

# AFTER HOURS

**Resident pharmacists perform the important task of covering pharmacy services outside normal working hours. Jodie Tyrrell explains more about the role of a resident pharmacist and Matthew O'Brien provides a survival guide (p26)**

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**S**o you are studying hard. You are either at university or you have joined the working world as a preregistration trainee. Either way there will undoubtedly be questions in the back — or maybe front — of your mind as to what you will do when all the studying is over.

Well the truth is that the studying will never be over. As pharmacists we commit to a life-long learning approach in order to provide our patients (or customers if you prefer) with the best quality pharmaceutical care.

Following my preregistration year, I applied to become a resident pharmacist at a well-known teaching hospital in central London. It was not until I moved on to my next role, two-and-a-half years later, that I realised just how much residency had given me in terms of personal and professional development. Here I want to give you an overview of what to expect and what you can gain from a resident pharmacy scheme.

## **What is meant by "residency"?**

The term "resident pharmacist" is used (in my experience) to describe a pharmacist who works on a rotational basis and at night in order to provide a 24-hour pharmacy service to their hospital. However, some resident pharmacy schemes provide shift work that does not involve night work or a 24-hour service. Residents are typically newly qualified pharmacists who rotate through the various areas within the pharmacy following a structured

training programme. My residency involved rotations through medicines information, dispensary, paediatrics, surgery, medicine, aseptic services and HIV.

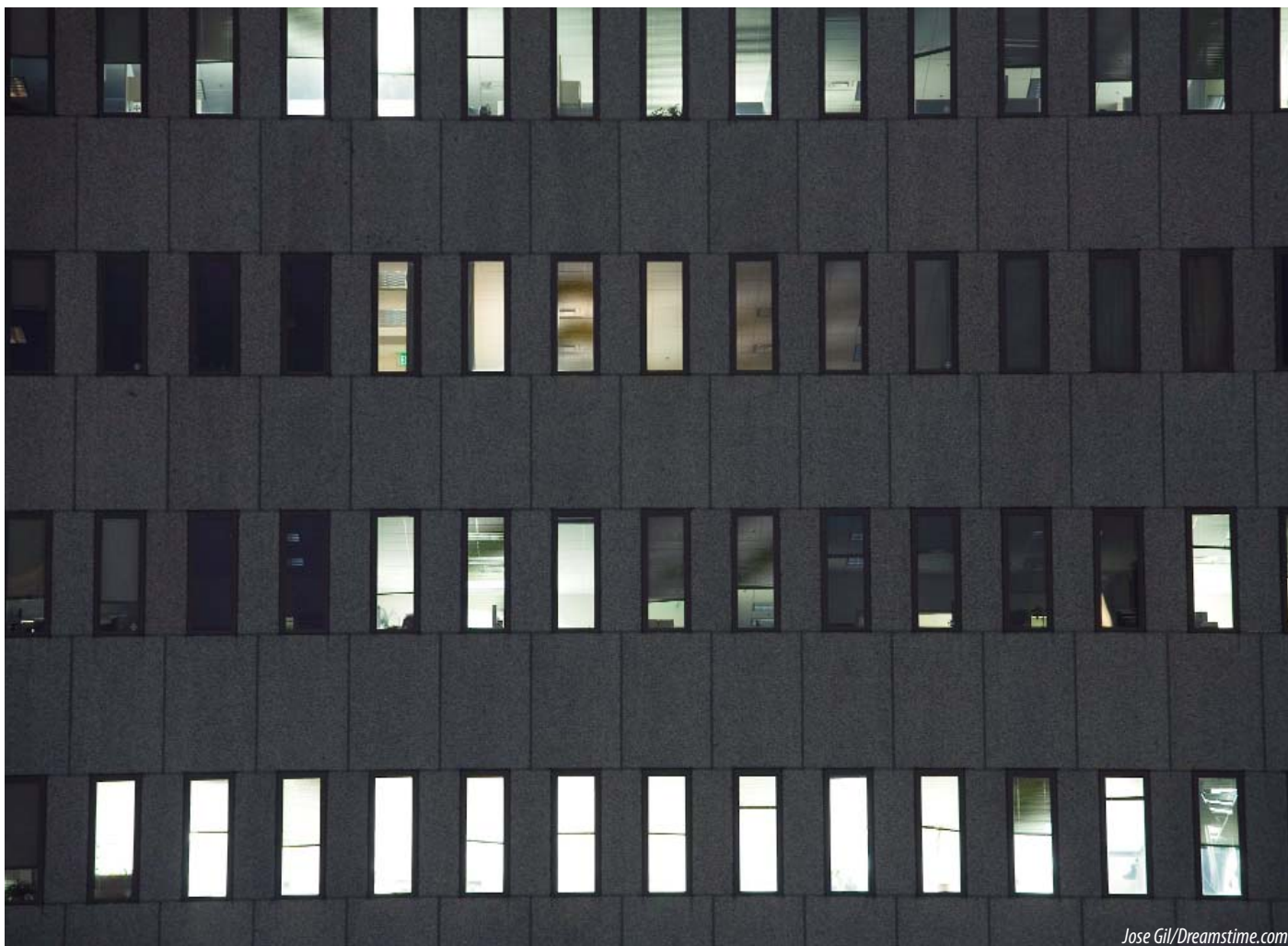
Working independently out of hours gives you the opportunity to develop both clinical and personal skills that might otherwise take you many years to acquire: time management, prioritisation and negotiation (more on that one later). Yes, you work alone, and it can be scary (especially when the power cuts out and you have a fear of the dark) but you are also constantly building professional relationships with medical and nursing staff. The medical staff at night are often also fairly newly qualified and you can provide invaluable clinical information to them. Residency is demanding, but the steep learning curve and the confidence it can provide to a junior pharmacist will be invaluable to your future career. The support provided at my hospital was excellent; a senior pharmacist on a back-up, on-call rota was always available at the end of the telephone to offer friendly advice and encouragement. Routine handover meetings after a set of nights provided more support and feedback.

