

flourish

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Also in the Edition

DIABETES MANAGEMENT
IN COMMUNITY
PHARMACY

THE ANTIMICROBIAL
RESISTANCE PRINCIPLE
IN A RETAIL PHARMACY

HOW DELEGATION CAN
TRANSFORM YOUR
INDEPENDENT PHARMACY

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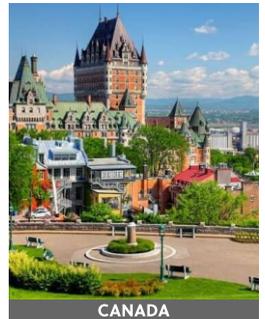
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EDITOR'S NOTE

Dear Readers,

Welcome to the 15th edition of the Flourish magazine, dedicated to providing valuable educational content for the community pharmacy practice. As we strive to support and empower this vital sector, we have curated a diverse range of articles, insights, and practical knowledge to enhance your professional growth and optimize patient care. In this edition, we explore the effect of passion, impact, and consistency to stand out, thrive and build a strong network of community pharmacy chains even in difficult environments with Pharm. Talatu. We also shared how she was able to combine this excellent work with leadership roles.

We recognize the significance of staying informed and up-to-date in an industry that demands constant adaptation. To that end, we included pieces on emerging healthcare trends such as the Antimicrobial resistance principle in a retail pharmacy, the Management of diabetes and polycystic ovarian syndrome in a community pharmacy, how pharmacists can contribute to the curbing of the growing popularity of organic creams, and many more. These articles aim to equip pharmacists with the knowledge and tools needed to provide comprehensive pharmaceutical care.

Furthermore, we are excited about our partnership with DiversifyRx, a Texas-based capacity-building organization dedicated to helping pharmacy owners create profitable and thriving pharmacies. In our commitment to professional development, we have dedicated a section of this magazine to an article by our new partners on how pharmacy owners can improve efficiency through delegation.

As an advocate for community pharmacy, we value your feedback and contributions. We encourage you to actively engage with our magazine by sharing your thoughts, ideas, and success stories via forflourishmag@gmail.com.

We hope you find this edition of our magazine informative, inspiring, and empowering. We remain committed to serving as your trusted source of educational content, empowering you to thrive in the ever-evolving world of community pharmacy.

Thank you for your continued support.
Sincerely,



Oni Timileyin Omolayo
Editor-in-Chief

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DIABETES MANAGEMENT IN COMMUNITY PHARMACY

Pharm. Monioluwa **Laniyan**



Introduction

The increased burden caused by chronic metabolic diseases is alarming, globally. There is a rising need for the implementation of comprehensive management programs for these conditions at the primary healthcare level. The most common of these chronic but non-infectious diseases are diabetes mellitus and hypertension, which affect the majority of the population in developed and developing countries. One of the highlighted recommendations is the involvement of community pharmacists in the management of these chronic diseases, which has produced favorable outcomes in a variety of community pharmacy healthcare settings. The role of community pharmacists in the management of these chronic diseases cannot be

downplayed because of their proven track record in helping patients achieve their therapeutic and lifestyle goals, through the provision of pharmaceutical care. In addition, community pharmacists are also closest to the patients, as a result, most patients will first visit the community pharmacy before going to the hospital.

Understanding Diabetes

According to the Centers for Disease Control and Prevention (CDC), diabetes mellitus is a chronic health condition that affects how the body turns food into energy. The body usually breaks down food eaten into glucose (sugar), which is then released into the bloodstream. When the blood glucose level gets elevated, the pancreas is signaled to release insulin, which helps to take up

excess sugar to be converted into energy for body use. Diabetes sets in when the body cannot make enough insulin to mop up excess blood glucose or when the cells no longer respond to the insulin released.

There are two basic types of Diabetes Mellitus (DM):

Type 1 diabetes mellitus: This is caused by an autoimmune reaction where the body stops making insulin. This accounts for about 5–10% of people who have diabetes. It's mostly found among children and young adults. The symptoms are usually instantaneous and start within a short period of time. It cannot be treated but can be managed by the daily administration of insulin.

Type 2 diabetes mellitus: This is caused by the body's (muscle, fat, and liver) cells becoming resistant or insensitive to the insulin released. It can also occur as a result of the pancreas not producing enough insulin to mop up the excess sugar load in the bloodstream. It accounts for about 90–95% of the population with type 2 DM. As opposed to type 1, this develops over a long period of time and can be prevented through healthy lifestyle modifications. Just like type 1, it cannot be cured once developed but can be managed by a daily administration of oral medications and lifestyle modifications.

There are other sub-forms of diabetes mellitus.

Prediabetes: This is when the blood sugar levels are consistently higher than normal but not high enough to be

diagnosed as diabetes. With adherence to appropriate lifestyle modifications, this can be treated and prevented from advancing into diabetes.

Gestational diabetes: This form of diabetes occurs in pregnant women and usually goes back to normal after delivery. However, with this, there is a higher chance of the woman or baby (when older) developing type 2 diabetes.

The role of the community pharmacist in the management of diabetes

Diabetes is a demanding condition that requires daily care, thereby putting a lot of pressure on the healthcare system in order to provide treatment and counseling. The major goals of its management are to keep the blood glucose as close to normal as possible, to prevent progression into complications, and to improve the patient's quality of life. These goals can be attained when patients are adherent to their medications and lifestyle changes. The role of pharmacists will then include helping patients manage their complex daily drug therapy and providing appropriate and adequate patient education.

The quality of life for people with diabetes can be improved by the pharmaceutical care services offered in the community pharmacy, which can be used in conjunction with clinical diabetes treatment to ensure safe and effective medication use. By ensuring patients adhere to their medication as directed, short-term and long-term complications can be

recognized, prevented, and their awareness increased.

The roles of the community pharmacist can be summarized as follows:

1. Selection of an appropriate and individualized hypoglycemic management plan. Plans should be worked out with the patient together with the managing physician to aid adherence to therapy.
2. Counseling on an appropriate diet and exercise routine to supplement drug therapy management.
3. Patient education on self-monitoring of blood glucose levels (SMBG).
4. Patient follow-up via calls, sms and emails.

Diabetic management in the community pharmacy

1. **Monitoring of glucose levels**
 - a. **Random blood sugar test:** can be performed at any time, and a value of 200 mg/dl or higher indicates diabetes.
 - b. **Fasting blood glucose test:** this is a measure of the blood glucose level after an overnight fast (for about 8 - 12 hours). A blood glucose level of 99 mg/dL or lower is normal. Prediabetes is indicated with a value of 100-125 mg/dL and diabetes at 126 mg/dL.
 - c. **Glucose tolerance test:** blood glucose levels are measured before and after taking a glucose-containing liquid. The fasting blood glucose test is taken before drinking, then the test is repeated after 1 to 2 hours. If the blood glucose level after 2 hours is 140 mg/dl or less, it is considered

normal. Prediabetes is defined as 140-199 mg/dl, while diabetes is defined as 200 mg/dl or higher.

