves with their use, and become aware of any difficulties encountered.

## Practical training

For the in-practice training component of the programme, the five technicians were each paired with a mentor (a clinical pharmacist) to provide device counselling. The service was advertised at ward level and all clinical pharmacists and doctors within the trust could refer patients from their wards to the service. Referrals were then divided between the teams.

The mentor pharmacist initially demonstrated the counselling procedure, but gradually allowed the technician more autonomy within the counselling session as their skills and confidence grew. All counselling sessions were documented, and feedback given by mentors. Following 10 technician-led supervised sessions, each technician underwent a formal assessment which comprised verbal and practical components. A verbal assessment was carried out to examine each technician's understanding of the procedure, the pharmacology of the drugs and the use of devices. A practical assessment of counselling skills and knowledge was also carried out, using a volunteer patient. The technician had to demonstrate 100 per cent accuracy and practical competency in order to successfully complete the programme.

The five technicians who received full training were deemed competent by the end of the programme and were therefore able to accept referrals from doctors and clinical pharmacists. The referrals were made via a customised referral form which was specifically designed for this service and could be for either assessment of a new inhaler device or assessment of technique for an existing device. The following information was also recorded:

- Indication for inhaled therapy
- Inhaled drugs prescribed
- Details of any relevant physical impairment (eg, lack of dexterity, eyesight, hearing, cognition)
- Details of any care assistance required
- The level of the patient's understanding of their disease

This information enabled the technicians to tailor the counselling sessions to the needs of each individual patient and to anticipate which devices might be suitable. Once the counselling session had taken place, the outcomes were documented on a customised form and filed in the patient's medical notes.

## Outcome

The programme was well received by ward and pharmacy staff, with requests for counselling stretching the capacity of the service. The participating technicians reported increased job satisfaction and improved confidence and morale. The scheme allowed clinical pharmacists more time to focus on other aspects of their job role.

Data recorded for 55 patients who received inhaler education from one of the trained technicians was analysed in detail. Of these, 11 patients were referred before initiation of inhaled therapy for the technician to assess which device was most appropriate. A further 24 patients on established inhaler therapy were counselled about 43 devices; 35 of these devices were found to be inappropriate. Education and reinforcement of technique was required for 12 patients (21 devices). Only eight patients (12 devices) were found to be competent in using their inhaler devices.

## Conclusion

Permanent funding has now been received for IMM services across the trust. The inhaler counselling training programme will be repeated for new technical staff employed to facilitate the service roll out. Since many of the patients counselled on inhaled medicines also asked questions about home nebuliser use, technicians now also receive training on home nebuliser counselling in a similar format to the training described above.

Within United Hospitals Trust, technician-led inhaler device education has made an important contribution to the delivery of a comprehensive clinical pharmacy service. The profile of the pharmacy technician at ward level has been raised, and job satisfaction for technicians has increased. Medical and nursing staff, including the trust respiratory nurse, have welcomed the improved method of referral and the increased extent of service delivery.

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