

# OBJECTIVE OBSERVATION OF PHARMACIST-PHYSICIAN COLLABORATION TO IMPROVE CLINICAL PHARMACIST SERVICES

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## What was done?

The clinical pharmacy department engaged a project with a senior year anthropology student. The anthropology student **observed clinical pharmacists working** in three acute wards. The observations on the collaboration of patients' medication processes were disseminated to the pharmacists and physicians at the wards. This will aid in further strengthening the collaboration and utilization of the health care professionals individual competencies.

## Why was it done?

In Region Zealand, clinical pharmacist services have been developed and implemented for the past decade. Especially in the acute wards, clinical pharmacists are an integrated part of the team when receiving, assessing and admitting patients to the hospital. **Clinical pharmacy services should continuously evolve to optimise patients' outcomes** (EAHP statement 4.8), and a this new approach was taken to further optimise the existing collaboration between the physicians and pharmacists.



## How was it done?

A senior year anthropology student was engaged to do **objective observations of the pharmacists and physicians when collaborating** in the acute wards. An anthropologist is trained to suppress subjective opinions and has no previous inception of the health care professionals work in the acute ward, and hence can do low biased observations.

For 4 months the anthropologist made objective observations several times a week at each ward, and towards the end of the studies also **supplemented the observations with individual interviews** to further understand observed situations.



## What has been achieved?

After the field observations and interviews, recurrent observation points were extracted from data and presented to the pharmacists and physicians in plenum.

**Discussions on the presented observations was found enlightening** and strengthened the teamwork by better understanding the differences in the pharmacists and physicians responsibilities in the medication process respectively.

Take home messages were **visibility as well as accessibility of the pharmacist, and respect of each other's contributions to the team.**

## What next?

The take-home-messages will be combined in a **short introduction leaflet aimed for newly employed clinical pharmacists** to aid their on-boarding to the teams. The Clinical Pharmacist Services on the acute wards work continuously to optimise dissemination of medication interventions as well as visibility and accessibility of the pharmacist.

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