

MEDICATION SAFETY

Starting in Medication Safety? Some hints for early career pharmacists

Effective communication: Fundamental for safety



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One of the most important elements of safe and high-quality care is effective communication: both between health professionals and with our patients and their carers. Communication failures are a key cause of medication errors.¹ For early career pharmacists, in addition to developing clinical knowledge, honing your communication skills is essential throughout your career. Good communication facilitates safe medicines use, which benefits all stages of the patient journey. Communication is therefore a key area to focus on as you commence your medication safety path.

Communicating for Safety has its own dedicated standard in the National Safety and Quality Health Service (NSQHS) Standards.² It has a direct application to pharmacy practice and medicines management, also underpinning much of the Medication Safety Standard (Table 1).

Table 1. Application of Communication Principles in NSQHS Standards and Pharmacy Practice^{2,3}

Standard 6: Communicating for Safety	Standard 4: Medication Safety
Correct identification and procedure matching	Verifying patient identifiers during dispensing and review of patient records
Communication at clinical handover	Continuity of medication management: BPMH/medication reconciliation, medication reviews, information for patients, medicines lists for discharge/transfer of care Intra-hospital and transfers between units Handover between pharmacy team members
Communication of critical information	Clinical interventions
Documentation of information	BPMH & medication reconciliation Adverse reaction documentation and management

BPMH = best possible medication history.

Some handy pointers:

1. Use standardised, structured methods of documenting recommendations in patients' records (including medication management plans). Also, when communicating with other clinicians in the health care team e.g., iSoBAR.⁴
2. Documentation and communication processes facilitate handover to other healthcare providers, not only for discharges but also for planned or rostered handover between units or team members. Keep in mind unplanned staff absenteeism as highlighted during the COVID-19 pandemic.
3. Documentation on medication charts and patient records should align with the [*Recommendations for Terminology, Abbreviations and Symbols used in Medicines Documentation*](#).⁵ Ensure handwriting is legible.
4. Information for patients/carers should consider their medicines literacy and meet their individual needs.
5. Communication processes about medication incidents and 'good catches' (near misses) should be considered, evaluated, and used for improvements.

A barrier to effective communication for safer medicines management is professional hierarchy.⁶ Early career pharmacists are inherently more likely to experience this challenge, particularly in private hospitals where most prescribers are visiting medical specialists. Training and development programs that include graded assertiveness methodology empowers health professionals to speak up for safety and confidently performing clinical interventions in a collaborative manner.⁶ An established support network for consultation with, and escalation to, senior pharmacist colleagues is also an important enabler to ensure clinical intervention activities are effective and optimise patient care.

The other important aspect of communication with our healthcare colleagues is when implementing and sustaining change or improvements in safety and quality of medicine management processes. My learned colleagues have covered that facet of communication in their insightful contributions in this Medication Safety series.

References

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