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Pharmaceutical Care Workshop Report

An Attempt to Develop Pharmaceutical Care Guidelines in Thailand

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ABSTRACT: The purposes of this study were to develop pharmaceutical care guidelines in Thailand and encourage pharmacists in the Northeast to provide pharmaceutical care for their patients after their participation in the workshop. A two-day workshop was held at the Faculty of Pharmaceutical Sciences, Ubon Ratchathani University between January 10 and 11, 1998. A total of 39 people including hospital pharmacists, community pharmacists, and pharmacy faculty members participated in the workshop. Three speakers, (i.e. a physician, a pharmacy faculty member, and a community pharmacist), were invited to give their lectures to the participants in the workshop. To increase more active participation, all participants were divided into groups and worked on their group assignments. At the end of the workshop, the participants were given an opportunity to present their ideas on the group assignments; make comments about the workshop and the speakers; and discuss the pharmaceutical care concept including feasibility, problems, and barriers to provide pharmaceutical care for patients at their pharmacies. It was found that there was a good possibility for Thai pharmacists to provide pharmaceutical care for their patients. However, to achieve this goal, there was, first, a need to educate the pharmacists to understand Hepler and Strand’s concept of pharmaceutical care. Second, both the pharmacists and their pharmacies need to be prepared for implementing pharmaceutical care services. Third, there must be a written guideline for these pharmacists to follow and use it in their pharmacy practice.

Key words: pharmaceutical care, common framework, guidelines, development, problems and barriers, Thailand.

INTRODUCTION

The term "pharmaceutical care" is very common in Thailand among Thai pharmacy educators and pharmacists. In the United States, the concept of pharmaceutical care originated from several forces including changes in the American health care systems and new challenges in the American pharmacy practice. In the past, the main focus of pharmacy was to discover new drugs for many incurable diseases (product oriented). Later on, there was a shift in pharmacy from the product-oriented to a wide variety of pharmaceutical services that pharmacists can provide for their patients (the service-oriented). Nowadays, the new focus of American pharmacy profession has been on the patients (the patient-oriented). What has happened in the American pharmacy was caused by the need to redefine pharmacy focus to meet the new health care challenges. Pharmaceutical care is a new way of the American pharmacy practice which has evolved from many years of research and practice in the pharmacy profession. It may not be the single solution to meet the needs of the American health care system, but it is a practice that American pharmacists can use to take
responsibility for their patients' drug-related needs. Since the introduction of the Omnibus Budget Reconciliation Act of 1990 (OBRA '90) in the United States, American pharmacists must develop a plan to conduct a drug utilization review (DUR) before each prescription is filled and offer to counsel each individual patient who presents a prescription at their pharmacies. These changes and challenges have stimulated American pharmacists to provide patient counseling and pharmaceutical care, update their knowledge of disease states, as well as drugs and therapies for common diseases, and learn how to communicate effectively with their patients by asking questions and listening to their patients.

The introduction of a pharmaceutical care concept in the United States has several impacts on the American pharmacy profession, pharmacy education, and pharmacy practice (1). In brief, the American pharmacy profession is using the concept of pharmaceutical care to increase and promote its pharmacists' roles in the American health care delivery. At the same time, many pharmacy schools in the United States are changing their pharmacy curricula from the bachelor of science degree in pharmacy (B.S.) to the doctor of pharmacy degree (Pharm.D.) in order to graduate qualified pharmacists to be able to provide pharmaceutical care for American patients. Finally, American community pharmacists are currently marketing the pharmaceutical care concept to their patients and fighting for more incomes from cognitive reimbursements.

Most Thai pharmacists seem to know the term, pharmaceutical care, in theory. However, the practical part is still in question. Is it feasible to apply the pharmaceutical care concept to Thai pharmacy practice and environment? If not, what are the problems and barriers to the provision of pharmaceutical care in Thailand? Are there any guidelines available for Thai pharmacists to follow if they wish to provide pharmaceutical care for their patients? The workshop served as an exploratory project to examine these questions in Thailand.

