

# Symbion Hospital Services and Sanofi Volunteer Engagement Grant 2012

## Tea, Trains and Teaching

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### Background

Clinical pharmacy is in its infancy in Sri Lanka. The first Bachelor of Pharmacy (BPharm) program was introduced in 2006 with the first cohort of students graduating in 2010. Since 2009, a team of academic pharmacists from Australia has been involved in teaching the clinical pharmacy components of the BPharm programs at the University of Sri Jayawardenapura and University of Peradeniya. In 2012, a research project was started at the Colombo North Hospital at Ragama, Sri Lanka, investigating the role and impact of the addition of a clinical pharmacist to a medical team. This clinical pharmacist role is the first of its kind in a Sri Lankan hospital. This is a very exciting step forward for pharmacists in healthcare in Sri Lanka and a wonderful opportunity to see one of the pharmacy graduates applying the knowledge and skills they learnt in their clinical pharmacy course to improve Quality Use of Medicine (QUM). This role is funded by South Asian Clinical Toxicology Research Collaboration (SACTRC) and is in association with the University of Kelaniya. There is currently no funding for any clinical supervision for this role.

We were delighted to receive the SSave grant to visit Sri Lanka in July 2012. It gave us the opportunity to provide clinical teaching and support to the new pharmacist in her new role. We worked at both the University of Kelaniya and the Colombo North Hospital which is situated next door. The hospital at Ragama is one of the biggest hospitals in Sri Lanka.



We stayed in central Colombo and took the thirty minute train ride north every morning from Maradena train Station. Luckily we avoided the rush hour as our journey was outbound from the city centre. Sri Lankans love trains and the system is very well patronized.

In the public hospital wards, the number of patients often outnumbers the number of beds, so many patients sleep on the large verandahs. The acutely unwell patients have a bed and once they are well they are usually transferred to a chair, vacating the bed for a sicker patient. Due to the shortage of nursing staff, it is expected that a family member is present with the patient to assist in their ward-based cares. Most families also bring in linen and food for the patient.



### **The aims of our visit were to**

- Provide clinical teaching to the new pharmacist
- Assist with data collection and analysis
- Assist the new clinical pharmacist in developing multidisciplinary networks

### **Provide clinical teaching to the new pharmacist**

The research project is divided into two parts. The first part is an observational study. The pharmacist conducts a medication history just before the patient is discharged. She then performs a medication review and identifies any medication related issues. These issues are documented but not discussed with the treating team.

The second part is the interventional study. The pharmacist is to perform interventions to address the identified medication related issues.

Our aim was to provide this pharmacist with clinical teaching and support her to undertake these roles. We visited the wards daily with the pharmacist. As Nimali is a Sinhalese speaker, she was able to watch the pharmacist taking medication histories with patients. We also observed the reconciliation process. We then used these patients as cases to further discuss and develop her clinical knowledge. Emphasis on evidence based medicine was an important part of this teaching. Consideration was given to the best practice guidelines in Sri Lanka and availability

and accessibility of treatment. Topics covered were very similar to those of the General Medicine ward in Australia plus dengue fever.

On the ward, we were able to observe medicine rounds performed by nursing staff, including administration of intravenous medicines. The medicine trolley was wheeled into the middle of the ward and the nurse called out the names of the patients. Then the patient or their carer came and took the medicine. We encouraged reflection of the most appropriate ways of value adding to patient outcome, and the challenges of achieving this.

### **Assist with data collection and analysis**

We also reviewed a random selection of data collected by the research pharmacist. The pharmacist was using the Medication Appropriateness Index (MAI), a validated tool which measures prescribing appropriateness. This work was an excellent opportunity to consider the clinical significance of the drug related issues already identified using the MAI.

### **Assist the new clinical pharmacist in developing multidisciplinary networks**

A very pleasing aspect of the ward visits was the opportunity to liaise with the medical and nursing staff who were not familiar with the role of the clinical pharmacist. The charge sister gave us the guided tour of the hospital wards and over a cup of Sri Lankan tea and cake, we were able to discuss the potential roles for a ward based clinical pharmacist.



The hospital pharmacy is housed over four floors in a new purpose built facility. It supplies medicines, consumables, and medical instruments to the wards and runs a very busy out-patient dispensary. We met many of the hospital pharmacists and explained our role in the research. They were able to provide us with valuable

information about practice at Ragama Hospital. They were very interested to listen to stories about hospital pharmacy in Australia.

## **Publications**

The Australian team of pharmacists has published and presented their work at numerous seminars and conferences.

The work done in 2010 and 2011 was presented at the Monash Pharmacy Education symposium in Prato, Italy 2011 and the abstracts were published in the Journal of pharmacy education.

- Peters NB, Lynch CB, Coombes I, Coombes J, Lum E. An Australian and Sri Lankan collaboration in clinical pharmacy: "It's not just cricket". Pharmacy Education. 2011 Dec 14; 1 (1).
- Coombes J, Peters N, Lynch C, Lum E, Coombes I. Training the undergraduate clinical teacher – sustainability in delivery of clinical curricula in Sri Lanka. Pharmacy Education. 2011 Dec 14; 1 (1).

The following paper was also published in the Journal of Pharmacy Education

- Coombes ID, Fernando G, Wickramaratne M, Peters NB, Lynch C, Lum E, Coombes JA. Collaborating to develop Clinical pharmacy Teaching in Sri Lanka. Pharmacy Education. 2013 Mar 25; 13.

The following posters were presented at the Society of Hospital Pharmacists of Australia (SHPA) federal conference in Hobart 2011

- **The Skype is the limit – sustaining clinical pharmacy teaching at a foreign university** C. Lynch, N. Peters, E. Lum, J. Coombes, I. Coombes
- **Perceptions of students and academics regarding a new six week course in clinical pharmacy at the University of Sri Jayewardenepura (USJ), Sri Lanka** Peters NB, Coombes J, Lynch CB, Coombes I, Lum E

No trip to Sri Lanka is complete without visiting some of their intriguing tourist destinations. We visited Galle Fort with its walled city dating back to 1588. The fort has exquisite examples of Portuguese and Dutch architecture. Some of the buildings were damaged by the 2004 tsunami, but it is wonderful to see the restoration efforts. Galle is also surrounded by glorious beaches which are now attracting large numbers of international visitors.



Of course, a visit to the central highlands and the tea plantations are a must. The area provides wonderful hiking opportunities, and the climate is much cooler than on the coast. I am not sure we will give up our day jobs.



We should also mention the state of “curry heaven” that maintained us during our visit. Sri Lankan cuisine is varied and has been influenced by its colonial past.



In summary, it has been a wonderful and culturally enriching experience travelling to Sri Lanka and providing clinical teaching to the new hospital pharmacist. It is incredibly satisfying seeing the students that you taught now applying their knowledge and skills and making a valuable contribution to the quality use of medicines in Sri Lanka. We are grateful to Sanofi and Symbion for their ongoing support.