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conscientious objection, articulating the decision-making procedures needed to ensure patient safety, equity of access and continuity of care.

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### DEVELOPING AND TESTING A NOVEL METHOD TO EXPLORE IMPLICIT BIAS IN COMMUNITY PHARMACY

Jack Collins<sup>1</sup>, Megan MacKenzie<sup>2</sup>, Carl Schneider<sup>1</sup>, Betty Chaar<sup>1</sup>, Rebekah Moles<sup>1</sup>. <sup>1</sup>The University of Sydney School of Pharmacy, Faculty of Medicine and Health, The University of Sydney, Sydney, Australia; <sup>2</sup>School for International Studies, Simon Fraser University, Vancouver, Canada

**Introduction.** Implicit bias is bias shown without conscience. This bias may occur due to factors such as age, race, or gender. Implicit bias has been identified in a variety of health care professionals using Implicit Association Tests, however literature has not examined the use of covert simulated patients or explored implicit bias in practising pharmacists.

**Aims.** To develop and pilot a novel mixed-method to explore implicit racial bias by community pharmacists.

**Methods.** Four female actors of different racial and ethnic backgrounds (East Asian, Middle Eastern, South Asian, Caucasian Australian) completed 32 simulated patient visits at eight community pharmacies in Sydney, Australia between February-March 2019. Actors provided scripted requests for assistance with symptoms or products relating to women's health ailments (dysmenorrhea, cystitis, emergency contraception, vaginal thrush) at a rate of one visit per pharmacy per week. Visits were audio-recorded. Brief, semi-structured interviews were conducted with actors immediately post-visit to capture the 'consumer' experience. Transcriptions of visits and interviews were transcribed verbatim and analysed through discourse analysis, using frames of 'caring', 'neutral', or 'abrupt'.

**Results.** Analysis of 32 pharmacy encounters revealed that consultation length, number of products sold, and number of questions asked did not significantly differ between visits. Discourse analysis enabled identification of potential differences between pharmacists when responding to actors of different racial and ethnic backgrounds.

**Discussion.** This novel method proved feasible. Future work could adapt this method to a variety of practice settings and practitioners. Future studies could also explore other types of implicit bias, such as age, gender, or weight. Through the identification of the presence of implicit bias and how it manifests in practice, interventions and curricula can be developed to address the role of implicit bias in health care disparities. Further work is warranted to generate valid and representative results.

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### COMPLIANCE OF COMMUNITY PHARMACISTS WITH COVID-19 HEALTH PROTOCOLS

Fathul Muin<sup>1</sup>, Anna Wahyuni Widayanti<sup>2</sup>, Yayi Suryo Prabandari<sup>3</sup>. <sup>1</sup>Magister Management Pharmacy Program, Faculty of Pharmacy, Universitas Gadjah Mada; <sup>2</sup>Department of Pharmaceutics, Faculty of Pharmacy, Universitas Gadjah Mada; <sup>3</sup>Department of Public Health, Faculty of Medicine, Universitas Gadjah

**Introduction.** Pharmacists as health workers in community pharmacies have a high risk of transmitting the COVID-19 virus. During the COVID-19 pandemic, the number of infections among pharmacists increased due to direct contact with the public and COVID-19 patients who visited pharmacies.

**Aims.** This study aimed to determine the compliance level of pharmacists with the COVID-19 health protocols and its correlations to the level of knowledge, organizational environment, and self-efficacy.

**Methods.** The study was designed as mixed-method research with a sequential explanatory strategy among pharmacists working in community pharmacies in the Special Region of Yogyakarta, Indonesia. The participants were selected with simple random sampling in quantitative research with questionnaire data collections and purposive sampling in qualitative research with interviews. The quantitative data were analysed statistically to identify factors that correlate to the level of compliance, while the qualitative data were used to explain the results obtained in quantitative research.

**Results.** A total of 262 pharmacists participated in this study. Most of them were in a medium level of compliance (65.66%), followed by the high level (19.1%) and the low level (15.3%). Statistical analysis on organizational environment factors and self-efficacy showed a significance value ( $p < 0.05$ ) with a Pearson Correlation value of 0.463 and 0.409, respectively. The level of knowledge showed no significance correlation to the level of compliance ( $p > 0.05$ ). Meanwhile, the interview with 9 respondents showed that the implementation of COVID-19 health protocols in community pharmacies was quite good but required more consistent efforts and supporting facilities from the pharmacy owners.

**Discussion.** These findings showed a correlation between organizational environmental factors and self-efficacy with the compliance level of pharmacists to the COVID-19 health protocols. Improving environment factors and self-efficacy may increase the level of pharmacist's compliance with the health protocols.

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### CONNECTING THE DOTS OF CARE: LINKING ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH DIABETES CARE IN HOSPITAL USING HOSPITAL PHARMACISTS

Susan Welch<sup>1,2</sup>, Alexander Viardot<sup>3</sup>, Kylie Lee<sup>2</sup>, Scott Daley<sup>4</sup>, Pauline Deweerd<sup>1</sup>, Rebekah Moles<sup>2</sup>. <sup>1</sup>St Vincent's Hospital Sydney, Darlinghurst, Sydney, Australia; <sup>2</sup>University of Sydney, Camperdown, Sydney, Australia; <sup>3</sup>Garvan Institute, Darlinghurst, Sydney, Australia; <sup>4</sup>St Vincent's Health Australia, Sydney, Australia

**Introduction.** Diabetes is a common diagnosis for Aboriginal and/or Torres Strait Islander peoples.

**Aims.** To identify how an urban hospital pharmacist can detect if Aboriginal and/or Torres Strait Islander peoples admitted into hospital have diabetes or have a higher chance of getting diabetes.

**Methods.** Aboriginal and/or Torres Strait Islander peoples admitted to hospital, between July – September 2021 were identified. A hospital pharmacist visited consenting patients, checking random blood glucose and glycosylated haemoglobin (HbA1c). Patients with HbA1c > 6.5% (not known diabetes) or 7% (known diabetes) were referred for endocrinology review during admission. Results and diabetes plans were shared with their GP. Two days after discharge, the pharmacist telephoned each participant to gauge their views on diabetes care provided during their hospital stay.

**Results.** Seventy-two patients were eligible for inclusion, 67/72 (93%) consented to take part (female 27, male 40; aged 21-87 years). Sixty-one (91%) patients had HbA1c < 6.5. Of these, 4/67 (6%) had an HbA1c between 6 to 6.4. They were contacted and/or their general practitioner to suggest a yarn about how diabetes could be prevented. Six of the 67 (9%) qualified for endocrine review, 5 had known diabetes, one was newly diagnosed. None were previously known to endocrinology. All patients telephoned were satisfied with their diabetes care.

**Discussion.** We have developed, implemented and pilot tested a pharmacist led screening service. Hospital pharmacists can help detect diabetes in Aboriginal and/or Torres Strait Islander peoples, ensuring linkage to endocrinology review and improved care during admission.