

Produce Pharmacists with Initial Professional Glow and Shine – A Call to Academe

Bhagavan P S

Registrar, Karnataka State Pharmacy Council, Bengaluru, Karnataka state

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Hospital and Pharmacy Practices: Many people right from lay common man to medical and healthcare fraternity are not aware that the health and medical care system is incomplete without "pharmacy practice" service. The issues like prescription and medication analysis, prescription audit, rational use of drugs (RUD), patient counseling for simplifying medication regimen and to reinforce the regimen and to allay any apprehension on any possible side effects that could be anticipated and prescription economics and discussion on prescription with co-professionals is somehow not palatable to our medical fraternity or it could be also that we pharmacists have failed to grow competently to support the clinicians and also to induce confidence in them that we pharmacists are of some worth. Yet, it goes without saying that 'pharmacy practice' provides checks and balances to ensure patient's safety.

Nevertheless the doctors and patients (Hospital guests) particularly who have returned from abroad with the taste of professional pharmacy service do feel the need for such a service support for them.

So to say, the health land of India is very fertile and potential for the development and growth of 'pharmacy practice' services.

But, we need to watch out that Pharmacists we turn out from the academia are good enough with built-in quality that could match professional medical and health care system desired.

To know what should be the quality of the pharmacist, we should understand and analyze the terminal service scenario.

Pharmacy Practices: This is one of the important supportive services in a modern therapeutic practice. It encompasses logistic support, and clinical support to the clinicians and other terminal service providers. This is a subject that needs to be learnt on-site in the hospital healthcare environment. Pharmacy practice has three main streams: Logistic support

service, Clinical support system, Clinical trial support service. The 'pharmacist' with his own specialization is a common fulcrum and driving force to drive the system of pharmacy practice in the healthcare scenario. To understand the pharmacy practice per se, we should first understand the 'pharmacist', his scope and limitations, the hospital service system, the scope and responsibilities of 'co-professionals' in the hospitals. Understanding these parameters is of paramount importance to the 'pharmacist' so that he can gel with the system and with the people in the healthcare system comfortably.

Hospital: In author's point of view, the hospital is:

- I. An institution that provides solace to the sick
- ii. A right place to render dedicated service
- iii. A place that teaches and demonstrates the reality of life
- iv. A place that educates the people on healthy life style
- v. An indicator to the effectiveness of the preventive health care measures

In short, 'Hospital is and should be an embodiment of hospitality' this will ensue only when we consider the sick not as patient but as our 'Guest' to be treated with good hospitality.

Pharmacist: A pharmacist is a professional service provider to support the healthcare service system. He is a solution provider to various logistics and healthcare challenges. There are various streams available to the pharmacist to serve:

- I. Hospital & Community pharmacist:** For Logistic service, Clinical support service, Clinical trial service
- ii. Industrial pharmacist:** For manufacturing service, quality control service, quality audit service, clinical trial service, marketing service etc
- iii. Regulatory pharmacist:** For service meant for regulating import, manufacturing, movement and maintenance of standards there on under D&C and other allied Acts and Rules keeping in view the need to promote professionalism with a good understanding of the scope and objective of the pharmacy services.

Address for Correspondence:

Mr. Bhagavan P.S, Former Deputy Director Pharmacy, Karnataka State, Registrar, Karnataka State Pharmacy Council, Bengaluru, Karnataka State

E-mail: posribha@gmail.com

- It is needless to say that laxity being shown to enforce Section 42 of Pharmacy Act 1940 by the regulatory pharmacist should stop forthwith.

iv. Academic Pharmacist: In support of all the above systems and services objectively, it is again needless to say that academy should change its style of teaching and training from class room to onsite. Hence, it is the duty of the academia to give specific well oriented training on these lines to the students.

'Pharmacist' in the hospital: First and foremost quality required in a 'pharmacist' to serve in a hospital is a mindset to serve with dedication, good vocabulary for verbal and written communication skill. Pharmacist with no or poor communication skills cannot succeed. Both teachers and students should understand that **'Talking is the working tool' of a 'pharmacist'**. Group discussions, active participation and presentations in meetings, seminars and workshops on semi-curricular topics with and without home-work are the tools and opportunities to train one-self to learn good communication skills.

'Pharmacist - An alien'! – A biggest challenge:

There is a good understanding among all the professionals with respect to their knowledge, scope and skills except the pharmacist as hospital is a common learning platform to all of them. Unfortunately, pharmacists' does not have such an advantage as they study elsewhere outside the hospital environment.

It is a big challenge to every 'pharmacist' to establish his position and project his knowledge and skills in the hospital system.

Pharmacy students should be taught to respect the knowledge and skills of other professionals to work and serve with team spirit, The hospital/clinical professionals look at the pharmacist to know what and how they can contribute and its value addition to the existing hospital and clinical service system. The students and the professional pharmacist should be made to understand that they are entering a service area where their duty is first to understand the existing system and other professionals and slowly bring about reforms if any needed, without disturbing the objectives and service system.

