

A photograph of a modern hospital building with a green lawn in the foreground. The building has multiple stories and large windows. The sky is blue with some clouds. A white rectangular box with a thin black border is superimposed over the center of the image, containing the text "EDUCATION AND TRAINING PROGRAM IN THE HOSPITAL" in white, bold, sans-serif capital letters.

# EDUCATION AND TRAINING PROGRAM IN THE HOSPITAL

## Education and Training program in the Hospital

- The training and education activities in the **American hospitals** include
  - Undergraduate and graduate programmes in medicine,
  - Teaching student nurses,
  - Licensed practical nurse programmes as well as
  - Training of technologists, physiotherapists, dieticians, administrative residents, Social service workers and pharmacists.

## Education and Training program in the Hospital

- As a matter of fact the **hospital pharmacist** because of his education, training and experience can take part in both “**internal**” and “**external**” teaching activities.



## Internal Teaching Programmes

- **Internal Teaching Programmes** are considered to be those which involve the **training** of student nurses, the conducting of **seminars** in therapeutics, of graduate nurses, **house** staff members and senior medical staff; and
- **assisting in the education** of undergraduate pharmacy students, refresher courses for graduate pharmacy students and residents in hospital administration.

## External Teaching Programmes

- **External Teaching Programmes** are considered to be those in which the hospital pharmacist is the **guest lecturer or speaker** or possibly the sole instructor in charge of a specific course in a school or college.
- Examples of external type programmes are courses of colleges of pharmacy, refresher courses under the auspices of a college of pharmacy, seminars, institutes of conventions which are sponsored by professional associations.



## Internal Teaching Programme

- (a) Training of student nurses
- (b) Seminars for Graduate Nurses, House Staff and Medical Staff
- (c) Training Undergraduate Students in Hospital Pharmacy
- (d) Patient Teaching Programme
- (e) Training Clinical Pharmacists
- (f) Training Residents in Hospital Administrations

## (a) Training of student nurses

- The hospital pharmacist should teach student nurses the entire course in **pharmaceutical calculations and pharmacology**.
- If the individual is capable and has so impressed the nurse educators by his daily actions and deeds, he should be invited.
- The prepared lectures should be up-dated each year to include the latest developments in **pharmacology**. All the references to **weights and measures** should be in accordance with the hospital's drug formulary.
- Hospital pharmacists should consult various text books in pharmacology which are written for the basic nursing students.

## (b) Seminars for Graduate Nurses, House Staff and Medical Staff

- Although most pharmacists disseminate information to the members of the medical and nursing staffs through a pharmacy **publication**, there is still need for the direct or personal presentation which is afforded by **conducting a seminar** on the latest available therapeutic agents to the medical staff.
- Ideally, the talk should be short, not over twenty (to twenty five) minutes, complete and concise. The subject should be covered in such a way that the audience can integrate (combine) all the facts and thereby obtain an appreciation of the many facts of drug therapy. Time should be allowed for discussion.



## (b) Seminars for Graduate Nurses, House Staff and Medical Staff

- Minimum Standards of the American Society of the Hospital Pharmacists developed an **outline of four lectures** which may be presented by the hospital pharmacist to the resident **staff**.
- **Lecture I:**
- Concerns with an orientation to pharmacy services and covers...
  - (a) Location of the pharmacy.      (b) A description of the physical plant.
  - (c) Personnel.      (d) Hours of operation.
  - (e) Services provided by the department.
  - (f) hospital policies governing:
    - (i) Formulary (ii) Use of generic names (iii) Use of metric system (iv) Use of abbreviations. (v) Use of research drugs. (vi) Automatic stop orders. (vii) Discharge medications. (viii) Ordering narcotics and liquors.

## (b) Seminars for Graduate Nurses, House Staff and Medical Staff

- **Lecture II:**
- This is devoted to the philosophy and goals of **formulary** system.
- In the course of the lecture the hospital pharmacist should emphasize the composition and scope of **Pharmacy and Therapeutics Committee**.

