

Results: Three pharmacists were selected for the service, all qualified to perform the service following the structured protocol. The initial validation was carried out by a committee of experts who contributed to the modelling, followed by pilot services. The established protocol included a three-month follow-up for the smoking cessation stage, with ten meetings, followed by a maintenance stage that provides monthly follow-up until completing 12 months of abstinence. Currently, pharmaceutical care for smoking cessation is in the operational phase, and a continuous evaluation and improvement process is part of the services provided by the interdisciplinary care outpatient clinic.

Conclusion: The pharmaceutical care protocol for smoking cessation through telehealth has been institutionalised and is currently in the operational phase and in a continuous process of evaluation and improvement. This experience corroborates that pharmacists' clinical activity through telepharmacy is an important complementary resource for healthcare policies and smoking management, inspiring new proposals and advancements in addressing the world's largest epidemic.

10,310 kilometres/ 6,406 miles: International mentoring collaboration

Ms Yimika Karunwi^{1,2}, Ally Deringanderson³, Bisi Bright^{1,2,4}, Mfonobong Ekpoh^{1,2,4}

¹Agathe Wehrli Mentoring Chair (AWMC), Lagos, Nigeria

²Livewell Initiative (LWI), Lagos, Nigeria

³University of Nebraska College of Pharmacy, Omaha, Nebraska, United States

⁴Global Public Health University, Lagos, Nigeria

Introduction: Leadership skills and professional excellence work with academic knowledge to build confidence in practice. Students and young graduates experience difficulty navigating their career paths for their desired impact due to a deficit in these skills or career know-how. To contribute to the wholeness of today's young professional, Agathe Wehrli, Mentoring Chair (AWMC), a platform under the auspices of Livewell Initiative (LWI), partnered with faculty members of the University of Nebraska College of Pharmacy. This initiative mentoring programme envisions a confident and resilient workforce with well-rounded skills for healthcare service delivery. It sought to exchange information about medical and public health best practices to improve health outcomes in both countries and to equip young pharmacy students and early career professionals with competencies and leadership tools for progressive careers.

Methods: Pharmacy students and recent graduates were eligible to apply. From September 2023 to March 2024, two cohorts of 20 and 38 participants participated in a 13-week

session. A survey provided insight into the mentorship drivers for participants. With scheduled communication and virtual meetings, assigned weekly mentors facilitated discussions concerning leadership and management, priority setting, associations, self-care, volunteerism, and professional resilience. Post-induction, the participants in both cohorts evaluated the activities. Data collected included ratings of different aspects of the programme, measured using a 5-point Likert scale, descriptive accounts, and personal reflections.

Results: For 25% of participants, this was their first attendance at a mentoring programme. The top reasons for mentorship for younger professionals included the desire to gain direction, to have a legacy of personal knowledge, insight, and experience and for professional enhancement, higher visibility, and prestige. The weekly discussions were met with enthusiasm and were relevant to over two-thirds of the participants. More than 80% agreed that the sessions met their expectations and applied to them. Impressions from the mentors are equally positive.

Conclusion: Over 90% of participants acknowledged that they would recommend this programme to their colleagues. Words such as 'insightful', 'excellent', and 'life-changing' connote the relevance of this initiative to the students and recent graduates and provide positive affirmations on the capabilities of this initiative upon enhanced collaboration. The support resulted in some participants achieving international leadership roles, getting redirections to apply for their advanced studies, prioritising life-work balance, and starting businesses. In a fast-paced profession like ours, offering mentorship opportunities is a practical way to bridge the gap between current career realities and future expectations. This underscores the importance of establishing structured programmes specific to the needs of these budding professionals.

Pharmacist prescribing in community pharmacy practice

Abigail Buttigieg, Lillian M. Azzopardi, Anthony Serracino-Inglott

Department of Pharmacy, Faculty of Medicine and Surgery, University of Malta, Msida, Malta

Background: In a community pharmacy setting, pharmacists are key players in the healthcare ecosystem, ensuring equitable access to appropriate, quality, and safe medication use that specifically meets the individual patient's needs. Pharmacist prescribing, within a collaborative practice context, facilitates timely patient access to healthcare services while ensuring the safe and rational use of medicines.

