Medication Safety series

Medication Safety Editor

Linda V. Graudins[1,2] BPharm, Dip Hosp Pharm, Post Grad Dip Pharmacoepid, FSHP, FANZCAP (MedSafety)

1. Medication Safety Editor, Medication Safety Leadership Committee
2. Lead Pharmacist Medication Safety, Alfred Health, Melbourne

Medication counselling: pharmacists making an impact

Authored by: **Jessica Bailey**

BPharm (Hons) | Advanced Resident Pharmacist – Medication Safety, Alfred Health | Jessica.bailey@alfred.org.au

[*Pharmacy GRIT* article no: 20251412, published online 17 February 2025]

Ensuring patients understand medication information is a prerequisite for effective treatment and to minimise medication-related harm. Pharmacists are trained to educate patients about their medicines, a fundamental medication safety activity. To provide medication counselling we draw on skills learnt as both undergraduate students and through patient encounters. As pharmacists, we often discuss concepts which are complex for patients, including indications for use, dosing regimens, side effects, and monitoring points.

How can we make medication counselling more effective?

Up to 80% of the information patients are told during medical visits is forgotten immediately, and nearly half of the information retained is inaccurate.[1,2] Therefore, pharmacists should expect patients to retain only part of the information provided to them. To bridge this gap, written information is commonly used to supplement medication counselling. Standardised consumer medicine information (CMIs), medication lists, and pre-prepared information leaflets focus on specific medications and so current counselling practices tend to be more medicines- than patient-centred, i.e. adjusted for patient-specific needs and preferences.

In November 2024, AdPha published the updated *Clinical Pharmacy Standards*, with a description of a five-phase process for providing medicines information to patients.[3] The Planning and Introduction phases involve determining the communication needs of the patient. Similarly, the Pharmaceutical Society of Australia's professional practice standard, 'Providing health information (patient counselling)', states that the pharmacist's role is to critically appraise evidence and provide information that meets the needs of the

patient.[4]

To gain an appreciation of patients' understanding after medication counselling, we undertook a study at our health service, including a survey of patients and pharmacists.[5]

How do we determine patient needs?

We asked 195 patients and 14 pharmacists at our health service about medication counselling priorities. Interestingly, the answers were not the same for the two cohorts. The majority of patients thought information about side effects was most important, prioritising this information over instructions, dosage, and even the purpose of their new medication.

During this project, we also asked pharmacists what they would like their patients to know about the medications. Although pharmacists were aware of patients' concerns about side effects, their priority was to counsel patients on instructions and dosage, with more than half of surveyed pharmacists identifying this as their primary objective.

Reflecting on your own practice, how often do you ask patients 'what would *you* like to know about your medicines?'

This distinction between the knowledge that patients and pharmacists most value is interesting and presents a challenge for us to consider when undertaking medication counselling. To address this, we will now discuss some common approaches to medication counselling and encourage you to reflect on your own practice and approaches to communicating with your patients.

Using 'teach-back' method

Pharmacists commonly use one-way communication for medication counselling; information flows from pharmacist to patient, without the patient being given the opportunity to respond. It can be faster, ordered, and authoritative, but there is no clarification of comprehension.

To change the didactic nature of counselling, without losing key messages, poses a challenge for pharmacists, however the teach-back method can be used to create a structured, patient-centred session.[6] There are ten elements to teach-back, which centres on the patient repeating back the information provided, in their own words. The clinician lets the patient know that it is *their* responsibility to explain clearly and check the patient's comprehension. Clinicians must also address barriers to understanding and use non-shaming, open-ended questions to prompt patient participation. The teach-back method has been shown to improve patient understanding in various hospital settings, including discharge instructions from the emergency department, chronic disease education, and metered-dose-inhaler technique.[7–9] When the teach-back method is applied to medication counselling, patients' needs can be met through a structured two-way conversation that still delivers critical information.

The following examples compare one-way counselling to the teach-back method.

Example: One-way counselling

Pharmacist: "This is your new antibiotic. It's called flucloxacillin and it is a penicillin. It will treat your skin infection. You need to take one capsule four times a day for five days. You must take it on an empty stomach. You may have an upset tummy while on antibiotics, but if you notice any signs of being allergic such as a rash, stop taking it immediately and see your doctor, or with any signs of a severe reaction, such as breathing difficulties or swelling of the face, call an ambulance. So, you need to take one four times a day for five days. Any questions?"

Consumer: No. Thank you.

Example: Teach-back counselling

Pharmacist: "We're going to discuss your new antibiotic. I'll try to make sure I provide you with all the information you need. Is there anything you've already been explained?"

Consumer: "Yes, the doctor said I need to take the antibiotic for five days and asked me if I had any problems with penicillin antibiotics in the past. I've had Amoxil many times before, but I always have an upset tummy, but it's not too bad."