PLANNING AND IMPLEMENTATION

A two-day pharmaceutical care workshop was planned and implemented at Faculty of Pharmaceutical Sciences, Ubon Ratchathani University. Prior arrangement was done approximately three months before the workshop between the first author who was a faculty member at University of Houston College of Pharmacy in the United States and the second author who was Dean of the Faculty of Pharmaceutical Sciences at Ubon Ratchathani University. In this study, arthritis was chosen as the targeted disease for our pharmaceutical care workshop because of its prevalence in the Northeast of Thailand. The site of this study was a pharmacy school because it serves as one of the educational resources for pharmacists who are practicing in this part of the country. The weekend workshop was planned to increase the number of pharmacist participants. The workshop schedule (see Appendix A) was prepared by the Faculty of Pharmaceutical Sciences to meet the two goals and four objectives. Invitations to participate in the workshop were mailed to local hospital pharmacists, community pharmacists, and pharmacy faculty members at other pharmacy schools in Thailand.

AIMS AND OBJECTIVES OF THE WORKSHOP

Two major aims of this workshop were to develop Thai pharmaceutical care guidelines for the selected disease and encourage pharmacists in the Northeast to provide pharmaceutical care for their patients after their participation in the workshop. To achieve these two aims, four specific objectives were outlined as follows: 1) to provide pharmacists with the knowledge of pathophysiology of disease; 2) to educate pharmacists the theoretical and practical aspects of pharmaceutical care; 3) to share with pharmacists the real life examples of how to provide pharmaceutical care for patients; and 4) to increase pharmacists' confidence and ability to deliver pharmaceutical care to patients. The first three objectives were targeted on the first day of the workshop, whereas the fourth objective was achieved on the second day of the workshop.

PARTICIPANTS AND WORKSHOP ACTIVITIES

A total of 39 people participated in the two-day workshop. Of these, seven were hospital pharmacists, thirteen were community pharmacists, and the remaining were pharmacy faculty members from three pharmacy schools, i.e. at Ubon Ratchathani University, Silpakorn
University, and Khon Kaen University. The first day of the workshop began with a lecture on the pathophysiology of arthritic diseases by a physician from the medical school at Khon Kaen University (objective one), followed by a lecture on the concept of pharmaceutical care by a pharmacy administration faculty member from the college of pharmacy at University of Houston (objective two), and a description of the real life experiences of providing pharmaceutical care for patients by a community pharmacy owner in Bangkok (objective three). On the second day, the morning session began with a lecture on the practical aspects of pharmaceutical care by the same pharmacy administration faculty member. Then, all the participants were divided into three groups. Each group was asked to work on different aspects of how to provide pharmaceutical care for their patients (see Appendix B).

In the afternoon, each of the group representatives was asked to present their ideas based on the group discussion. The workshop ended with an overall discussion of pharmaceutical care practices in terms of feasibility, problems, and barriers to providing pharmaceutical care for patients. During the two-day workshop, all sessions were videotaped for an educational purpose.

DEVELOPMENT OF PHARMACEUTICAL CARE GUIDELINES

In this paper, a common framework to develop the guidelines for providing pharmaceutical care in a community pharmacy was discussed to provide an idea for those who are interested in applying pharmaceutical care concepts to their patients. It should be noted that guidelines for pharmaceutical care in other types of practice settings such as hospital pharmacy and nursing home may be different from the ones described for community pharmacy in this article. In this project, the pharmacy administration faculty speaker used the eight practical aspects of pharmaceutical care to assist the participants to develop the pharmaceutical care guidelines. These eight practical aspects of pharmaceutical care included the following items: 1) patient health information; 2) topics for patient counseling; 3) methods of intervention by pharmacists; 4) educational materials; 5) pharmacy renovation and equipment; 6) patient monitoring methods; 7) payment for pharmaceutical care services; and 8) pharmacists’ knowledge and competency (Appendix B).

The workshop began with providing the knowledge to the participants and for pharmacists who wish to provide pharmaceutical care for their patients, here is a general pharmaceutical care guideline that they can follow.

Step 1: Understand the Concept of Pharmaceutical Care

Unlike patient counseling, pharmaceutical care is more complicated and contains multilevel steps of practices that pharmacists can offer to their patients (2). As defined by Hepler and Strand (3), pharmaceutical care is “the responsibility of the pharmacists to provide drug therapy for the purpose of achieving definite outcomes that improve a patient’s quality of life.” The four definite outcomes of pharmaceutical care are: 1) curing of a disease; 2) eliminating or reducing of a patient’s symptomatology; 3) arresting or slowing of a disease process; and 4) preventing a disease or symptomatology. To achieve these four definite outcomes, pharmaceutical care has three major functions: 1) identifying potential and actual drug-related problems; 2) resolving actual drug-related problems; and 3) preventing potential drug-related problems. To understand the pharmaceutical care concept, pharmacists need to be able to distinguish seven unique characteristics of pharmaceutical care. First, pharmaceutical care is a continuous care not an episodic care. Second, it is a specialized or customized care for each patient not a traditional care. Third, it has specific outcomes. Fourth, it must improve patient’s quality of life. Fifth, it is not a service but a care or responsibility. Sixth, it is not a general but a disease specific care. Seventh, it has a patient care focus not a product focus or a service focus.

