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2010

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Recommended Citation

Rahimi, Layla; Phillips, Megan; Fuentes, David; Thomas, Jay C.; and Christiansen, Lisa R., "Describing an Active-Learning Patient Education Module to Promote Psychotropic Medication Adherence" (2010). *Faculty Scholarship (PHRM)*. 32.
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Describing an Active-Learning Patient Education Module to Promote Psychotropic Medication Adherence

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

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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.

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Objectives/Methods

PEM Objectives

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

Course Design

- Active learning model:
 - Andragogy vs. pedagogy
 - Collaborative with patients
 - Identify patients' beliefs, assumptions and misconceptions (myths)
- Health literacy principles and availability to the community
- Inclusion of patients:
 - Patients using psychotropic medication for a psychiatric condition
 - Patients seen in the Pacific Psychological Services (PPS) clinic
 - Patients within the community surrounding Portland, Oregon
 - Patients with co-morbid Axis I conditions and multiple medications
- Exclusion of patients:
 - Patients with severe mental handicaps or active psychosis will not attend
 - Patients with acute issues are screened out of PPS for training purposes

Results

The slides within our PEM discuss and feature:

- Factors that diminish and enhance adherence
- Consequences to non-adherence
- 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").
- General approaches to pharmacotherapy for psychosis, bipolar, depression, and anxiety
- Common adverse effects related to medications
- Available adherence-focused dosage formulations

Name: Sarah Smith Pharmacy phone number: 123-456-7890			Date Created: 12/15/07			
Name	Used For	Instructions	Morning	Afternoon	Evening	Night
Simvastatin 20mg	Cholesterol	Take 1 pill at night				
Furosemide 20mg	Fluid	Take 2 pills in the morning and 2 pills in the evening				
Insulin 70/30	Diabetes (Sugar)	Inject 24 units before breakfast and 12 units before dinner				
			24 units		12 units	

PSYCHOSIS

- Exact cause is unknown
- Psychosis may be the result of a mental disorder such as schizophrenia, bipolar disorder, or severe depression.
- Some **symptoms** include:
 - Hallucinations** (hearing voices or seeing people/objects that are not really there)
 - Delusions** (false beliefs or ideas)
 - Changes in feeling and behavior**
 - Disorganized thinking** (confusion)

DOSAGE FORMULATIONS

- Extended Release**
 - Once a day dosing!
 - Do not need to do twice daily or three times daily dosing
- Depot injections**
 - Usually intramuscularly
 - Once weekly dosing!
- Oral Disintegrating Tablets (ODT)**
 - Dissolve in your mouth
- Solution**
 - Good if you have trouble swallowing pills
- Chewable/disintegrable**
 - Can chew or dissolve tablet in water

HOW IS PSYCHOSIS TREATED?

- Medications** are the most important part of treatment.
- It is very important to take your medication even if:
 - You feel like you are getting better
 - Your symptoms have disappeared
- Skipping or stopping** a dose of your medication can lead to **worsening** of the disease and/or symptoms.

WAYS TO HELP YOU REMEMBER TO TAKE YOUR MEDICATIONS

- If you have a support team
 - Let your family/friends know your schedule so they can help remind you
- If you don't have a support team, there are many other ways to help you remember!!!
 - Keep a journal
 - Keep a calendar
 - Cell phone reminder
 - Link taking your medication with an activity
 - Ex. Taking it with breakfast/lunch/dinner

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:

- They have the capacity to learn and integrate the information presented
- 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.

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