

How to Run a Clinical Sharing Session for Pharmacists

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What is Clinical Sharing?

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Clinical sharing involves a group of pharmacists discussing their experiences of challenging, interesting, rare, or unusual cases in their respective practice settings. It is largely an interactive learning exercise to which all participants contribute, rather than a didactic teaching episode in which a presenter conveys information to an audience.

During a clinical sharing session, there can be a single facilitator or several people, each sharing a case that exemplifies a specific medication-related issue. A pharmacist whose job does not encompass patient-focused care might participate by presenting a "clinical pearl" from his or her current area of practice. This type of learning resembles problem-based learning or experiential learning and takes place in a learner-friendly environment.

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What Are the Benefits of Clinical Sharing Sessions for Pharmacists?

Clinical sharing is one of many tools that pharmacists and other healthcare professionals can use to **improve knowledge, clinical skills, and the application of evidence to practice**; it is not a stand-alone substitute for other teaching and learning methods. Although the main objective of a clinical sharing is to share knowledge and skills to help resolve clinical issues, this mode of learning may have various other objectives:



During clinical sharing sessions, pharmacists often “model” critical thinking, behaviour, and attitudes.

- to provide a mechanism for continuing education;
- to create awareness of current pharmaceutical and medical information affecting patient care (e.g., information provided by the clinical pharmacist to the dispensary pharmacist may be helpful for addressing if inquiries in the evening or on weekends);
- to provide an opportunity to share successful approaches to resolving clinical problems;
- to encourage interprofessional collaboration;
- to aid in the education, mentoring, and training of pharmacy students, residents, and less experienced staff pharmacists; and
- to provide a purposeful experience that helps to close the gap between what participants already know and what they need to know if they are to respond to new situations or new information.

Clinical sharing has taken place informally for as long as medicine has been practiced. Clinicians frequently consult peers and specialists, both formally and informally, with the aims of improving patient care and learning new knowledge and skills. Learning through a problem-based system is at the heart of pharmacy education in the modern era. During clinical sharing sessions, pharmacists often “model” critical thinking, behaviour, and attitudes. They learn how to apply the principles of accurate history-taking, clinical reasoning, decision-making, and professionalism to resolve clinical problems. The principles of evidence-based therapy and best practices are applied for therapeutic workup of all cases. Individuals participating in clinical sharing sessions learn through others' experience.

Experiential learning involves application of knowledge coupled with critical thinking skills. In the clinical sharing session, the focus is on engaging participants. The pharmacist leading the group is encouraged to follow evidence-based guidelines and identify key learning objectives from problem scenarios. The informal format of clinical sharing sessions allows the presenters to use facilitation skills, rather than simply dispensing facts. This approach motivates active participation by members.

Developing Clinical Sharing Sessions

The following information is provided guidelines are intended to assist pharmacists working in hospitals and related healthcare settings in developing a clinical sharing program, as a means of collaborating with and mentoring colleagues, with the ultimate aim of improving patient care and pharmacists' individual practices.

1. Organization

The objectives, structure, and process of clinical sharing should be formalized by the pharmacy department. These organizational aspects can be documented, especially if sharing of content with multiple sites or pharmacists not present for the discussion is desired.



a) Scheduling

Clinical sharing should be held at regular, scheduled intervals, as determined by the participating pharmacists. All pharmacists should be encouraged to attend, regardless of their specific location of work (e.g., dispensary, clinical area, administration or project team, or a combination).

b) Declaration of Conflict

To maintain confidentiality during clinical sharing sessions, patients are generally referred to by their initials. If a current patient must be identified more specifically for the purposes of providing seamless care, and the patient is a family member or friend of any of the participating pharmacists, the pharmacist(s) should declare this conflict, and the group should decide on an appropriate course of action. Depending on the sensitivity of the situation, the pharmacist(s) may want to contact the facilitator ahead of time to discuss and agree on a plan of action before the case is discussed.

2. Resources

Clinical sharing should be considered an important part of the education, continuous quality improvement, and facilitation of teamwork offered by the pharmacy department. As such, it should be supported by the pharmacy administration, and sufficient resources should be made available to allow it to operate cost-effectively, in conjunction with other education programs.

a) Human Resources

A team of people should be assigned or recruited to assist with or facilitate clinical sharing activities, including setting up the meetings, reporting back on outcomes on cases (if appropriate), and management of meeting records.