Step 2: Select the Targeted Disease for Pharmaceutical Care Services

In the United States, pharmaceutical care guidelines have been developed for many types of chronic diseases such as diabetes, hypertension (4), and asthma (5). Therefore, it is important for Thai pharmacists to first select a targeted disease for their pharmaceutical care services. Most of the chronic diseases are targeted for pharmaceutical care because patients with chronic diseases are more likely to have frequent and long-term complications which require a continuous care from their health care
providers. Usually, the disease chosen for pharmaceutical care is based on several factors including the following factors: 1) high prevalence of the disease in the area (there are many people with this type of disease in the area where the pharmacy is located); 2) the most common disease found in their patients (most patients who come to the pharmacy have this type of disease); 3) the unmet needs of special groups in their patient base (pharmaceutical care for this type of disease has not yet been provided for this group of patients in the area); and 4) the pharmacists' competence and knowledge of the disease (the pharmacists themselves have more confidence, knowledge, and skills, to provide pharmaceutical care for this type of disease).

Step 3: Perform Self-Preparation

Once the targeted disease has been identified for pharmaceutical care services, the next step for the pharmacists to do is to design a career development or self-learning assessment ladder to enhance their skills and knowledge for providing required pharmaceutical care services for the selected disease. This is the time that pharmacists need to obtain all the required skills and knowledge to practice pharmaceutical care. To perform self-preparation, pharmacists can choose to attend educational and management training sessions offered by the pharmacy schools or some private training institutions, obtain more information from books and journals through self-research and reading, observe other pharmacists who know how to provide pharmaceutical care to their patients, and pilot a small scale project at their pharmacies by providing pharmaceutical care services to some of their patients as a trial and error.

Step 4: Prepare All Needed Resources to Provide Pharmaceutical Care

The resources needed to provide pharmaceutical care include capital, human, and material resources. At the beginning, pharmacists need some money to renovate the pharmacies, hire extra people to help, and purchase additional equipment for providing pharmaceutical care. Some pharmacies may need a renovation or reorganization of the stores to provide more space for patient counseling or a private area to perform physical assessment of the patients. If the pharmacists are willing to serve as pharmacy preceptors for the Pharm.D. students, they may be able to receive some financial assistance and needed resources from the pharmacy schools in the area. Extra help also can be obtained by accepting pharmacy students for pharmacy rotations or training existing personnel in the store to provide some types of pharmaceutical services. In terms of material resources, it is necessary to have both computer equipment (hardwares and softwares) and some types of medical equipment to perform pharmaceutical care services such as blood pressure screening for hypertensive patients or blood glucose monitoring for diabetic patients. The computer is used to collect patient data, create a patient drug profile, and screen for any drug interactions. In doing so, the pharmacists will need some softwares that are designed to do this type of work for them. Other needed material resources are educational materials for patient education such as pamphlets and brochures, books and journals for references, and so on.

Step 5: Market Pharmaceutical Care to Physicians and Patients

To be successful, there is a need for pharmacists to initiate a physician contact and let them know the importance of working together as a team to manage their patients' treatments. When pharmacists find any drug-related problems, they can inform the patients' physicians and correct the problems right away without delay. Initiating the physician contact helps the physicians to understand what pharmacists are doing for the benefits of their patients. It also creates positive attitudes and receptive working environment between the two professions. Besides the physician contact, pharmacists also need to sell or market the benefits of pharmaceutical care to their patients. It is very important that the patients realize the valuable outcomes of pharmaceutical care because they are the ones who receive the overall benefits. In this case, pharmacists need to communicate with their patients the types of services and the benefits received from these pharmaceutical services because patients' satisfaction is the key to the success of pharmaceutical care.
Step 6: Create a Management Plan to Implement Pharmaceutical Care

To create a management plan to implement pharmaceutical care services, there are several plans that the pharmacists can do. The pharmacists need to prepare an outline of the work flow chart in their stores. For example, when a hypertensive patient first walks into the store, he or she will be greeted by someone who will interview the patient for his or her medical history and information. Based on this, a computer data file will be created for this patient. Next, someone can perform a blood pressure screening for the patient by measuring both the systolic and diastolic blood pressures. After that, the pharmacist counsels the patients on many topics including drug information, exercise and lifestyle, and nutrition needs for hypertensive patients. The pharmacist also can encourage the patient to monitor his or her blood pressure at home by demonstrating to the patient how to measure the blood pressure or the pharmacist can ask the patient to visit the pharmacy occasionally for blood pressure screening.

