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Medications Guide

for Alberta Physiotherapists

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This document clarifies the role and boundaries of the scope of practice of physiotherapists in the provision of medication management-related services including medication assistance, medication reconciliation, and medication advising.





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This resource guide was developed to elaborate on medications expectations identified in Standards of Practice and provides practical information to help ensure that the standards are met and that patients receive competent, ethical, quality physiotherapy care.

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Introduction

As patient care providers who work with individuals with complex health needs in continually evolving roles, physiotherapists are aware of the impact that the interventions of other health professionals can have on the patients they serve. The rise of interprofessional practice in health-care delivery demands that physiotherapists increase their awareness of the roles and unique skills that each health professional brings to the interprofessional team and to patient care interactions.

The absence of legislated scopes of practice for health professions in Alberta and an increased awareness of the work of interprofessional team members, can sometimes lead to questions regarding the role of a profession in the delivery of health services not traditionally considered to be within the scope of practice for the profession. This document intends to clarify one such example within the physiotherapy profession, the role and boundaries of scope of practice of physiotherapists in the provision of medication management-related services including medication assistance, medication reconciliation, and medication advising.

Legislation, including Acts that define professional scopes of practice and those that identify restricted activities, are important but are not the only consideration when determining what is or is not within the scope of practice for the profession. While Alberta's *Government Organizations Act*¹ identifies those activities that may only be completed by a regulated health professional, the absence of such restrictions on specific activities does not signify that all regulated health professionals or unregulated health providers have the requisite knowledge, skills, and attitudes (competencies) necessary to safely engage in a given activity.

When considering the role of physiotherapists in medication management activities, the following must be taken into consideration:

- Legislation that pertains to practice (including the *Government Organizations Act*,¹ *Health Professions Act*,² and *Physical Therapists' Profession Regulation*³).
- The natural evolution of the physiotherapy profession.
- Entry to practice education and the Competency Profile for Physiotherapists in Canada (2017).⁴
- Evidence to support the physiotherapists' role in the safe delivery of the service in question.

This document uses the “Is it Physiotherapy?” framework developed by the Canadian Alliance of Physiotherapy Regulators⁵ to discuss three common medication management activities: medication assistance, medication reconciliation, and medication advising.

QUESTIONS AND CONSIDERATIONS



Background

Medications

In Canada, medications are listed on drug schedules based on:

- The drug's inherent risk of dependency, abuse or misuse
- Frequency or severity of adverse reactions
- Margin of safety between a therapeutic dose and a toxic dose
- Need for ongoing monitoring by a regulated health professional to ensure safe and appropriate use

Drugs listed on Schedule 1 are considered the highest risk.⁶ The medications considered by this document include Schedule 1 and 2 drugs prescribed by a duly authorized health professional, in addition to over the counter and unscheduled medications.

The *Government Organizations Act* identifies that it is a restricted activity to prescribe a Schedule 1 drug or to dispense, compound, provide for selling or sell a Schedule 1 or Schedule 2 drug.¹ Alberta physiotherapists do not have the ability to gain authorization to perform these restricted activities.

Physiotherapy scope of practice

In Alberta, regulated health professions do not have legislatively protected and prescribed scopes of practice. However, the *Health Professions Act* does provide the following description of physiotherapy practice.

3 In their practice, physiotherapists do one or more of the following:

- (a) assess physical function,
- (b) diagnose and treat dysfunction caused by a pain, injury, disease or condition in order to develop, maintain and maximize independence and prevent dysfunction,
- (b.1) engage in research, education and administration with respect to health services delivery and the science, techniques and practice of physiotherapy, and
- (c) provide restricted activities authorized by the regulations.² (Schedule 20, Section 3)

Although neither expressly prohibited nor expressly enabled, it is doubtful that the intent and spirit of the legislation in question was to imply that physiotherapists have a role to play in medication management activities, particularly when taken in combination with the restrictions imposed by other relevant legislation.

