

Sick Day Medication Guidance: An Exploration of Patient and Healthcare Provider Experiences

Kirnvir K. Dhaliwal¹/David J.T. Campbell¹/Kaitlyn E. Watson²/Nicole C. Lamont¹/Kelsea Drall²/Matthew T. James¹/Sandra Robertshaw³/Nancy Verdin³/Eleanor Benterud¹/Kerry McBrien¹/Sarah Gil¹/Ross T. Tsuyuki²/Neesh Pannu²/Maoliosa Donald¹

¹Cumming School of Medicine, University of Calgary, ²Faculty of Medicine & Dentistry, University of Alberta, ³Patient Partners

Background

- People taking certain medications for chronic conditions are susceptible to complications during sick days



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- We explored patient experiences with sick day management and healthcare provider (HCP) experiences providing sick day medication guidance (SDMG)

Methods

- Qualitative description approach⁴
- Virtual focus groups, individual interviews
- Conventional content analysis⁵
- Rigor⁶

Participant Type	Focus Group (n=#)	Individual Interviews (n=#)
Patients	9	11
Nurse Practitioners	0	3
Pharmacists	13	0
Primary Care Physicians	0	12
Total (n= 48)		

Preliminary Results

Communication
Patient perspectives: “I prefer face-to-face...especially if it’s something really concerning” (Patient FG 3)
Variable communication among HCPs: “If they see another family doctor in another clinic or in a walk-in, almost none of that ever makes its way to us” (PCP 12) “I mostly collaborate through fax” (Pharmacist FG 1)
Sick Day Practices
Patient actions during sick days: “When you start to feel sick then you start – oh I better start checking my blood sugars even more” (Patient FG 1)
Barriers to HCPs providing SDMG: “It’s harder for you to remember” (PCP 1)
Facilitators to HCPs providing SDMG: “Often my people actually come with a family member who...are also taking notes into whom I can provide information” (PCP 7)
Knowledge and Resources
Patient Perspectives: “I personally [don’t have] like much information on the sick day management” (Patient FG 2)
HCP Perspectives: “For my diabetic patients, I actually send them to the guidelines” (PCP 12)

Conclusion

- Communication preferences about SDMG differ among patients and HCPs
- Patients' sick day management is based on their signs and symptoms
- HCPs experience barriers and facilitators to providing SDMG
- Sick day knowledge and resource use varies across different patients and HCPs
- Preliminary results offer insight for intervention development

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