2. **Setting clinical goals:** Goals should be individualized for each patient. The pharmacist should take the preferences, risk of further complications, comorbidities, and life expectancy of the patient into consideration. These goals include:
 - a. Achieving blood glucose level targets
 - b. Adherence to medications
 - c. Promoting physical activity and dietary change
 - d. Prevention of progression into complications
 - e. Management of comorbidities, which include high blood pressure and high lipid levels.

This can be done innovatively via designing a customized journal online for the patient where all the test results and visit report can be documented for ease of monitoring and evaluation of the patient's status. All these will help eliminate symptoms and either prevent or slow the progression of diabetic complications. These complications can be microvascular or macrovascular.

3. **Pharmacotherapy:** The classes of antihyperglycemic agents used in the management of diabetes include:
 - a. **Oral antihyperglycemics**
Biguanides e.g. Metformin;
Sulfonylureas (insulin secretagogue) e.g. Glimepiride; Meglitinide derivatives (short-acting insulin secretagogues) e.g. Repaglinide; Alpha-glucosidase inhibitors e.g. Acarbose; Thiazolidinediones (TZDs)

e.g. Pioglitazone; Glucagonlike peptide-1 (GLP-1) agonists e.g. Exenatide injectable solution or suspension; GLP-1 and glucose-dependent insulintropic polypeptide agonists e.g. Tirzepatide; Dipeptidyl peptidase IV (DPP-4) Inhibitors (incretin hormones) e.g. Sitagliptin and Linagliptin; Selective sodium-glucose transporter-2 (SGLT-2) Inhibitors e.g. Dapagliflozin and Empagliflozin; Amylinomimetics e.g. Pramlintide; Bile Acid Sequestrants (adjunct therapy) e.g. Colesevelam; Dopamine agonists e.g. Bromocriptine.

b. Insulins

- Rapid-acting insulin, e.g., insulin aspart (Novolog) and insulin lispro (Humalog)
- Short-acting insulin, e.g., Regular insulin (Humulin/Novolin R)
- Intermediate-acting insulin, e.g., Insulin NPH (Humulin/Novilin N).
- Long-acting insulin, e.g. Insulin glargine (Lantus or Lantus solostar)

- i. Metformin monotherapy is the preferred initial pharmacotherapy for type 2 diabetes. This is for patients who have not had previous cardiovascular diseases. Second-line therapy can include an SGLT-2 inhibitor or a GLP-1 receptor agonist.
- ii. It is advised that for patients who are at risk for or have established atherosclerotic cardiovascular diseases (ASCVD), kidney disease, or heart failure, SGLT-2 inhibitors or GLP-1 agonists be initiated.
- iii. Early combination therapy can be commenced if the patient is at high risk of quick treatment failure.

iv. It is recommended that up-to-date guidelines are followed in the initiation of therapy and should be tailored to the clinical needs of the patient, taking other co-morbidities into consideration.

4. Lifestyle measures: this can be done in two basic ways.

a. Dietary modifications

- Mediterranean-style diet: this is a diet that focuses mainly on plant-derived foods and healthy fats like beans, veggies, fruits, nuts, sea foods, whole grains, and olive oil.
- Limit foods rich in saturated fats and trans fats.
- Focus on whole grain carbohydrates instead of starchy carbs since they are very rich in fiber and digest slowly enough to keep blood glucose levels stable.
- Avoid foods high in sodium and beverages with added sugars.
- Food portion control

b. Exercise modification: There is a reduction in risk factors with moderate weight losses of about 5–15% through physical exercise, and aerobic exercises have also been shown to increase the sensitivity of body cells to insulin. Hence, patients should be encouraged to engage in moderate exercise for at least 150 minutes per week.

Adherence to both measures should be emphasized during the clinical visit and throughout the patient's management, as they have a great effect on the overall level of control of the diabetes.

5. Monitoring and evaluation of goals.

- The ABCs of diabetes should be promoted, where A stands for the A1C test (glucose level tests), B stands for blood pressure monitoring (BP should be less than 140/90 mmHg), C stands for cholesterol level for low density lipoproteins (LDL should be less than 100 mg/dl), and S stands for smoking cessation.
- Self-monitoring of blood glucose levels (SMBG) should be encouraged for diabetic patients. This should be more frequent for patients using insulin, insulin secretagogues, or taking multiple insulin injections because they are more susceptible to the adverse effects of hypoglycemia. Patients should be educated on self-monitoring of their blood glucose levels using the blood glucose meter, assisted in the selection of a good glucometer, and properly trained on the use and maintenance of the device.
- The response of patients and their adherence to pharmacotherapy should be monitored on a regular basis. Monitoring of HbA1C levels should be done twice a year for those with stable glucose levels and quarterly for those not meeting therapy goals.

Key notes on drug-drug, drug-food interactions

Glipizide or any other sulfonylurea should be taken with food because glipizide is designed to manage blood glucose spikes from meals. After taking glipizide, the pancreas releases

insulin within about 30 minutes — this leads to blood glucose lowering. So taking it on an empty stomach, there's a risk of the blood glucose getting too low (also called hypoglycemia). Taking glipizide 30 minutes before a meal helps prevent hypoglycemia. Drug-drug interaction with glipizide: Certain medications can make the blood glucose higher, making it harder for glipizide to do its job such as:

Corticosteroids, like prednisone and dexamethasone
Atypical antipsychotics, like clozapine (Clozaril) and olanzapine (Zyprexa)
Hydrochlorothiazide (Microzide).
On the other hand, taking glipizide with the following medications can raise the risk for hypoglycemia:
Other diabetes medications, like insulin or repaglinide
Antifungal medications, like fluconazole (Diflucan) or miconazole
Fluoroquinolone antibiotics, like ciprofloxacin (Cipro) or levofloxacin
Beta blockers, like metoprolol (Toprol XL, Lopressor) or atenolol (Tenormin)

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MANAGEMENT OF POLYCYSTIC OVARIAN SYNDROME

Pharm. Monioluwa **Olaniyan**



Introduction

Polycystic ovary syndrome, also known as a polycystic ovarian syndrome (PCOS), is a health problem common to women. It is caused by an imbalance of the reproductive hormones and usually occurs during the reproductive years. It is one of the most common causes of infertility in women. It can start at any period after puberty, but many women don't discover PCOS until they begin to have infertility issues later on in their reproductive years.

Epidemiology

It's a health problem that affects 1 in 10 women of childbearing age. PCOS has a prevalence of 4–12% in reproductive-age women in the United States and 6.5–8% in some European literature reviews. Although, according to reviewed studies, there hasn't been a population-based survey that evaluated the prevalence of PCOS in Nigeria, it has been shown to affect 1 in 6 infertile women, and local studies have reported that it affects

between 13.8% and 18.1% of women in their reproductive age.

Causes

The exact cause of this condition is unknown, but key characteristics of this condition include menstrual irregularities, anovulation (the ovary not releasing eggs during the menstrual cycle), hyperandrogenism, raised blood testosterone levels, and inappropriate gonadotropin secretion resulting from ovarian dysfunctionalities.

Some factors can contribute to the development of PCOS, and they include:

- 1. Heredity:** It is a genetically heterogeneous syndrome. According to research, a family history of type 2 diabetes in a first-degree relative is linked to an elevated risk of metabolic abnormalities, impaired glucose tolerance, and type 2 diabetes in a large cohort of women with PCOS.

