

A Pharmacy Elective – Getting to Know Your Hospital

STP Elective Presentation Day (18/12/17)

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OLAT Information on the Elective

MODULE TITLE	Elective (EL)	COMPONENT	Specialist
AIM	The aim of the elective period is to facilitate wider experience of healthcare and/or the practice of Healthcare Science in a cultural and/or clinical setting that is different from the usual training environment. This may involve healthcare or Healthcare Science in a different area of the health service, or in pursuit of a particular clinical or research interest.		
SCOPE	<p>The elective provides opportunities for you to:</p> <ul style="list-style-type: none">• explore in depth areas of particular interest beyond the scope of the scientist training programme• increase awareness of important health issues and develop an understanding of the effect of disease on communities and individuals in different cultural contexts• explore unfamiliar scientific, social, economic or cultural areas• become more proficient at communication with individuals from different social, cultural and ethnic backgrounds• gain hands-on experience that might not otherwise be possible in a scientist training programme• design and undertake a significant assignment with appropriate guidance and supervision, thereby developing personal and organisational skills• undertake a small audit or research project in a different clinical setting• relate your experiences to your own area of practice.		

Broad aim and scope – allows you to do you elective in any related area of science

OLAT Competences



Good Scientific Practice

KNOWLEDGE AND UNDERSTANDING

Good Scientific Practice.

Report writing.
Critical reflection.
Action planning.

How to prepare an oral communication.
How to give an effective and timely oral presentation.
Use of visual aids.
How to respond to questioning.

Domain of Good Scientific Practice:

1. Professional Practice
2. Scientific Practice
3. Clinical Practice
4. Research and development and innovation
5. Clinical Leadership



Thinking about the Elective

- **First thoughts** – STP Elective Presentation Day in December 2015.
- **Previous STP students** – nutrition team & medical physics at the hospital
- **Talked to my supervisor** – at the end of my first year rotations
- **Needed more knowledge of the field** – waited until after my second year MSc lectures
- **After 2nd year exams** – thought about the elective in more detail and what I could get out of it
- **Start of February 2017** – came up with the idea of a pharmacy elective in my hospital
- **Talked to my supervisor again** – what did I want to achieve from the elective

Why an Elective in Pharmacy?

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- Both Clinical Biochemistry and Pharmacy are **‘biochemistry’** based professions and very related to each other
- Many **similarities** between Clinical Biochemistry and Pharmacy

Clinical Biochemistry	Pharmacy
Requests for tests	Requests for medications
Urgent test results	Urgent dispensing of drugs
LIMS & robotics – automation	IT & robotics – drug management
Innovation – new markers/assays	Innovation – new drugs & prescribing
Clinical advice – interpretation	Clinical advice – all aspects

- **Major difference** – direct patient contact and close links to clinicians

Planning my Pharmacy Elective

- **Talked with my supervisor about the idea** – sent email to the Chief Pharmacist
- **Few days later** – reply of ‘what will this involve’
- **Did my research** – what do pharmacists do on a day-to-day basis and what is their role in my hospital?
- **Arranged a meeting with me, my supervisor and chief pharmacist** – got some ideas down and put a date in the diary
- **Month before the elective start date** – finalised plans and met with the pharmacist who would be looking after me
- **Week before starting the elective** – put together a timetable and met with the pharmacists in the department

No funding or honorary contracts required!

Setting my Learning Outcomes

Aim 1: Professional and Clinical Practice

Develop my professional practice skills when interacting with patients and members of staff in the Pharmacy Department (1.1.1., 1.1.10., 1.1.11., 1.2.1., 1.3.5., 3.1.2. & 5.1.4.)

Aim 2: Scientific Practice

Enhance my scientific and technical knowledge in pharmacy, an area of healthcare that is outside the scope of clinical biochemistry, but is still relevant to the broader applications of clinical biochemistry (2.1.4., 2.2.7. & 2.3.2.)

Aim 3: Research, development and innovation

Undertake an audit in the Pharmacy department on the subject of Therapeutic Drug Monitoring (3.1.17., 4.1.1. & 4.1.2.)

Aim 4: Leadership

Observe and learn about the leadership and management structure in the Pharmacy department and how this differs from that of the Clinical Biochemistry department (5.1.1., 5.1.6., 5.1.7. & 5.1.9.)