## (b) Seminars for Graduate Nurses, House Staff and Medical Staff

- **Lecture III:**
- This lecture is suggested to take the form of a prescription clinic.
- In the course of the lectures the pharmacist should stress in **central or state laws** concerning hospital regulations governing the prescriptions.
- Past experience has also demonstrated that a short period of time devoted to a group criticism of prescriptions (projected on a screen) which contain illegible writing, non-standard abbreviations, misplaced decimal points, misspelling of drug names and a mixture of English and Latin directions is extremely useful in emphasizing the importance of **accuracy in writing a prescription**.

## **(b) Seminars for Graduate Nurses, House Staff and Medical Staff**

### ➤ **Lecture IV:**

- It is reserved for the discussion of any topic of current interest of the staff. Suggestive topics could be...
- (i) Cost of medication
- (ii) Incompatibilities of intravenous fluids and other injectable drugs
- (iii) New drug regulations and amendments to the Drugs and Cosmetics Act and Rules, Pharmacy Act etc.
- (iv) Drug interactions.

## (c) Training Undergraduate Students in Hospital Pharmacy

- Only a few colleges of pharmacy have developed working arrangements with hospitals for teaching-purposes.
- Even Colleges of pharmacy run in Universities which also have a large teaching hospitals but in which the colleges have **no connection with the pharmaceutical service**.
- Surprisingly it is to be noted that in India today though many universities have incorporated hospital pharmacy as a major subject, the teaching is done in colleges only in isolation from the hospitals, for a very good reason that almost none of the hospitals and especially the government and teaching hospitals have no hospital pharmacy services of the type we find in the U.S.A. or the U.K.



## (d) Patient Teaching Programme

- In one study the patient's knowledge of their prescribed drug regimen was assessed in 78 patients, randomly chosen and interviewed, at home within 6 to 9 days after hospital discharge. The study included the following areas
  - (1) Name and purpose of the medication
  - (2) Precautions to consider while taking the medications.
  - (3) Other medications, foods and beverages to avoid.

## (d) Patient Teaching Programme

- The study concluded a considerable lack of knowledge about prescription medication.
- This was apparent in view of the fact that 52% could not determine length of drug regimen, 23% were not aware of why medication had been prescribed to them, 56% did not know the name of the medication and 56% were not given instructions as how to administer the medications.

## (d) Patient Teaching Programme

- Hospitals who have recruited clinical pharmacists to their staff have developed extensive programmes for the orientation of the patient on the subject of drug used both in the hospital and in the patient's home.
- **These programmes consisted of...**
  - Patient counseling,
  - Developing of instructions
  - Brochures,
  - Group conferences and
  - Television presentations.

## (e) Training Clinical Pharmacists

- The contents related to the medical record, drug history procedures, patient drug profile programme, drug information centre, poison control centre, adverse drug reaction programme and opportunity to interface with inter disciplinary health care personnel such as physicians, dentists, nurses, dieticians and therapists should be included for training purpose.
- The training of clinical pharmacists need not be limited to hospital proper but may include the satellite health care centers pursuing homes, extended care facilities, home care programmes and clinics.

## **(f) Training Residents in Hospital Administrations**

- Candidates for Master of Hospital Administration serve a residency in an approved institution under the guidance of a competent instructor.
- While serving this residency the newly selected administrator is exposed to the function and operation of every department in the hospital. Because the young administrator forms his opinion about organization and scope of the pharmacy department as well as the responsibilities of the hospital pharmacist.



## **(f) Training Residents in Hospital Administrations**

- **The following outline teaching may be adopted with any modifications**
- **I. DEVELOPMENT OF HOSPITAL PHARMACY**
  - (1) Influence of increased use of drugs.
  - (2) Influence of newer drugs on the pharmacist's skill.
  - (3) Influence of pharmaceutical associations.
  - (4) Influence of all levels of pharmaceutical educational programmes.

## (f) Training Residents in Hospital Administrations

- The following outline teaching may be adopted with any modifications
- II. ORGANISATION :
- (1) Establish a hospital department or purchase and outside service.
- (2) Personnel :
  - (a) Education and Qualifications, (b) Departmental Organization, (c) Possibility or dual function in smaller hospitals e.g. Pharmacist Purchasing Agent, Pharmacist-central Sterile Supply Co-ordinator.
- (3) Interdepartmental Relationships:
  - (a) Administration, (b) Nursing, (c) Laboratories, (d) Miscellaneous.
- (4) Special relation to medical staff
  - (a) Control of research drugs, (b) Pharmacy and Therapeutics Committee, (c) Pharmacy bulletins.