2. Hyperandrogenism: the body producing excess androgens can interfere with ovulation.

3. Hyperinsulinemia caused by insulin resistance can increase the risk of type 2 diabetes and obesity, leading to severe insulin resistance. It also induces excess production of androgen by the theca cells, causing elevated androgen levels.

4. Hormonal imbalance: low levels of sex hormone-binding globulin, and elevated levels of testosterone, luteinizing hormone, and prolactin (in some women). These all contribute to the development of PCOS, although the main reason for the imbalance is unclear.

Signs and symptoms

The main features are:

Irregular menstrual cycle: This can present as having fewer or missed periods or periods that come often or last longer than normal. The irregularities in the menstrual cycle can lead to the following:

- Polycystic ovaries: the ovaries get bigger as a result of the development of many immature egg-containing follicles around the edge of the ovaries. The ovaries contain a large number of follicles that are about 8mm in size.
- Hirsutism caused by excess androgen: This is a term for excess hair on the face, chin, and other parts of the body where men usually have hair.

Other symptoms include weight gain and difficulty losing weight, acne, and pattern baldness or hair loss on the scalp.

Complications

- Infertility.
- Gestational diabetes or pregnancy-induced high blood pressure.
- Non-alcoholic steatohepatitis: a condition where the liver becomes severely inflamed as a result of a build-up of fat in the liver.
- Type 2 diabetes mellitus or pre-diabetes.
- Metabolic syndrome is a cluster of conditions including high blood pressure, high triglycerides and

unhealthy cholesterol, cardiovascular diseases, and high blood sugar levels.

- Endometrial hyperplasia and carcinoma: Prolonged anovulation results in constant stimulation of the endometrium with oestrogen but without progesterone. This can lead to cancer of the endometrial wall.
- Depression and anxiety
- Sleep apnea

It's important to note that obesity worsens the complications, and that is why lifestyle modifications to control weight gain are very important.

Diagnosis

Before going into the main diagnosis of PCOS, there are some differential diagnoses. This means that the symptoms of PCOS match some of these conditions, and for an accurate diagnosis, additional tests must be carried out.

These include ovarian tumors, thy, and thyrotoxicosis; amenorrhea; lactogenic Cushing syndrome; gigantism, and acromegaly.

The diagnosis workup includes:

1. Discuss symptoms, e.g., menstrual period changes and weight changes.
 2. Physical examination: this includes checking for signs of hirsutism and acne.
 3. Pelvic examination: checking the reproductive organs for the development of growths and masses.
 4. Biochemical blood tests: this includes fasting cholesterol and triglyceride blood levels.
- Hormonal blood test: The hormone levels checked are androgen, follicle-stimulating hormone (FSH) and luteinizing hormone (LH), thyroid-stimulating hormone, and free thyroxine. [Usually, in healthy women, the ratio between LH and FSH usually lies between 1 and 2. In polycystic ovary disease women, this ratio becomes reversed, and it might reach as high as 2 or 3 (8).

- Glucose tolerance (GT) test: Type 2 diabetes mellitus and impaired glucose tolerance are more common in women with polycystic ovarian syndrome (PCOS), particularly in those with body mass indexes (BMI) greater than 30 kg/m², a strong family history of the disease, or who are older than 40. With a 2-hour postprandial check, less than 140 mg/dl is normal GT, 140–199 mg/dl is impaired GT, and a value of 200 mg/dl or higher is diabetes mellitus.
5. Ultrasound is done using a transducer to check the thickness of the endometrial lining and the appearance of the ovaries.

Management and treatment

Management can be in two major forms:

- 1. Lifestyle modifications:** According to the American College of Obstetricians and Gynecologists (ACOG) and the Society of Obstetricians and Gynecologists of Canada (SOGC), lifestyle changes like losing weight, exercising more, and diet modification (*healthy carbohydrates, such as vegetables and fruits; lean meats, such as poultry; fish; and high fiber grains, foods that are low in sugar and fat, limit processed foods, foods with a low glycemic index, whole grains, fresh produce, and plant-based proteins*) lower the chance of developing diabetes. This should then be the first line of treatment for women with polycystic ovarian syndrome because it has been demonstrated to be as effective as or even more effective than drugs. These changes have been successful in restoring ovulatory cycles, helping obese PCOS patients become pregnant, and improving hyperandrogenic features. Body Mass Index (BMI) should be controlled as much as possible. Normal BMI is between 18.5 and 24.9 kg/m². Diets should include plenty of fruits, vegetables, whole meals, and whole grains.
- 2. Pharmacologic treatment:** the use of medications is aimed at treating menstrual dysfunctionalities, infertility caused by anovulation, hirsutism, acne, and

metabolic derangements.

- a. Combination oral contraceptives:** this contains oestrogen and progesterone. Helps to block ovarian androgen production and regulate the menses. Overall, it can also lower the risk of endometrial cancer. An androgen-blocking agent like Bicalutamide or Flutamide can be added to alleviate symptoms like hirsutism but should be avoided if pregnancy is desired.
- b. Progestin therapy:** to totally avoid pregnancy, a progestin-only mini pill or a progestin-containing intrauterine device is advisable.
- c. Clomiphene:** This is the first-line treatment to induce ovulation when pregnancy is desired.
- d. Metformin:** this is used if the patients develop type 2 diabetes mellitus (T2DM) or to slow the progression from prediabetes to T2DM. It can also be used in patients with PCOS who are insulin-resistant and at high risk of cardiovascular diseases, even in the absence of T2DM.
- e. Letrozole:** This is a drug used for breast cancer that can also be used to stimulate the ovaries to ovulate, but its use is "off-label". This can also be used in combination with metformin as a second-line treatment for infertility in cases of clomiphene-resistant PCOS.
- f. Additional therapy:** methods to control hirsutism like topical hair removal cream, laser hair removal, or electrolysis; improvement of acne with drugs like Spironolactone; Eflornithine HCl to slow the growth of hair in unwanted areas; and topical and systemic acne medications.

Final note: Women with PCOS can get pregnant because the condition can be managed and treated. PCOS must be well managed to avoid the complications of preeclampsia, gestational diabetes, and miscarriage during pregnancy. Obesity can also increase the risk of these complications, so weight must be under control before pregnancy sets in.

Resources

- [1. https://www.womenhealth.gov.au/2-2-topics/polycystic-ovary-syndrome](https://www.womenhealth.gov.au/2-2-topics/polycystic-ovary-syndrome)
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STANDING AT THE FOREFRONT OF HEALTH INFORMATION IN RELATION TO COMMUNITY PHARMACY

Blessing Abai Sunday



A community pharmacy is a type of healthcare facility that can provide pharmacy services to people in the surrounding area. It exists depending on the regulation of the Pharmacists Council, as either individually owned pharmacies or large chains. However, both ranges involve a registered Pharmacist attending to the pharmaceutical care needs of the surrounding area. A Pharmacist is a professional with the education, skills, and competence to provide pharmaceutical care to improve a patient's quality of life. Thus, this pharmacy practice involves collaboration between the public and the Pharmacist.

