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## Guidelines for Medication Education for Occupational Therapists

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## Guidelines for Medication Education for Occupational Therapists

### Abstract

Taking medications is a vital health management activity for people with chronic health conditions. These individuals must take their medications as prescribed to receive the intended benefits and minimize negative effects. Many people with chronic health conditions do not know essential information about their medications, which limits their ability to take their medications as prescribed. Occupational therapists regularly engage in client education to enhance performance of health management. When addressing medications, however, additional considerations are needed because of the highly regulated, interdisciplinary, and complex nature of this occupation. The purpose of this practice guideline is to describe the integration of best practices in patient education, medication education, and the occupational therapist's scope of practice. Procedures for screening, evaluation, and intervention are discussed.

### Keywords

patient education, medication adherence, occupational therapy

### Cover Page Footnote

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Taking medications as prescribed is an important aspect of medication management (American Occupational Therapy Association [AOTA], 2017). An estimated 61% of adults and 89% of seniors take one or more prescription medications every day (Allin et al., 2017; Kim & Parish, 2017; Kirzinger et al., 2019). Many medications prevent harm. For example, anti-hypertension medication reduces the risk of a cardiovascular event. Other medications are used to ameliorate symptoms. For example, persons with arthritis take medication to treat pain and manage inflammation. For medications to be effective, however, clients must take their prescribed medications accurately and consistently (Zongo et al., 2019).

Researchers estimate that 30%–50% of people with chronic conditions have poor medication adherence (Jüngst et al., 2019; Kim et al., 2018; Oung et al., 2017; Scheiman-Elazary et al., 2016). Poor medication adherence results in higher rates of hospitalizations, morbidity, and mortality (Kim et al., 2016; Kim et al., 2018; Roebuck et al., 2018). While there are many reasons that people fail to take their medications, lack of medication knowledge is one factor known to impact medication adherence (Yap et al., 2016).

Many medication consumers demonstrate knowledge deficits relating to their prescription medications (Okuyan et al., 2013; Romero Sanchez et al., 2016). In a recent study of primary care clients, 30% were unable to name at least one of their prescribed medications, 19% did not know the purpose of their prescribed medications, and 30% had misconceptions about their prescribed medications (Fredericksen et al., 2018). The evidence suggests that these knowledge deficits persist for three reasons. First, clients fail to be educated about their medications when prescribed (Richard et al., 2017; Young et al., 2018). Second, clients, particularly those with poor health literacy, may fail to understand the medication education provided to them (Lee et al., 2017; Mayo-Gamble & Mouton, 2018). Finally, clients simply forget the information after the educational session (Richard et al., 2017).

There are interventions designed to enhance clients' medication knowledge. A recent review found medication education interventions are effective in increasing client knowledge of medications (Conn et al., 2016). However, these interventions are designed to be implemented by professionals, such as pharmacists, doctors, and/or nurses. Occupational therapists are a valuable member of the medication adherence team (Schwartz & Smith, 2017). While other professionals focus on the prescription, administration, and initial training related to medications, occupational therapists serve a unique role that focuses more on the daily occupation of taking medications in a home environment (AOTA, 2017; Schwartz & Smith, 2017). Therefore, occupational therapists need interventions that complement their skills and are in their scope of practice. The purpose of this paper is to provide practice guidelines for medication education specifically to occupational therapists, including the professional, theoretical, and evidence-based foundations. Guidelines for evaluation and intervention are discussed as well.

## **Foundations**

### ***Professional Documentation***

Several professional documents support the role of occupational therapists in addressing medication knowledge deficits:

- The fourth edition of the *Occupational Therapy Practice Framework* identifies medication management as an aspect of health management, which places addressing this occupation in the scope of practice of an occupational therapist (AOTA, 2020).
- The position paper, “Occupational Therapy’s Role in Medication Management,” supports the role of occupational therapists in addressing medication management, with specific considerations for addressing medication knowledge (AOTA, 2017).

- *AOTA's Societal Statement on Health Literacy* encourages occupational therapists to enable clients to understand and use health-related services, information, and education to promote self-management (AOTA, 2011).
- The position paper, “The Role of Occupational Therapy in Primary Care,” indicates the role of the occupational therapist working in primary care to work with persons with chronic health conditions to support self-management and health promotion (AOTA, 2014).