Pharmacist: "Your antibiotic is called Flucloxacillin and is also a penicillin like Amoxil, so it may upset your stomach. You'll need to take it for the next five days. Take one capsule four times a day at least 30minutes before eating or two hours after the meal. Please repeat this information, to make sure I've explained it clearly."

Consumer: "From tomorrow I am going to take one four times a day for 5 days, half an hour before eating. If I don't eat, do I miss the dose?"

Pharmacist: "Great question! Take the dose as usual. Please start the antibiotic as soon as possible, so it can start working. Take the first dose now before lunch, then the next dose 30 minutes before dinner and then one dose last thing at night."

Consumer: "Now I understand – I will start today, so I will have three capsules in total today and then continue tomorrow before breakfast."

Pharmacist: "If you have a rash or notice swelling or breathing trouble, please come back to Emergency. Can I explain anything else about your treatment?"

Consumer: "I understand and would come back if I felt like that. Thanks, no other questions."

As the teach-back method has been evaluated and shown to be an effective method for

counselling, pharmacists are encouraged to incorporate the method into their practice.

Additional resources to improve written and verbal communication of medicines information

Medication Safety Leadership Committee SPG member, **Nam-Anh Nguyen** (Medicines Management Pharmacist WA Country Health Services) shared the below:

- Despite efforts by clinicians to simplify Consumer Medicines Information (CMI), by using shorter versions with simpler language, there remains a gap in resources for consumers who have lower levels of health literacy, including consumers that cannot read or write.
- One practical suggestion for consumers that struggle with reading is for health care professionals to provide resources that use plain or simple language. An example of this is the *Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners* which uses plain English with illustrations.[10] Staff can print out the relevant pages from this text and explain the words and illustrations to the consumer or their carer so that they understand important messages about their medicines. For example, what the medicine is used for, how to store the medicine, and when the patient should return to the clinic.
- The Australian Commission on Safety and Quality in Health Care has a detailed health literacy fact sheet focusing on writing clear and concise health information for consumers.[11]
- The Tasmanian Government, Department of Health provides a plain language guide, available here.[12]

By using the teach-back method and available written resources clinicians can individualise medication counselling promoting safer and more effective use of medicines.

References

1. McGuire LC. Remembering what the doctor said: organization and adults' memory for medical information. *Exp Aging Res* 1996; **22**: 403–428
2. Kessels RPC. Patients' memory for medical information. *J R Soc Med* 2003; **96**: 219–222.
3. Dooley M, Bennett G, Clayson-Fisher T, Hill C, Lam N, Marotti S, et al. Advanced Pharmacy Australia clinical pharmacy standards. *J Pharm Pract Res* 2024; **54**: 446–511.
4. Pharmaceutical Society of Australia. *Professional practice standards*. Version 6. Canberra: Pharmaceutical Society of Australia Ltd; 2023.
5. Bailey J., Chestney T., Graudins LV: Does Teach-back methodology used by pharmacists improve patients' understanding of medication counselling? [abstract] *Proceedings of the 48th National Conference of Advanced Pharmacy Australia*, 14-16 Nov 2024; Adelaide, South Australia.
6. Teach-back. What is teach-back? Sydney: Southeastern Sydney Local Health District, Deakin University and University of Melbourne; 2018. Available from <https://teachback.org/>. Accessed 9/1/2025.
7. Slater BA, Huang Y, Dalawari P. The impact of teach-back method on retention of key domains of emergency department discharge instructions. *J Emerg Med* 2017; **53**: e59–e65.

8. Griffey RT, Shin N, Jones S, Aginam N, Gross M, Kinsella Y, et al. The impact of teach-back on comprehension of discharge instructions and satisfaction among emergency patients with limited health literacy: a randomized, controlled study. *J Commun Health* 2015; **8**: 10-21.
9. Talevski J, Wong Shee A, Rasmussen B, Kemp G, Beauchamp A. Teach-back: a systematic review of implementation and impacts. *PLoS One* 2020; **15**: e0231350.
10. Central Australian Aboriginal Congress, Central Australian Rural Practitioners Association Inc., CRANAplus Inc., Flinders University. *Medicines book for Aboriginal and Torres Strait Islander health practitioners*. 5th edition. Alice Springs: Flinders University; 2022.
11. Australian Commission on Safety and Quality in Health Care (ACSQHC). *Health literacy fact sheet 4: writing health information for consumers*. Sydney: ACSQHC; 2017.
12. Department of Health. Use plain language. Hobart: The State of Tasmania; 2025. Available from <https://www.health.tas.gov.au/professionals/health-literacy/health-literacy-workplace-toolkit/written-communication/use-plain-language>. Accessed 21/1/2025.