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Staff Education Program to Improve Pediatric Medication Adherence Knowledge in Primary Care

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College of Nursing

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Coby Anderson

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Executive Summary: Staff Education Project
Staff Education Program to Improve Pediatric Medication Adherence Knowledge in

Primary Care

by

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Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
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Summary

This Doctor of Nursing Practice project was focused on a staff education program aimed at addressing the knowledge gaps of primary healthcare providers regarding pediatric medication adherence. Nonadherence among pediatric patients is a significant issue leading to adverse health outcomes and increased healthcare costs. The project underscores the necessity of enhancing provider knowledge and communication skills, alongside implementing systematic strategies to promote adherence.

My objective with the project was to elevate primary healthcare providers' understanding and practical application of pediatric adherence techniques through targeted, evidence-based education. I developed the practice-focused question to examine whether this tailored staff education could bolster healthcare professionals' capabilities in promoting medication adherence among pediatric patients. A 20-minute educational session was delivered to participants, and a pre-/posttest design was employed to evaluate their knowledge improvement. Analysis of the results revealed a mean pretest score of 61.2, indicating substantial gaps in baseline knowledge, contrasted with a mean posttest score of 86.2 that signified marked enhancement. The calculated normalized learning gain of 0.64 suggests a moderate to high degree of effective knowledge acquisition following the educational intervention. Increasing provider expertise promotes positive social change by lowering inequities in pediatric care and guaranteeing that families receive transparent and efficient counsel to assist their children's treatment adherence. Broader implications include culturally responsive treatment, safer use of pediatric medications, and decreased health inequities through improved provider education.

Background

In primary healthcare settings, medication and treatment adherence among pediatric patients is a recurring practice gap that has a direct influence on long-term health outcomes, effectiveness of treatment, and patient safety (Kardas et al., 2021). Since pediatric patients depend on their carers to administer their medications and oversee their treatment, adherence is heavily reliant on the efficacy, consistency, and clarity of the information that medical professionals deliver (El Rachidi et al., 2017). Suboptimal adherence behaviors and uneven carer knowledge are caused by a lack of formal training in adherence promotion, a lack of systematic adherence strategies, and variability in provider communication (El Rachidi et al., 2017). These challenges demonstrate a clear need for practice change aimed at enhancing provider expertise and instructional strategies.

I conducted this staff education project to close this knowledge gap by enhancing primary healthcare practitioners' understanding of evidence-based practices for promoting adherence to pediatric medication and treatment. The project was guided by the following practice focused question: Does targeted staff education improve primary healthcare providers' knowledge in promoting medication and treatment adherence among pediatric patients? The research project was focused on providing knowledge since it is a modifiable aspect in clinical practice that might affect adherence behaviors and carer education.

The evidence supporting this practice change showed that provider education is essential for enhancing outcomes linked to adherence (Taibanguay et al., 2019). Poor

pediatric medication adherence has been found to be significantly predicted by insufficient provider education and inconsistent counselling procedures (Kardas et al., 2021). In addition to lowering medication mistakes and enhancing patient safety, systematic reviews and preintervention studies demonstrated that provider-led educational interventions enhance knowledge, confidence, and counselling behaviors linked to adherence (Coyne et al., 2019; D'Amore et al., 2022). Other research showed that structured instruction and good communication techniques improve carer comprehension and treatment compliance (American Academy of Pediatrics, 2024).

The Johns Hopkins Evidence Based Practice evidence appraisal framework, which assesses the degree and quality of evidence across included research, indicates that the strength of the evidence supporting this intervention is moderate to strong. Clinical intervention research, national professional recommendations, and systematic reviews consistently confirm that structured, nurse led education and follow up support improve caregiver understanding and medication adherence in pediatric populations (Fiest et al., 2018; Berardinelli et al., 2024) Adherence monitoring systems, standardized communication procedures, and structured provider education are all recommended by groups, like the American Academy of Pediatrics (2024), as crucial elements of pediatric medication safety and adherence promotion. Collectively, these findings provide credence to staff education as a suitable and research-based strategy for filling the noted practice gap.

