

# The Impact of Interdisciplinary Collaboration between Nurses and Pharmacists on Patient Safety in Operating Rooms

**Danah naif alrewelly<sup>1</sup>, Jawaher jazza mahdi alrwuili<sup>2</sup>, Hanan Tarif Rashid Al-Ruwaili<sup>3</sup>, Hana jaber Al Ruwaili<sup>4</sup>, Fatma KHALAF LAFI Alrwaili<sup>5</sup>, Khulud Abdullah Husain alali<sup>6</sup>, Sajedah saud alnazga<sup>7</sup>, Samer Mohammed Badewy<sup>8</sup>, Bader Mubarak Saleh Alhunayni<sup>9</sup>, Nasser Saad Al Harbi<sup>10</sup>, Amal Dubayan swellem Alhwayti<sup>11</sup>, Entesar Awwad Duliman Alrowily<sup>12</sup>**

1. Nursing Specialist .Domat Aljandal General Hospital Skaka
2. Nursing Specialist Mutaib bin Abdulaziz Hospital Skaka
3. Nursing Specialist Prince Mutaib Hospital Bin Abdulaziz Hosptail-Sakaka
4. Nursing specialist prince Mutaib Bin Abdulaziz Hosptail Sakaka
5. nurse specialist king ABDULAZIZ specialist hospital Sakaka
6. Pharmacy technician Tabuk health cluster
7. Pharmacy technician Tabuk health cluster
8. Pharmacy technician Tabuk health cluster
9. Nafi General Hospital, Technician-Pharmacist
10. Nasser saad Al harbi Al Rass General Hospital, Pharmacist Assistant
11. Nursing technician Tabuk health cluster
12. Nursing technician Tabuk health cluster

## Introduction

In the healthcare industry, interdisciplinary cooperation has become essential to improving patient safety, especially in high-stakes settings like operating rooms. A more thorough approach to patient care is made possible by the integration of many professional specialties, which eventually lowers the possibility of mistakes and enhances therapeutic results. In particular, safe medication management and efficient patient monitoring during surgical procedures are greatly aided by the cooperation of nurses and pharmacists (Reeves et al., 2016).

Having nurses and pharmacists in operating rooms allows for real-time communication and decision-making, which is crucial for meeting the changing demands of surgical patients. Pharmacists provide their knowledge of pharmacotherapy, making sure that drug choices are appropriate, while nurses are frequently in charge of giving prescriptions and keeping track of patients' reactions. suitably and securely (Mason et al., 2019). Improved medication reconciliation procedures and a decrease in adverse drug events—two crucial aspects of patient safety in surgical settings—can result from this collaboration.

Additionally, interdisciplinary cooperation encourages a culture of responsibility and safety among medical practitioners. Together, nurses and pharmacists are better able to recognize possible dangers and create plans to reduce them. Maintaining high standards of patient care requires a collaborative environment that empowers team members to raise concerns and promotes open communication about medication management (Baker et al., 2019).

All things considered, interdisciplinary cooperation between nurses and pharmacists

has a major effect on operating room patient safety. Utilizing their individual expertise, these professionals can improve the quality of treatment given to patients, which eventually improves surgical results and raises patient satisfaction. The many facets of this partnership and its consequences for surgical patient safety will be examined in the sections that follow.

### **Aims and Objectives**

To investigate the impact of interdisciplinary collaboration between nurses and pharmacists on patient safety outcomes in operating rooms.

### **Literature Review**

#### **Interdisciplinary Communication Strategies in Medication Management**

Nurses, physicians, pharmacists, and patients are the main players in drug management in hospital settings. According to the Australian Pharmaceutical Advisory Council (2005), these people are crucial in the prescription, dispensing, administering, taking, monitoring, evaluating, and counseling of medications. The most effective way to manage patient-centered medicines is through interdisciplinary practice and planning. Combining the clinical skills and patient-specific information of nurses, the pharmaceutical knowledge of pharmacists, and the integration of clinical issues into medical management by doctors might yield valuable insights. For each patient, a thorough treatment plan has a higher chance of being carried out consistently (Sessler & Varney 2008). Effective medication management communication between physicians and patients can directly impact patient outcomes in addition to interdisciplinary teamwork (Howard et al. al. 2008). Clinicians can build therapeutic relationships with patients and encourage positive changes in their medication management regimes by enhancing their communication skills, especially their listening abilities (Lyra et al. 2007, Carter et al. 2015).