As one of the services provided, information is important, much more health information. Health information supports decisions that improve patients' health outcomes clinically, humanistically, and economically. This information is data obtained from every trusted source, subjectively and objectively. This information is captured, processed, and then communicated to the patient to enhance compliance with the common goal of optimal pharmaceutical care.

The importance of health information are;

1. It aids patients in making informed choices about their health.
2. It lowers the expense of healthcare
3. It improves the quality of life.
4. It improves patient care.
5. It builds trust in the pharmacist.

The community pharmacy practice has moved from medicine dispensing to patient care, emphasizing the need for health information. Health information given to the patient helps the Pharmacist counsel on appropriate dosage, possible side effects, drug interactions - food-drug, drug-drug, and drug-condition; contraindications, unnecessary drugs, and other drug therapy problems with both prescribed drugs and those gotten over-the-counter known as OTC drugs. Besides from this, community Pharmacists can give guidance on vaccinations, healthy lifestyle choices, and good hygiene to help people learn how to avoid common diseases and illnesses like the flu while offering guidance to patients on how to manage chronic diseases by giving them advice on appropriate medication use, lifestyle changes, and monitoring techniques.

Providing health information also involves educating the patient on the necessity of collaborative care with other healthcare providers when additional assessment or treatment is required. In current practice, prescription appraisal for appropriateness and efficacy has been aided by technology. Technology improves the authenticity of information services provided to patients by pharmacists. These technological resources can allow pharmacists to access patients' medical histories, thus improving patient care through exchanging health information with other healthcare professionals. Community pharmacies in Nigeria are beginning to embrace digital technology via the use of websites and social media accounts to post updated health information, telemedicine, deliver quality medications, and engage with patients and collaborate with organisations to achieve better results.

How community pharmacies can stand at the Forefront of health information.

- 1. Embrace digital technology**
One of the ways this can be done is by embracing digital technology. This includes setting up social media accounts, creating a website, WhatsApp community, and utilizing email newsletters to disseminate health information to patients. By using digital technology, community pharmacies can reach a wider audience and provide information in real time.
- 2. Offer health screenings and consultations.**
Community pharmacies can also offer health screenings and consultations. This includes blood pressure checks, blood glucose monitoring, and cholesterol screenings. By offering these services, community pharmacies can identify health problems and provide information on prevention and management. They can also digitally collect data on these results for the patients and use them as a means of follow-up to enhance pharmaceutical care.

- 3. Collaborate with other healthcare providers**
Another way is by collaborating with other healthcare providers. This includes working with doctors, lab scientists, and other healthcare professionals to provide information on disease prevention and management via webinars with their patients quarterly or yearly. By collaborating with healthcare providers, community pharmacies can ensure that patients receive consistent and accurate health information.
- 4. Participate in community health events**
Community outreaches such as health fairs, community health walks, distribution of vaccine materials, immunization, and other health-related events. By participating in these events, community pharmacies can reach a wider audience and provide information on a range of health topics.

Community Pharmacies need to stand at the forefront of health information as slacking off on staying up-to-date has significant negative effects. Some of these are;

- 1. Increase in medication errors.**
Pharmacists who are not up-to-date with the latest information about drug interactions, dosage guidelines, and side effects may inadvertently prescribe the wrong medication or dosage, leading to adverse health outcomes for patients. Additionally, outdated health information may lead to inappropriate medication use, which can cause harm or delay proper treatment.
- 2. The potential for misinformation.**
Patients rely on pharmacists to provide accurate and reliable health information, and if that information is outdated or inaccurate, it can lead to confusion, fear, and mistrust. Inaccurate health information can also contribute to the spread of misinformation, which can have negative consequences for public health.

So, what can community pharmacies do to stay up-to-date with health information and avoid these negative effects?

1. Pharmacists and Staff should participate in continuing education programs like PANEL and training. These programs are designed to help pharmacists stay current with the latest developments in healthcare and provide opportunities to learn about new medications, treatment options, and emerging health issues. It can also help pharmacists improve their communication skills, which can enhance their ability to provide accurate and reliable health information.
2. Community Pharmacies should invest in technology and software. Many software programs are available that can help pharmacists stay informed about new developments in healthcare and ensure that they are providing patients with the most up-to-date information. This software can also help with the analysis of the data generated in the pharmacy to make better decisions for the pharmacy and the patients.

3. Community Pharmacies should adopt interprofessionalism, especially with other healthcare professionals.

Community pharmacies have a vital role to play standing at the forefront of health information in the healthcare system. Staying up-to-date with health information is essential for providing patients with the best possible care. Information relevance can be ensured by participating in continuing education programs, investing in technology, and staying informed about the latest developments in healthcare, and trending public health concerns. With these in place, pharmacies can avoid negative consequences and continue to provide patients with the high-quality care they deserve.

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PASSION, IMPACT AND CONSISTENCY WITH PHARM. TALATU



Can we meet you ma? Kindly share your life's journey with us from birth till date?

I am Pharm. (Mrs.) Ebune Uwa, Talatu. I was born some 58yrs ago, I am a pharmacist by training and the CEO of Nana Pharmacy in Kaduna. I am married and blessed with children and grandchildren. I am a fellow of the Pharmaceutical Society of Nigeria and the Nigeria Academy of Pharmacy. I am also a member of the Clinical Pharmacist Association of Nigeria as well as the recipient of the Distinguished Community Pharmacist award of the ACPN.

What inspired you to go into community pharmacy?

I love engaging with patients. Being a community pharmacist gives me the opportunity to provide well-informed advice to patients on understanding their health and

medicines. Not only in curative medicine but also preventive medicine which helps in the promotion of a healthy lifestyle. This we do by supporting patients to make healthier choices such as intake of more nutritious food, exercising more often, stopping smoking, etc.

In your role as Chief Executive Officer of Nana Pharmacy, what are the major challenges you face when building an outstanding community pharmacy, particularly in Kaduna?

The foundational challenges we faced at the onset were largely around staffing and inventory management and sourcing for genuine drugs considering the chaotic drug distribution channels in Nigeria. However, while human resource management continues to pose a challenge, computerisation has helped a lot with our inventory management. Most of the major challenges from the onset were with staffing and accurate and appropriate record keeping which were addressed by computerization of the business.

As a pharmacist, you have made a significant impact on the profession, which speaks volumes about your commitment to it. Why did you decide to study pharmacy and even further pursue a master's degree in pharmacy?

Everything I have done in my life has been motivated by my

unalloyed passion to extend a hand of love to humanity. Therefore, studying pharmacy is no different. Acquiring a Master's degree brought about my quest for more knowledge for a better understanding of my beloved profession and to contribute more to clients' well-being in my communities. I also want to see how much impact I can leave on the sand of time before my time is up.

Having built a chain of community pharmacies for 23 years, your organization has grown rapidly. Could you please share with us how you have been able to sustain your growth trajectory despite the challenges associated with doing business in Nigeria?

First of all, I will say **PASSION**. I always have a very strong passion for whatever I do. I wasn't scared to start small with a well-thought-out business plan. I always ensure financial discipline and make sure cash flows to take care of expenses such as overheads and salaries. I always try to recruit serious staff who have the same drive, are loyal, and are hardworking. And I don't joke about creating good customer relations and above all integrity.