Staff Education Project Development

Four primary healthcare providers, two doctors and two nurse practitioners working in primary care settings, participated in this staff education program. To guarantee that practitioners directly involved in pediatric medication management and carer education were represented, I chose participants by purposeful sampling. Prior to participation, each participant filled out the Doctor of Nursing Practice Project Ethics Pledge, guaranteeing ethical conduct and participant confidentiality throughout the course of the research.

I created and carried out the project using a structured educational intervention that was made to work with standard healthcare procedures. A brief, evidence-based, minilecture; interactive polling questions; visual PowerPoint slides; and a guided reflection exercise addressing typical issues with pediatric medication and treatment adherence comprised the 20-minute educational session (See Appendix B). Evidence-based adherence techniques, efficient provider-caregiver communication, and culturally sensitive family support measures were highlighted in the instructional materials.

I used anonymous, pre- and posteducation knowledge tests that were given to the participants right before and after the training session to collect evidence for the project (See Appendix A). The purpose of these tests was to gauge how participants' understanding of pediatric adherence strategy and counselling methods had changed. The evaluation of provider knowledge changes after educational intervention was the main goal of the data analysis. I employed normalized learning gain to compare participants' pre- and postassessment results to measure knowledge progress.

Results

I assessed the impact of the staff education intervention on primary healthcare providers' understanding of pediatric medication and treatment adherence using a pre- and posttest approach. A structured knowledge assessment was given prior to and following the 20-minute instructional session. Table 1 displays the participants' knowledge scores from the pre- and posttest.

Table 1

Pre- and Posttest Scores of Participants

Participant No.	Test scores	
	Test scores before exposure to the intervention	Test scores after exposure to the intervention
1	61	90
2	64	87
3	61	82
4	69	93
5	57	84
6	55	81
Mean score	61.2	86.2
Minimum score	55	81
Maximum score	69	93

Note. Scores represent percentage correct on a structured pediatric medication and treatment adherence knowledge assessment administered immediately before and after the staff education session.

The pretest findings showed low baseline knowledge of structured, evidence-based techniques for encouraging pediatric medication and treatment adherence with a mean score of 61.2 and values ranging from 55 to 69. Posttest results showed that every

participant had consistently improved with a mean score of 86.2 and scores ranging from 81 to 93. All attained at least 70% on the posttest and showed that they could correctly identify at least 80% of evidence-based adherence strategies, indicating the achievement of Learning Outcome 1. When compared to pretest findings, participants' performance on case scenario-based questions improved by more than 20%, indicating that Learning Outcome 2 was achieved. All participants received at least 70% on the posttraining knowledge exam, demonstrating the achievement of Learning Outcome 3.

To further evaluate knowledge improvement, I analyzed participants' aggregate pre- and posttest scores using the following normalized learning gain formula to calculate learning gain:

$$\frac{\text{posttest mean score} - \text{pretest mean score}}{100 - \text{pretest mean score}}$$

Using the cohort mean scores, the calculation was as follows:

$$\frac{86.17 - 61.17}{100 - 61.17} = \frac{25.00}{38.83} \approx 0.64.$$

After the educational session, this result translated to a 64% normalized learning gain, suggesting a moderate to high level of knowledge development over baseline. This finding implies that the staff education program was successful in raising providers' awareness of pediatric medication and treatment compliance. The results aligned with previous research show that provider-focused education improves knowledge, self-assurance, and adherence to counselling methods (see Assefi et al., 2021; D'Amore et al., 2022; Parkin et al., 2022).

By improving patient-centered care practices and providing competency in pediatric medication adherence education, the project benefited the organization. Increased provider expertise facilitated more regular and efficient communication with carers, which is in line with organizational objectives for health equity, patient safety, and quality improvement. The education intervention also helped to promote a culture of ongoing learning by including evidence-based adherence techniques into regular clinical practice conversations.

