Pharmacy Practice (Social, Community, Hospital, & Clinical) Training Guidelines for Pharm.D in India

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Abstract

Different pharmacy institutions can develop forms/documents for Doctor of Pharmacy (Pharm.D) program depending on their settings. The guidelines prepared by the Indian Pharmaceutical Association-Community Pharmacy Division (IPA-CPD) team provide a structured framework in planning pharmacy practice training for Pharm.D in India. It includes a description of common terms used in the pharmacy practice training. The guidelines are given on year wise pharmacy practice training from first year to sixth year of Pharm.D. We hope these guidelines will be useful for pharmacy colleges running Pharm.D program for a stepwise and systematic progress of social, community, hospital, and clinical training to Pharm.D students.

Key words: Pharmacy Practice, Pharm.D, social, community pharmacy, hospital pharmacy
Important terms explained in simple language;

**Faculty**: A teacher who formally teaches subjects to the students (didactically and experientially) in the classroom/laboratory and could train students on certain practice areas like drug information, pharmacovigilance etc.¹

**Preceptor**: A practitioner with a formal medical, pharmacy, or nursing qualification, who practices with patients/in the clinical set up and could train students on their practice e.g., Doctors, Clinical Pharmacists, Community Pharmacists etc. Some teachers shall spend almost equal amount of their time as Faculty and Preceptor, but usually who spend most of their time teaching are more like a Faculty and who spend most of their time practicing are more like a Preceptor.²

**Mentor**: Faculty or Preceptor who establish a strong relation with the student and helps in overall improvement.³

**Guide**: Faculty or Preceptor who actively supervise a research work by the student.

**Clerkship**: Is a preparation period on a pilot scale to become Interns.⁴

**Intern**: A Pharm.D student who has completed the academic program and totally works under the supervision of Preceptors. Interns can work as preceptors or mentors to their junior students in a therapeutic area.⁵

**Drug information**: Validated information related to drugs/medicines, which is only for health care professionals as per Indian law.⁶

**Health information**: Information about disease, and its management in lay language to consumer (patients/public).

**Health/Drug Information liaison**: A D.Pharm or B.Pharm graduate who works full time to help with clerical work to provide information service in a timely manner. Once Pharm.D Interns or Pharmacy Practice trainees are available, they can take over this full-time work of information liaison.⁷

**Social Pharmacy**: Social outreach programs to society; work areas, houses, and school visits to provide health promotion.⁸

Warning: Don’t guess; better to pass information later after confirming. Wrong information is equally bad as wrong drug. Once trust is lost, we or our healthcare team loses the patient and we are liable for the damage caused to the patient’s health and reputation of the institution. Maintain confidentiality of health status of customers. It is protected under law.

**Pharm.D I Year**

*Objective: Oriental students to be well equipped to have good observational skills in their practice exposures from second year.*

Orientation seminars on:
2. Roles and responsibilities of healthcare professionals.
3. Healthcare system in India & different stake holders.
4. Pharmaceutical industry.
5. Patient psychology & how to deal with it.
6. Drugs/ Medicines/ Pharmaceuticals.
7. Stocking and dispensing of medicines in pharmacy.
8. Health information services including drug and poison information.
10. Pharmaceutical care/ medication therapy management/ clinical pharmacy interventions or services.⁹

**Pharm.D II year**

*Objective: Step in to the real world of healthcare and understand the basics of community and clinical pharmacy practice.*
In community pharmacy:
- Observation on purchase and inventory control.
- Observing functioning of the pharmacy (dispensing aspect).
- Learning about the legal aspects.
- Collecting feedbacks from the consumers and record patient reported outcomes especially in chronic medicine use.
- Prescription auditing using a checklist.
- Assessing medication adherence and reinforcing patients on responsible use of medicines.
- Do health screening services.
- Connecting selected consumers to health information service at college.\(^{10}\)

In College:
- Help health information liaison and make sure that the consumers students connected to the service were answered to a practically complete way.

