

Vacation experience: how do the community and hospital sectors compare?

It can be difficult to decide in which sector to gain experience during your vacation. John Minshull travelled from Bristol to Lancashire to try both hospital and community pharmacy. Here is his verdict

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John Minshull is a third-year pharmacy student at the University of Bath

There comes a time in every pharmacy student's life when it seems prudent to gain some work experience. I had my "prudent" idea at the start of my second year. As my friends and I returned to university, it became apparent who had spent the summer in a pharmacy and who had chosen to travel.

Jealously, I listened to my friends as they shared stories about interesting and unusual customers, bizarre practices in dispensaries and particularly memorable events (forged prescriptions for Controlled Drugs and Laura Ashley-obsessed locum pharmacists). What I was most envious of, however, was the fantastic amount of clinical knowledge and drug information they had acquired.

I decided there was no option but to work in a pharmacy. Besides, I thought, I might finally be ready to discover what pharmacy really means. All I had to decide was where to focus my attentions? Should I choose one of the large multiples to work for, or should I opt for a small hospital trust? Perhaps I should approach one of the large drug companies offering vacation experience in the UK. Conscious of my lack of previous experience, I was cautious to keep my options open and applied for

both community and hospital experience. A short interview process later (which involved me making mad dashes all over) I was signed up for a six-week placement with the Tesco in-store pharmacy in Bristol and a four-week placement within the pharmacy department at one of the hospitals that makes up the Pennine Acute Hospitals NHS Trust in Bury, Lancashire.

Community placement

The Monday immediately following the end of my summer examinations, I started work at Tesco. My bag was stuffed full of information I might need during the course of the day: a copy of the British National Formulary, the OTC Directory and Medicines, Ethics and Practice guide. I was completely prepared, I thought, for anything the day might throw at me. I was walking naively into an experience that will, I hope, stick with me for a long time to come.

The Tesco summer vacation programme is a highly structured and well organised package, which manages to cover every conceivable angle of community pharmacy practice, without leaving the student feeling suffocated or overwhelmed. It was made clear exactly what I was expected to achieve and an

initial meeting with the tutor allowed us to come to a joint decision about the level I was going to work at. Since this was my first real community experience and I had no other experience of a dispensary (outside of the classroom) my tutor and I decided that it would be best for me to work towards attaining the “bronze level” of the three-tiered programme.

An essential part of the summer vacation programme is completion of the first nine modules of the Tesco pharmacy assistant training package. The first six of these were compulsory before I could even begin working on the medicines counter. These covered the important basics, starting with the laws and practices that apply to a pharmacy and progressing to the most frequently asked questions. One of the modules was a guide to complementary medicines, an area which is becoming increasingly relevant to those working in a health care setting. These modules did not prepare me completely for work on the medicines counter, but they went a long way towards improving my proficiency.

There is no denying that, towards the end of my six-week placement, my practical knowledge had improved a massive amount. Despite there still being situations when I had to ask my colleagues for help (especially when I was asked for a medicine or preparation that I had never heard of), I know that the number of referrals I made to the pharmacists and dispensers became less frequent.

The dispensary work in the community was very different from the medicines counter work. Counter selling allowed a little freedom to decide which medicine to suggest (based upon past experience and patient interaction). However work in the dispensary relied more heavily on my powers of concentration and ability to gather all the information from a prescription. With this I sometimes struggled. I could work all morning without making a single mistake and then I would pick up the wrong form, issue it to the wrong patient and label it incorrectly. Then there was my difficulty in finding the drugs in the drawers. Were they under the generic name or the brand name? Since I knew next to no brand names when I arrived this was a major hurdle.

Hospital placement

I took a short break after my work at Tesco, recharged my batteries and started working in the hospital in mid-August. It struck me almost immediately how different this was going to be. Three things made a big impact:

- ▶ I jumped from a daily team of about four to somewhere in the region of 30
- ▶ There was no over-the-counter selling involved, so little of the drug advice given was aimed at the patient
- ▶ There was a whole array of weird and whacky ways in which a doctor can request medicines for a patient

In the community I had got used to dispensing from computer generated FP10 forms, which stated clearly what was required. In the hospital I had to get used to dispensing from, among other things, sticky notes and scraps of paper requesting specific items attached to patient medication records (Kardexes) with Micropore. Compounding this, whereas all FP10s look the same, it is a different story for hospital prescriptions. I found myself initially incapable of recognising the similarity between a discharge prescription and an inpatient chart.

The department had developed a programme for vacation students (I was one of two) to follow during their experience. This started with a couple of days helping the assistant technical officers with their ward supply duties, ie, making sure each ward has a full stock of the medicines it had been agreed that it should carry. In the same week I spent an interesting day with the pharmacy stores manager, who took a lot of effort to explain exactly what is involved in ordering and receiving the necessary medicines for the pharmacy to function properly. I also got to see first hand just how much work it takes to keep the computer system up to date and showing exactly how much of each item is present on the shelf.

The start of the second week was spent with the medical technical officers (MTOs), or technicians as they are more popularly known. A few of the MTOs took me out to the wards on their morning visits to check patients’ medicine lockers.

They would ensure that what was written on the Kardex tallied with what was in the medicine locker. They would also check the expiry date of any medicines and make sure they were labelled for the correct patient. Any discrepancies were either written on a “ward list” for delivery to the ward later that day or reported to the pharmacist responsible for that ward. Toward the end of the second week a “Drug alert: class 3 medicine recall” was received from the Medicines and Healthcare products Regulatory Agency concerning an analgesic patch. The patch had an insufficient shelf life. One of the MTOs took me on a tour of the hospital to check for the offending patches in the CD cupboard on each ward and remove them.

By Thursday of the second week I was observing the pharmacists as they made their ward visits. It was on this day that my clinical knowledge began to improve. The pharmacists conducted clinical checks to ensure no prescribing errors were being made. Each pharmacist, as he or she worked through the patient Kardex, tried to explain the reasoning behind each prescribed drug. When an unexpected medicine was prescribed, the pharmacists showed me what to look for in the medical records so as to either endorse or oppose the chosen drug.

The support I received from everyone I worked with over the 10 weeks was wonderful. No one made it seem like it was too much effort to answer my questions. Most people took great care to ensure that I understood the reasons behind certain practices. Not only was I offered invaluable clinical and practical advice, but I was also given helpful hints on such topics as preregistration options and the sort of experience to gain before making any final career decisions.

Even now, at the end of my 10-week vacation, I am unsure which sector to choose for my preregistration placement. The pros and cons of each are now obvious to me, which has gone some way to muddy the waters. However, I am sure that it is worth the effort to gain as much experience as possible before making my decision. ✕