The communication techniques used by patients, physicians, pharmacists, and nurses in medication management are covered in this study. We specifically look at the language that pharmacists, physicians, and nurses use to manage patients' prescriptions. The term "communication strategies" refers to particular interpersonal abilities that support efficient medication management communication. Language discourses concentrate on the social, political, and linguistic facets of medicine exchanges that take place both verbally and nonverbally.

#### **Context**

Since every health professional has a unique set of values, communication problems within the team have been documented despite the significance of interdisciplinary teamwork in drug management. regarding collaboration depending on individual experiences, professional socialization, and varying values and views (McKeon et al. 2006). Effective treatment and patient medication safety can be preserved when nurses regularly communicate with physicians, pharmacists, patients, and families while administering medications (Eisenhauer et al. 2007). However, allied health professionals such as social workers, occupational therapists, and physiotherapists questioned medical judgments in order to demonstrate opposition to medical dominance. A type of "collaborative power" that involved interdependent participation and diverse physicians' decision-making was common in case conference discussions in community-based services (p. 902). The study of interdisciplinary connections in certain clinical settings by Nugus and his colleagues proved enlightening. It challenged the conventional dominance of medicine in healthcare decision-making by demonstrating the cohabitation of collaborative and competitive power.

The ethnographic work of Rixon et al. (2015) supports the complexity of trans disciplinary collaboration The ethnographic work of Rixon et al. (2015) supports the complexity of trans disciplinary collaboration.

### **Interprofessional Communication Challenges:**

This study examined the interprofessional pharmaceutical communication between Australian pharmacists and physicians and nurses. Intensive care, cardiothoracic care, cancer care, and emergency care are the four specialty hospital settings that were chosen because of their high-risk pharmaceutical usage. The findings showed that physicians, nurses, and pharmacists mostly collaborated separately with one another rather than together. In contrast, interprofessional collaboration was higher in oncology and emergency care than in cardiothoracic and critical care. In order to facilitate interdisciplinary collaboration and communication in those specialty settings, the researchers attributed the variations to the contextual features of using highly specialized chemotherapy medications in oncology care as well as the organizational imperative to move patients out of emergency care within four hours of presentation. Rixon et al., 's work was important in determining the setting-specific elements affecting the communication patterns surrounding medication management. Nevertheless, neither Nugus et al. nor Rixon et al. looked at how linguistic discourses and communication techniques are used in multidisciplinary drug information exchanges.

When discussing medication management and treatment decision-making with patients, previous research has identified the communication strategies that physicians , pharmacists ,employ. Nurse prescribers in the UK used a variety of communication techniques to encourage successful medication consultations with patients with diabetes, including educating patients about the importance of taking their medications, influencing their attitudes toward doing so, and paying attention to their worries regarding medication treatment.

Routines (Sibley and colleagues, 2011). According to Latter et al. (2007), nurse prescribers in primary care settings in the UK collaborated with patients during medication consultations and built trustworthy connections with them. Courtenay et al. (2011) showed in another UK study that patients had a high degree of confidence and trust in nurse prescribers. Patients thought that the specialized expertise of nurse prescribers, along with their thoroughness during consultations and attentive listening abilities, encouraged patient participation in treatment decision-making. The UK studies showed that patients had a favorable opinion of nurse prescriptions (Courtenay et al. 2011) and that nurse prescribers used communication methods in practice (Latter et al. 2007, Sibley et al. 2011). Nevertheless, the researchers only provided a descriptive summary of the interactions that nurses had with patients regarding prescriptions and perspective on nursing prescriptions. It has not been investigated what language discourses nurses and patients actually use while consulting on prescriptions. Furthermore, because nurse prescribers may have concentrated more on their unique position in medicine prescribing, the results may not be generalizable to nurse-patient medication talks. Additionally, it has been noted that in acute care hospital settings, nurses typically initiate and dominate conversations with patients on medicine administration, leaving little chance for patients to build relationships with specific nurses (Bolster & Manias 2010).