Community Pharmacy is one aspect of Pharmacy that has both the service and commercial sides. How have you been able to build a commercially viable organization while keeping to the strict ethical standards?

Following Ethical standards protects the business from legal liabilities and ensures that they treat their customers and team members with respect. There are a lot of ethical standards that must be met in community pharmacy practice, Alhamdulillah, we have never recorded any ethical bridging issues since we came into existence.

Throughout your career, you have demonstrated leadership qualities worthy of imitation and have first

become Chairman of the Association of Community Pharmacists and now the Pharmaceutical Society of Nigeria in Kaduna. Could you please take us down memory lane and describe your journey to these leadership positions? Were you politically active in your university days?

Indeed I was politically active during my university days but I was mostly in the background doing what was required of me. Being the chairperson of both ACPN and PSN has been exciting, challenging, and tasking to say but a few, however, I've been able to hold the fort and discharge my duties to the best of my capabilities.

Should we expect you to gun for the top seat of PSN national politics in the near future?

Anything pertaining to the future for me is always determined by almighty Allah. So I will leave that to Allah to determine.

Considering your experience, how has pharmacy practice evolved? Are there any practices that the profession has stopped doing but were beneficial to its development in the past?

I would say the pharmacy profession has evolved, a lot of pharmacies have gone digital now. However, in the past we used to have more outreaches and educational and informative TV programs centered on Pharmacy. I look forward to seeing those activities back in the mainstream.

Over the past 23 years of building a network of community pharmacies and as the Chairman of the Kaduna ACPN and PSN, how have you dealt with the proliferation of uncontrolled and unmonitored patent medicine shops?

These regulatory activities falls largely within the purview of the PCN. All we can do is to support their modest efforts. I believe strongly that with the new laws

in place, hopefully soon something good will come out of it all.

With the current economic situation in Nigeria, can you share how you balance conflicting issues like profitability, pricing, and pharmaceutical care?

The ultimate aim of a business driving profits is to generate long-term value. Losing sight of customers with what their needs are is an indication of value leakage. An opportunity to build value is lost when profit is chosen at the expense of customers. At Nana Pharmacy, we are customer-centered, it's always customers first. I can boldly say that's what is responsible for our successes.

What do you wish community pharmacists would start doing differently?

I wish community pharmacies would start to emulate practices of other pharmacies abroad like customer relations, better drug quality, and control.

You have a diploma in Nutrition and Dietetics, how do you find the time to acquire more knowledge and would you advise community pharmacists to acquire more knowledge? If yes, why?

The day one stops learning new things is the day one starts to die. I went to acquire the diploma to add to what I already knew so that I would be able to serve my communities better. This I was able to achieve through effective time management. For me, there is always time allocated for different activities. For sure I strongly advised community pharmacists to acquire more knowledge for better service delivery in their various communities.

Can you speak about how collaborations can drastically improve pharmacy practice, especially in the community pharmacy space?

We would also be happy to hear your experiences related to the subject matter?

Inter-professional and intra-professional collaboration is essential for the development of our health sector. I believe we can start by collaborating with ourselves in the way of referrals and also with physicians and other healthcare practitioners too to provide even better healthcare services to the community at large.

How are you able to strike a balance between the homefront, business, and politics?

Almighty Allah has always been my strength. Aside from that, I also believe the three are parallel lines that could be combined with effective time management. I also give credit to my husband who's always supportive of my endeavors. I thank him for always allowing me to be the best I can be.

If you did not study Pharmacy, what course would you have studied?

If I didn't study pharmacy, I would have studied nutrition and dietetics (in which I already have a diploma) or veterinary medicine.

Any final words for our readers, young pharmacists, and business owners?

Keep your heads up, life isn't a bed of roses but with perseverance and patience, you'll sail through.

THE ANTIMICROBIAL RESISTANCE PRINCIPLE IN A RETAIL PHARMACY

Timileyin Omolayo Oni



Antimicrobial resistance (AMR) is no doubt a global health concern that requires a multisectoral approach to curbing it. Antimicrobial resistance as defined by the World Health Organization is a situation where bacteria, fungi, viruses, and pathogens no longer respond to medications designed to kill or render them inactive. The effect of this is that it threatens the ability to treat common infections.

What causes AMR

Many times, our actions or inactions contribute to antimicrobial resistance. The main cause of antimicrobial resistance is antimicrobial use when we use them inappropriately some of these microbes die while some can survive, adapt, multiply, and develop resistant features. The most common form of antimicrobial resistance is antibiotic resistance and this

would be the focus of this article. Inappropriate use of antimicrobials includes:

1. Overprescribing of antibiotics in humans and animals.
2. Not taking antibiotics as directed by the physician or pharmacists.
3. Poor hygiene and a lack of infection prevention and control e.g. not washing hands properly. It can provide more opportunities for resistant bacteria and other germs to spread thus making more people sick and increasing the need for antibiotics.
4. Sharing antibiotics and using them for the wrong reasons.

Effects of Antibiotic Resistance

1. Bacteria, not humans or animals, become antibiotic-resistant and the infections they cause are harder to treat

than those caused by non-resistant bacteria.

2. Antibiotic resistance leads to higher medical costs, prolonged hospital stays, and increased mortality.

Role of community pharmacists

More than ever before, community pharmacists have a huge role to play in curbing antimicrobial resistance particularly because the clinical pipeline of new antimicrobials is dry. As the first point of contact for patients, here are ways pharmacists can be innovative in contributing to curbing AMR;

1. Education: As the arm of healthcare closest to the patients and the community, we are saddled with the responsibility to educate clients on the use and misuse of antibiotics, their effects, and how they can also play a role in curbing antimicrobial resistance.

2. Emotional intelligence: Different people with different temperaments and ideologies walk into a community pharmacy every day. In a place like Nigeria where a patient can walk into a pharmacy to request antibiotics and pick up a fight if his/her request is denied, then our tone of communication is very important. The tone of communication is as important as the message itself, for an individual who is not patient to listen to anything contrary to getting the antibiotic he has asked for, then the emotional intelligence skill comes in, so the conversation can go like this;

“Patient: I want to get XYZ (a brand of antibiotic)”

Pharmacist: Do you mind sharing why you want to get this antibiotic? (To make the person feel secure, the pharmacist can move the person away from other clients)

If the patient is reluctant to share then the pharmacist can use the reverse psychology method for example “Are you aware that this request you are making can cause great danger for you?”

People usually try to avoid anything bad from coming to them, this response can then soften the heart of the patient and

then stir up the right conversation.

The pharmacist is then able to influence the decision of the patient and advise him on the right steps to take. Through emotional intelligence, the pharmacist has successfully shifted and prevented the spread of AMR by changing the course of the conversation.

3. Collaboration: Pharmacists' collaboration with other healthcare professionals such as lab scientists, physicians, and specialties can help to reduce the problem of overprescription of antibiotics from the pharmacists as well as the physicians.

