

CAIS Paper: ‘Collaboration’ is the New Black: Independent Pharmacist Prescribing in a Collaborative Environment

Theresa J. Schindel (University of Alberta), and Lisa M. Given (Charles Sturt University)

Abstract: This study examined the theme of collaboration associated with independent pharmacist prescribing in Alberta, Canada by analyzing 59 professional documents using a discourse analysis approach. Our analysis highlights the existence of multiple realities, possibility of utilitarian and emancipatory discourses, tensions between independent and collaborative practices, and the concept of spatiality.

Résumé:

1. Introduction

Collaboration is an area of interest in many fields and is vogue in health care research. In the delivery of health services, collaboration is promoted as both desirable and necessary to solve complex patient problems and fulfill societal needs in the health care system (see Health Council of Canada, 2009). Collaboration, as an emerging area of study in the field of information science, is gaining attention in the areas of information behaviour, specifically in information seeking and retrieval, in a variety of contexts including health care teams (Foster, 2006; Shah, 2010; Shah, 2013). Research on academics’ information behaviours outlines similarities across disciplines; however, STEM and HSS scholars use different types of library resources (Haglund and Olsson, 2008; Sheeja, 2010). Only a few studies have examined academics’ collaborative information activities (e.g., Shah, 2010; Reddy and Jansen, 2008; Hansen and Jarvelin, 2005). These point to different collaborative styles in information seeking, including directed collaboration (i.e., team leader assigning tasks), tightly coordinated collaboration (i.e., dividing tasks between members) and informal collaboration (i.e., ad hoc searching and sharing) (Capra et al, 2010). Group members also change the amount of collaboration, moving to individualistic searching as projects progress (Hyldegård and Ingerwersen, 2007). Being co-located encourages interaction and teamwork assessment, while working in different locations leads to diverse information seeking (Shah and Gonzalez-Ibanez, 2012). Scholars working in different fields report multiple meanings of collaboration acknowledging that it is a concept associated with many definitions and practices (Bleakley, 2013; Charrois and Rosenthal, 2010; Crocker et al, 2009; D’Amour et al, 2005; Perrault and Careau, 2012; Shah, 2010). In health fields, collaboration is also defined in different ways and noted as difficult to achieve (Fisher, 2010; Weiss and Sutton, 2009; Zwarensten et al, 2013). In this paper, we explore the theme of

collaboration associated with research on pharmacist prescribing.

2. Prescribing by Pharmacists

The professional work of pharmacists has undergone extreme transformation including the introduction of prescribing (Goodrick and Reay, 2011). Pharmacist prescribing has been introduced in several jurisdictions worldwide and in a variety of approaches including dependent, collaborative, and independent models (Tonna, Stewart, and McCaig, 2008). The province of Alberta was the first Canadian jurisdiction to authorize pharmacists to prescribe medications independently. Pharmacist prescribing has been described in a variety of ways (Hughes et al, in press), often within the context of an interprofessional team and with an emphasis on collaboration as an essential component (Galt, 1995; MacLeod-Glover, 2011; Pharmacist Prescribing Task Force, 2010). In our previous study analyzing news media representations of pharmacist prescribing in Canada, views of individual pharmacists and the profession as a whole pointed to pharmacists' apparent hesitation to embrace independent prescribing in favour of a collaborative or team approach (Schindel and Given, 2013). Other scholars have framed a team approach as a way to legitimize pharmacists as prescribers (Weiss and Sutton, 2009). The prescribing model in Alberta, Canada was introduced as a unique model that includes independent prescribing within a collaborative practice environment (Yuksel, Bungard, and Eberhart, 2008).

3. Research Design

This study is the first phase of a larger study on pharmacist prescribing to explore pharmacists' experiences with prescribing in the context of the unique practice environment in Alberta. In the first phase of the research, a discourse analytic approach that draws on the work of Potter and Wetherell (1987) was applied to examine the discursive construction of pharmacists' identities as prescribers. Documents representative of pharmacist prescribing and communications from pharmacy organizations in Canada, including the Alberta College of Pharmacists, Alberta Pharmacists Association, Canadian Society of Hospital Pharmacists, and the Canadian Pharmacists Association were collected for analysis. The sample includes a variety of texts including position statements, information papers, Standards of Practice, prescribing application guides, frequently asked questions for pharmacists and the public, and newsletter articles. All texts are accessible on the organizations' websites. The sample included 59 texts over a time frame corresponding to the publication of the first information paper in 2001 and the first newsletter of 2014 by the Alberta College of Pharmacists. The results reported in this paper focus specifically on the theme of collaboration.