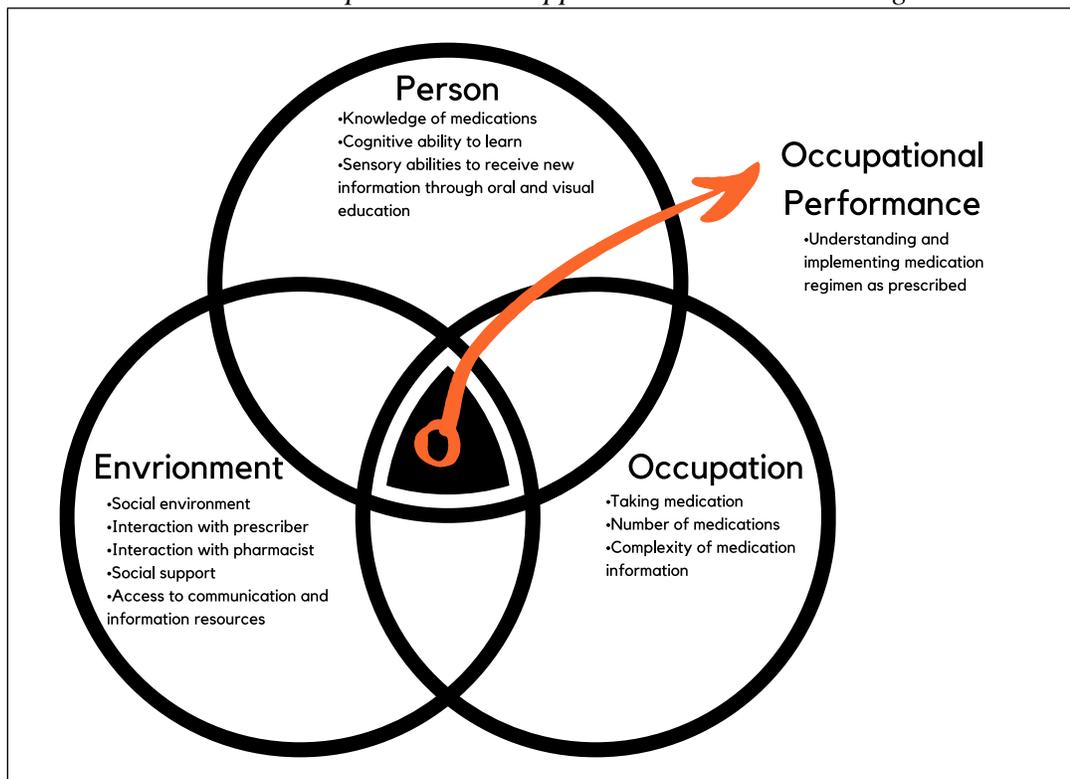
Taken together, these professional documents provide broad support to evaluate and treat clients' medication knowledge. Greater knowledge results in improved self-management, which improves overall health and well-being (Dineen-Griffin et al., 2019).

### **Theory**

The specific aspects of the evaluation and intervention guidelines are driven by the Person-Environment-Occupation Model (Law et al., 1996). Person, environment, and occupation factors impact a client's ability to understand and act on health information to take medications as prescribed. Figure 1 demonstrates considerations across categories. The guidelines for evaluation encourage occupational therapist to investigate person, environment, and occupation factors affecting ones' knowledge of their medication. The intervention tools guide therapists to strengthen person factors and provide adaptive strategies to navigate environmental factors, such that occupational performance of understanding and implementing medication information can be improved.