Physiotherapy entry to practice education

Neither the Entry-to-Practice Physiotherapy Curriculum Guidelines from the Canadian Council of Physiotherapy Programs,⁷ nor the Competency Profile for Physiotherapists in Canada (2017)⁴ contain reference to curriculum expectations or competency milestones related to pharmaceuticals, pharmacology or pharmacokinetics. Physiotherapy entry to practice education regarding pharmaceuticals is typically presented in an integrated manner with other information related to common conditions treated by physiotherapists in primary care and would not provide the foundational competencies required to identify drug errors or omissions, recognize potential adverse drug or drug-disease interactions, or provide patient counselling regarding medications prescribed and how they are taken.⁸ Physiotherapy entry to practice education does not include any instruction regarding medication administration.⁸

Physiotherapy Alberta acknowledges that physiotherapists working in clinical practice settings may develop a working understanding of medications common to their practice setting and patient population served. This tacit knowledge may at times become extensive, but it is Physiotherapy Alberta's perspective that such knowledge does not and cannot replace formal education, evaluation and continuing professional development activity in the field of pharmacy.

A clear distinction must be made between the common physiotherapy practice of obtaining a patient history including a list of medications (prescription and otherwise) that a patient takes to ensure there are no contraindications to physiotherapy treatment, and the activities related to medication advising, medication assistance or medication reconciliation.

Medication Assistance Programs

Medication Assistance Programs are services provided to enable patients to self-manage their medication needs and ensure that medications are taken as intended by the prescribing health-care professional. Assistance is provided to address physical or cognitive impairments which impact the patient's ability to adhere to medication plans. Medication assistance is typically only provided to patients who recognize the need to take their medications and do not refuse to do so.⁹

The task of providing medication assistance is often assigned to unregulated health providers, such as Health Care Aides (HCA) situated in community health-care environments, and may include the specific activities of:⁹

- Providing verbal reminders to take medications
- Assisting the patient to open medication containers
- Observing the patient to ensure that medications have been taken as prescribed

Minimum mandatory competencies

To provide medication assistance, the health-care provider must possess foundational skills to assist with:⁹

- Oral medications
- Transdermal patches
- Topical medications
- Ophthalmic medications
- Otic medications
- Inhaled medications
- Bringing insulin to the client and assisting to prepare the injection site (the patient must be able to self-inject the dose or dial in the correct dose if using an insulin pen).

A physiotherapist who is asked to identify if a patient requires medication assistance must possess the following competencies:

- Expertise
 - Employ a client-centered approach
 - Conduct client assessment to identify client needs and expectations and obtain information about the client's physical and cognitive status
 - Develop, implement, monitor and evaluate an intervention plan
 - Plan, deliver and evaluate programs

- Communication
 - Use oral, non-verbal and written communication effectively
 - Use communication tools and technologies effectively
- Collaboration
 - Promote an integrated approach to client services
 - Facilitate collaborative relationships. This includes sharing information about the physiotherapist's role and knowledge and negotiating shared and overlapping roles and responsibilities
 - Contribute to effective teamwork
- Management
 - Utilize resources efficiently and effectively
 - Ensure a safe practice environment
 - Supervise others⁴

Legislation and education considerations

When medication assistance is provided to a patient residing in community, the medications are prescribed, dispensed, compounded and sold by a duly authorized health professional. The patient self-administers the medication with the assistance of a HCA whose role is to remind the patient to take their medications or to provide physical assistance to the patient to enable them to take their medications as prescribed.⁹ While the actions of prescribing, dispensing, compounding and selling medications are restricted activities under the *Government Organizations Act*, the latter activities of providing reminders and physical assistance are not.¹

There is no legislative barrier to having a regulated or unregulated health professional engage in the provision of medication assistance, rather it is a question of competence.

At entry to practice, physiotherapists are expected to possess the competencies necessary to identify that a patient requires medication assistance. However, due to the absence of specific instruction in medication administration in their professional programs, physiotherapists would not possess the competencies needed to provide medication assistance.