In providing pharmaceutical care to patients, it is very important that the pharmacists monitor each of their patients closely. This can be done by phone, mail, or personal visit, whichever is the most convenient method for each patient. In doing so, the pharmacists must have a log book to keep record of their patient monitoring. This is what we mean by creating a management plan to implement pharmaceutical care. The pharmacists need to explain a step-by-step procedure starting from the time a patient walks into the pharmacy to the moment he or she leaves the pharmacy. Another type of the management plan is to develop a strategy to market or sell pharmaceutical care services to their patients. This can be done by telling the patients directly what type of benefits they will receive from the pharmacists, letting the patients try the pharmaceutical care services for free at a certain time period, promoting pharmaceutical care services to the patients’ physicians and asking the physicians to recommend their patients to try the services, giving the patients some drug discounts if they decide to try the pharmaceutical care services, and so on.

PROBLEMS AND BARRIERS FOR THE DELIVERY OF PHARMACEUTICAL CARE

During the workshop, all participants were asked to discuss the feasibility, problems, and barriers to provide pharmaceutical care for their patients. In response to these issues, eleven recommendations were identified and discussed during the group discussion. They included but were not limited to the following items:

1) The need to change pharmacists’ attitudes from product and service oriented to patient oriented.
2) The need to make pharmacists understand the concept and practical aspects of pharmaceutical care.
3) The need to educate pharmacists of the pathophysiology of diseases and drugs used to treat the diseases.
4) The need to renovate and redesign their pharmacy stores to provide new services for pharmaceutical care.
5) The need to prepare the educational materials for patients who receive pharmaceutical care.
6) The need to purchase necessary medical and computer equipment to provide pharmaceutical care.
7) The need to initiate a physician contact and familiarize them with the benefits of pharmaceutical care provided by pharmacists.
8) The need to sell and market the pharmaceutical care concept to Thai patients and physicians.
9) The need to have some reimbursement incentives and self-motivation for providing pharmaceutical care to patients.
10) The need to have the appropriate pharmaceutical care guidelines available to pharmacists.
11) The need to have some managerial skills including manpower planning and time management.

REQUIRED SKILLS FOR PHARMACEUTICAL CARE

Pharmacists who provide pharmaceutical care to their patients need to have the skills (6) as follows: 1) to have the indepth knowledge of pathophysiology of diseases and relevant drug therapy; 2) to have an excellent communication skill or be willing to communicate with their patients; 3) to be a good educator, someone who knows how to teach patients effectively; 4) to be a
problem solver, someone who is willing to make every effort to solve the drug-related problems for their patients;  
5) to be a learner and good listener, someone who is willing to learn from patients and listen to what they have to say in drug-related problems; and 6) be a good manager, someone who has the excellent managerial skills and knows how to manage their time, people, and work. These six skills are needed for pharmacists who want to become successful in providing pharmaceutical care for patients. Some of these skills may come from the individual’s own talents, some can be acquired by training and formal education, and yet some are only obtained through several years of working experiences.

IMPLICATIONS FROM THE WORKSHOP

This workshop can be viewed as a pilot project to examine the feasibility of applying pharmaceutical care concept to Thai patients. It also presents the initial framework of how to develop a pharmaceutical care guideline for Thai pharmacists, and identify several problems, barriers, and required skills to provide pharmaceutical care in Thailand. The authors hoped that what the pharmacist participants learned during the two-day workshop would make them realize what they have to face up front and prepare themselves before they decide to provide pharmaceutical care for their patients.

In reality, pharmacists in Thailand can play several dominant roles in managing their patients’ drug-related needs. Thai pharmacists can develop a center in their pharmacies or develop a specialty practice, and make this practice as one of their professional commitments. Thai pharmacists also can work with Thai physicians as a team to identify those patients at high risk of developing the chronic diseases, assess patients’ health care needs, monitor their patients’ drug therapies, educate patients about self-care and the proper use of pharmaceutical products, refer patients to other health care professionals, and carry appropriate inventory of pharmaceutical and medical care supplies. Most patients with chronic diseases have long-term complications which require several complicated tests and procedures to check their health status and a variety of prescriptions and over-the-counter products. Therefore, pharmacists have the responsibility to improve effective disease and drug management for the patients because ineffective management can be very costly to both the patients and society as a whole. For example, the expenditures result from unnecessary emergency care and long-term hospitalization. By taking these roles, pharmacists can fulfill their professional satisfaction, reduce mortality and morbidity associated with the diseases, improve the patients’ quality of life by relieving them from anxiety and financial burden, lower health care costs, and improve better customer relations which may lead to future success of their pharmacies.