I identified several limitations that might have affected the results of the project. The applicability of study results across different contexts was constrained by both small sample sizes and the implementation of interventions at a single clinical site (see Bokelmann et al., 2024). Furthermore, opportunities for prolonged skill practice and long-term follow-up assessment were limited by the short length of the educational session. These limitations might have made it more difficult to assess long-term behavior change and sustained information retention.

Notwithstanding these drawbacks, staff education is a low-cost, useful, and scalable intervention that may be applied in a range of primary healthcare settings, making the program significant beyond the local project site (see Portela Dos Santos et al., 2022). Improving provider expertise is a modifiable factor with broad relevance in the prevalent problem of pediatric medication nonadherence. To improve pediatric safety and health outcomes on a larger scale, promote carer education, and improve provider competency, similar staff education programs can be modified to fit a variety of clinical settings (see American Medical Association, 2015).

Conclusions

This staff education program showed how primary healthcare practitioners' understanding of pediatric medication and treatment adherence techniques can be enhanced by focused, evidence-based teaching. In accordance with national pediatric safety recommendations, the program addressed organizational goals pertaining to quality improvement, patient safety, and equitable care delivery (see American Academy of Pediatrics, 2023).

My additional recommendations include increasing interdisciplinary cooperation, incorporating pediatric adherence instruction into regular staff development programs, and assessing long-term effects on carer engagement and adherence practices. By enhancing provider education; encouraging culturally sensitive communication; and increasing diversity, equity, and inclusion, the project has significant implications for nursing practice. Increasing provider expertise promotes positive social change by lowering inequities in pediatric care and guaranteeing that families receive fair, efficient, and transparent counsel to assist their children's treatment adherence (see Williford et al., 2023).

References

- American Academy of Pediatrics. (2024). Safe administration of medication in school: Policy statement. *Pediatrics*, *153*(6), e2024066839. <https://doi.org/10.1542/peds.2024-066839>
- American Academy of Pediatrics, Committee on Medication Safety. (2023). Measurement of ambulatory medication errors in children. *Pediatrics*, *152*(6), e2023061281. <https://doi.org/10.1542/peds.2023-061281>
- American Medical Association. (2015). *Steps forward: Medication adherence: Improve patient outcomes and reduce costs*. <https://edhub.ama-assn.org/steps-forward/module/2702595>
- Assefi, A. R., Roca, F., Rubstein, A., & Chareca, C. (2021). Positive impact of targeted educational intervention in children with low adherence to growth hormone treatment identified by use of the Easypod™ electronic auto-injector device. *Frontiers in Medical Technology*, *3*, 609878. <https://doi.org/10.3389/fmedt.2021.609878>
- Berardinelli, D., Conti, A., Hasnaoui, A., Casabona, E., Martin, B., Campagna, S., & Dimonte, V. (2024). Nurse-Led Interventions for Improving Medication Adherence in Chronic Diseases: A Systematic Review. *Healthcare (Basel, Switzerland)*, *12*(23), 2337. <https://doi.org/10.3390/healthcare12232337>
- Bokelmann, B., Rauch, G., Meis, J., Kieser, M., & Herrmann, C. (2024). Sample size recalculation in three-stage clinical trials and its evaluation. *BMC Medical Research Methodology*, *24*(1), 214. <https://doi.org/10.1186/s12874-024-02337-9>

Coyne, K. D., Trimble, K. A., Lloyd, A., Petrandio, L., Pentz, J., Van Namen, K., Fawcett, A., & Laing, C. M. (2019). Interventions to promote oral medication adherence in the pediatric chronic illness population: A systematic review from the Children's Oncology Group. *Journal of Pediatric Oncology Nursing: Official Journal of the Association of Pediatric Oncology Nurses*, 36(3), 219–235.