4. Results and Discussion

Collaboration was associated with pharmacist prescribing, appearing in 44 of the 59 texts. We used this dataset of texts to explore collaboration in this context. Similar to other research, a specific and consistent definition of collaboration was not apparent and descriptions varied considerably reinforcing that collaboration is not a single, coherent idea in health care (Croker, Higgs, and Trede, 2009; Haddara and Lingard, 2013;

Perreault and Careau, 2012). Similarly, in information science, the term collaboration was observed to be used differently in various contexts (Shah, 2010). In our analysis, collaboration was primarily associated with information seeking to inform gather information, inform decisions, to produce efficiencies. This view of collaboration is highlighted by the practice of communicating prescribing decisions to another prescriber, usually a physician. This requirement is stated in the Pharmacists' Standards of Practice as the duty to communicate: pharmacists who prescribe a medication must "communicate as soon as reasonably possible to any regulated health professionals whose care of the patient may be affected by their prescribing decision...". An example from community pharmacy practice is stated as: "I still work collaboratively and inform doctors with progress notes but I don't have to wait for authorization on prescribing decisions I am confident with". Alternatively, collaboration as associated with empowering pharmacists prescribing whereby a pharmacist working on a collaborative team has the "... ability to assess a patient, identify the cause of a symptom and implement a care plan independently and proceed with the writing of the prescription...". We noted tensions and duality in collaboration associated with pharmacist prescribing between the ideas of independent prescribing and those of collaboration. The examples provided highlight two discourses of collaboration observed in our analysis thus far described in research by other scholars as utilitarian and emancipatory (Haddara and Lingard, 2013). Further exploration of these collaboration discourses is warranted in the second phase of the prescribing research. We now turn to another aspect of collaboration emerging in our analysis: collaborative environment.

Space is a factor associated with collaborative activities (Bleakley, 2013; Shah, 2010). References to space in our analysis emerged as a collaborative environment defined in an Alberta College of Pharmacists information paper as: "...a practice environment where cooperation and collaboration occurs among health care providers and the patient, and includes sharing information (diagnosis, test results, treatment plans, progress notes, etc.) among team members". This definition allows broad interpretation regarding how and where information is shared. A position statement by the Canadian Pharmacists Association states that collaboration "includes close contact and ongoing two-way communication". This may imply co-location or frequent communication. The Canadian Society of Hospital Pharmacists position refers to co-location of team members; however, it acknowledges that "... if providers do not work in the same physical space, resources and energy can be directed toward timely and effective communication between providers...". Our analysis identified a range of different practice environments for prescribing pharmacists including members of co-located teams, community or hospital pharmacies, or undefined spaces for those working as consultants. A variety of examples were highlighted in Alberta College of Pharmacists newsletter articles. Working in two practice environments, a pharmacist drew attention to experiencing differences in collaboration related to environment: "I'm still in [community practice]...and see a variety of patients; then my work at the [primary care clinic] means I get a different kind of collaboration with other health professionals. I'm really lucky that way". A hospital pharmacist expresses another view: "One of the unique features of the multidisciplinary team that I work with is that we all share the office space together. We have frequent updates between me, the nurses and physician regarding new and follow up patients.... [shared space] remains a key function in sharing information and providing the best patient care possible". Our study findings point to questions related to practice environment and space warranting further exploration of collaboration and spatiality (Bleakley, 2013; Makowsky et al., 2013; Shah and Gonzalez-Ibanez, 2012).

5. Conclusion

Collaboration emerged as a prominent theme in the discursive construction of pharmacists as prescribers. Our analysis of collaboration highlights the existence of multiple realities, the possibility of utilitarian and emancipatory discourses, tensions between independent and collaborative practices related to pharmacist prescribing, and the potential for spatiality as a factor influencing collaborative activities. Further exploration of these areas is warranted. This paper addresses the conference theme, *Connecting Across Borders: Globalization and Information Science Research*, through our international and interdisciplinary research collaboration. Investigating the theme of collaboration in the context of pharmacist prescribing from perspectives of information sciences and pharmacy practice research will not only benefit the field of information behaviour research and its role in society but add depth to the research on pharmacist prescribing and potential for its translation into practice (Fisher and Julien, 2009). Further, our research collaboration will expand the possibilities to identify new questions for research in both fields and in subsequent phases of the research on pharmacist prescribing.

6. References

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