Open communication of information during medication consultations depends on patients' trust in their physicians (Simos 2012). Doctors were said to use partnership-

building techniques to have open discussions with patients (e.g. asking for patient comments, utilizing open-ended inquiries).

### **A. Critical Discourse Analysis**

as well as encouraging and reassuring words during medical consultations (Street et al. 2005). In order to investigate the communication tactics employed by physicians and patients in shared treatment decision-making, Robertson et al. (2011) examined audio recordings of doctor-patient consultations in primary care settings. By submitting direct requests to physicians, patients actively participated in drug consultations, according to the researchers. Conversely, doctors developed a partnership discourse by utilizing first-person pronouns (such as "we" and "us") on a regular basis. However, the researchers contended that rather than actually incorporating patients in joint medical decision-making, doctors' use of partnership talk was intended to elicit consensus from them.

The work of Robertson et al. provided a helpful perspective on how patients and doctors actually use linguistic discourses. But the investigation by the researchers lacked a key viewpoint. The intricate power dynamics that existed during collaborative therapeutic decision-making between physicians and patients were unknown. Furthermore, the researchers didn't investigate how patients' language discourses during treatment consultations might have been impacted by their social relationships with their clinicians.

According to existing research on pharmacist-patient interactions, pharmacists employ communication techniques like humor, politeness, and reinforcing drug knowledge to help establish rapport with patients in community settings (Hargie et al. 2000).

Community pharmacists were shown to be more adept at using their past patient knowledge and appropriate humor to engage patients in consultations than hospital pharmacists (Greenhill et al. 2011). Pilnick (2003) looked at audio recorded consultation data from a hospital pediatric outpatient clinic and found that Community pharmacists were shown to be more adept at using their past patient knowledge and appropriate humor to engage patients in consultations than hospital pharmacists (Greenhill et al. 2011). Pilnick (2003) looked at audio recorded consultation data from a hospital pediatric outpatient clinic and found that the most prevalent way that pharmacists delivered information was unilaterally.

Method for patient counseling. Pharmacists used a "stepwise approach" in a few cases by specifically asking patients and family members for their opinions (p. 844).

Patients and family members were able to actively participate in the counseling process thanks to the methodical approach. The results of Pilnick's study, which concentrated on pharmacists' counseling techniques in a pediatric setting, might not apply to hospital pharmacy consultations generally.

A patient-centered, multidisciplinary analytical method that incorporates a multi-way analysis The dynamics and difficulties of drug management communication can be explored through interactions with nurses, physicians, pharmacists, and patients.

Furthermore, previous research has not offered a critical, in-depth examination of how people employ linguistic discourses in communication tactics related to medication management. We believe that a comprehensive, in-depth examination of verbal and nonverbal medicine interactions should concentrate on the linguistic, political, and social dimensions. As previously said, there are a lot of opportunities to examine these facets aims to investigate the communication tactics employed by physicians, nurses, and pharmacists when interacting with patients and one another during drug administration in general medical care hospital environments. Our specific goal is to

investigate how patients use language discourses to create opportunities for patient-centered treatment and how doctors use them to build support or undermine preexisting social relationships.

## Summary of Data Collection Methods and Analysis Guide

In Table 1 and 2

This table outlines various methods used to collect data on clinician communication regarding medication management.

Table 1: Data Methods

	Description	Aim
Participant Observations	Over the course of one to two months, the first author spent up to three hours shadowing clinicians, recording their actions and communication events in field notes.	To understand clinician interactions with patients and each other.
Field Interviews	Semi-structured interviews conducted post-observation to clarify observed activities and gather clinicians' perspectives. Interviews were audio-recorded.	to elucidate observed behaviors and collect opinions on communication tactics from physicians.