<https://doi.org/10.1177/1043454219835451>

D'Amore, C., Zama, B., Salotti, R., Raponi, M., Atti, M. C. D., & Medication Training Study Group (2022). Improving knowledge on safe medication management of inpatient children and adolescents: A pre-post study. *Patient Education and Counseling*, 105(7), 2234–2239. <https://doi.org/10.1016/j.pec.2022.02.010>

El-Rachidi, S., LaRochelle, J. M., & Morgan, J. A. (2017). Pharmacists and pediatric medication adherence: Bridging the gap. *Hospital Pharmacy*, 52(2), 124–131.

<https://doi.org/10.1310/hpj5202-124>

Fiest, K. M., McIntosh, C. J., Demianschuk, D., Leigh, J. P., & Stelfox, H. T. (2018). Translating evidence to patient care through caregivers: a systematic review of caregiver-mediated interventions. *BMC medicine*, 16(1), 105.

<https://doi.org/10.1186/s12916-018-1097-4>

Kardas, P., Dabrowa, M., & Witkowski, K. (2021). Adherence to treatment in pediatric patients—results of the nationwide survey in Poland. *BMC Pediatrics*, 21(1), 16.

<https://doi.org/10.1186/s12887-020-02477-z>

Parkin, R., Nicholas, F. M., & Hayden, J. C. (2022). A systematic review of interventions to enhance adherence and persistence with ADHD pharmacotherapy. *Journal of*

Psychiatric Research, 152, 201–218.

<https://doi.org/10.1016/j.jpsychires.2022.05.044>

Portela Dos Santos, O., Melly, P., Hilfiker, R., Giacomino, K., Perruchoud, E., Verloo, H., & Pereira, F. (2022). Effectiveness of educational interventions to increase skills in evidence-based practice among nurses: The EDITcare Systematic Review. *Healthcare*, 10(11), 2204. <https://doi.org/10.3390/healthcare10112204>

Taibanguay, N., Chaiamnuay, S., Asavatanabodee, P., & Narongroeknawin, P. (2019). Effect of patient education on medication adherence of patients with rheumatoid arthritis: A randomized controlled trial. *Patient Preference and Adherence*, 13, 119–129. <https://doi.org/10.2147/PPA.S192008>

Williford, D. N., Sweenie, R., Ramsey, R. R., McGrady, M. E., Crosby, L. E., & Modi, A. C. (2023). Diversity, Equity, and Inclusion within pediatric Adherence Science. *Journal of Clinical Psychology in Medical Settings*, 30(2), 330–341. <https://doi.org/10.1007/s10880-022-09922-4>

Appendix A: Questionnaire**Participant Number:** _____**Pediatric Medication and Treatment Adherence Pretest/Posttest****Instructions:**

Please select the best answer for each question. This questionnaire assesses baseline knowledge of pediatric medication and treatment adherence.

1. Which option most accurately describes what pediatric medication and treatment adherence means?

- A. A child chooses to take medications on their own.
- B. How closely a child follows the treatment and medication plan agreed upon.
- C. Caregivers enforcing treatment without provider input.
- D. Using medication only when the child is sick.

2. What factor has the greatest impact on whether pediatric patients stick to their medication regimen?

- A. The child's age
- B. How busy the provider is.
- C. How well caregivers understand the instructions and communicate.
- D. Medication cost alone

3. Poor adherence to medication in children is most linked to which outcome?

- A. Better disease control
- B. Lower healthcare use
- C. More hospitalizations and complications

D. Shorter treatment plans

4. Which behavior best reflects proper medication-taking habits?

A. Coming to follow-up appointments.

B. Knowing side effects.

C. Consistently taking the correct dose at the right time.

D. Making medical appointments.

5. Which barrier to pediatric adherence stems from issues within the healthcare system?

A. The child's developmental level

B. Caregiver beliefs

C. Complex medication schedules

D. Limited follow-up or monitoring

6. Research shows that staff education improves pediatric adherence primarily by:

A. Removing caregiver responsibilities.

B. Cutting medication costs.

C. Strengthening provider knowledge and improving consistency in counseling.

D. Lengthening appointment times

7. Which evidence-supported strategy helps improve pediatric treatment adherence?

A. Giving information only at the time of diagnosis.

B. Simplifying the regimen and reinforcing education regularly.

C. Assuming adherence unless issues appear.

D. Providing education only for the child.

8. Which statement accurately reflects pediatric adherence?

Once established, adherence stays the same.