In conclusion, pharmaceutical care concept can be applied and practiced by pharmacists in Thailand. For the beginners, the incentives may come from the individuals’ self-motivation and their responsibilities to patients and the pharmacy profession. The tips for the beginner pharmacists are to start small with limited manageable type of services, initiate physician contact, market to patients, and design a self-care development or learning assessment ladder to enhance the pharmacists’ skills for providing comprehensive pharmaceutical care. In general, there are five essential elements for providing pharmaceutical care. They are: 1) establishing a pharmaceutical care database; 2) developing pharmaceutical care plans for desired outcomes; 3) designing interventions to improve patient pharmaceutical care outcomes; 4) adhering to patient screening and monitoring; and 5) continuing the pharmacist and physician link to promote effective patient outcome management (7).

To encourage more pharmacists to provide pharmaceutical care in Thailand, everybody including the Thai pharmacy associations, pharmacy educators, and the government such as the Ministry of Health must know how to play their roles in supporting the provision of pharmaceutical care by pharmacists to their patients. Pharmacy associations in Thailand can take a leadership role to encourage more and more of their members to pioneer their pharmaceutical care services for patients. Pharmacy educators at the pharmacy schools also can provide both educational and practical training to pharmacists who are interested in providing pharmaceutical care for patients. Lastly, there is a need for the Thai government to work with both pharmacy associations and educators to develop the guidelines for pharmaceutical care so that pharmacists can use them in their practices of pharmaceutical care.
ACKNOWLEDGMENTS

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REFERENCES


Appendix A: Workshop schedule

Saturday, January 10, 1998
8:00-8:30 A.M. Registration
8:30-8:45 A.M. Opening ceremony by Dr. Bungorn Sripanidhkulchai, Dean at Faculty of Pharmaceutical Sciences, Ubon Ratchathani University
8:45-10:45 A.M. Pathophysiology of arthritis diseases by Dr. Ratanawadee Na Nakorn, Medical School, Khon Kaen University
10:45-11:00 A.M. Coffee break
11:00-12:30 P.M. Pharmaceutical care concept by Dr. Nawarat Charupatanapong, University of Houston College of Pharmacy
12:30-13:30 P.M. Lunch
13:30-15:30 P.M. Pharmaceutical care practices: the real life experiences by Pharmacist Katha Budiantanukul, owner of Ruanya Pharmacy
15:30-15:45 P.M. Coffee break
15:45-16:30 P.M. Discussion

Sunday, January 11, 1998
8:30-10:30 A.M. The practical aspects of pharmaceutical care by Dr. Nawarat Charupatanapong, University of Houston College of Pharmacy
10:30-10:45 A.M. Coffee break
10:45-12:15 P.M. Group discussion by assignment
12:15-13:15 P.M. Lunch
13:15-15:00 P.M. Group presentations
15:00-15:15 P.M. Coffee break
15:15-16:15 P.M. Discussion of pharmaceutical care, feasibility, practice, and barriers
16:15-16:30 P.M. Closing ceremony by Dr. Bungorn Sripanidhkulchai, Dean of Faculty of Pharmaceutical Sciences, Ubon Ratchathani University

Appendix B: Group discussion assignments

Topic 1: In providing pharmaceutical care to your patients, are there any data that the pharmacists need?
* What are the types of data that you need?
* Where are the sources of these data?
* Design a questionnaire used to collect these data

Topic 2: In providing pharmaceutical care to your patients, what types of topics that you as a pharmacist can counsel with your patients to achieve the goals or outcomes of the treatments?
* List the topics for patient counseling
* For each topic, write some brief statements that you will use during the patient counseling
* Write down the goals and objectives that you would like to achieve for each of the patient counseling topic

Topic 3: After you have the patients' data, what types of intervention(s) that you as a pharmacist can do to solve their drug-related problems?
* Name the types or methods of intervention(s)
* Provide the details for each of your interventions
intervention(s) that you plan to use for your patients

Topic 4: In providing pharmaceutical care to your patients, are there any educational materials that you can use to educate your patients of their drug-related problems?
* Name the types of educational materials that you can use
* Provide the details for each of the educational materials that you plan to educate your patients

Topic 5: In providing pharmaceutical care to your patients, how will you as a pharmacist prepare your pharmacy to provide this type of service?
* What types of renovation or reorganization that you need to prepare your store to provide pharmaceutical care for your patients?
* Are there any additional equipment that you need to purchase to provide pharmaceutical care for your patients?