I like to think of residency as a lifestyle. One former resident told me: "If you're considering residency, you have to buy into the whole package." Working and living with a great bunch of like minded people means that you are part of a unique team. As a resident pharmacist you will work extremely hard and live on site (or close by) — sometimes it can

be difficult switch off. That is when the support of your fellow "ressies" will be most appreciated — often staying beyond the call of duty rather than see you drown in a sea of clinical queries and dispensing or just providing you with a much needed chocolate bar before they go to bed.

Resident pharmacists who worked before the introduction of the European Working Time Directive 1998 (EWTD) may argue that residency these days is easy. Despite the fact you are working nights, you are still only working 37.5 hours a week (before 1998 a resident health professional could have expected to work from 9am to 1.15pm the next day). I would suggest that while this is true, resident pharmacists now are faced with increasing expectations from medical and nursing staff and their role at night is ever expanding. We visit admission wards to clinically review new patients at the earliest opportunity, make up vital aseptic products (eg, pentamidine for pneumocystic pneumonia [PCP]), answer medicines information queries often regarding complex intravenous compatibilities, and, of course, we have to ensure timely supply of medicines to patients early in their hospital stay as well as provide early access to newly initiated treatments for existing patients.

Since the introduction of Agenda for Change (AfC) and the NHS "Knowledge and skills framework" (KSF),<sup>1</sup> it has become increasingly difficult for resident pharmacists to progress up the career ladder more quickly than those



in non-resident posts. This is due to the more rigid essential criteria set by AfC in order to ensure that posts are filled by appropriately qualified persons. This of course may put some people off, but it is a minor factor when you consider the unforgettable experience that residency provides. Being part of the hospital at night gives you a great sense of pride and satisfaction in what you are doing. The positive impact that you have on the safe and effective use of medicines is obvious with an estimated 50 per cent of prescribing taking place outside normal working hours.<sup>2</sup>

Earlier I mentioned negotiation skills. All past resident pharmacists will have a story to tell and here is one of mine. I happened to receive a request to supply champagne late one night. Yes, a genuine request for champagne. Apart from the obvious “we don’t keep champagne and Tesco is closed” there was the small matter of the patient

being treated with metronidazole. I had a discussion with the medical house officer on call about the interaction between alcohol and metronidazole and with a little persuasion we were able to hold off on the champagne — until the patient went home.