Given that physiotherapists do not have the required competencies to provide medication assistance, they are also unable to provide supervision of unregulated health providers delivering these services.¹⁰

Therefore, the setting in which medication assistance is provided and the supervisory relationship between the physiotherapist and the HCA are essential considerations for the delivery of this service. In some community settings, the physiotherapist may identify that a patient requires medication assistance which is then provided by an HCA at the direction of the HCA's employer. In this case, the HCA's employer is responsible to ensure the HCA possesses the competencies to provide medication assistance, and to ensure that appropriate supervision is provided by a regulated health professional employed by the same organization. In other circumstances, a physiotherapist may identify the need for medication assistance, and would need to collaborate with another health professional who then takes responsibility for the assignment and supervision of the service by the HCA.⁹

Physiotherapy Alberta's position

A physiotherapist may be competent to identify that a patient requires medication assistance due to the presence of physical or cognitive impairments but would not be competent to provide or supervise medication assistance. Physiotherapists should also be cognizant of the risks they incur by engaging in medication assistance activities. As with the provision of advice about OTC medications, patients will have higher expectations of quality and safety of medication assistance provided by a physiotherapist or other regulated health professional.

Advice to the profession

Employer expectations and role descriptions do not alter the underlying education and essential competencies that physiotherapists possess. When working in multidisciplinary teams and expected to take on tasks related to medication assistance, physiotherapists should be aware of the limitations of their education and scope of practice and should leverage the skills and competencies of other members of the interprofessional team to ensure that safe and effective care is delivered.

Medication Reconciliation

Medication reconciliation is a process of reviewing a patient's prescribed medications, over the counter and non-prescription medications, and substance use to facilitate patient safety and mitigate against adverse drug events. The purpose of completing medication reconciliation is to:

- Identify any errors or changes in prescription medications and how medications are being taken
- Identify any concerns with medications prescribed or patient adherence with prescribed medications
- Counsel patients about their medications
- Resolve any discrepancies between the patient report and the last known medication list^{11,12}

The process of medication reconciliation is endorsed by the Canadian Patient Safety Institute and accreditation organizations to enhance patient safety and reduce the risk of adverse drug events, and includes the following steps:

- Generation of a Best Possible Medication History (BPMH)
- Clarifying that the medications and doses are appropriate, identifying discrepancies and bringing them to the attention of the prescriber
- Making changes to the patient's medication orders and reconciling the information in the medication record to ensure that the final medication list is accurate and reflects any changes made^{12,13}

Minimum mandatory competencies

- Expertise:
 - Able to collect accurate and complete information about all medications (prescription, non-prescription) and substances currently used by the patient, reasons for non-adherence of medications.
 - Able to complete a medication reconciliation record according to best practices.
 - Able to resolve discrepancies, duplications or drug interactions during patient interaction process.
 - Checks for omissions, dosing errors, continuation of medications discontinued elsewhere, drug interactions, drug-disease interactions.

- Communication:
 - Communicates effectively with the patient about their medication.
 - Uses open ended questions to assess patient knowledge of medications.
 - Assesses compliance with medications and reasons for non-compliance.
 - Able to verbalize how limited health literacy can impact medication compliance.^{12,13,14,15}

Effective medication reconciliation processes require that the health professionals performing the related activities possess key competencies related to pharmacology, medication indications (appropriate dosing) and medication interactions and skills necessary to provide patient counselling related to medications (use, compliance). Members of the multidisciplinary team most commonly involved in medication reconciliation process are physicians, pharmacists and nurses.^{12,13,16}

Legislation and education considerations

Some aspects of Medication Reconciliation are restricted activities under the *Government Organization Act*¹ (resolving discrepancies between medications ordered and those taken), while others are not (obtaining the patient's medication history). Other activities, while not restricted, require knowledge and competence in pharmaceuticals (clarifying that medications and doses are appropriate) that is beyond the education and skills of physiotherapists and not within scope of practice for the profession.

There is a question regarding the role of physiotherapists in generating a best possible medication history (BPMH).