Topic 6: In providing an effective pharmaceutical care to your patients, how will you as a pharmacist monitor your patients’ drug-related problems?
* What types of techniques or methods that you plan to use to monitor your patients’ drug-related problems?
* Provide the details for each of the techniques that you plan to use to monitor your patients

Topic 7: In providing pharmaceutical care to your patients, how will you charge your patients for this type of service so that the patients are willing to pay for their benefits?
* List the types of methods that you plan to charge your patients
* How much the patients should be charged for this type of service?
* Name different types of services that you plan to offer with the price ranges for each of the services provided

Topic 8: To be able to provide pharmaceutical care to your patients and achieve the targeted outcomes, what do you as a pharmacist need to know?
* List the type of knowledge that you need to know?
* Where are the sources of the knowledge or how can you obtain the knowledge that you as a pharmacist need to know in order to provide pharmaceutical care to your patients effectively?
รายชื่อนามสกุล จารุพัฒน์, บังอรศรีพานิชกุลชัย, คฑาบัณฑิตานุกูล

บทคัดย่อ: การศึกษานี้มีจุดมุ่งหมายเพื่อพัฒนาแนวทางการปฏิบัติงานบริบาลทางเภสัชกรรมในประเทศไทย และสนับสนุนเภสัชกรในการปฏิบัติงานในภาคตะวันออกเฉียงเหนือให้สามารถบรรลุผลในกิจกรรมการจัดประชุม การประชุมเชิงปฏิบัติการจัดขึ้นที่คณะเภสัชศาสตร์ มหาวิทยาลัยอุบลราชธานี เป็นเวลา 2 วัน ในระหว่างวันที่ 10 และ 11 มกราคม 2541 ผู้เข้าร่วมประชุมมีทั้งสิ้น 39 คน ซึ่งประกอบด้วยเภสัชกรโรงพยาบาล เภสัชกรชุมชน และอาจารย์จากคณะเภสัชศาสตร์ต่าง ๆ ทั่วประเทศ 3 ท่าน (แพทย์ อาจารย์เภสัชศาสตร์ และเภสัชกรชุมชน) ได้บรรยายในการประชุม 3 ท่าน มีผู้เข้าร่วมประชุมเป็นกลุ่มย่อยและทำงานเป็นกลุ่ม เพื่อส่งเสริมการมีส่วนร่วมในการประชุม ผู้เข้าร่วมประชุมได้เสนอมุมมองการประชุมของกลุ่มย่อย วิเคราะห์เกี่ยวกับการประชุมและวิทยากร รวมถึงเสนอความคิดเห็นเกี่ยวกับแนวคิดของการบริบาลทางเภสัชกรรมในทางความเป็นไปได้ ปัญหา และอุปสรรคต่าง ๆ ของการบริบาลทางเภสัชกรรมแต่ผู้ที่รับผิดชอบ ผลการประชุมชี้ว่า ผู้เข้าร่วมทำงานอย่างมีประสิทธิภาพให้การบริบาลทางเภสัชกรรมแก่ผู้ป่วย อย่างมีประสิทธิภาพและได้ผลสัมฤทธิ์ ประกาศจะต้องให้ความรู้เกี่ยวกับเภสัชกรในเรื่องแนวคิดการบริบาลทางเภสัชกรรมผู้ป่วย Hoyer และ Strand ประสบการณ์ของเภสัชกรและเจ้าหน้าที่จะต้องเรียนรู้ในการปฏิบัติงานบริบาลทางเภสัชกรรม ประสานงานที่ดี จะต้องมีแนวทางการปฏิบัติงานบริบาลทางเภสัชกรรมอย่างเป็นลายลักษณ์อักษร เพื่อให้เภสัชกรได้รับการปฏิบัติต่อไป

คุณจนท์: การบริบาลทางเภสัชกรรม แนวทางการปฏิบัติ การพัฒนา ปัญหาและอุปสรรค ประเทศไทย