**Figure 1**

*Person-Environment-Occupation Model Applied to Medication Management*



**Evidence**

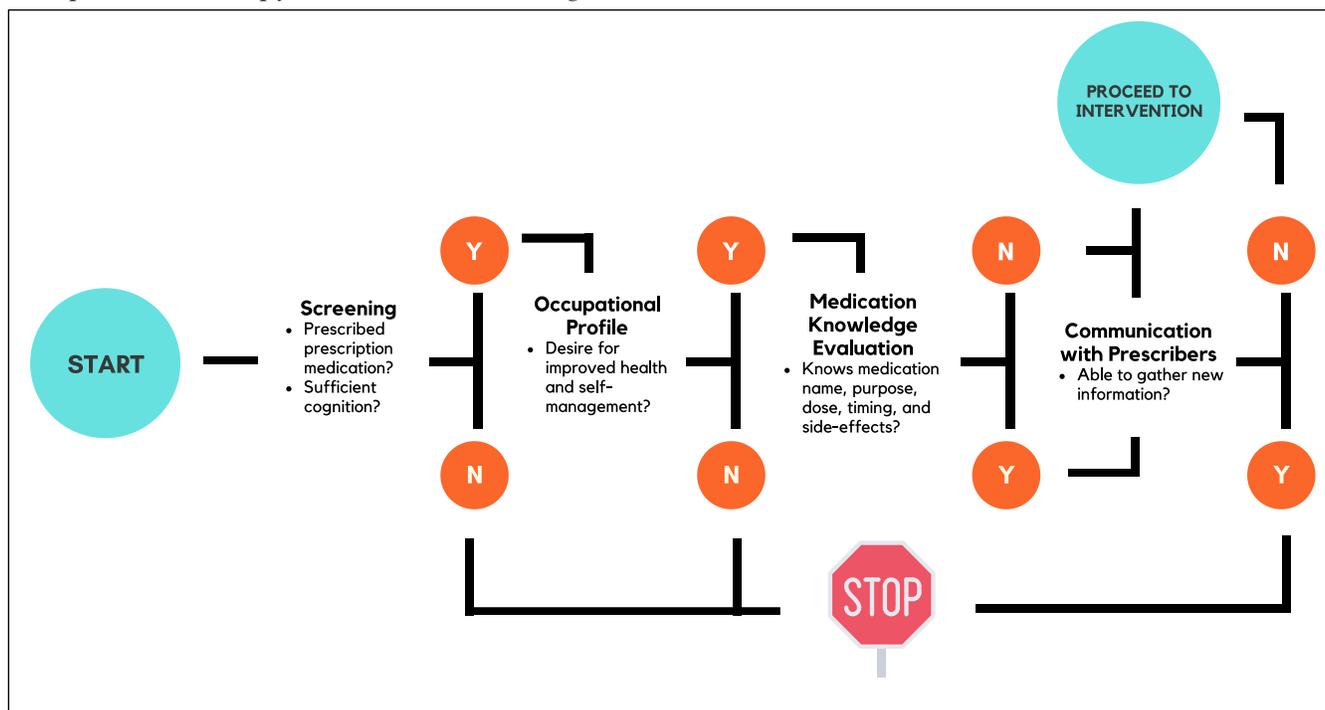
While best practices are still emerging on how to communicate medication information with clients (Mullen et al., 2018), these practice guidelines have been developed based on the existing evidence from the field of patient education and medication adherence (Howell et al., 2017; Rush et al., 2018; Wilhelmsen & Eriksson, 2019). Assessment tools in the evaluation section are standardized and have established psychometric properties in the acceptable range (Lorig et al., 1996; Okuyan et al., 2013; Orwig et al., 2006; Somerville et al., 2019; Taylor, 2017). Evidence for intervention suggests that the intervention should be individually tailored, include interaction by a trained individual, and offer supplemental written information (Pinchera et al., 2018; Walsh et al., 2016). The intervention described in these guidelines include all of these evidence-based components. Because of the strong foundation in professional documentation, theory, and evidence, occupational therapy practice consistent with these guidelines is anticipated to improve client knowledge of their medications and subsequently their ability to self-manage their condition.

**Evaluation Guidelines**

The evaluation should consist of a screening, occupational profile, evaluation of medication knowledge, and tools to guide intervention. Occupational therapists should start with the screening and then move on to further evaluation as appropriate (see Figure 2).

**Figure 2**

*Occupational Therapy Medication Knowledge Evaluation Guidelines*



**Screening**

The screening process will help to identify occupational therapy clients who are appropriate for further evaluation and potentially for intervention. Specifically, clients appropriate for this evaluation and intervention include persons who are or will be prescribed medications and who have sufficient cognition to participate in an educational intervention. A chart review can identify the client’s prescribed

medications, health conditions associated with prescribed medications, and discharge location. If this information is not available in the chart, it can be obtained through a brief semi-structured interview with the client.

