PHARMACIST'S PRIVILEGE IN SAUDI ARABIA: DRUG MONITORING AND HEALTHCARE PROVIDER'S EDUCATION

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Objectives

To explore the pharmacist's privilege in Saudi Arabia: drug monitoring and healthcare education

Methods

It is a four months cross-sectional survey of pharmacist's privilege in Saudi Arabia. The study consisted of two sections; in the first part, the demographic information and the second part contained twenty-eight questions divided into four domains derived from previous litterateur and American Society of Health-System Pharmacists standard and regulation. The sections were privilege management and resources, pharmacist prescribing and therapeutic interchange, clinical and administration privilege, drug monitoring, and healthcare education. An electronic questionnaire distributed to the hospital pharmacy directors. The study discussed and analyzed pharmacist's privilege in Saudi Arabia: drug monitoring, and healthcare education. All analysis was done through survey monkey system.

Results

The survey distributed to thirty-six hospitals. The most of the pharmacist's privilege drug monitoring and documentation of the clinical impact and cost avoidance was patient counselling (90.63%), adverse drug reactions (88.24%) and drug quality reporting (87.50%). Most of the candidates received education and training of pharmacist's privilege were found to be Pharm. D students (50.00%) followed by (47.22%) pharmacist student and (44.44%) pharmacy technician. The majority of pharmacist's privilege in education and training available for pharmacy staff were pharmacist, clinical pharmacists, and lastly pharmacy technician, while most of the education and training available were delivered to healthcare professionals were general physician, nurses, and specialist physicians.

Table3: pharmacist privilege of Drug Monitoring and Documentation of the clinical impact and cost avoidance

Answer Options	Neonates	Pediatrics	Adults	Geriatrics	We do not have it	Response Count	Number of existed services	Percentage of existed services
Medication errors	29.41%	44.12%	67.65%	38.24%	23.53%	34	26	76.47%
Adverse drug reactions	41.18%	50.00%	73.53%	44.12%	11.76%	34	30	88.24%
Drug quality reporting	34.38%	56.25%	75.00%	40.63%	12.50%	32	28	87.50%
Patient counseling	34.38%	59.38%	84.38%	46.88%	9.38%	32	29	90.63%
Pharmacist intervention	33.33%	48.48%	75.76%	45.45%	18.18%	33	27	81.82%
Drug information inquiries	35.29%	41.18%	73.53%	44.12%	17.65%	34	28	82.35%
Poisoning information inquiries	29.03%	32.26%	58.06%	32.26%	32.26%	31	21	67.74%
Drug Utilitarian Evaluation activities	30.30%	39.39%	60.61%	33.33%	27.27%	33	24	72.73%
Home healthcare activities	19.35%	19.35%	48.39%	32.26%	35.48%	31	20	64.52%
Therapeutic Interchange activities	31.25%	43.75%	53.13%	43.75%	31.25%	32	22	68.75%
Pharmacy Research	19.35%	12.90%	41.94%	19.35%	45.16%	31	17	54.84%
Non formulary requests	39.39%	42.42%	69.70%	45.45%	15.15%	33	28	84.85%
answered question							35	
skipped question							1	

Table5: The Pharmacist Privilege Education and Training available for pharmacy staff

Answer Options	Pharmacy Technician	Pharmacist	Clinical Pharmacist	Pharmacist supervisor	Assistant director of pharmacy	Director of Pharmacy	Total	Response Count
Weekly lecture CME	15	28	20	13	8	9	93	34
Short education course 1-5 days	12	20	16	6	6	4	64	30
Long training session 4-5 weeks	9	19	15	6	5	4	58	29
General Pharmacist residency program	6	16	9	6	4	4	45	26
Specialized pharmacist residency program	8	11	11	3	3	4	40	25
Distance learning pharmacy education	13	17	6	7	5	2	50	25
Total	63	111	77	41	31	27	350	
answered question								35
skipped question								1

Table6: The Pharmacist Privilege of Education and Training available delivered to Healthcare professional by pharmacy staff

Answer Options	Nurse	Nurse Supervisor	General Physician	Specialist Physician	Consultant Physician	Nutritionist	Other health care provider	Total	Response Count
Weekly lecture CME	13	6	18	13	10	7	2	69	31
Short education course 1-5 days	9	8	12	12	5	1	4	51	25
Long training session 4-5 weeks	9	4	12	7	3	0	3	38	25
Orientation program	13	9	17	9	10	4	6	68	28
Distance learning CME education by pharmacy	8	3	12	5	4	1	4	37	24
Total	52	30	71	46	32	13	19	263	
answered question									34
skipped question									2

Conclusion

The present study concluded that the privilege of the pharmacist in drug monitoring did not exist more than half of the survey conducted in different departments of the hospitals such as neonates, pediatrics and geriatrics patients. Most of pharmacist's privilege in education and training was related to the regular pharmacist and clinical pharmacist. Few of the healthcare providers received pharmacist's privilege in education and training. Comprehensive awareness program of pharmacist's privilege for all health care professional is in the tremendous demands in King Saudi Arabia.

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