Describing an Active-Learning Patient Education Module to Promote Psychotropic Medication Adherence

Layla Rahimi  
Pacific University

Megan Phillips  
Pacific University

David Fuentes  
Pacific University

Jay C. Thomas  
Pacific University

Lisa R. Christiansen  
Pacific University

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Abstract
Background: Active learning approaches may optimize classroom instruction by allowing students to think about, reflect on, and inquire about, the content relevant to their own experiences and learning.

Methods: We reviewed the current literature in: motivational interviewing; active learning techniques; and, medication adherence methods/questionnaires. Our School of Pharmacy (SOP) and School of Professional Psychology (SPP) decided on the core disease state content to be presented within the patient education module (PEM).

Results: Power-point slides were developed discussing: adherence; activities self-identifying adherence barriers; designing patient-specific adherence plans; medication safety; adverse drug effects; interactions; and, pharmacotherapy for bipolar, depression, anxiety and psychosis.

Discussion: Participants will be referred to the pharmacist-taught PEM during the up-coming year and have the opportunity to follow-up with clinical psychologists, clinical pharmacists, nurse practitioners, and physician assistants for various services.

Implications: Our PEM may help patients with limited resources within our community receive psychotropic medication adherence education. Such collaborative approaches may also spark proliferation of inter-professional practice models and research within our institution.

Conclusion: Other schools and institutions with similar resources may mimic or adapt our PEM to implement within their own communities.

Disciplines
Pharmacy and Pharmaceutical Sciences

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Describing an Active-Learning Patient Education Module to Promote Psychotropic Medication Adherence

Layla Rahimi, Doctor of Pharmacy Candidate; Megan Phillips, Doctor of Psychology Candidate; David Fuentes, Pharm.D., BCPP, CGP; Jay C. Thomas, Ph.D., ABPP; Lisa R. Christiansen, Psy.D.
Pacific University Oregon – College of Health Professions

Introduction

Background: Active learning approaches may optimize classroom instruction by allowing students to think about, reflect on, and inquire about, the content relevant to their own experiences and learning.

Methods: We reviewed the current literature in: motivational interviewing; active learning techniques; and, medication adherence methods/questionnaires. Our School of Pharmacy (SOP) and School of Professional Psychology (SPP) decided on the core disease state content to be presented within the patient education module (PEM).

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Objectives/Methods

PEM Objectives

1. Educate patients on the importance of medication adherence and provide tools to help them make informed decisions about their medications
2. Allow patients to self-identify their own barriers to adherence and perspectives of the importance of adhering to drug therapy (health-belief models)
3. Allow patients to identify their own set of symptoms consistent with their diagnoses and symptoms that should prompt them to seek help
4. Allow patients to develop an individualized plan for improving adherence to medications

Course Design

1. Active learning model:
   1. Andragogy vs. pedagogy
   2. Collaborative with patients
   3. Identify patients’ beliefs, assumptions and misconceptions (myths)

2. Health literacy principles and availability to the community

3. Inclusion of patients:
   1. Patients using psychotropic medication for a psychiatric condition
   2. Patients seen in the Pacific Psychological Services (PPS) clinic
   3. Patients within the community surrounding Portland, Oregon
   4. Patients with co-morbid Axis I conditions and multiple medications

4. Exclusion of patients:
   1. Patients with severe mental handicaps or active psychosis will not be admitted
   2. Patients with acute issues are screened out of PFS for training purposes

Results

The slides within our PEM discuss and feature:

- 1. Factors that diminish and enhance adherence
- 2. Consequences to non-adherence
- 3. Activities for patients to identify their own barriers to adherence, disease state symptoms, and ways to remember to take their medications (e.g., “Pill Card”)
- 4. General approaches to pharmacotherapy for psychosis, bipolar, depression, and anxiety
- 5. Common adverse effects related to medications
- 6. Available adherence-focused dosage formulations

Discussion

The active learning component of our PEM may allow patients to identify and discuss their concerns related to medications and disease states. Our PEMs will give them opportunities to share experiences and ask questions. Patients may learn from the instructors and each other, since they may see that other patients have similar problems. The class is designed to provide support, encourage insight, and inform patients about ways to get the most effective use of their medications.

We anticipate that patients may benefit MOST if:

1. They have the capacity to learn and integrate the information presented
2. They have a current knowledge base and seek to simply improve it or clarify any misconceptions

We anticipate that patients may have a more challenging time during our PEM if they have more rigid preconceived beliefs and notions about their medications.

Patients should walk away from this class with important information about their psychiatric conditions and currently-prescribed medications and include basic information regarding: individual medication indications; medication use and scheduling; therapeutic expectations and adverse effects from medication; general principles of duration of therapy; and a review of severe drug reactions requiring medical assistance and medication re-evaluation.

Implications for the Future

The effectiveness of this class will be evaluated based on multiple factors related to adherence and our results regarding efficacy will be disseminated upon completion of these evaluative studies.

Conclusions

The design of this course focuses on more than providing patients with information in an authoritative, lecture-style format. As in higher education, active learning during the contact time (traditionally viewed as lecture time) with our patients may help them better integrate the content we present into their own lives. The use of the Socratic method of teaching and reflective writing may also help patients think about the material, engage each other, and challenge their assumptions en route to forming an individualized adherence plan.

References


Contact Information

David G. Fuentes, PharmD BCPP CGP | Assistant Professor | Pacific University School of Pharmacy | 222 SE 8th Avenue, Suite 452 | Hillsboro, Oregon 97123
dfuentes@pacificu.edu | Office: (503) 352-7362