A clear distinction must be made between the common physiotherapy practice of obtaining a patient medication history to ensure there are no contraindications to physiotherapy treatment and the more exhaustive history gathered through a BPMH. The BPMH is obtained by gathering information from the patient and comparing this with the last known medication list (from the physician, or recent admission). The BPMH is the first step in a process of reviewing a patient's prescribed medications, and how they are being taken. Details gathered through a BPMH include not only the medications the patient takes, but also their dose, frequency, timing and mode of delivery.

The individual obtaining the BPMH must employ effective communication strategies to elicit information about medications and substances taken in addition to those prescribed, and details regarding missed doses or other signs of non-adherence with prescribed medications.^{12,13}

Physiotherapy Alberta's position

It is Physiotherapy Alberta's position that duly trained physiotherapists may have the required competencies to obtain a patient history of medication use to the level of detail required to complete a BPMH. In circumstances where the BPMH constitutes a purely clerical task of confirming the medications taken, their dose, frequency, timing and mode, physiotherapists may engage in the activity.

However, in circumstances where any discrepancies are identified between the medications prescribed and the patient's reported medication use, or where judgement is required regarding the appropriateness of medication or other substance use, the physiotherapist must collaborate with a member of the interprofessional team possessing the necessary competencies to address the patient's medication needs and ensure patient safety.

Organizations wishing to assign medication reconciliation activities to physiotherapists must develop and implement policies and procedures designed to ensure that any medication concerns noted will be addressed in a timely and appropriate manner by a team member who possesses the necessary competencies to do so. Such policies and procedures must reflect the limited entry to practice knowledge and skills of physiotherapists with regards to medication reconciliation and must hold patient safety as their paramount consideration. Physiotherapists who engage in medication reconciliation activities must reflect upon their personal skills and competencies and be cognizant of the risk incurred to patients and themselves when engaging in these activities, especially if the supports and safeguards described are not in place.

Advice to the profession

Physiotherapists who engage in the practice of obtaining a BPMH must be cognizant of their limited knowledge of pharmaceuticals and the risks to patient safety inherent in the physiotherapist's involvement in the practice. They must identify health professionals with additional expertise in medication management and nurture effective communication and collaborative relationships with these individuals.

Employers who establish physiotherapist roles that include obtaining a BPMH must recognize the skills and competencies of physiotherapists and the boundaries to their performance of this activity and provide practice supports to facilitate patient safety. Such supports may include:

- Additional training
- Checklists and standardized interview questions
- Data collection templates
- Policies and procedures

Where structures and processes are not in place to support interprofessional team work and patient safety, physiotherapists are advised to not engage in the process of obtaining a BPMH and to refer patients to duly authorized and competent prescribing health-care professionals.

Medication Advising

When it comes to medication advising, a clear distinction must be made between the actions of advising or directing appropriate medication use, and the common physiotherapist experience of reinforcing the importance of the patient taking medications as they have been prescribed. Similarly, the term “medication advising,” as used in this document, does not refer to the practice of directing the patient back to the prescribing professional for clarification and direction regarding their medication use.

For the purposes of this document, the term “medication advising” means “to recommend for use” and includes the specific activities of providing information or direction regarding:

- How to take medications correctly
- How often to take medications
- How much medication to take
- Where to obtain medications
- When to discontinue medication use

Minimum mandatory competencies

Expertise:

- Ability to identify and access current, comprehensive sources of pharmacy information, medication guidelines and drug profiles.
- Knowledge of indications and appropriate dosing of all medications prescribed to the patient.
- Knowledge of interactions, adverse reactions and summative actions of prescribed medications, non-prescription medications and other substances.
- Awareness of time sensitive medications and their use (time sensitive medications are those medications which must be taken within a narrow window of time each day to ensure efficacy).

Communication:

- Ability to elicit details of prescription medication use, frequency, dose during patient interview.
- Ability to elicit thorough information regarding non-prescription over the counter medication use and other substance use (e.g., alcohol, tobacco, cannabis).
- Ability to effectively communicate with and counsel patients about their medications (prescriptions, current use, recommended use).