In conclusion, as much as pharmacists are willing to contribute to the curbing of antimicrobial resistance, we are often faced with the challenge of balancing the financial aspect of the business with pharmaceutical care. One of the ways to increase the basket size to help with the financial aspect of the business is to stay on top of clinical information on diseases and drugs, especially supplements, medical devices, and point-of-care tests. Rather than dispensing antibiotics that the patients would not need or letting the patients go empty-handed, supplements most relevant to the patient's reason for wanting to get antibiotics can be dispensed or encouraging the patient to get a medical device most relevant to their condition and if they are unable to afford it at the moment, they can be encouraged to save up for with through the education of the value they would get from purchasing the device. Pharmacists and healthcare assistants can be trained to carry out point-of-care tests such as lipid profiles. The key things include; acquiring updated knowledge and effective communication of value.

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THE GROWING POPULARITY OF ORGANIC CREAMS: WHAT YOU NEED TO KNOW

Faridah Ojulari



There is a growing trend towards organic skin care products as consumers become more aware of the harmful chemicals in conventional (non-organic) skin care products, such as paraben preservatives, petrochemicals, and synthetic fragrances. The mere mention of "organic" sends our minds racing with thoughts of skin that is "healthy" and "flawless", making these products almost irresistible. According to Statista, the global market value of natural and organic skin care products is expected to grow from nearly **9.9 billion dollars** in 2021 to roughly **20.4 billion dollars** by 2030. This data supports the rising global relevance of the natural and organic cosmetics market worldwide.

However, not all products labeled "organic" are necessarily all-natural.

The word "organic" in cosmetic products has no legal definition, and there are no strict regulations on these products. "Because people ascribe 'organic' to anything good, it has become a marketing term in Nigeria where people call their cream products '**100% organic**', whereas they aren't in reality," says Dr. Abdulkareem Zulfah J., Ph.D., Business Administration, who is a skincare therapist and owns a skincare brand.

The term "organic" in relation to skin care refers to substances grown without the use of chemicals and hence are not harmful to the local environment. For a cream to be organic, it must contain plant-derived substances that have been grown, harvested, and processed organically without using chemicals like parabens, sulfates, and pesticides.

These substances include essential oils, plant butter, and plant extracts. The United States Department of Agriculture (USDA) stated that products labeled as "100% organic" or "organic" must contain at least 95% organically produced ingredients (excluding water and salt). While organic creams are meant to be the safer and healthier alternatives, most organic cream industry practices in Nigeria are problematic and do not meet the required specifications. An example is the organic skin-lightening creams trend, where many of the products contain harmful amounts of steroids, hydroquinone, and mercury.

Potential risks are associated with using organic creams, such as the possibility of allergic reactions or contamination with toxic substances. It is important for healthcare professionals, including pharmacists, to educate and counsel patients on these risks.

One potential risk is the organic cosmetics industry's need for adequate regulation and standardization. Unlike conventional creams, which are subject to strict regulation by government agencies, organic creams are not subject to the same level of oversight. This means there is no guarantee that the ingredients in organic creams are safe or effective. Another potential risk of using organic creams is the possibility of allergic reactions. While many organic creams are made from natural ingredients that are less likely to cause allergic reactions than synthetic ingredients, there is still a risk of developing an allergic reaction to one or more of the ingredients in the cream. Additionally, contamination and adulteration of organic creams with harmful substances are possible. Because there is no regulation in the organic cosmetics industry, there is a risk that some products may be contaminated with heavy metals or other toxic substances. Pharmacists can educate patients on the risks and benefits of organic creams and encourage them to read labels and warnings.

One crucial recommendation that community pharmacists can make is for patients to perform patch tests before using organic creams regularly. This involves applying a small amount of the cream to a small area of the skin and monitoring for any signs of irritation or allergic reaction for about 3-5 days. If no adverse reactions occur, the patient can then safely use the cream on a larger area of skin.

Dr. Zufah advised avoiding organic cream sellers that make bogus claims such as "100% organic" and are not certified by any regulatory body.

In conclusion, while not all organic creams are potentially harmful, a significant portion of them can be detrimental. Pharmacists should educate and counsel their patients on the use of organic creams and recommend best practices for their use.



THE SHIFT: IMPORTANCE OF SPEAKING THE RIGHT LANGUAGE

Pharm. Iyere Osalumense Mary



Communication is key in a community pharmacy practice. It is the act of transferring information from one person, place, or group to another. For example, a tablet can be either swallowed, chewed, used sublingually, effervescent, or even used vaginally.

A backstory:

"A young lady walked into the pharmacy where I was doing locum at the time, and from her spoken and unspoken body language, I saw she badly needed to talk to me. After clerking with her, I gathered the information that she had a vaginal infection causing her discomfort. So I gave her the necessary pharmacotherapeutic interventions and included a pessary (vaginal suppository) and explained how all the medications given are to be used. To my surprise, she came back the next day furious because the pain and discomfort worsened. After some series of questions, I then identified the problem being that she swallowed the vaginal suppository even after explaining how it is to be used."

Two important things to highlight from this story are the lack of proper communication on my part as a healthcare provider, and the assumption that the patient accurately received the message being passed.

This brings us to our interesting topic, the importance of speaking the right language as pharmacists in retail practice.

WHAT IS COMMUNICATION?

Communication generally and in layman's terms means saying the information in a way and manner your listener would understand. As pharmacists, communication is informing your patients about their ailments and medication use extensively and most importantly ensuring that the message is received and accurately understood. Effective communication is as important as the message that is to be passed.

TYPES OF COMMUNICATION

- Verbal communication: Face-to-face, Telephone and other media.
- Non-verbal communication: Body language, sign language, etc.
- Written communication: Social media, letters, emails, etc.
- Visualization: Images (Flyers, promotional materials).

For effective communication to be important, a mix of the different types of communication can be explored to maximize time in a community pharmacy setting.

CAUSES OF MISCOMMUNICATION

There are a lot of circumstances that pose barriers to communication between pharmacists and patients, hence leading to Pharmacists speaking the wrong language. They are:

- Language barrier: This can come in differences in spoken language as well as the use of professional jargon when interacting with patients.
- Different expectations: While Pharmacists have their own expectations of each patient and their treatment regimen, patients also have their expectations especially when they have googled their symptoms or compared and contrasted them with their friends.
- Cultural biases: There are some culture shocks and preconceived notions that either party might have, which tend to pose a barrier to communication.
- Assumptions: This is a major cause of miscommunication. Assuming your patients understand all your counseling, and on the part of the patient assuming that you have passed all necessary information.

EFFECT OF MISCOMMUNICATION

Lack of speaking the right language as a pharmacist has some dire effects on patients, as well as the integrity and quality of your practice. It can result in various negative outcomes:

- Non-adherence to treatment and regimen.
- Poor health outcomes.
- The increased cost of treatment.
- Leading to hospitalization.
- Wrong medication.
- Lack of trust in the healthcare personnel

SPEAKING THE RIGHT LANGUAGE AS A PHARMACIST

Poor communication can lead to the waste of resources and can also contribute to the spread of misinformation or wrong health practices.

