

# Educating healthcare practitioners with the "Medication-Related Consultation Framework" model to develop their consultation skills

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## ABSTRACT

The purpose of this paper is to educate healthcare practitioners with the Medication-Related Consultation Framework model to enhance their consultation skills. The model breaks down into four phases each of them highlighting key behaviours essential to medication-related behaviours and hence promoting adherence. The approach used here is strongly patient-centered with identifying the patient's role as active and not passive. It enhances the knowledge of healthcare practitioners and digs deeper into the MRCF model to fully elaborate and explain the different phases of the mentioned framework. The consultation framework teaches how to make effective a healthcare professional's consultation by simplifying it. It is important to understand that the medication-related consultation framework is a structured process. It has a patient-centered approach and shared agenda to discuss the patient's medication-related issues and promote adherence. As mentioned earlier the consultation amplifies that the patient's role is active and not passive in the process.

**Keywords:** Medication-Related Consultation Framework, MRCF, Consultation Skills, Healthcare Practitioners, Communication, Patient-Centered Approach, Management.

## Introduction:

A good consultation is essential for the management of a particular disease or condition of a patient. However, a good consultation may be very different for both the healthcare practitioner and the patient. So it is essential to have a patient-centered approach and shared agenda to make effective a consultation.

A practitioner should obtain all the relevant data from the patient, take a thorough history and then discuss the treatment options with the patient. To ensure both parties are satisfied one can follow the "Medication-Related Consultation Framework" model to make a good consultation. It is mandatory to understand that an effective consultation is a structured process. MRCF, has been carefully designed to help practitioners evaluate and develop their skills when dealing with patients about medicines-related issues.

There are four stages of the MRCF model. The first stage of the consultation is scene setting, whereby both the healthcare practitioner and patient establish a therapeutic relationship. The main goal of this is to encourage the patient to share their experiences and idea of their illness and its treatment. Key behaviours include:

\* Self-introduction and confirming the patient's identity.

- \* Outlining the purpose and discussing the structure of the consultation.
- \* Asking the patient to discuss their medication or health-related issues.
- \* Negotiating a shared agenda for the consultation.

Phase two of the consultation includes gathering information from the patient about their medicine-taking behaviour. Also, exploring their understanding about their illness and its treatment. The key behaviours include:

- \* Obtaining medication history.
- \* Exploring the patient's understanding of their prescribed treatment.
- \* Eliciting the patient's understanding of their illness.
- \* Asking the patient about any concerns related to their treatment.
- \* Gathering relevant social history.
- \* Inquiring about medication-taking behaviours, including adherence and reasons for missed doses.

The third phase of the consultation primarily involves the aims and solutions and thus devising and effective management plan where the patient is an active participant in the consultation and not passive. It includes behaviours like:

- \* Information about medication relating to the patient's illness and beliefs, including a discussion of risks and benefits.
- \* Involving the patient in designing their treatment plan.
- \* Clear advice on how and when to take medications, the duration of treatment, and follow-up plans.
- \* Assessing the patient's ability and understanding to adhere to the plan.
- \* Making appropriate referrals to other healthcare professionals when required.

Then, during the closing phase of the consultation, one should negotiate safety netting strategies with the patient which includes discussing what needs to be done if the patient faces difficulties following the agreed treatment plan. This section ensures the consultation concludes effectively and safely. Key behaviours include:

- \* Summarizing the key points discussed with the patient.
- \* Negotiating safety-netting strategies and advising the patient on what needs to be done if problems arise.
- \* Allowing the patient to ask further questions.

## **Conclusion:**

To conclude, it's important that any consultation is structured to elicit the patient's agenda in terms of their medication related needs. It requires exploring the patients understanding of their illness and treatment, addressing their concerns and involving them in any decision made. This is why and what makes MRCF a very useful tool. The MRCF can be a valuable tool for healthcare practitioners to develop and refine their consultation skills in several ways. For example:

- \* Self-assessment:

Practitioners can use the MRCF as a checklist for self-assessment and to reflect on their current consultation practices. They can identify areas of improvement and hence work on them.

- \* Designing educational programs and training sessions: Since the learning is structured, educational programs and training sessions can be designed around the different portions of the MRCF, focusing on communication techniques as well as patient-centered approaches.

- \*Setting goals: The MRCF helps healthcare practitioners set specific goals for enhancing their consultation skills.

- \* Patient Feedback: This too makes the consultation more effective as patient feedback is essential. It eliminates consultation errors and improves communication and engagement.

- \* Continuing Professional Development: The MRCF can be integrated into CPD activities, encouraging practitioners to update themselves with the latest version of consultation skills and behaviours.

## **Recommendations:**

To effectively implement and maximize the impact of MRCF education, the following recommendations are proposed:

1. Incorporate MRCF into Existing Curricula and Training Programs:

Incorporate the principles and key behaviours of the MRCF into undergraduate programmes, postgraduate training and continuing professional development. This would lay a foundation for patient-centered communication.

2. Develop Engaging Educational Resources: This includes interactive workshops and simulations, video demonstrations and case studies and creating accessible and flexible online modules that cover MRCF and its benefits.

3. Bring into play Train-the-Trainer Programs:

- \* Develop programs to equip healthcare professionals and educators with the required knowledge and skills to effectively teach the MRCF to their colleagues and trainees.

\* Provide ongoing support and resources to MRCF trainers to ensure smooth delivery of information.

4. Organizing joint training sessions to promote interprofessional learning: This would allow practitioners from different healthcare professions to collaborate and hence discuss commonalities and differences alongside a shared understanding of effective consultation skills.

By implementing these recommendations, healthcare and educational institutions can effectively teach practitioners the skills to conduct patient-centered medication-related consultations. This could ultimately lead to better patient experiences and hence improved health outcomes.

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