A designated organizer should ensure that all pharmacy personnel are aware of the schedule and location of meetings, the name of the facilitator for each meeting, the topics assigned (if any), and any special requirements.

b) Forum

The clinical sharing program should use the forum that best promotes participation and encourages active learning and critical thinking by each of the participants. Some of the options that may be available in a particular hospital are face-to-face sessions, telehealth sessions, and web-based sessions (such as webinars).

3. Participation and Promotion

a) Eligibility to Participate

All pharmacists, pharmacy residents, and student pharmacists should be eligible to participate in the clinical sharing program. Other healthcare colleagues may be invited to participate as appropriate.

b) Promotion

At a minimum, the timing of meetings, the expectations of participants, and the procedures to be followed should be explained to all pharmacists in the department. Meeting reminders can be sent by email and/or electronic calendar reminders.

4. Procedures

- a) One pharmacist should be designated the facilitator for each session. This person ensures that each pharmacist has a chance to share and that the discussion stays on track and on time. The facilitator may be involved in follow-up activities after the session, depending on the issues identified.
- b) The room should be set up such that everyone is facing each other (e.g., in a circle), to facilitate discussion.
- c) Given the casual nature of the forum, food and beverages may be allowed, depending on institutional policy for the specific location where meetings are held.
- d) The timing and duration of meetings will depend on the individual site. Meetings should be scheduled for a time of day when the majority of staff will be available, and the suggested duration is 0.5–1 h.
- e) During a clinical sharing session, the pharmacists should take turns presenting recent or current cases that exemplify difficult or interesting clinical problems. Cases should usually be selected according to the process for identifying, preventing, or resolving drug-related issues (i.e., they should focus on specific problems experienced by patients). Occasionally, a case may be selected because it raises controversial issues (e.g., ethics) related to pharmacy practice.
- f) Each pharmacist who is presenting a case should bring clinical notes along with medication/medical profiles of the patient. Patient identity and record numbers should be omitted to maintain confidentiality. The pharmacist should give a brief verbal description of the case, (chief complaint, history of present illness, , past medical history, presenting only information that is relevant to the particular problem under discussion. He or she should then describe the problem, any barriers identified, and potential solutions tried so far. The discussion is then opened up, so that the other pharmacists can offer suggestions. These ideas may involve knowledge, skills, communication strategies, and other approaches.

- g) It is often helpful to formulate a PICO (population, intervention, comparator, outcome) question, to clarify the problem and assist the pharmacist in performing a subsequent literature search and undertaking other aspects of problem resolution.
- h) Pharmacists who may not have recent experience in direct patient care should be encouraged to share “clinical pearls” related to the area where they have been working.
- i) The onus is on the pharmacist who shares a particular case to “own the problem” and to continue attempting to resolve it after the clinical sharing session. Other participants may provide references or other information, as they are able, to help the presenting pharmacist.

5. Information Management

- a) Record of Sessions

The details of each clinical sharing session need not be documented. However, a summary, a clinical pearl, or an action plan may be documented and shared with staff not present at the meeting. If information is documented, care must be taken to avoid recording any details that might identify patients or other healthcare workers.

6. Evaluation

- a) The program can be evaluated by asking participants to provide suggestions for improving the sessions, to indicate if the venue and timing were suitable for their work schedules, and to report if the presentations were useful in terms of acquiring knowledge, skills, abilities, and motivation to improve.
- b) A periodic report of number of sessions held, number of participants attending, and topics covered can be prepared and distributed to management and staff.
- c) Rigorous individual evaluations of performance (similar to what would be done for journal club presentations or resident case presentations) is not considered necessary for these informal sessions.

Appendices: Examples of Clinical Sharing

Appendix A: Sharpening your Observational Skills

[3.1AppendixA SharpeningObservationalSkills.pdf](#)

Appendix B: Getting a 360° Insight into a New Drug

[3.1AppendixB 360Insight.pdf](#)

Appendix C: Harm Reduction: The Best Strategy

[3.1AppendixC HarmReductionBestStrategy.pdf](#)

Additional Reading

Maudsley G. Roles and responsibilities of the problem-based learning tutor in the undergraduate medical curriculum. *BMJ* 1999;318(7184):657-661.

Kolb AY, Kolb DA. Learning styles and learning spaces: enhancing experiential learning in higher education. *Acad Manag Learn Educ* 2005;4(2):193-212.