Here are a few tips to help you communicate properly with your patients as a pharmacist:

- Understand your audience so that you can speak the language that best fits the patient you are attending to. Listen attentively to pick up both verbal and non-verbal complaints while clerking your patients.
- It is best to ask your patients questions about the information you are not clear on.
- Be patient with your patients. Treat all your patients with empathy.
- Do not assume, be patient enough to repeat your counsel and ask that they repeat all you said, to ensure they properly understood the message.
- Do a follow-up by checking on your patients to know how they are faring and if they are experiencing adverse effects.
- Control your emotions!

CONCLUSION

The community pharmacy is often faced with the challenge of time. That is, there are more people to be attended to in a short period of time. In this case, the pharmacist can effectively use the labels to include the most important information as regards the use of the medication. Beyond just speaking the right words, how those words are spoken can be a game changer in winning over patients to adhere to the correct medical information.

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PHARMALLIANCE INTERVIEW

PHARM.OMOWUNMI CHRISTINE EMMANUEL OGAH



1. Could you please tell us a little bit about yourself and your journey into retail?

My name is Omowunmi Christine Emmanuel Ogah, popularly called CEO from my initials; Christine Emmanuel Ogah. I am a pharmacist with about 12+ years. I started my career as a vaccines rep with GlaxoSmithKline (GSK) where I grew through the ranks up until when I decided to leave the corporate world and expand my entrepreneurship journey. Expand- because my first retail store started while I was still working as a medical representative. I opened it to meet a need in Delta State. But I wasn't fully involved because I still had my nine-to-five. However, I would go to my retail store in the evening, and together with the Pharmacist on duty, we try to work together to make things more efficient. The first retail store was opened in Delta State, Asaba.

I am married to Emmanuel Oji Ogah, who is also a pharmacist. We were classmates in school together and now, we have three beautiful girls Lily, Lauren and Loria.

2. What motivated you to pursue the opportunity of owning a retail pharmacy?

I always knew I was going to go into retail because I loved the challenge that the retail space brings and that's why I could take a leap to leave GSK and focus on retail. My motivation to have a retail pharmacy started during my internship. In fact, that's when I registered my first company. And I did this because, in 2007 during my internship, my aunt was diagnosed with fungal meningitis at Jos University Teaching Hospital (JUTH). The doctors had prescribed Amphotericin B for her. We searched all the pharmacies in Jos and couldn't find it, not even the pharmacy outlets that were close to the teaching hospital. All the pharmacies I went to around Abuja to ask if they could get it, were unable to. Then I remembered we had this guy who used to supply a lot of orphan drugs to National Hospital, Dozie. It was through him that we were able to eventually get the drug and we got it in excess. The excess was used to save two other people's lives. To my greatest surprise, only three of them in that ward made it alive and the rest died. I would have lost my aunt if we couldn't get access to this drug.

This was my first motivation. My second motivation was while I was serving. I served at another hospital in Lafia, the specialist hospital, Dalhatu Araf Specialist Hospital (DASH) and I also worked as a locum pharmacist at a community pharmacy. I knew that I was not going to be in the hospital space because it was boring and monotonous for me. However, I like the fact that right now we are seeing a lot more interesting development in the hospital space, hospital pharmacists are now going into specialties like nuclear pharmacy, oncology, etc. which is fantastic. The retail store was owned by a non-pharmacist, who handled the business aspect of the business, and the pharmacists handled the pharmaceutical care which made me read extensively and I love the challenge of picking up new information and found it interesting. Then I made a decision to get enough exposure for at least my first five years post-NYSC before starting my own retail pharmacy. This then led me to join a multinational pharmaceutical company for the sales experience and the exposure. I worked with GSK in the vaccine team and I learned different skills required to communicate the value of a product, in this case, a vaccine, to make sales, which is the bedrock of entrepreneurship. I planned to spend five years in GSK, however, I ended up spending 10 years, and after, I took a career break and left GSK. I observed a lot of needs that we could meet in the Delta and together with my husband, we started the retail pharmacy and we have grown to five branches in Delta, Ogun, and Lagos state.

3. Is there any skill you have acquired that has been helpful in running your premise other than those included in your BPharm program?

The first skill I acquired is selling. Once I'm convinced about a product or an idea, I learn about it and then I sell. It is important to first sell that product or idea to your team to run with the vision. Secondly,

over the course of my career, I have learned the ability to speak publicly which comes with a certain level of knowledge acquisition. I built this by going to churches and companies educating them about certain health conditions and building partnerships that can bring about change. Also, I picked up negotiating skills to get the best at a cost-effective price.

4. Your pharmacy chain provides vaccination services in addition to pharmaceutical care. What prompted this initiative, and did it require any additional certifications?

While I was a medical representative in the vaccines team at GSK, I was covering Warri, Edo, Kwara state, and other states in the Southwest where I built a very good rapport with the hospitals in those areas. I observed that awareness about vaccines was low, and there were few access points. I lived in Asaba after I got married and when my first daughter was to get vaccinated, the hospital did not have the vaccines available and I had to get across to a distributor in Benin to have my daughter vaccinated. This prompted my conversation with the hospital about vaccines and they were happy to learn more about it and then I used this as an opportunity to fill this gap. When we started the first ExC retail store, to have a place where vaccines are kept and to easily meet the vaccine needs for hospitals thus filling the vaccine gap and knowledge gap. We partnered with a licensed paediatric nurse to administer these vaccines after we did an outreach to expose them to what the vaccines can do and why they need to get them because we were not certified to administer vaccines. We started as an access point where people could procure their vaccines.

5. What techniques have you employed to maintain the same high standard of practice across your chain of retail stores?

One of the things I learned from my time at GSK is developing Standard Operating Procedures(SOPs) and

ensuring they are followed. We have SOPs on dressing, procurement, attending to clients, and short-dated products. When a new person joins the team, the person undergoes a one-week training on all SOPs and access to the site where the SOPs are documented. We also have digital check-ins for staff on sales of products and random store inspections. In addition, our core values are **Quality, Respect, Integrity, and Excellence**. And we have team leads who ensure these values are adhered to.

6. What prompted you to join Pharmalliance and how did you hear about it?

My first meeting with Pharmalliance was when I came to Lagos around 2009 for PANEL and one of the Pharmacists I admired and loved the quality of her chains of pharmacies in the person of Pharm. Bukky George was part of the panellist at the conference. I decided to take a leave from work to attend this conference. This conference was totally different from other pharmacy conferences that I had attended. It was organised and very impactful and it was from there that I made up my mind to be a part of such an excellent team. After that, I met with Pharm Shina when he came to Benin while I was a medical representative and then I reached out to him to join the Pharmalliance team. I was determined to give it all it took to be a part of the team so I would come to Lagos from Delta to join the meetings or sometimes join the training virtually.

7. How has your membership in Pharmalliance affected the operation of your business?

Pharmalliance consists of people who are changing the trend and coming up with innovative ways of running chain pharmacies. The members are always ready to guide and help with any question and share ideas to help others grow. The solutions are very practical and reproducible to achieve success in any

retail store from organisation to financial and also ensure that one's business is compliant.

8. As a member of Pharmalliance, what unique value have you gained that has transformed your business, and what about Pharmalliance should attract other pharmacists?

The ability to run my business with a global mindset using global trends and a view into the future. It has restructured my business to compete on a global scale. We are exposed to global training where we use ideas that have worked from different aspects of life to apply to the pharmacy business such as tech, oil and gas, etc. so it's easy to see the business from outside the box and make a global impact.