### ***Occupational Profile***

For clients who meet the screening criteria, the occupational therapist should begin with an occupational profile to understand the client's goals for their plan of care (AOTA, 2020). To be appropriate for this intervention, clients should indicate a desire for better health and well-being with an interest in enhancing their self-management behaviors.

### ***Medication Knowledge Evaluation***

Clients who are deemed appropriate through the screening and occupational profile process should progress to a medication knowledge evaluation. Medication knowledge evaluations are typically semi-structured interviews that evaluate the client's knowledge of the name, purpose, method, timing, side effects, and missed dose protocol for each of their medications. There are a variety of standardized tools to facilitate this process, such as the Medication Management Instrument for Deficiencies in the Elderly (MedMaIDE) (Orwig et al., 2006) or the Medication Knowledge Evaluation Tool (Okuyan et al., 2013). The In-Home Medication Management Performance Evaluation (HOME-Rx) also has a strong medication knowledge component and was designed with considerations for occupational therapy (Murphy et al., 2017). When scoring, occupational therapists should use reliable drug information. Reliable information can be found on the medication label, the drug manifest, which is the instruction paper accompanying a prescription, or a reliable resource, like MedlinePlus (American Society of Health-System Pharmacists, Inc., n.d.). Comparison of the client's responses to the reliable health information will ensure that the client is properly identifying things such as the medication purpose and side effects. Clients who fail to demonstrate full knowledge for all of their medications can benefit from intervention.

### ***Tools to Guide Intervention***

There are two types of tools that help the occupational therapist plan the intervention. First, the medication knowledge evaluation tool, used in the previous step, can be used to identify which components of the client's medication regimen require additional education. Education should only be provided for information regarding specific medication or aspects of medication in which there is a knowledge deficit. In addition, this tool will identify the details of the client's medication regimen. This includes the number of medications and when they should be taken. It also provides information about the method of administration (e.g., orally, injection, inhalation, etc.).

The last component of a knowledge assessment investigates how the client interacts with the prescriber to gain new knowledge. The Communications with Physicians questionnaire assesses the client's behaviors in seeking new information about prescribed medication from the prescriber (Lorig et al., 1996). Specifically, the questionnaire evaluates if clients prepare a list of questions, ask questions when there are knowledge deficits, and describe problems, like side effects, related to a medication. The occupational therapist can also engage in an interview and ask questions such as:

- What do you do when you are prescribed a new medication?
- What do you do when you have a question about a medication?

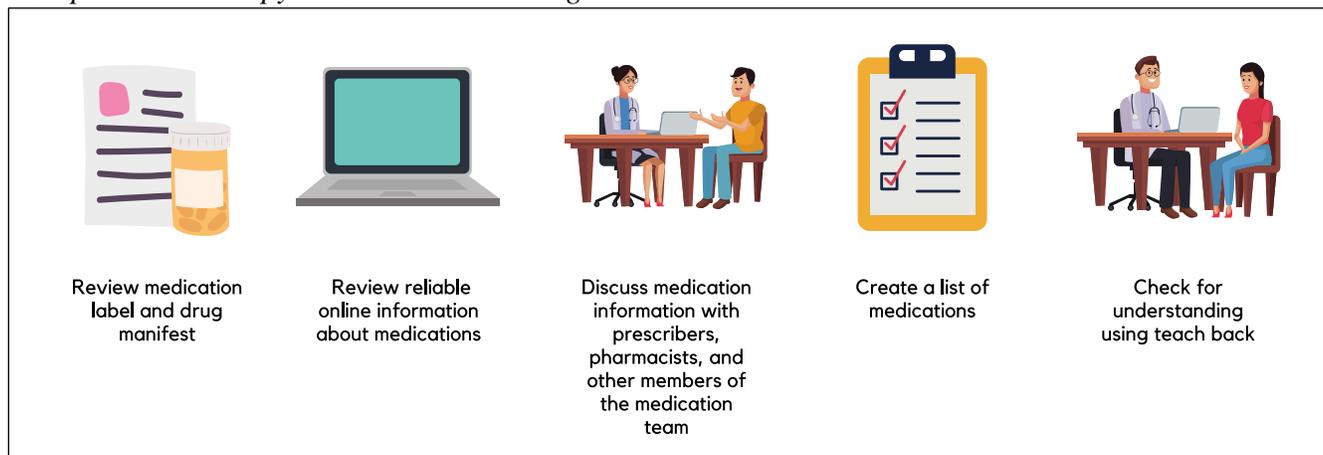
Questions that allow the therapist to evaluate how the client operates elicits more detailed and thorough responses than yes/no questions.