Table 2: Data Analysis Guide

Analysis level	The goal of the analysis	Analytical queries
Stage 1: Analysis of Texts	To analyze the text's use of both spoken and non-spoken expressions	<ol style="list-style-type: none"> <li>1. What did the participants say?</li> <li>2. Which nonverbal cues were employed?</li> <li>3. Who was talking or not?</li> <li>4. Which language devices (such modality, pause) and words (like pronouns, verbs) were employed?</li> <li>5. Who was it that was speaking?</li> <li>6. What were the conditions and when did this happen?</li> </ol>
Stage 2: Analysis of Discourses	To investigate the text's deliberate use of linguistic discourses	<ol style="list-style-type: none"> <li>1. Which linguistic discourses were used?</li> <li>2. How were communication objectives met by combining various linguistic discourses?</li> <li>3. Which interpersonal connections helped to shape the conversation?</li> <li>4. Which identities (positions, responsibilities) were pertinent to the discussion?</li> </ol>
Stage 3: Social Analysis	To assess the text's wider social influences	<ol style="list-style-type: none"> <li>1. What clinical repercussions (effective or ineffective therapy consultations) resulted from the conversation's discursive practices?</li> <li>2. What social repercussions resulted from the discursive tactics used in the discussion, such as bolstering or undermining power disparities?</li> </ol>

## Result

The study investigates how patients and professionals communicate about medication management. Inquiring about prescription orders, providing directions, and suggesting medications are all examples of the interpersonal, authoritative, and educational speech that clinicians employ while speaking with patients. Interpersonal chat describes conversations in which medical professionals listen to each patient's prescription and discuss it with them.

Focus groups, field interviews, participant observations, and video recordings are some of the techniques used to collect data. To provide light on observed behaviors and gather physicians' opinions on communication practice, field interviews were undertaken. The slightest and most delicate details of the doctors' interactions were captured on video recordings while preserving the communication event's context. Doctors and pharmacists participated in individual reflective interviews and nurses participated in focus groups.

The analysis's goal is to look at the text's social influences, strategic linguistic discourses, and verbal and nonverbal expressions. The study of power dynamics hidden behind silent data, such as body language, facial emotions, and spatial characteristics, is the main goal of nonverbal gesture analysis. Pronouns concentrate on how participants in conversations employ the first, second, and third person. The degree to which speakers adhere to or deviate from a specific point of view is demonstrated by their modality.

During drug delivery procedures, nurses, physicians, and pharmacists exhibit interpersonal communication by using patient-friendly terminology. This method enhances treatment consultations and contributes to the development of patient-centered care options.

At first, the nurse talked about how to administer the medication, but the patient was unclear about it. The patient's need was highlighted by the nurse. for medicine because their magnesium levels are low. The patient additionally reported having cramping in her feet and stomach. The nurse advised the patient to speak with a doctor regarding the relationship between magnesium levels and cramping. To cut down on professional distance, the nurse spoke in the first person. Additionally, the patient had trouble recalling the name of the medication, so the nurse modified it to fit their comprehension. The patient sought medical advice via a paper-based method. As seen in a video clip, doctors and nurses frequently utilize authoritative language when talking with patients about treatment plans. In this case, a medical expert prescribed enoxaparin to a patient who experienced sporadic chest pain. Taking into account the patient's individual anxiety levels and normalizing their situation, the consultant made the treatment recommendation. The patient respected the rank and authority of the medical consultant by asking for the information to be repeated in a professional and courteous manner.