In Society:
- Go for outreach programs to society, old age homes/infirmaries, adoption homes, schools for differently abled, home visits, and schools or other related institutions as a healthcare advocate.
- Do health screening services.
- Connecting selected consumers to health information service at college.
- Conduction health/ drug/ poison awareness programs.\(^{8}\)

In hospital:
- Do practical for Pharmacotherapeutics-II under the supervision of concerned Faculty/Preceptor.

Pharm.D IV Year

Objective: Appraise your skills to be a potential clinical pharmacist and secure your knowledge in all therapeutic areas reinforced with experience.

In Hospital Pharmacy:
- Get trained on purchase, inventory control, drug distribution, dispensing process.
- Learn preparation and maintenance of essential drug list and hospital drug budget.
- Have exposures in central sterile supply unit and pharmaceutical compounding/ manufacturing unit if any.
- Learn dose divisions.
- Drug interaction checking.
- Prescription auditing.
- Drug information services to healthcare professionals preferably via E-mail or phone.\(^{11}\)

In Clinical Wards:
- Do practical for Pharmacotherapeutics-III under the supervision of Faculty/Preceptor.
- Learn to provide discharge drug counseling.
- Identify drug related problems.
• Report suspected adverse drug reactions.
• Provide nutrition, de-addiction counseling and tobacco cessation counseling.
• Try to use different health survey forms such as Knowledge/ Awareness/ Practice questionnaires, Health-Related Quality of Life etc.¹²

**Pharm.D V Year**

*Objective: Attend daily ward rounds. Learn to practice evidence based medicine/pharmacy.*

*Be competent and work as a supportive staff to physician/surgeon.*

**Clerkship:**
- Take detailed patient history interviews.
- Do drug utilization reviews.
- Do pharmacoeconomics evaluations on selected patients.
- Report suspected ADRs to monitoring centers.
- Do causality assessments.
- Do therapeutic drug monitoring.
- Do pharmacokinetic calculations and dose adjustments.
- Do drug therapy assessments in each patient and report in case of any clinically significant problem and prepare a pharmaceutical care plan to manage or prevent harm. It is your duty in the posted ward. If you miss any vital clinical pharmacy intervention which results in a significant harm to patient, you are answerable to your preceptor.
- Have weekly drug club, journal club, case presentation.
- Develop clinical areas of interest to be mentioned in your CV and for further specialization.
- Get ready to practice as an Intern more independently.⁴

**Research:**
- Do research in social pharmacy/ community pharmacy/ hospital pharmacy/ clinical pharmacy as based on your choice as per the guidelines.¹³

**Pharm.D VI Year**

*Objective: To become and independent and competent pharmacy practitioner.*

**Internship:**
- Do internship as per the guidelines.
- An Intern is no more a student, but a trainee who completed academic program. Also you can be a mentor for junior students. Lead social and community pharmacy activities of your juniors.
- Perform all activities started at clerkship on a full scale.
- Practice as a Clinical Pharmacist and practice as Community Pharmacist in evening hours with Stipend.
- Do practice based research if any in consultation with your preceptor.
- Deliver your evidence based services responsibly with clinical urgency.
- Interns are Practitioners who legally works under the supervision of a registered doctor/pharmacist. Preceptors are liable for Intern’s mistakes.
- Develop innovative pharmacy practice models.
- Develop additional knowledge and skill in your selected areas of interest and plan for specialization after Pharm.D.⁵,¹⁴

Best wishes for a structured professional development!
References:


2. ASCP. Become a preceptor, Available at: https://www.ascp.com/articles/become-preceptor (Cited on 11-07-2014).


7. USC School of Pharmacy. Medical affairs. Available at: https://pharmacyschool.usc.edu/programs/fellowship/medical-affairs/ (Cited on 11-07-2014).


10. FIP. Community pharmacy section. Available at: https://www.fip.org/community_pharmacy (Cited on 11-07-2014).