B. Adherence depends solely on the child's motivation.

C. Adherence can fluctuate and requires ongoing assessment.

D. Caregiver education has no effect on adherence.

9. What is the primary responsibility of healthcare providers in supporting pediatric adherence?

A. Only tracking pharmacy refill data.

B. Offering individualized education and identifying obstacles to adherence.

C. Leaving adherence teaching entirely to caregivers.

D. Addressing adherence concerns only after treatment fails.

10. Why is structured staff education important in promoting pediatric adherence?

A. It takes the place of clinical judgment.

B. It eliminates the need for follow-up.

C. It ensures consistent, evidence-based counseling on adherence.

D. It focuses solely on medication safety.

Appendix B: Project Materials

A STAFF EDUCATION PROGRAM TO IMPROVE PRIMARY HEALTHCARE PROVIDERS' KNOWLEDGE OF PEDIATRIC MEDICATION AND TREATMENT ADHERENCE

Coby Anderson
5th November 2025

PURPOSE OF THE PRESENTATION

This presentation aims to increase your knowledge of pediatric medication and treatment adherence. The overall goal is to enhance healthcare providers' understanding and management of factors affecting adherence in children, improving treatment outcomes and continuity of care in primary healthcare settings.

LEARNING OUTCOMES

- By the end of the educational exercise, participants will be able to accurately name at least 80% of evidence-based strategies for encouraging pediatric patients to adhere to their medication and treatment regimen.
- Participants will demonstrate improved ability to implement adherence-promotion techniques, as evidenced by an overall average knowledge gain of at least 20% on case-scenario quizzes following the session.
- Participants will score $\geq 70\%$ on a standardized knowledge quiz covering essential pediatric adherence techniques within 1 week of the session.

IMPORTANCE OF PEDIATRIC MEDICATION AND TREATMENT ADHERENCE

- Medication and treatment adherence is a key determinant of positive health outcomes in children with chronic conditions (Kardas et al., 2021).
- Poor adherence is linked with increased hospitalizations, emergency visits, and preventable complications.
- Families, caregivers, and healthcare teams all have essential roles in supporting adherence through education, simplified regimens and regular monitoring (El-Rachidi et al., 2017).
- Evidence from interventions shows that targeted adherence-promotion programs can improve adherence in pediatric populations (McGrady et al., 2025).

WHAT IS PEDIATRIC MEDICATION AND TREATMENT ADHERENCE?

Pediatric medication & treatment adherence refers to how consistently a child follows the agreed management regimen.

Adherence is strongly influenced by caregiver understanding, effective communication and the child's developmental stage.

Research shows that low adherence is linked to increased complications and healthcare use, while improved adherence supports better long-term outcomes.

Targeted education and intervention programs have demonstrated measurable gains in pediatric adherence (McGrady et al., 2025).

Three Main Components of Evidence-Based Practice

- Strong research evidence
- Good professional clinical expertise
- Consider patient values & preferences

KEY COMPONENTS OF PEDIATRIC MEDICATION AND TREATMENT ADHERENCE

The adherence process includes:

- Medication-taking behaviours (correct dose, timing, and consistency)
- Participation in recommended care activities (for example attending follow-up visits, following therapy or lifestyle guidance)
- Healthcare providers must recognise both child- and caregiver-related barriers to adherence, such as developmental stage, caregiver understanding, regimen complexity and health system issues.