Scholarship:

- Identify, retrieve and evaluate relevant pharmaceutical information, using evidence-informed approaches, to ensure safe and effective patient care.^{9,15}

Legislation and education considerations

The activities that constitute medication advice are not restricted activities under the *Government Organizations Act*.¹ However, although there is no legislated restriction on physiotherapy engagement in these activities, the activities do not fit within the description of physiotherapy provided by the *Health Professions Act*.²

As previously discussed, entry to practice education does not enable the physiotherapist to develop the competencies described. Furthermore, the pace of change in the pharmaceutical industry is rapid, with new medications introduced weekly, and updates to prescribing guidelines and adverse reaction profiles exceeding the knowledge capacity of health professionals who dedicate their careers to this area of practice.

It is acknowledged physiotherapists working in clinical practice settings may develop considerable tacit knowledge regarding medications common to their practice setting and patient population served; however, this knowledge is unlikely to be exhaustive nor to extend to unrelated conditions or areas of clinical practice. Furthermore, physiotherapists do not typically have access to the resources available to assist with safe medication prescribing/advising by duly authorized health professionals.

Physiotherapy Alberta's position

Physiotherapy Alberta endorses the Canadian Alliance of Physiotherapy Regulators (CAPR) position on over the counter medications (OTC). As stated by CAPR, when a patient self-selects an OTC medication they “assume personal responsibility” for their medication choices. However, when a regulated health professional recommends the use of an OTC medication, patients give greater weight or credence to the advice, and the health professional assumes responsibility for the advice given.¹⁸

It is also noted that OTC medications, while by definition “low risk,” are not without risk if administered incorrectly. Managing the risks inherent to OTC medications includes understanding not only the mechanisms of action, indications and contraindications of the OTC medication itself, but also the potential adverse reactions and adverse drug interactions between the OTC medication and any other medications or health conditions relevant to the patient in question.

Given that drugs listed on Schedule 1 and 2 have inherently greater risks than those available over the counter, the importance of avoiding medication recommendations regarding these classes of drugs would only be greater than for OTC medications.

Given the lack of entry to practice education and competence assessment designed to develop the competencies identified above, Physiotherapy Alberta’s position is that physiotherapists do not possess the necessary competencies to engage in medication advising.

Advice to the profession

Physiotherapists are advised to avoid providing recommendations regarding medications due to:

- The significance such recommendations are accorded by patients.
- The lack of foundational pharmaceutical knowledge that physiotherapists possess.
- The risk of adverse drug-drug and drug-disease interactions, and risk of patient harm that arises from such interactions.
- The risk of professional liability arising from the provision of medication recommendations.

Physiotherapists are advised to direct patients to seek medication advice from their pharmacist, physician, or other duly authorized prescribing health professional.

Risk Mitigation

All medication-related activities carry some degree of risk to patient safety, however; the risks vary by the activity in question and the skills and competencies of the health-care provider engaged in the activity. Factors that impact these risks include:

- The extent of entry to practice education regarding the activity in question.
- The demand for autonomous decision making.
- The intensity of involvement in the activity.
- The supports in place to facilitate safe patient care.

The information in this position paper is predicated on the understanding that when physiotherapists engage in medication-related activities they incur significant risks both to themselves and for the patients they serve.

- Medication-related adverse events are among the most common types of adverse events.¹²
- One study estimated that 1 in 3 home-care patients are at risk for a medication error.¹²
- Medication-related adverse events can result in significant harm, up to and including death.
- This range of harms may arise both from prescription medications or from drug interactions between prescribed medications and over the counter or non-prescription medications/substance use.
- Of all physician-related medico-legal cases over a 5-year period, 18% were related to medication issues.¹⁹
 - Of all cases with medication reconciliation issues, 83% resulted in unfavorable medico-legal outcomes for physicians.¹⁹
 - 58% of the patients involved in medication reconciliation related medico-legal cases died or had serious clinical outcomes.¹⁹

Physiotherapists must be thoughtful about the risks they and their patients are exposed to through the physiotherapist's involvement in medication-related health-care activities. When robust in nature and systematically implemented, appropriate risk mitigation strategies and processes may decrease the risks to both patient and provider, however; it is unlikely that all risk can be eliminated. With this in mind, physiotherapists must be intentional in their choice to engage in or decline to engage in these activities.

