

*Furthering
Cancer Education
in Nova Scotia:*
**Pharmacists Needs
Assessment**

Executive Summary

November 2002



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This needs assessment was undertaken by *Cancer Care Nova Scotia (CCNS)* to assist in meeting its mandate to facilitate cancer care education for pharmacists. The purpose of this needs assessment was to obtain the best information possible to assist in planning education programs for pharmacists working with individuals and families living with and at risk for cancer. The questionnaire was designed with the assistance of the Pharmacists Advisory Group of CCNS and was based in part, on the CCNS physicians and nurses needs assessment questionnaires, as well as draft Pharmacist Standards of Care. All pharmacists from the list provided by the Nova Scotia Pharmaceutical Society were mailed questionnaires in April 2002 followed by a reminder postcard and a later reminder letter.

The overall response rate was 45%, ranging from 25% to 57% per district after wrong addresses were excluded. The response rate from Capital Health and from all other districts were nearly identical. The responses included 301 completed surveys (36% of the sample) and 69 pharmacists who returned the voucher indicating they did not provide care for cancer patients or their families (8% of the sample). In total, 51 of the 126 hospital pharmacists listed on the database completed the survey (40%) and 239 of 713 community pharmacists completed the survey (34%). Responses were representative of varying community sizes. Thirty-six percent worked in a community greater than 50,000 residents in size; 9% in a community between 25,000 and 50,000 in size; 34% in a community between 5,000 and 25,000 in size; and 21% in a community smaller than 5,000 in size.

Pharmacists were asked about important general topics for Continuing Pharmacy Education (CPE). The top issues for which continuing education are needed included: pain management; symptom management; chemotherapy; supportive and palliative care; and pharmaceutical care. Hormone therapy was also rated as a very important need for community pharmacists. With the exception of hormone therapy, these top issues were

consistent among pharmacists in hospital and community settings, in varying districts and in varying community sizes.

There was no one educational method and setting that would be preferred or accessible to most pharmacists. The preferred methods of receiving continuing education were consistent between hospital and community pharmacists and included Dalhousie CPE programs, meeting /conferences, person to person, and formal courses. There were some differences between hospital and community pharmacists in lower rated methods. Hospital pharmacists were more likely to prefer interactive practice based workshops, interactive video conference CPE programs, and teleconferences than community pharmacists. The preferred locations for hospital pharmacists included their place of employment, a regional or community hospital or a tertiary care hospital. The preferred locations for community pharmacists included their home; place of employment or a university setting.

Pharmacists were also asked about the preferred times and seasons to attend continuing education, as well as their willingness to travel to receive continuing education. Almost all pharmacists were able to attend continuing education during personal time. Most hospital pharmacists were also able to attend continuing education during work time. This was not true for most community pharmacists. The best time of the week for most pharmacists was weekdays during the evening. Other times were much less preferred although many hospital pharmacists also preferred weekdays during the day. The best seasons to attend continuing education were fall, spring and winter, in that order. Most pharmacists were only willing to travel more than 50 km about once or twice a year.

The highest rated supports included: having a list of health professionals and agencies to contact about specific issues; a help line to an oncology pharmacist to consult about specific cancer related problems; a checklist and/or instructions for managing patients and continuing care when a patient returns to their practice; attending

educational sessions and current pharmacy and medical texts/journals. Many hospital pharmacists also rated workplace support (i.e. management promoting continuing education for staff) and Clinical Practice Guidelines as “very important” supports.

Hospital and community pharmacists rated many factors as barriers to improving the care of cancer patients in their practice. The highest rated barriers for hospital pharmacists were lack of staff; lack of time; and costs of prescription medications. The highest rated barriers for community pharmacists were lack of Continuing Pharmacy Education programs in cancer care; costs of prescription medications; and lack of communication with the specialist physician about patients.

There were large gaps between present and needed levels of knowledge and skill to perform effectively as a pharmacist. There was a statistically significant difference between present and needed levels of knowledge and skill to perform effectively as a pharmacist in almost all of the 23 areas listed on the survey related to the standards of care. There were a number of differences between hospital and community pharmacists.

Pharmacists were also asked about the standards of care outlined in the “Specialty Practice Standards for Oncology” draft document by the Canadian Association of Pharmacists in Oncology - CAPHO. Less than 70% of hospital pharmacists rated themselves as having adequate knowledge to achieve three of the six CAPHO standards and less than 70% of community pharmacists had sufficient training and knowledge to achieve any of the six standards.

Many factors contribute to the decision to participate in continuing education although time, scheduled program times, work demands and program relevance appear to be the most important ones. Other important factors included location of educational opportunity, personal interest, approval for Continuing Education Units, and family demands.

As noted above, there were many differences between community and hospital pharmacists in various areas assessed on the questionnaire. There were also some differences by districts and by community size in terms of educational resources, methods and settings. However, there were very few differences in terms of educational needs and priorities, needed supports or knowledge and skills related to standards of care.

The discussion of survey results and a planning session with the Pharmacists Advisory Group of CCNS led to the development of recommendations for the design and implementation of cancer education for pharmacists. It should be noted that these recommendations are part of a larger effort by the Education Advisory Group of CCNS and their implementation depends upon factors such as availability of finances and human resources, as well as various other constraints. The recommendations are as follows:

1. CCNS lead the development of a series of continuing educational modules on the following topics: pain management, symptom management, chemotherapy, supportive and palliative care, and pharmaceutical care; building on what’s already available in those areas. Hormone therapy was also rated as a very important need for community pharmacists.
2. CCNS organize and support the delivery of cancer educational modules through a variety of methods in a variety of settings.
3. CCNS ensure that educational opportunities are made accessible to both hospital and community pharmacists in all districts.
4. A directory of available educational resources and opportunities and a directory of health professionals and agencies who could be called around specific issues would be a useful and credible undertaking for CCNS.
5. CCNS make the final report available to all persons involved in curriculum development so

that full use can be made of the detailed responses regarding knowledge and skills related to each standard of care.

6. CCNS ensure that the Continuing Education modules are practical and relevant. Some modules might be case-study based while others might be delivered in a more traditional format.
7. CCNS work with various stakeholders, such as the Dalhousie University - Division of Continuing Pharmacy Education, The Pharmacy Association of Nova Scotia and The Nova Scotia College of Pharmacists to provide advance scheduling of cancer-related CPE events. It is important to work with these stakeholders to avoid scheduling conflicts with other continuing education events and to coordinate the delivery of a consistent set of educational modules.
8. CCNS establish a Pharmacists Education Subcommittee with representation from across the province, under the CCNS Education Advisory Group, to review these results and to make recommendations for implementation.
9. CCNS support evaluation of new cancer education modules and delivery methods.

If you wish to receive the *Furthering Cancer Education in Nova Scotia: Pharmacists' Needs Assessment, Final Report*, please contact:

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