Week 1 of my Elective

Pharmacy Antimicrobials Team

McEntee ward

Clinical infections ward – i.e. HIV, MRSA and *C. difficile*

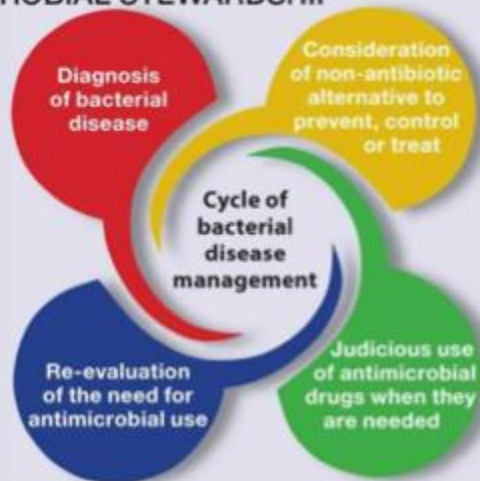
Wandsworth
Integrated
Sexual
Health

St George's University Hospitals
NHS Foundation Trust



Courtyard Clinic – combination antiretroviral therapy (CART)

ANTIMICROBIAL STEWARDSHIP



Antimicrobial Stewardship

Protected Antibiotic Stewardship Ward Round

Targeted Antibiotic Stewardship Ward Round

Outpatient Parenteral Antimicrobial Therapy

Week 2 of my Elective

Paediatrics, Neonates and Parenteral Nutrition

Nicholls ward

Pediatric surgical & neuroscience ward

Pinckney ward

General Pediatric ward – oncology & infection

Frederick Hewitt ward

General Medicine Pediatric ward



Neonatal unit



Parenteral Nutrition for neonates

Nutrition Support Team

Parenteral Nutrition MDT meetings

Week 3 of my Elective

Therapeutic Drug Monitoring (TDM) Audit and Pharmacy Dispensary

Clinical Pharmacist Worklist

Patient List: Facilities: Nurse Wards

My Populations Views:

Patient Information

☐ **TDM Meds OrCl 30> / Level out of range** ☐ **Antimicrobials**

Lab Results:

- Creatinine level, blood: \downarrow 36 $\mu\text{mol/L}$ 09/09/2017 09:18
- Estimated GFR, blood: >60 mL/min/1.73m² 09/09/2017 09:18
- Urea level, blood: 2.7 mmol/L 09/09/2017 09:18
- Vancomycin level, blood: 9 mg/L 10/09/2017 09:40

Medication History:

- Vancomycin: 2 g; intraVenous; Right Arm; 13/09/2017 03:30
- Vancomycin: 1.5 g; intraVenous; Right Arm; 12/09/2017 15:18
- Vancomycin: 1.5 g; intraVenous; Right Arm; 12/09/2017 01:38
- Vancomycin IV (Set Rate): - intraVenous -Dose: 2 g - Twice a Day for Lung Empyema 500 mL -Infuse over: 4 hour -First Dose: 12/Sep/17 18:00:00 BST -Review: 17/Sep/17 08:00:00 BST

Other Notes:

- CRP level, blood: \uparrow 186 mg/L 09/09/2017 09:18
- WBC: $8.1 \times 10^9/\text{L}$ 09/09/2017 09:18
- Infection - Ward Round/ Consult: Glass, Stephen Kenneth 05/09/2017 10:45

Test the TDM high risk category option in PowerChart for patients on:

- Amikacin
- Gentamicin
- Vancomycin



Week 4 of my Elective

Pharmacist Ward Rounds and Non-Medical Prescribing

Emergency Department (ED)



Richmond Acute Medical Unit

Diagnosis, management and non-surgical treatment of unusual or serious disease.

Non-medical Prescribing



ARV adherence clinic

Viral Hepatitis Outpatient Clinic

Anti-coagulation Clinic

Reflecting on my Pharmacy Elective

- Helped develop my **communication skills** and **networking** with healthcare professionals outside of the pathology department
- Made pharmacists and other healthcare professionals **aware of the service we offer** in Clinical Biochemistry
- See how Clinicians, Nurses, Pharmacists and Dieticians **utilise biochemistry results** everyday
- By spending a month on ward rounds and in clinics I **got to know my hospital**
- Gave me the opportunity to put into practice the **clinical knowledge** that I had gained on the STP
- I now have a greater awareness of the **role of pharmacists** and a better understanding of **commonly prescribed drugs**

Thank You

Any questions?