CLOSE-UP ON COMPLAINTS

Delivering pharmacy services is a complex, human process. Even with the assistance of technology, mistakes can still occur. "Close-Up on Complaints" presents some of these errors so that practitioners can use them as learning opportunities.

Ideally, pharmacists and pharmacy technicians will be able to identify areas of potential concern within their own practice, and plan and implement measures to help avoid similar incidents from occurring in the future.

The Importance of Sensitivity & Communication

SUMMARY OF THE INCIDENT

The patient in this incident is a man who suffers from mental health and addiction issues. The evening prior to the incident, the patient visited the hospital after overdosing on clonazepam. Upon his release, the hospital physician gave the patient a prescription for 25 tablets of lorazepam as a temporary supply until he could visit his regular physician.

After leaving the hospital, the patient visited his pharmacy to have his new prescription filled, and he presented the prescription to the pharmacy assistant for processing. The patient reported that after entering some information into the computer, the assistant yelled across the pharmacy that the patient's prescription was rejected, since he just filled a prescription for 30 tablets of clonazepam two days prior.

As a result of the computer alert, the pharmacist called the hospital physician to verify the prescription. After speaking with the physician and receiving confirmation to fill the 25 tablets of lorazepam, the

Have a Complaint?

Anyone who is not satisfied with the care of services provided by a pharmacy, pharmacist, pharmacy technician, student or intern can file a formal complaint with the College. Complaints must be received in writing and include as much detail as possible. The College investigates all written complaints.

pharmacist began speaking loudly and stating that the patient did not need this medication or others that he had filled at that pharmacy because there was nothing wrong with him. The patient was embarrassed and asked the pharmacist to lower her voice and be more professional while filling his prescription. As a result of the pharmacy staff loudly discussing his health information and lack of empathy, the patient began to suffer a panic and anxiety attack while waiting for his prescription. As well, the patient reported that when he later returned to the pharmacy after the incident, the pharmacist continued to give him dirty looks, make him wait a long time for his prescriptions, and ignore him.

The patient stated in his complaint to the College that he suffers from very deep depression, which has worsened as a result of this incident.

WHY DID THIS HAPPEN?

In her response to the complaint, the pharmacist in this incident seemed unable to identify the cause of the patient's complaint – she thought the complaint was primarily about a delay in dispensing. Based on her response to the complainant, the pharmacist did not appear to realize that the complaint was about the patient's compromised privacy and embarrassment due to her unprofessional behaviour. The pharmacist did not respond to the patient's verbal and non-verbal cues, and she failed to treat the patient with sensitivity, respect and empathy. As well, she did not demonstrate personal or professional integrity.

COMPLAINT OUTCOME

The College's Inquiries, Complaints & Reports Committee (ICRC) oversees investigations of each complaint the College receives. The Committee considers a practitioner's conduct, competence and capacity by assessing the facts of each case, reviewing submissions from both the complainant and the practitioner, and evaluating the available records and documents related to the case.

The Committee found that this pharmacist acted unprofessionally and compromised the patient's privacy. She failed to identify the need to communicate with the patient in a private space, using the appropriate tone and sensitivity. The Committee also found that the pharmacist did not recognize that her interaction with the patient caused him to suffer from a panic and anxiety attack. They noted that it appeared as though the pharmacist lacked empathy for the patient, and had little to no insight into mental health and addition issues, or the challenges that this patient population faces.

The Committee ordered that the pharmacist appear in person to receive an oral caution, and that she complete remedial training — a specified continuing education or remediation program (SCERP) — on sensitivity and communications.

LEARNING FOR PRACTITIONERS

According to the Standards of Practice, pharmacy professionals must demonstrate professionalism in their daily work. This means treating patients with sensitivity, respect and empathy, and demonstrating personal and professional integrity at all times. Pharmacy professionals must be caring, and exude a professional attitude. Dealing with vulnerable patient populations — like those who suffer from mental health and addiction issues — often requires extra understanding, sensitivity and empathy. As healthcare professionals who provide patient-focused care, pharmacists must have an understanding of each patient's needs and circumstances — something the pharmacist in this complaint did not appear to have. Ultimately, she did not recognize the unique needs of her patient, did not treat him with sensitivity and respect, and therefore was unable to provide appropriate patient-focused care.