### Intervention Guidelines

All interventions should be tailored to the client such that education is only provided in areas where there is a knowledge deficit. The occupational therapist can educate the client on current medications, as well as the process for learning about future medications, so skills learned during the intervention can be applied to future prescriptions (see Figure 3).

**Figure 3**

*Occupational Therapy Medication Knowledge Intervention Guidelines*



The therapist should begin with the medication label and accompanying drug manifest. These resources contain key information. The occupational therapist can help the client to find these materials and to identify important information. Often, these materials are difficult to read as they are in small font and filled with medical jargon. These materials can present significant challenges to understanding for persons with cognitive and/or visual impairments. The occupational therapist can help to adapt the task so that the client can access the information.

If the client needs more information about the medication, the therapist should help the client to identify reliable medication information online. There are a number of reliable online resources. For example, MedlinePlus is a free online resource from the National Library of Medicine, part of the National Institutes of Health, that provides accurate and easy to understand health information. In addition to accessing information about health conditions, MedlinePlus users can access a consumer database about drugs and supplements. Therapists can use the information in this database to educate clients directly about their medication. They can also engage in skills training on how to look up medications using reliable online resources.

Clients can also learn about their medication by talking with their prescriber, pharmacist, or nurse. Often clients are prescribed multiple medications from various health care professionals. Subsequently, it may be difficult for them to know who to contact and how to contact them. Occupational therapists can engage in skills training to help clients determine which health care professional to contact, how to contact them, and what to ask when they meet with the health care professional.

For many clients, particularly those with complex health conditions, it is advised to keep a list of medications to share with all of their health care providers. The occupational therapist can help the client to develop a process for recording a list of their current medication names, administration method, dose,

dosing schedule, purpose, start and stop dates, as well as any notes. Therapists can recommend a template, such as the one used by the AARP (2011).

At the end of the session, it is important for the therapist to assess the effectiveness of the education intervention and to determine if there are any outstanding knowledge gaps using the teach-back method. Using this approach, clients are asked to use their own words to describe what they learned from the therapist (Agency for Healthcare Research and Quality, 2017). During the process, the therapist evaluates for any continued gaps in knowledge and then engages in reteaching. Yen and Leasure's (2019) systematic review found that use of the teach-back method was associated with improved client satisfaction, patient perceptions and acknowledgements, disease self-management and knowledge, and health related quality of life. Use of this method also reduced post discharge readmissions.

### Timing

While clients can always benefit from knowledge regarding their medication, it is important to time the evaluation and intervention such that it has the optimal impact. Particularly in the acute and inpatient settings, the client's medication regimen may change several times before it is finalized by the medical team. Often after a hospitalization, a client's medications are again adjusted by their primary care provider. This is because the medical team is constantly evaluating the client's response to medication and adjusting the type, brand, and dose to maximize benefit and reduce negative side effects. Medication knowledge evaluation and intervention in inpatient settings should be completed as close to discharge as possible to ensure that the client is educated on the medication regimen that they will use at home. Further, they should be informed of the possibility for additional medication changes.

### Conclusion

Occupational therapists engage in education every day with their clients. Medication education is an important topic area that should be covered with clients charged with taking their medications. Given the highly regulated and interdisciplinary nature of medication adherence, it is important for occupational therapists to follow best practice guidelines. These guidelines apply best practices to the occupational therapists' scope of practice. They also provide important context to interdisciplinary members of the medication team to demonstrate the unique role occupational therapists can play in helping clients to understand not only their current medications, but also strategies to learn more about future medications. Taking medications as prescribed is vital for the health and well-being of occupational therapy clients. With these guidelines, occupational therapists can help their clients to perform an essential health management skill.

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