Interventions that apply structured approaches to monitoring and supporting adherence are associated with improved outcomes in paediatric population (Kardas et al., 2021).

EVIDENCE SUPPORTING THE USE OF STAFF EDUCATION TO IMPROVE PEDIATRIC ADHERENCE

- Research shows that targeted interventions can significantly increase medication adherence in children, adolescents and young adults (McGrady et al., 2025).
- Studies have identified caregiver education, regimen simplification and consistency in follow-up as effective strategies to overcome adherence barriers (Kardas et al., 2021).
- Systematic reviews reveal that better adherence is associated with fewer complications, lower healthcare use and improved long-term outcomes in pediatric chronic illness (McGrady et al., 2025).
- Because adherence is multi-factorial, staff education programmes that build provider competence and consistency help reduce variability and reliance on informal, unstructured counselling (Kardas et al., 2021).



HOW STAFF EDUCATION IMPROVES PEDIATRIC MEDICATION AND TREATMENT ADHERENCE

- Structured education programs enhance providers' understanding of adherence principles.
- Reduce reliance on inconsistent or informal counseling approaches.
- Ensure early identification of non-adherence patterns among pediatric patients.
- Improve accuracy, consistency and communication in adherence promotion (Kardas et al., 2021; Assefi et al., 2021).

STAFF EDUCATION IN CLINICAL PRACTICE: SELECTED FINDINGS

- Interventions incorporating education and behavioural support for caregivers or family leads to increased improvements in adherence and outcomes in paediatric ADHD patients (Petro et al., 2022).
- Education programmes increase children's medication knowledge, demonstrate increased understanding of why medication matters in a hospitalised paediatric population (D'Arena et al., 2022).
- These findings suggest that structured staff/family education may contribute to better recognition of non-adherence issues and more timely interventions in paediatric care.



CHALLENGES AND LIMITATIONS OF STAFF EDUCATION PROGRAMS

- Many providers underestimate the prevalence of non-adherence in pediatric patients and lack full awareness of available interventions. (Kardas et al., 2021)
- Educational interventions have shown measurable improvements in adherence in specific pediatric contexts, yet they do not address all underlying barriers to adherence (Assefi et al., 2021)
- To maximize impact, staff education should be paired with ongoing reinforcement, supervision and monitoring of program uptake and fidelity.

TRAINING AND IMPLEMENTATION OF STAFF EDUCATION PROGRAM

Education interventions aimed at children and families have demonstrated increased knowledge of medication management in pediatric populations (D'Arena et al., 2022)

Systematic review of pediatric adherence interventions acknowledges the importance of providing education within routine care and pediatric interactions as part of the workflow (Shah et al., 2022)

These findings underline that providing routine education and continuous reinforcement to support adherence promotion in paediatric care.



IMPACT OF STAFF EDUCATION ON PATIENT OUTCOMES

- Studies reveal that paediatricians often underestimate non-adherence and overestimate their ability to detect it, signalling the need for increased education. (Kardas et al., 2021).
- Research finds that better caregiver understanding and follow-up support are strongly associated with improved adherence and fewer hospitalisations in paediatric chronic illness. (Rungtivajanus 2023).
- These findings suggest that staff and caregiver education programmes may contribute to more consistent adherence support, improved treatment continuity and potentially better health outcomes in children.