Effective communication is critical in pharmacy practice. Pharmacy professionals have a responsibility to communicate with their patients reasonably and ethically, and to ensure that any comments or images communicated are not offensive. Conversations with patients must always have an appropriate tone and understanding. Conversations must also take place in an appropriate setting. It's important for pharmacists to recognize when a more private space is required for a discussion. In this case, the pharmacist failed to realize that the situation called for discretion, and did not ensure the conversation was private.

The Code of Ethics explains the ethical principle of non-maleficence, which outlines the requirement for pharmacy professionals to refrain from harming their patients. Non-maleficence also states that practitioners should respect the patient's right to privacy and confidentiality by preventing unauthorized or accidental disclosure of confidential patient information. In this case, the pharmacist's actions caused harm to the patient by triggering a panic and anxiety attack. As

well, her loud talking caused an unauthorized disclosure of patient information. As such, the pharmacist caused harm to her patient.

All healthcare professionals must ensure that their personal views about a patient — including opinions about a disability, such as in this case — do not prejudice their attitude toward the patient, or affect the quality of service that they provide. In this case, the pharmacist allowed her personal views about the patient to influence the quality of care she provided.

The Standards also state that pharmacists should act as positive role models for others colleagues working in the pharmacy. Although the pharmacy assistant mentioned in this complaint is not regulated by the College, she should have been able to identify appropriate professional behaviour from the pharmacist working in the dispensary. Pharmacists should work constructively with students, interns, peers and other members of their inter-professional team, and act as role models. They have a duty to exemplify the behaviour that is expected of other members of their pharmacy team, including pharmacy assistants. Pc

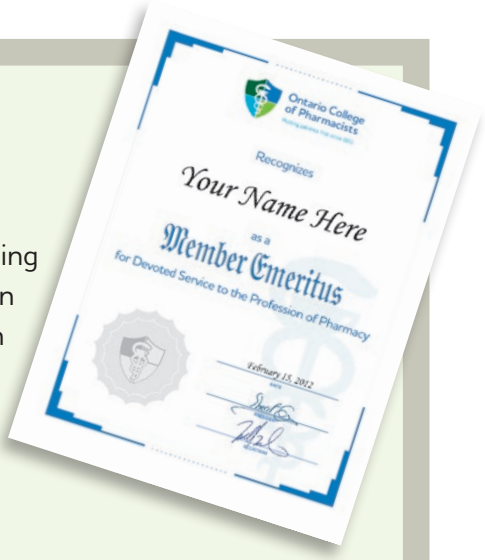
ORAL CAUTIONS

An oral caution is issued as a remedial measure for serious matters where a referral to the Discipline Committee would not be appropriate. Oral cautions require the practitioner to meet with the ICRC in person for a face-to-face discussion about their practice and the changes they will make that will help avoid a similar incident from occurring in the future. It is not an opportunity for the practitioner to further argue their position, provide additional documentation, or attempt to change the ICRC's view with respect to their final decision. For all complaints filed after April 1, 2015, we post a summary of the oral caution and its date on the "Find a Pharmacy or Pharmacist" section of our website.

REMEDIAL TRAINING (SCERPS)

A SCERP is ordered when a serious care or conduct concern requiring a pharmacist or pharmacy technician to upgrade his or her skills has been identified. The ICRC orders SCERPs when they believe that remediation is necessary. For all complaints filed after April 1, 2015, we post a summary of the required program and its date on the "Find a Pharmacy or Pharmacist" section of our website.

Members Emeritus



Any pharmacist who has practiced continually in good standing in Ontario and/or other jurisdictions for at least 25 years can voluntarily resign from the Register and make an application for the Member Emeritus designation. Members Emeritus are not permitted to practice pharmacy in Ontario but will get a certificate, receive Pharmacy Connection at no charge, and be recognized as Member Emeritus.

For more information, contact Client Services at 416-962-4861 ext 3300 or email memberapplications@ocpinfo.com