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Interdisciplinary Cooperation Between Medical Secretary Technicians and Pharmacist

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Abstract

An evaluation was conducted to determine whether or not a pharmacy technician is capable of providing assistance with the functions of a pharmacist-driven osteoporosis management service that are linked to patient screening and documentation. Evidence suggests that a healthcare provider and pharmacy technician are able to accurately identify whether or not a patient is a candidate for intervention by a pharmacist and collect clinical information to aid the establishment of a care plan. The involvement of pharmacists and medical secretaries in patient care has been shown to improve results, including a reduction in adverse drug events and medication errors, an increase in the appropriateness of prescription use, and an improvement in patient understanding of their drugs.

Keywords*: technicians, pharmacist, cooperation.*

Introduction

Dispensing medications, providing patient care, acting as a patient counselor, educating the public about health care, and providing community service are all examples of the expanded responsibilities that have been added to the roles of medical secretaries and pharmacists. The term "medication error" refers to any mistake that occurs during the process of providing medication, including mistakes in ordering, transcribing, dispensing, and monitoring [1]. There is a need for the intervention of the pharmacist in order to identify these issues with pharmaceutical therapy. Once these issues have been identified, it is possible to devise solutions for these issues or to optimize drug therapy for each individual patient. Over the course of time, these interventions have evolved, and their current forms range from the most basic handwritten

form to the most sophisticated electronic databases. Educating those who work in the medical field about these issues is another way to reduce the likelihood of many of these problems occurring.

Health care professionals, particularly medical secretaries, anticipate that pharmacists and pharmacies will have a wide range of responsibilities [2]. These responsibilities include the monitoring of medication for patients suffering from acute and chronic diseases, the operation of repeat prescription services, the review of medication for patients who have been using it for an extended period of time, the prescription of medication in accordance with established protocols, the provision of advice on the management of common conditions, and participation in activities aimed at promoting or preventing disease on a local and national level. For the purpose of justifying the services that pharmacists provide to patients, healthcare administrators and providers, and persons who take care of patients, it is essential to document the interventions that they perform. This will help to strengthen the profession as well as society as a whole [3]. The clinical interventions that pharmacists perform not only have a beneficial effect on the treatment that patients receive, but they also result in a reduction in costs. Recently, electronic systems, as well as goods and software packages that are available for commercial use, have been utilized for the documentation of clinical pharmacy interventions. This has proven to be more efficient than the usage of paper systems [4].

The aim of this systematic review is to determine the role of medical secretory for institutions when pharmacy technicians practice at an advanced scope and what are the coaprative roles played togther to promote better practice.

Review:

The development of experienced pharmacists who are able to practice beyond the bounds of their traditional tasks is being accomplished through workforce development programs such as hospital residencies and expanding practice. Because of this, pharmacists are transitioning away from doing conventional duties such as dispensing and into jobs that involve direct interaction with patients as members of multi-disciplinary clinical teams [5]. Concurrently, hospital administrators are under pressure to cut down on health care costs while simultaneously preserving the services that are already being provided. Increasing the level of expertise of the workforce of pharmacy technicians so that they can perform duties that are typically carried out by a pharmacist has been suggested as a viable technique for reducing costs while also providing pharmacists with the opportunity to pursue new clinical positions. The challenge of new duties and the chances for professional advancement that these roles bring are both something that pharmacy technicians look forward to, and they report feeling more satisfied with their jobs [6].

The term "advanced scope tasks" refers to responsibilities that were traditionally carried out by a different health care professional, typically with additional training, but which could be safely outsourced to a technician who has received the required level of training. In November 2019, the Society of Hospital Pharmacists Australia (SHPA) published a standard of practice for pharmacy technicians. This standard of practice included examples of advanced scope tasks, such as performing accuracy checks on medications that have been dispensed, documenting the best possible medication histories (BPMHs), and screening patients and laboratory data for review by pharmacists [7]. As a result of advanced pharmacy technician jobs, technicians now have the opportunity to extend their education, become members of professional societies, and be recognized as a part of the workforce of licensed health practitioners. It is possible for pharmacy technicians in the United Kingdom (UK), the United States of America (USA), and Canada to be registered health professionals and to have formal education programs that are clearly specified for advanced scope practice. Pharmacy technicians in Australia, on the other hand, are not registered and do not have a

position description that is standard across all health settings. This is because Australia has been a late developer of this workforce. For the purpose of establishing and maintaining these jobs, it is necessary to have information regarding the economic impact that is caused by pharmacy technicians practicing at an advanced scope [8].

There were four studies that claimed time savings when a medical laboratory and pharmacy technician worked in a dispensary role. These trials were conducted simultaneously. Two different studies were conducted on the subject of accuracy checking technicians. In both of these studies, a technician was responsible for doing accuracy checks on prescriptions that were administered by either another pharmacy technician or an automated dispensing robot. Among the various jobs that were performed at the dispensary, technicians were used to complete the entry of chemotherapy orders rather than a pharmacist. Through this intervention, a time savings of thirty minutes per day was achieved [9].

A total of four studies were conducted to investigate the ways in which pharmacy technicians carry out patient support responsibilities. Throughout all of the studies, a pharmacy technician was responsible for conducting patient interviews in order to ascertain a drug history. In spite of the fact that one study found that pharmacy technicians were slower than pharmacists in completing this task, the difference between the two was not statistically significant. Every other study found that suitably trained technicians were able to save time by taking a complete medication history from patients rather than a pharmacist [9].

According to the findings of two studies, administrative and ward support activities can result in significant time savings. Activities included an ad- ministrative intervention where a pharmacy technician would flag pa- tient charts where a pharmacist had identified a potentially appropriate changes in dose delivery, managing ward stock flow and bedside medications, and entering chemotherapy treatment orders into the dispensing system. If compared to an other type of medical professional, such as a pharmacist or a medical secretary, each of these studies found that they saved a significant amount of time [10].

The medical sector can reap the benefits of developments in scope pharmacy technicians in two different ways: first, they can be used to replace a pharmacist on staff, and second, they can be used to optimize stock or other expensive things. As an illustration, there has been significant discussion over the role that pharmacists can play in enhancing the safety of medications and preventing the harm that can be caused by medications. The ability of a pharmacist to concentrate on identifying potential medication issues and liaising with healthcare teams to resolve them in a timely manner is made possible by the fact that pharmacy technicians are responsible for responsibilities such as conducting direct patient interviews. The technician, on the other hand, needs to replace a more expensive staff member in order to realize cost savings (rather than just productivity increases). This decision would be left up to the discretion of the local decision makers within the organization. It is possible for individual hospitals to make use of these data in order to determine the appropriate personnel mix that corresponds to the local demand for the trade-off between money saved and increased productivity [11].

Conclusion:

The introduction of an advanced scope pharmacy technician in conjunction with the collaboration of medical secretarial technicians is anticipated to result in cost and time savings for healthcare facilities, according to evidence gathered from around the world. If these positions were implemented into any healthcare system, it is possible that results would be comparable in terms of cost and time efficiency. Based on the findings of the literature study and the suggestions made by earlier research, we suggest that the recording of the interventions performed by pharmacists

and medical secretaries be digitized. This would provide for the most possible flexibility in terms of data collection, analysis, and reporting. The provision of exporting and reporting capabilities that are customisable would be facilitated by this, with the primary focus being on the exchange of intervention data both within and beyond the pharmacy and health care services. It has been demonstrated that these systems would offer consistency and efficiency, as well as a broad application to a comprehensive health care service; however, the outpatient treatments required a significant amount of work.

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