9. What would it be if you could say anything to a room full of community pharmacists like you or aspiring to be like you?

Community pharmacy is interesting, challenging, and beautiful. However, it is important not to be myopic and this does not mean having multiple stores but rather, thinking and learning globally and applying it to the local community pharmacy. For example, how can artificial intelligence be applied to improve community pharmacy services?



HOW DELEGATION CAN TRANSFORM YOUR INDEPENDENT PHARMACY

Dr. Lisa Faast



Effective delegation is a critical differentiator between highly successful independent pharmacy owners and those who barely get by.

Pharmacy owners are often required to take on many roles to keep their pharmacy running, and you know that it can quickly become too much. To help avoid burnout and stay successful, delegation is key! Delegation empowers you as a leader by allowing your team members the space they need to develop skills while increasing productivity – giving everyone involved a practical way forward.

Assigning tasks and responsibilities to team members is a great way to free up time so you can focus on what matters most – growing and expanding your pharmacy. Not only that, but this approach helps create an atmosphere where employees feel empowered and have opportunities for personal growth. Now that’s something worth investing in! Take your pharmacy team to new heights by unlocking their full potential. With delegation as a tool in your arsenal, you can rest assured that pharmacy

management will work at its peak efficiency! It’s one of the most powerful methods for ensuring successful and productive operations AND happy employees.

By delegating tasks to your team, you will encourage employee engagement and motivation and free up more time for yourself. Allowing you more time to focus on essential elements such as patient care or undertaking important strategic planning initiatives to help move your organization forward.

Taking your pharmacy operations from good to great. Boost productivity and improve patient outcomes with the help of your team members. By involving their knowledge, expertise, and insights on day-to-day operations in the delegation process, you can discover ways to make everything run more smoothly. Empowering everyone is a win-win situation that benefits both pharmacy performance AND patients benefit from better results. Create an engaging and motivating workplace.

Investing in your employees' sense of autonomy and purpose pays off. When staff is given a voice in the direction of their work, they become more enthusiastic. This enthusiasm translates into increased job satisfaction, leading to better employee retention over time—a double win for you and your team. Engaging in collaborative decision-making Delegation isn't just about handing off tasks – it's a pathway to building an effective and collaborative working environment. Empowering your team with decision-making authority shows them you value their ideas, creating more robust communication and camaraderie among everyone involved in pharmacy operations. It all leads to better outcomes for both the business and its customers! Break barriers between you and optimal productivity through delegation. Developing trust within your pharmacy staff is a great way to foster collaboration and boost team morale. When everyone knows they can rely on each other, communication flows more quickly – leading to higher employee engagement and better customer service.

Delegation is an awesome tool that can be challenging to implement; common obstacles include a lack of confidence in teammates' abilities or worries about surrendering control over tasks that could be delegated successfully. Here are a few tips to get started:

Facing the fear of losing control can be daunting, but with a little patience and consistency, you can gradually gain trust in your team members. Taking small steps by delegating small tasks first is an effective way to build confidence in each other's abilities while challenging yourself too! Establishing boundaries and providing direction is critical to helping your team achieve success. Equip them with the guidance they need, and check in regularly to monitor progress – this way, you can ensure tasks are handled efficiently and effectively! Strengthen collaboration and accountability by asking your team

members for their input when delegating tasks – it's an effective way to create a culture driven by collective responsibility.

Unite to reach your goals! Don't let delegation barriers stand in the way of success – supporting each other makes conquering them easier. Work together, and you'll be amazed at how much further you can go as a team.

Take your pharmacy to the next level with effective delegation. Delegation should be distinguished from micromanagement. With delegating, you are granting autonomy over tasks allowing for a fruitful collaboration that advances the organization's goals. However, micromanaging and controlling every aspect of operations will lead to decreased productivity due to low motivation levels among staff. Investing in delegation techniques ensures everyone plays an active role in organizational growth – showing short-term results and lasting progress as well!

Building strong relationships with them through regular communication should always be priority number one to ensure that delegation goes smoothly and your team members remain motivated.

Effective communication will include:

- Clear directions on the tasks assigned
- Check-ins to allow for feedback
- Due dates or deadlines
- A path to communication barriers or questions
- Successful delegation without the overwhelm.

Here are a few simple tips that can help you quickly get on track:
Determine which tasks need delegating.
Identify the individuals who will best handle them.
Review your strategies to make sure they remain sound.
With these steps under your belt, leadership success is pretty close!

Step 1: Unlock the full potential of your team by delegating tedious, mundane tasks! Identify which duties can be reasonably delegated to your team. I coined the term working at the top of your license many years ago. I suggest always looking to move tasks to the lowest level of staff that is legal or appropriate. Instead of you filing prescription hardcopies, a cashier can do that. Then you are freed up to work on higher-level tasks.

Step 2: Once you understand your team's talents, it's time to unlock their potential! When you have a list of duties you want to offload, I recommend asking for volunteers. This way, your employees self-identify they have the skills and desire for a particular task. As you get more experience with your employees doing new types of work, you can more specifically assign tasks to fit their strengths.

Step 3: Make sure everyone is on the same page!
It's important to communicate expectations and timelines clearly. Let team members know what you need and why it's critical – but also be available for questions or concerns. Setting up your teammates with successful direction increases their chances of delivering outstanding results – plus keeps crucial tasks moving along as planned.

Step 4: Provide training and support as needed.
Ensure any resources they need are easily accessible. When you first begin delegating, you will need to provide more support than you will in a few months. This early period is where patience is essential. Encourage the employee to solve their own problems and only come to you when absolutely stuck. And even then, you don't want to just fix their problem, it is best to ask probing questions to help them discover the answer themselves.

Step 5: Help your employees reach their peak potential by utilizing feedback!
Encouraging an exchange of ideas and praise for good work provides clear

direction to team members on enhancing performance. Regular assessments will motivate them, boost morale and encourage initiative in task completion – setting the stage for success.

Free up your time for the tasks that matter most.

As an independent pharmacy owner, you know that each day brings a slew of tasks to manage. How do you decide what to delegate?

Here are some things to consider:

- What do you hate doing?
- What are you terrible at doing?
- What does NOT have to be done by you as the owner or your license?
- What tasks could you offload from your employees?

Here are some lists of potential tasks:

- Social media posting.
 - Patient follow-up.
 - Picking up supplies.
 - Nightly ordering.
 - Processing outdates.
 - Checking emails.
 - Sending patient emails.
 - Creating marketing materials.
- To succeed, independent pharmacy owners can't go it alone!
Delegation is a great way to stay on top of critical elements in your pharmacy while empowering team members and improving communication. It can increase job satisfaction, and delegation techniques unlock more efficient processes that allow you to provide better patient care.

If you need help managing your team better and tracking delegated tasks, we invite you to download our controlling calendar for free. You can edit these in Excel and keep track of your employees' tasks. Reach out to our team at info@diversifyrx.com at any time.

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1. https://cdn.shopify.com/s/files/1/0258/0509/4986/files/Efamol_EPO_-_Research.pdf?75233



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