A degree may fetch a job but cannot sustain the job or fetch identity and recognition, unless there is reliable, useful professional knowledge delivered skillfully. Hence, the responsibility of the academia is paramount in bringing out pharmacist's with built-in professionalism. Then only it is possible to fully utilize and exploit the minimum opportunity available out of legal compulsion and administrative obligation.

Practice of data sourcing and analysis:

Besides studying sourcing of drug information, the 'pharmacy practice' students should also be taught to study, understand, interpret and use:

- a. Demography of the surrounding society
- b. Epidemiology of commonly prevailing diseases
- c. Out-patient and in-patient census
- d. Disease statistics and classifications
- e. Brief knowledge of identified diseases under National Healthcare programs
- f. Facilities and services available

– This will help them to

- i. Prepare Standard Treatment Guidelines, Essential Drugs List, Formulary
- ii. Understand the preventive and curative drugs essentially needed
- iii. Study the drug profile
- iv. Draft drug specification
- v. Organize good logistics and clinical support

- Students should also be trained in sourcing and drafting of information for both verbal and written communication.

Drugs Logistics:

The common area where opportunities are available for pharmacist is 'Hospital Drug Logistic', a very important back up service to the healthcare service system. This involves addressing issues from the point of identifying and defining the needs to the point of use and disposal with due accountability and periodical updating to ensure free flow of funds and materials.

A good drug logistics system addresses all the issues like money, materials and stakeholders, safeguarding quality parameters associated with good time management obviating scarcity and loss.

Further, a good logistics combined with RUDs may lead to an ideal situation popularly now being called 'Pharmacoeconomics' i.e.: "More output from least possible input".

Clinical Pharmacy:

This is again a clinical support system to the clinicians provided by the pharmacists specialized in clinical pharmacy to ensure:

A. Total Quality Management (TQM) in therapy that helps in:

- I. Preventing preventable medication errors

- ii. Providing updated drug information to the clinicians
- iii. Promoting rational therapy
- iv. Good documentation of therapy
- v. Helping the patients in optimizing their therapeutic efficacy
- vi. Counseling the patients to avoid misuse and abuse of drugs

B. Pharmaco-vigilance: It is a very sensitive service area where the pharmacist has to work very carefully.

The Govt. of India has given a very big impetus to pharmaco-vigilance program (PvP). It is one of the national programs under Indian Pharmacopoeia Commission and about 90 centers have been identified for the purpose. The reporting and monitoring has been simplified through user friendly software. But this program is likely to face major difficulties, attrition, and exodus and consequently stunt the progress for three reasons; 1. The 'Pharmacy practice department' the basic foundation for Pharmacovigilance program has not been established in all ADR centers and 2. No pay scale and promotional ladder have been assigned to the cadre of pharmacists appointed and coverage of ADRs monitored under Right to Information (RTI) and consequent use of information on the subjects concerned with ADR being not addressed.

Here again, the attitude, approach, way of talking/written communication of the pharmacist – all play a major role in motivating and mobilizing the information.

Any adverse comment could disturb the patient-hospital relationship, patient–doctor/staff relationship. It is not only counter productive but may also boomerang and deprives the pharmacist from getting into this sensitive clinical area.

C. Pharmacist in allied services: Opportunities to serve in unconventional and not so common situations would be available in the hospital service system. Pharmacists should explore to identify themselves in 'disaster management', 'emergency services' and 'de-addiction programs' conspicuously.

Pharmacist should have a good understanding of the various health problems that occurs typically consequent to the disasters and drugs required to support medical team attending the victims.

Study of the cases being brought by ambulance will help in developing small kits commonly required for use on such

patients. Students should be taught to prepare kits for various types of disasters.

Since not much attention is given to this need in the hospital, pharmacist can definitely score a point here.

Innovative services are the ones that would fetch good recognition, status and identity. The innovative creativity could be an altogether new service, a value addition to the existing services. Students should be motivated to study the existing system and develop any possible innovative improvement. Example: Tracking movement of antimalarial drugs may lead to identify malaria prone areas much earlier to healthcare filed staff.

Preparing for service:

SWOT analysis:

- Assessing ones Strength, Weakness against Opportunities available and Threats one would face is a good way of self analysis (SWOT analysis).
- SWOT analysis should be explained and the students should be asked to do SWOT analysis on themselves.
- This exercise will make them understand their weakness and limitations and helps them to develop their strategy with knowledge, skill and personality to face and to overcome the challenges ahead.
- Professional pride is acceptable but egoistic attitude is an enemy to the profession not acceptable anywhere. Academia should desist from ego boosting lessons, speeches and advices to the students. On the other hand, students should be taught to respect the knowledge, skill and service of co-professionals.

Professional approach: The next step is self presentation as an acceptable professional with a good professional dress code, personal hygiene with positive attitude free from bad, unhealthy habits like smoking, chewing tobacco etc.

Such professional culture should be inculcated right at the student level.

In Conclusion, the future of pharmacy service sector is in the hands of the academia. Academia should seriously introspect and impart field oriented onsite education. Producing pharmacists with initial professional glow and shine is the only way and the best way to facilitate them to have a good respectable footing in the hospital right from the day one of their career.