Designing persuasive community pharmacy spaces to communicate antimicrobial resistance: findings from the information design and architecture in persuasive pharmacy space (IDAPPS) study. [Abstract]

This item was submitted to Loughborough University's Institutional Repository by the/an author.

Citation: LIM, R. ... et al., 2019. Designing persuasive community pharmacy spaces to communicate antimicrobial resistance: findings from the information design and architecture in persuasive pharmacy space (IDAPPS) study. International Journal of Pharmacy Practice, 27(S1), p. 22.

Additional Information:

- This is an abstract of a conference paper presented at the Royal Pharmaceutical Society Science and Research Summit, London, 9th February.

Metadata Record: https://dspace.lboro.ac.uk/2134/36643

Version: Accepted for publication

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Designing persuasive community pharmacy spaces to communicate antimicrobial resistance: findings from the Information Design and Architecture in Persuasive Pharmacy Space (IDAPPS) study.

Antimicrobial resistance, community pharmacy, design, architecture, information
Antimicrobial resistance (AMR) is one of the greatest threat to human health (1) and has led to loss of life, extra healthcare costs, longer duration of illnesses and loss of protection for patients undergoing operations (1). The United Kingdom has a strategy to tackle AMR (2) and one of its strategic aims is to ‘improve the knowledge and understanding of antimicrobial resistance’.

Community pharmacies are relatively informal, socially-inclusive and conveniently located health-care environments and provide key opportunities for delivering public health messages about AMR. They are also an ideal context to consider how information about AMR can be disseminated to take account of diversity in pharmacy users.

This study is part of a wider study designed to consider the presentation of AMR information, its situation within an environment, and how users interact with it, in the context of a community pharmacy (3).

The aim of this study was to design an intervention to communicate information about AMR in community pharmacy.

Methods

An architectural design studio method (4) incorporating co-design approaches was used; a design competition. Ethical approval was not required for the competition and Ideas Lab; competition teams agreed and abided by competition rules and terms of agreement.

1. An expression of interest was posted. Teams from different disciplines (architecture, information design, human factors, pharmacy) submitted proposals to use "persuasive space" to raise awareness about AMR.
2. Proposals shortlisted against predetermined criteria by a cross-disciplinary panel of academics and practitioners.
3. Shortlisted teams attended a 2-day Ideas Lab; collaborative working within and across teams with active engagement from pharmacy users and workers, and contextual information (pharmacy survey results and task analysis) were provided to support the design process.
4. Teams submitted final designs.
5. Designs selected against predetermined criteria by a cross-disciplinary panel.

Results

Twelve expressions of interest were received and five teams selected to attend the Ideas Lab. Multiple designs were developed, shared and refined during the Ideas Lab. Five very different designs were then submitted:

1. Take a seat: space for rest, well-being and mindfulness
2. Beat Bad Bugs: use of personas to communicate AMR information, leaflets about taking antibiotics
3. Good bugs | Bad bugs: multi-component interactive public display
4. Love the skin you're in: targeted syndromic self-care messages, pharmacy staff communicate AMR messages
5. AMR Aware | pay if forward: routes to receiving care, information on prescription
bags, highlight role of pharmacists.

Details of designs are on our website https://amrpharmacy.org/five-ideas-for-talking-about-drug-resistant-infections/. Two winning entries, “Beat Bad Bugs” and “Good bugs | bad bugs”, were chosen.

Discussion and Conclusion

The findings demonstrated the potential for design interventions about AMR in the community pharmacy space. Cross-disciplinary and collaborative working in design decision making resulted in high-quality design solutions in a relatively short period of time. A competition approach to design appeared to be acceptable but required very careful planning and preparation to fully engage participants. There is potential for testing the design approach in other health design studies. Both winning entries were installed in a community pharmacy and evaluation is ongoing.

Reference(s)


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