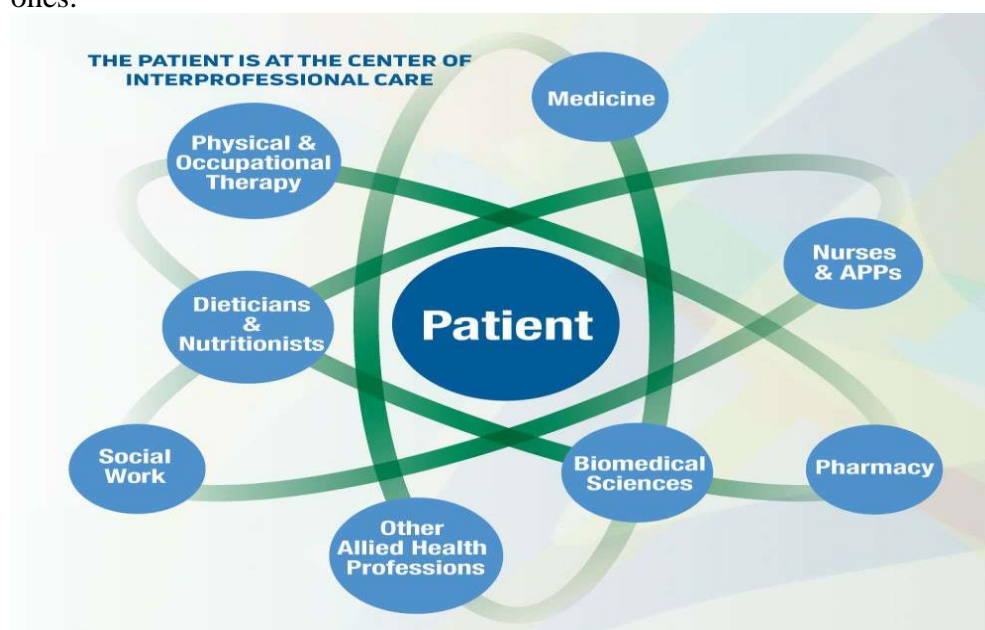
The patient tried to bargain with the medical consultant on the suggested treatment plan by raising concerns about it using their understanding of medications. The medical expert presented the treatment choice as just his judgment and used clear subjective language to describe the potential adverse effects of enoxaparin medication. But High-modality words like "probably should" were employed by the

medical consultant to assert his authority in treatment decisions and leave little opportunity for more discussion.

During ward round practice, patients' inability to manage their body space limited the amount of time that doctors and patients could provide information. Nurses' hidden, forceful conversations with patients included asking them to take their medications in a particular location. This draws attention to the power relationships that exist in healthcare settings between physicians and patients.

Patients took their medications without reluctance as a result of nurses asking for assistance in linguistic discourse. This strategy assisted nurses in meeting treatment objectives and preserving their control over the administration of medications. Pharmacists gave patients precise advice on how to take particular drugs, which directly affected medication safety, especially after the patient was discharged. The spacer and GTN patches were the main topics of a pharmacist's video explanation of new drugs to a patient and their son prior to their release. The patient was instructed to monitor his blood pressure and the patient's kid was told that the GTN patch could lower his blood pressure. Additionally, the pharmacist clarified that because Temtab was short-acting, the patient could take it in addition to his anti-anxiety drug Zenax. anti-anxiety drug since it was addictive and short-lived.

The communication techniques that nurses and pharmacists employ when administering medications are discussed in the text. The pharmacist adapted information to the patient's level of understanding and referred to drugs by brand names. The pharmacist did not cede interactional control to the patient's son, who frequently started conversations with him. In order to give clear instructions on how to utilize specific medications, the pharmacist switched from using high-modality terms to emphasize the patient's responsibility in medication management to using low-modality ones.



Fig,1:The Importance of Interprofessionalism: Clinical Care | Featured Stories | Medical College of Wisconsin.

During medicine delivery procedures, nurses also engaged in informative conversation with patients, giving them clear directions and demonstrating deep breathing techniques with their bodies. In order to guarantee patient safety, nurses were seen challenging doctors' prescription orders. They also used their clinical expertise and drug knowledge to verify prescription prescriptions. A sluggish heart rate was highlighted as a serious clinical concern by a nurse who paged a medical resident regarding a cardiac drug in one case. By conducting an ECG, the nurse incorporated the language discourse of preparedness into her practice.

In order to guarantee patient safety and efficient drug delivery, pharmacists and nurses employ communication techniques. By aggressively addressing clinical difficulties and giving clear directions, nurses also exhibit their evaluation abilities and medicine knowledge.

The Ward 2 nurse unit manager was frustrated.

when questioned about the dangers of a patient's drug, warfarin. There were conflicts between the clinical discourse of task completion and the management discourse of safe practice as a result of the nurse manager's work being done in solitude. Given that the medication room was open to all employees, the graduate nurse may have felt ashamed to admit her ignorance to the management and her coworkers. In order to preserve their authority and control, doctors gave nurses and pharmacists clear instructions about how to manage patients' medications. Understanding the importance of communication in achieving therapeutic objectives for patient discharge, the medical resident assumed responsibility for communicating prescription recommendations to nurses and pharmacists. With the exception of medication, the decision-making process was still under medical supervision.