STEPS FOR HEALTHCARE PROVIDERS TO PROMOTE PEDIATRIC ADHERENCE

- Step 1: At each encounter, review the child's medication routine, scheduled visits and any therapy/lifestyle adherence.
- Step 2: Explore barriers, caregiver knowledge or beliefs, access challenges, developmental issues of the child.
- Step 3: Provide tailored education and counselling to both caregiver and child, ensuring shared understanding and engagement.
- Step 4: Establish ongoing monitoring and follow-up, regular check-ins, track adherence indicators, reinforce positive behaviors (El-Rachidi et al., 2017; Gardiner & Hartman, 2006)



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ADDRESSING COMMON MISCONCEPTIONS

- Misconception: "Pediatric adherence depends only on the child's willingness."
- Reality: Adherence is influenced by caregiver knowledge, communication, family support and health-system factors.
- Misconception: "Once adherence is established, it stays consistent."
- Reality: Adherence often changes over time; it can decline without ongoing support, monitoring and education. (Katz et al., 2016; Muñoz-Correas et al., 2022)

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SUMMARY & KEY TAKEAWAYS

- Staff education is essential for improving pediatric medication and treatment adherence.
- Standardized training enhances provider confidence and consistency in practice.
- Improved knowledge supports early identification of adherence challenges.
- Ongoing education sustains effective implementation and better patient outcomes.

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REFERENCES

Amadi, A. S., Easa, F., Alshamir, A., & Chereau, C. (2021). Positive impact of tailored educational intervention in children with low adherence to asthma home treatment identified by use of the Breathe™ electronic adherence device. *Pediatric Pulmonology*, 54(9), 897-905. <https://doi.org/10.1007/s00381-021-04977-1>

Di Lorenzo, C., Davis, R., Reiser, M., Chou, M., C. B. Berman, C., & Zimmick, M. (2022). Improving medication use: medication management of chronic conditions and adherence in a one-stop youth Patient Education and Counseling. *158(7)*, 224-229. <https://doi.org/10.1177/1090292222109210>

El-Rachidi, J., LeBlanc, J. M., & Poirier, J. A. (2017). Pharmacists and Pediatric Medication Adherence: Evidence in the Home. *Pharmacy*, 5(2), 124-131. <https://doi.org/10.3390/ph5020124>

Gardiner, R., & Hartman, L. (2006). Promoting medication adherence in children. *American family physician*, 74(5), 775-779. <https://www.ama-assn.org/speicalty/afp/2006/05/05/775-779>

Katzev, R., Dzhurkova, P., & Vassilev, K. (2021). Adherence to treatment in adolescent patients - results of the nationwide survey in the Balkan BRIC countries. *20(1)*, 14. <https://doi.org/10.1108/JBSE-01-2021-0047>

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REFERENCES

Katz, L., Lindquist, B. J., Pflaum, C. L., Isakov, R., Green, T. L., Harris, L. A., & TODAY Study Group. (2016). Correlates of medication adherence in the TODAY cohort of youth with type 2 diabetes. *Diabetes care*, 39(11), 1854-1862. <https://doi.org/10.2337/dc160245>

McCrath, M. E., Sauer-Pellico, H. E., Long, A. C., Nasse, A. E., Tied, A. F., Harwood, J. K., & Barnes, R. S. (2022). Intervent order and measurement of medication to promote medication adherence among children, adolescents and young adults with insulin-dependent diabetes mellitus. *Journal of Diabetes Research*, 2022, 1-10. <https://doi.org/10.1155/2022/20221048>

Muñoz-Correas, P. C., Saenz, J., López-Ramón, F. J., Goyas, R. N., & Carball, B. (2022). Role of pharmacist in medication adherence management in institutional dependent with Alzheimer's disease or other types of dementia. *Pharmacy in public health*, 12, 867-874. <https://doi.org/10.1186/s12913-022-04762-0>

Patino, R., Nolasco, E. P., & Heston, J. C. (2022). A systematic review of interventions to enhance adherence and persistence with COVID-19 vaccination. *Journal of Evidence-Based Research*, 12, 225-235. <https://doi.org/10.1177/1545712222110448>

Ramirez-Garcia, T., Franco, M. Z., Vivas-Borja, C., Chan, S., Pineda, E. L., & Bawa, K. E. (2022). Personal factors influence pediatric medication management in underserved communities. *Academy of Pediatrics*, 127(1), 135-144. <https://doi.org/10.1542/pep.2021-0474>

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