



Al Mustansiriya University

College of pharmacy

Department of clinical pharmacy

Hospital training instructions

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Grade distribution

Assessment method	Grade
Case presentation	10
Exam	20
Oral assessment	5
Attendance and home work	5

The final written exam (60 marks) would be conducted as a part of hospital training course.

Policy

Please note that students are expected to attend all sessions and in case failure to attend more than one session without an excuse (illness), the student will not be allowed to do the exam.

Make-up exam will only be reserved for extreme cases such as illness.

Session distribution

Each session will start at 8 and finished at 11 and involve about 45 minutes lecture followed by bedside teaching and oral assessment.

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|------------|---|
| 8 am | Students will do rotation to find cases about the topic and to write them briefly (chief compliant, medical history, medication history and admission medications). |
| 8:30-9:15 | Discussion session |
| 9:15-9:30 | Students will present the cases that they collected in the morning tour and feedback will be provided by the instructor. |
| 9:30-11:30 | Bedside teaching and oral assessment. |

Case presentation assessment

Each student will have to submit 2 cases for each ward.

1. formative case presentation

Each student will present one case in a well written report about a particular condition discussing the pharmaceutical care issues and actions to ensure safe and effective treatment. Feedback will be provided by the instructor highlighting the area of weakness in the report and how can the student improve his work in the summative case. **This case will not be marked.**

2. Summative case presentation

Each student will present one case in well written report about a different condition. The examiner will ask questions and case report will be marked as follows:

1. Presentation skills 1 marks
2. Questions 4 marks
3. Report writing 3 marks

Case presentation group should ideally include 3-4 students writing about **different topics** e.g. (heart failure, myocardial infarction, stroke, peptic ulcer). Each student should write one case for which he will be **graded for report writing and pharmaceutical care issues discussion; however, all the group members should be prepared for questions on their college cases** e.g. (your case may be heart failure but your assessment includes peptic ulcer, your college case).

Strategies to identify pharmaceutical care issues

1. Confirming the medication history is important as you don't usually find this well documented in the medical notes. You have to ask the patient what medications she was on prior to hospital admission.
2. You need to discuss the choices of treatment. For example ectopic pregnancy, the option is salpingiosis, salpingectomy or medical therapy using MTX depending on the severity of the patient condition. What criteria should be met for choosing MTX administration over surgical therapy? And so on. You would

go back to the BNF to check MTX doses, method of administration, side effects, monitoring ect.

Another example for the treatment of acute STEMI, the treatment options are either PCI or medical therapy with for example alteplase.

Which one is more effective, safer need to be discussed

Another example for iron deficiency anemia, the choices are blood transfusion, parenteral iron therapy or oral iron therapy. You would go back to see the indications for blood transfusion and whether your patient meets the above criteria.

3. Check whether the patient treatment comply with the guidelines, if not say that this issue should be discussed with the prescriber. Sometimes the doctor might have a good reason not to follow the guideline for instance patient with MI not receiving betablocker because he is asthmatic.
4. Check whether drug doses are appropriate for the patient age, weight and renal function using the BNF.
5. Check if the patient needs any additional medication. For example patient on aspirin and enoxaparin should receive PPI to protect against GI ulceration.
6. Check whether the patient on the wrong medication for the right indication. For example we no longer prescribe propranolol for IHD as we have much better alternatives in terms of adverse effects and frequency of administration like bisoprolol and metoprolol.
7. Check the need for each medication received to see whether the patient is actually receiving unnecessary medication.

8. Monitoring the patient for any possible adverse effect is important. For example patient with preeclampsia receiving magnesium sulfate beside her vitals, monitoring should include the urinary output, tendon reflexes, and respiratory rate to avoid toxicity.

Monitoring patients receiving high doses of diuretics for acute heart failure include BP, weight and U&Es.

9. Almost always check the BNF for the safety of all medication received during pregnancy.
10. Prepare the patient for discharge. Any specific instruction after discharge (the proper use of inhaler device, compliance ect), follow up (gestational trophoblastic diseases).

During case presentation assessment:

1. You need to protect the patient privacy so no patient name or date of admission as these are unique identifier. Instead, you will say day 1, day 2 ect.
2. For lab tests, the normal value should be written along with the patient lab tests results.
3. Trade names are not accepted. The drug name with the dose, dosage form and frequency of dosing should be written clearly.
4. You need to have background about the disease management in general. For example: patient with pyelonephritis would receive a parenteral antibiotic therapy as compared to patient with cystitis which would be treated using oral

antibiotics. For the above example you need to be prepared to answer questions about cystitis treatment even though your patient has pyelonephritis.

5. You can take the same case, but you should rehearse it differently. Copied cases are not accepted.
6. You need to know how to prioritize problems. Patient admitted for preterm labour treatment who has mild iron deficiency anemia. Here, preterm labour is the main care issue, of course you will discuss anemia management but after logically discussing safe and effective management preterm labour.

This document is written by assistant lecturer Ola Ali Nassr