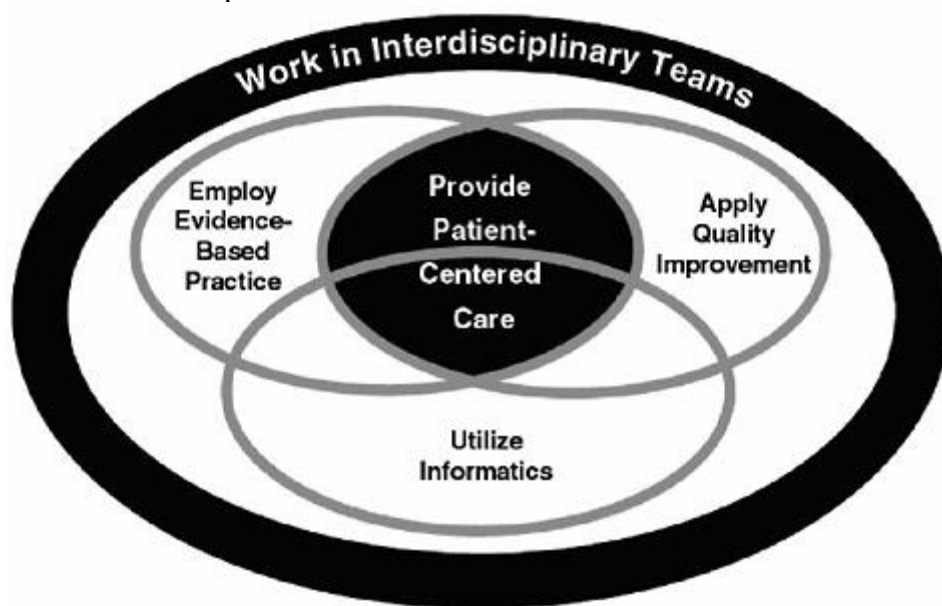


Fig.2: Interdisciplinary Collaboration ,A Summary of the October 2009 Forum on the Future of Nursing: Acute Care , The National Academies Press

In the midst of clinical situations or in public hallways, doctors frequently give nurses advice opportunistically. By preparing and giving drugs, they normalize nurses' conventional tasks in medication management. Nurses frequently take on these responsibilities without question, and when a doctor interrupts them, they are frequently engaged in other clinical tasks. Effective medication information



exchanges between doctors and nurses are hampered by the opportunistic nature of corridor chats. Medical dominance in therapeutic decision-making is strengthened by the normalization of linguistic discourse.

When giving nurses directions, doctors—especially medical residents—frequently use courteous language, which interferes with their ability to do their jobs. Medical residents must use tactful language to appear as though they are asking for assistance, and when they do so, nurses feel valued. The doctor-nurse of history Nurses' unquestioning obedience of medical directives helped to reproduce partnerships.

Every ward has a registered pharmacist on staff Monday through Friday, making it simple for nurses to address any urgent drug issues. Physicians enjoy the pharmacist's presence on the ward, and nurses place a high value on their presence and understanding of medications. With her in-depth understanding of medications, the pharmacist positioned herself as a consultant to physicians and nurses.

## Conclusion

According to the report, doctors frequently keep quiet about their involvement in treatment decision-making, despite the fact that nurses and pharmacists play a critical role in medication administration. While nurses blindly follow medical orders, they stereotype their positions through language discourse. Pharmacists are happy with their involvement in detecting prescription errors and correcting problems. The supremacy of medicine in decision-making is maintained by traditional views. The study emphasizes how physicians' discursive practices are influenced by their level of experience and interdisciplinary contacts. Nurses can gain a better understanding of how interdisciplinary collaboration and communication contribute to drug safety by using reflective DVD. However, because the study was carried out at a public acute care hospital, it had limitations.

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