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My experiences of hospital pharmacy in Ghana

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As a pharmacy student studying at the University of Nottingham, I applied to the student exchange scheme organised through the British Pharmaceutical Students' Association. I was given the opportunity to travel to Ghana, a country in West Africa. Voluntary work was arranged for a four-week period in a hospital pharmacy. During the time that I spent at the Social Security and National Insurance Trust (SSNIT) Hospital, I hoped to achieve three main aims, which were:

- ▶ To observe the different working conditions in a country less developed than my own
- ▶ To observe the treatment of diseases not commonly encountered in the UK
- ▶ To observe the organisation of patient management schemes, such as those for malaria and HIV/AIDS prevention

My adventure began when I landed in Kotoka International airport. Surrounded by unfamiliar faces I searched the arrivals

area for a sign that showed my name. As I caught sight of it I met my host Kwabena (a pharmacy student from Ghana) for the first time.

I gathered my first impressions of Ghanaian life as we walked to the station through the open markets. Women carried local produce on their heads to sell (hawking), while others were busy setting out goods on their stalls. Transport to work was by "tro-tro", a small, cramped mini-bus packed with locals.

Great effort was made to accommodate me and I was given the guest room with my own shower. The supply of water and electricity however was not always reliable as I soon found out. Poverty was also evident and I quickly learned not to waste anything.

Health care in Ghana

In Ghana the health care system is organised so that patients pay the cost of their medicines. Drug cost is subsidised depending upon the source of

pharmacist organised a rotation to accommodate a total of five students. These included work in the dispensary, stores and on the ward.

During the first two weeks I spent time in the dispensary. Prescriptions were delivered by patients to the hatch, then sorted and prepared. Problems were encountered in prescription preparation due to the illegibility of the doctors' handwriting. This could be deciphered by the more experienced of the dispensary staff who were always at hand to give advice.

The organisation and operation of the pharmacy was similar to that in the UK. The differences seemed only superficial, perhaps due to differences in resources and preferences of the staff.

The most striking difference was the packaging used for dispensing. Medicines were placed into plastic envelopes and labels were written by hand rather than being carefully counted and folded into boxes with computer generated labels and cautions. The medicine arrangement was also different. Similar to home, convenient access to the drugs was allowed by categorising different sections — tablets, eye preparations, syrups, etc. However, on the work surface the tablet distribution was random, not generically ordered. Despite the apparent chaos the system seemed remarkably effective. All the staff found the medicines without difficulty and replaced used stock from the cupboards beneath. It seemed that it was only I who struggled to locate the items required. The drugs routinely administered were those used to treat diseases such as malaria, which I have not encountered in the UK. In addition, a large proportion of medicines was prescribed for hypertension and diabetes.

Patients were counselled when given their medicines. The language spoken by the locals was "Tri", so I found it difficult to give explanations with the prescriptions dispensed. English was also widely spoken. However, communication remained difficult as a result of my accent. Health education was given by a regular presentation covering diabetes in the canteen. The student body from the

university also organised a project to educate inhabitants from the rural areas on topics such as malaria and sexually transmitted diseases.

Experience in the stores focused on the supply and rotation of drugs throughout all areas of the hospital — paperwork! The drug ordering was managed using a tendering system. This involved a group of professionals (heads of departments) meeting on a six-monthly basis to discuss the cost of drugs. Suppliers were selected to provide quality at prices within the hospital budget. Stock was obtained using local purchasing order sheets. Consumption was monitored monthly within the pharmacy using tally charts to allow replacement.

I also had the opportunity to go on to both wards A and B (female and male wards) and work through the patient records and drug charts of two patients. The clinical pharmacist talked through pharmaceutical care plans, prescription monitoring and patient medication profiles.

Conclusion

I found hospital pharmacy in Ghana remarkably similar to home and I would have been happy to have continued working in the hospital for longer. All the staff and patients that I encountered welcomed me with an overwhelming level of kindness, generosity and friendship. The attitude of the pharmacy staff and doctors enabled everyone to work together as a team to provide an efficient service to the patients. I have been reminded that life is definitely what you make of it.

To find out more about the IPSF student exchange programme contact seo@bpsa.com. Further information can also be obtained from the BPSA and IPSF websites at www.bpsa.com and www.ipsf.org.

purchase. It is possible to categorise the hospital services:

- ▶ Private — Nyaho Clinic — patients pay consultation and medicines expenses
- ▶ Private but run on behalf of the government through an institution — SSNIT Hospital — consultation is provided free to employees and dependants, patients pay for medicines, which are subsidised
- ▶ Government — Korle-Bu — consultation is free, medicine costs are subsidised

Prescription medicines unavailable within the hospital could be obtained privately from community pharmacies, which were clean, organised and extensively stocked.

Hospital pharmacy

Hospital pharmacy experience is a compulsory requirement for students studying in Ghana. To provide experience within all hospital areas the principal