## (f) Training Residents in Hospital Administrations

- **The following outline teaching may be adopted with any modifications**
- **III. PHYSICAL FACILITIES AND DESIGN**
- (1) General consideration-(a) Location (b) Size.
- (2) Dispensing Areas-(a) In patient, (b) Out patient, (c) Ancillary supplies.
- (3) Compounding areas-
  - (a) Extemporaneous compounding, (b) Bulk compounding, (c) Sterile preparations.
- (4) Storage area-
  - (a) General, (b) Narcotics, (c) Alcohol, (d) special
- (5) Administrative Areas-Offices, Library.

## (f) Training Residents in Hospital Administrations

- **The following outline teaching may be adopted with any modifications**
- **IV. RESPONSIBILITIES OF THE PHARMACIST**
- (1) Administrative
  - Budget, purchasing, inventory control, records and reports.
- (2) Professional
  - Dispensing, compounding, drug consultant role, teaching and research.
- (3) Legal
  - Observations of central and states laws pertaining to drugs, local rules as they apply to alcohol, narcotics, dangerous drugs, poisons, pharmacy.
- (4) Ethical
  - (a) the patient, (b) the physicians, (c) the hospital and (d) the community.

## (f) Training Residents in Hospital Administrations

- **The following outline teaching may be adopted with any modifications**
- **(V) THE HOSPITAL FORMULARY SYSTEMS**
- (1) The guiding principles, (2) Philosophy of the Pharmacy and Therapeutics Committee, (3) The National Formulary of India services, (4) The private formulary, its advantages and disadvantages.
- **(VI) Sources of Information**
- The Central Drugs Control Organization, The Pharmacy Council of India, The Indian Pharmaceutical Association, The Indian Hospital Pharmacists Association, The Federation of Chemist and Druggists of India.



## EXTERNAL TEACHING PROGRAMME

- An external teaching programme as stated earlier, consists of any teaching activity performed by the pharmacists outside the hospital.
- The hospital pharmacists may and usually does teach courses other than hospital pharmacy. These include product development, preparation of Parenteral products, sterilization techniques and pharmacology etc.
- Participation in seminars, institutes, refresher courses is another way in which the hospital pharmacist may carry on a teaching programme.

## EXTERNAL TEACHING PROGRAMME

- Participation in the activities of **nursing, dietary, oxygen therapy and medical technologist** associations does much to improve the professional statute of the hospital pharmacist
- Teaching in its broadest interpretation, need not be restricted to personal lectures but may include **preparation of manuscripts** for publications in the professional press.
- The subject matter may consist of the results of **original scientific research in product development** or comprehensive **literature surveys** in particular area of hospital pharmacy; or the results of a study which improves the managerial and service rendering aspects of the department.

## EXTERNAL TEACHING PROGRAMME

- In India some hospitals, like Christian Medical colleges hospital Vellore Grant Medical College Hospital, Jaslok hospital, K.E.M. Hospital all in Mumbai encourage their pharmacists for these type of activities.
- Indian Hospital Pharmacists Associations members do participate in some of the direct and indirect educational activities especially during the annual sessions of the Indian Pharmaceutical Congress (IPC).

## DRUG ABUSE TEACHING PROGRAMME

- Hospital and Clinical Pharmacists can make a worthy contribution towards the education of the hospitals staff, employees, patients and students enrolled in the various teaching programmes on the issue of drug abuse.
- **Displays** of Drug abuse can be prepared for showing in the hospital, local schools and in the library of the city or town
- In India, the Indian hospital pharmacists, which are not many, have to act as pioneers in this field for years and generations to come.

### Code of ethics for community pharmacists





**Principle 4- Pharmacist provide a complete care to the patients and actively supports the patients right to receive competent and ethical care**

**Principle 5- Pharmacists protects the patients right of confidentiality**

**Principle 6- Pharmacists respect the values and abilities of the colleagues and other health professionals**

**Principle 7- Pharmacists Endeavour to ensure that the practice environment contributes to safe and effective pharmacy care**

**Principle 8- Pharmacists ensure continuity of care in the event of job action, pharmacy closure or conflict with moral benefits**