Purpose: To investigate concerns and benefits of pharmacist prescribing by analysing different pharmacist interventions within the community and identifying scenarios in which pharmacist prescribing should occur.

Method: Patients were recruited within a community pharmacy and divided into two groups based on the presenting complaint. Group A patients were given a pharmacist intervention and/or a pharmacist-recommended non-prescription medication. Group B patients were referred to a general practitioner (GP), and the resulting intervention was compared to clinical decision and hypothetical pharmacist-recommended medication if the pharmacist could have prescribing rights. All patients were followed up after at least a week through a telephone interview, where the therapeutic outcome was determined.

Results: One hundred patients (49F; 51M) with an age range between 25 to 34 years were included in the study: 56 patients (Group A) accepted a pharmacist-recommended medication, and 44 patients (Group B) were referred to a GP. Of the Group A patients, 46 reported symptomatic relief within the week. Of the ten patients without symptomatic relief, 7 requested a doctor's appointment, while three opted not to follow up. Following the doctor's recommendation, twenty-seven patients from Group B reported symptomatic relief. Of the 17 patients with unresolved presenting symptoms, 12 patients opted for a specialist consultation, three were admitted to the hospital, and two opted not to follow up. In 29 cases out of the 44 Group B patients, the pharmacist would have prescribed the same medication as that prescribed by the GP. The 15 cases where prescribing differences between GP and pharmacist occurred consisted of 10 cases where minor ailments were treated with a broad-spectrum antibiotic by the medical prescriber, which was not recommended as first-line treatment, 2 cases of contraindications specifically in patients with cardiovascular diseases and 3 cases where a topical glucocorticoid was recommended but had no clinical indication.

Conclusion: The outcome of this study indicates concordance in clinical decision-making and pharmacotherapy recommendation for prescription medication in 66% of the cases between the medical prescriber and the community pharmacist. Signals, where pharmacist prescribing frameworks should consider additional patient safeguards, include co-morbidities and risks of medications being recommended.

The role of artificial intelligence (AI) in preventing misdiagnoses: A pharmacist's perspective

Ezinne V. C Onwuekwe

Nova Scotia Health, Halifax, Canada

Introduction: Misdiagnoses significantly impact patient safety. The increasing complexity of medication regimens and the rise of chronic diseases highlight the critical need for innovative solutions to ensure medication safety. Pharmacists play a vital role in medication safety. Still, limited access to patient data and fragmented information exchange create challenges in identifying misdiagnoses. Advancements in Artificial Intelligence (AI) hold promise for mitigating such errors. However, existing research on AI and misdiagnosis prevention often focuses on developing and evaluating AI tools for general medical diagnosis. There remains a gap in understanding the pharmacist's perspective on integrating AI into clinical decision-making processes.

Purpose: This study explores AI's potential to prevent misdiagnoses from a pharmacist's viewpoint. It does this by filling the gap in knowledge regarding the practical implementation and impact of AI in pharmacy practice. By focusing on the pharmacist's perspective, this work contributes to developing and implementing AI tools tailored to the specific needs of pharmacy practice.

Methods: This research will employ a multifaceted approach.

1. **Literature review:** Exploring existing research on misdiagnoses, pharmacist challenges, AI-powered tools for medication safety, and AI integration in healthcare. Scientific databases like Google Scholar, PubMed, Scopus, and CINAHL were used to identify relevant peer-reviewed studies and articles.

2. **Expert interviews:** Semi-structured interviews with practising pharmacists to gather real-world insights on their experiences, perceptions of AI, and potential concerns with AI integration. Pharmacists from diverse practice settings (e.g., hospitals and community pharmacies) were recruited to ensure a broader perspective. Data were analysed using thematic analysis to identify key themes and patterns.

Results: The literature review revealed the prevalence and impact of misdiagnoses and pharmacists' challenges. Existing research on AI tools and their potential benefits in healthcare workflows was identified. Pharmacists highlighted AI's utility in enhancing diagnostic accuracy, streamlining workflow, and improving patient outcomes. Key findings include the importance of AI-human collaboration, the need for user-friendly AI interfaces tailored to pharmacy settings, and the significance of ongoing training and support for pharmacists utilising AI tools.