Scenarios

Scenario 1: Advising on over the counter medications

A patient comes to the clinic for an assessment of acute neck pain. The patient reports that they are not currently taking any medications, then asks the physiotherapist if they should be taking an over the counter anti-inflammatory. What can the physiotherapist say in response?

As already stated, it is outside the scope of physiotherapy practice to provide recommendations regarding medication use. Therefore, the physiotherapist should not provide direction about what medications to take or how often to take them.

This does not mean that the physiotherapist cannot provide patient education about medications, provided they have the knowledge to do so. For example, the physiotherapist could say the following:

“The best people to talk to about the medications that are right for you are your physician or your pharmacist.

I can say that anti-inflammatories may help to reduce some of the pain and swelling you are currently experiencing. I also understand that how frequently you take some anti-inflammatory medications will impact whether you experience a primarily pain-relieving effect or an anti-inflammatory effect.

However, as with all medications, anti-inflammatories come with side effects, and can interact with other medications and supplements you may be taking. I recommend that before you start taking anything regularly you to speak to your doctor or pharmacist.”

Scenario 2: Advising on changes to prescription medications

A patient with Parkinson's disease reports that their doctor recently increased the dose of one of their medications and that since then they've been experiencing dizziness and nausea. The physiotherapist regularly works with people with Parkinson's Disease and knows that these are common side effects of the medication. The patient is not due to see their doctor again for several weeks. The patient asks the physiotherapist about going back to their old dose of the medication. What should the physiotherapist do?

The physiotherapist should not make any recommendations to the patient about changing the dose of their medications. Providing specific suggestions about medication use or dose is not within the core competencies of the physiotherapy profession. Furthermore, the physiotherapist is not likely to know the physician's rationale for the change in dose, the intended outcome, anticipated side-effects or how those side effects can be mitigated.

However, the physiotherapist does have a duty of care to the patient and has a few options for how to support the patient's optimal care. The physiotherapist may encourage the patient to speak to their pharmacist or physician about the situation and recommend that the patient not wait until their next appointment to do so. The physiotherapist could also choose to directly contact the physician to discuss what the patient is reporting and facilitate more rapid follow-up by the physician.

Scenario 3: Conducting a best possible medication history

A patient has just been discharged from the hospital following a total joint replacement. A physiotherapist has been asked to review the patient's hospital medication record and compare it with the one that their pharmacy has provided since they have returned home. Can the physiotherapist do this? What should they keep in mind?

A duly trained physiotherapist who understands the process and importance of gathering a “best possible medication history” may choose to engage in the task of comparing the two documents. Before they do so they should consider the following:

- What employer policies are in place to ensure patient safety when the physiotherapist is engaging in this task, and are those policies and procedures followed by the health-care team of which they are a member?
- What will they do if they identify any discrepancies in the two documents?
- What resources or supports are in place to enable them to address discrepancies identified? (For example, is there a pharmacist on the health-care team who can address discrepancies on an urgent basis?)

The physiotherapist should not take on the role of interpreting the appropriateness of the medication orders or any other task that requires knowledge and medication-related expertise.

Similarly, a physiotherapist would not have the knowledge and skills necessary to identify if a patient's BPMH included “high risk” medications. However, they could use their observation skills to identify if the patient exhibits certain, pre-determined risk signs, (e.g., the patient is on a pre-specified number of medications deemed to be a risk threshold, or showing objective evidence of unopened bubble packs), and report this information to a health-care team member with the competence, mandate and a pre-defined service timeline to follow up on the concerns the physiotherapist identifies.

Scenario 4: Referring for medication assistance by an unregulated health provider

The physiotherapist is completing an intake assessment for a new patient who lives in a designated supported living facility, and notices that the patient has significant arthritic changes to her hands. The patient is cognitively intact and agreeable to taking her medications but identifies that she sometimes misses her pills as she is sometimes unable to open their packages or get help to do so. The physiotherapist would like to arrange for one of the facility's Health Care Aides (HCA) to come in and help the patient by opening the packages for her. Can the physiotherapist do this? What does the physiotherapist need to keep in mind when arranging the support?