By now I hope to have convinced you that residency can be a great option for newly qualified pharmacists wanting to pursue a career in hospital pharmacy. You will quickly develop strong organisational skills with the ability to prioritise workloads and solve problems. Your communication skills will be strengthened through working closely with consultants, junior doctors, nurses and patients. And if you are still not convinced . . . how does subsidised rent sound? ■

#### *Acknowledgments*

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# On call survival guide

After five long years you have finally qualified as a pharmacist and started your first basic-grade post. You have settled in well and made a few friends but now it is make or break time. It is your first night on call, the door has just closed on the last technician to leave the department and you are on your own. How do you survive the coming night? Hopefully, the following tips will help you make it through.

## **Be prepared**

Many resident pharmacists will tell you of "The Fear". It starts to grip you about 15 minutes before your shift and is the worry about what nightmare scenarios you will face over the coming evening. The best way to fight The Fear is by good preparation: at the start of your shift ask your fellow pharmacists and managers about any important issues. You will need to know, for example, if there is an urgent hospital-wide drug recall. You will then be extremely relieved to find out that action has already been taken.

## **Make friends not war**

You will enjoy your on-call years a lot more if the people you are in contact with are, at the very least, polite. This is not going to happen if you are a Rottweiler on the telephone. If your calls come through the hospital switchboard, make friends with the people there: often they have a television and can keep you up to date with Eastenders or the football. Similarly, you will find nurses a lot easier to deal with if you are polite rather than lecturing them on time wasting whenever they call. Nurses often take pity on the poor lonely pharmacist and if your work arrives by pneumatic tube, it may be accompanied by gifts of sweets and biscuits. Marriage proposals by air tube are a different matter all together.

## **Prioritise**

Somewhere along the line you will experience your worst ever on call. This is the one where the work never stops coming in but you have no time to process it because you are constantly answering the phone (which is always nurses either sending down more work or chasing work they sent three hours ago). On a night like this your skills of prioritisation need to be top notch. Ask your new friends on the switchboard to hold your calls for a short time (about 10 minutes should do) then sort out your work into three piles: one for urgent work, one for important work and one for work that is both important and urgent. Do the work that is both important and urgent first. You will be surprised at what a small percentage it actually is. The nurses may be giving you grief because they have a patient waiting for his discharge medication (whose wife, of course, will be parked on double yellows) but I guarantee that the drotrecogin alfa patient in the intensive therapy unit will be a lot more grateful for your time.

## **Get backup**

It is better to be sure that what you are doing is correct than to go ahead and do something wrong. You may be new to the hospital but do not be afraid of calling one of your colleagues for help. As long as you have done all you can to find the answer to a problem, no right-minded pharmacist will be upset if you call them out of hours for advice. If it happens to be pub quiz night then you will have a veritable treasure trove of brains to pick, although you may first have to tell them what Madonna's third UK number one single was (True Blue, 1986).

## **Do not forget to eat**

You are slaving through enough work to keep a whole department going and you have not sat down for five hours. This is the perfect time for a break. Finish all the work that is both important and urgent then sit down and take 10 minutes to relax. You may not think that you have the time but when you get back to work you will be more focused and work more efficiently than before. Also, remember that there are no diets when you are on call; what you need is comfort food and a sugar rush to keep you going. Pot Noodles, bars of chocolate and big cups of tea are the foodstuffs of choice.

## **Finally, enjoy the experience**

If you have the right attitude, you will find that you get a lot more from your time on call than you might expect. When everything is going wrong, remember how pleased you were to be offered the job and why you are there in the first place. No one else in the hospital has the skills that you do. If they did, you would be asleep and they would be making up that bag of liposomal amphotericin, calculating renal doses of gentamicin or talking a nurse through the use of a vancomycin line lock at three in the morning. Think of this job as a learning opportunity rather than a punishment. The skills and knowledge that you will gain in the coming months will prove to be surprisingly useful for both your current and future positions.

Being on call is a tough job with a steep learning curve but you will come out at the end as a more confident, more mature pharmacist. I believe that if you can survive your time on call you will be ready to tackle anything.