Physiotherapists clearly have the necessary skills and competencies to identify when physical impairments are impacting function.

However, the physiotherapist is not qualified to supervise medication assistance activities performed by an HCA, so another duly qualified health professional will need to agree to do so. The physiotherapist will need to collaborate with the facility to ensure that there are health-care professionals on staff who are willing and able to supervise the HCA in providing the assistance.

Scenario 5: Requesting changes to prescription medications

A physiotherapist works as a homecare case manager. Today the physiotherapist heard from a nurse working with one of the patients for which the physiotherapist is the case manager. The nurse informed the physiotherapist that the patient has been given a prescription for antibiotics that is “wrong” and that the physiotherapist needs to call the patient’s doctor to get it “fixed.” What should the physiotherapist do?

The physiotherapist is not the best person to discuss the nurses’ concerns about the medication, nor would they have the necessary skills to recognize an “appropriate” medication prescription or ask clarifying questions to ensure that the corrected prescription was complete and appropriate. The physiotherapist should direct the nurse to contact the health professional who prescribed the medication to discuss their concerns and obtain the corrected order.

Scenario 6: Providing medication assistance

A physiotherapist works in homecare within a low-income neighborhood. Many of their clients are marginalized, and several have mental health concerns. One of the physiotherapist’s patients requires court-ordered daily assistance to ensure that his anti-psychotic medication is taken as prescribed. The patient does not need assistance to take the pill, but a health-care worker must bring the medication to him and observe him taking the medication. The physiotherapist’s nursing colleagues know that the physiotherapist is going to see the patient and ask if the physiotherapist can take the medication to the patient and observe the patient taking the medication. Can the physiotherapist do this?

This looks like a simple request; however, the physiotherapist should carefully consider how they would react if the patient had questions about their medication, had developed new symptoms that led them to question whether they should take their medication, or deviated from the “plan” in any way.

Does the physiotherapist have the skills necessary to make sure that the patient takes their medication rather than pocketing it? If they are signing a document to say that the patient took the medication, are they prepared to take responsibility for this? Does the physiotherapist have the necessary knowledge to answer the patient’s questions about interactions between the medication and other substances they’ve consumed? Does the physiotherapist have the necessary knowledge to provide patient education and information if the patient identifies changes in their health status, or to independently identify such changes? If there is a problem, is there an on-call nurse or pharmacist available that the physiotherapist can easily reach for direction and assistance?

Overall, engaging in this activity exposes the physiotherapist and the patient to risk. The physiotherapist should ask themselves:

- Is this an emergency?
- Are there other health professionals better qualified to provide this support to the patient?
- Are there additional processes and professional supports in place to ensure patient safety?

If it is not an emergency and there are other health professionals on the team who are better qualified to provide the assistance, or if robust processes and supports are not in place to ensure patient safety, the physiotherapist should not engage in the activity.

Conclusion

Specific employee roles may include employer expectations of participation in medication-related activities. Similarly, physiotherapists may encounter significant pressure from patients to comment on medication practices and use. This does not replace the individual's responsibility to know the scope of practice for the profession, relevant legislation, and their individual competence to engage in these activities.

In addition to asking if there are legislative or education-related barriers to engaging in medication-related activities, physiotherapists should consider if they are in fact the best person to provide medication advice, engage in medication reconciliation or provide medication assistance. Physiotherapists must be cognizant of the skills and competencies of the interprofessional team members involved in the patient's circle of care and with whom they work, and of their own limitations.

With the risks inherent in medication-related activities and the prevalence of significant negative adverse outcomes in mind, having competent individuals engaging in medication-related activities should be the foremost priority for health professionals, employers, and health regulatory organizations. Therefore, we recommend that when physiotherapists engage in medication-related activities they do so with the utmost caution and leverage the skills and competencies of other members of the interprofessional team to optimize patient safety and mitigate the potential for medication-related adverse events.

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