

# Perspective of a provisionally registered pharmacist (PRP) during Inpatient Pharmacy (IPD) rotation



**By: Miss Nur Ainin Sofiya binti Mohamad Irwan and Dr. Janattul Ain Jamal**

An 8-week period has elapsed with multiple work episodes in between. On the first day I had no idea whether I would get any sense of enjoyment from my rotation at the inpatient pharmacy (IPD). Now, I experienced ambivalent emotions but was profoundly grateful for the invaluable experiences. Upon reflection, the early days began with a two-week orientation, or they called it 'tagging-week'. As a provisionally registered pharmacist (PRP), I had to undergo counselling validation and basically gained a comprehensive understanding of the workflow and systems of the IPD, and the roles and responsibilities of an IPD pharmacist. Initially, the overwhelming feeling hit due to the requirement to adapt with the 'fast' working pace, with a steep learning curve. Nevertheless, with time, I successfully adapted to the working pace, and managed to execute multiple tasks simultaneously. The first four weeks back in April did not afford me the opportunity to fully appreciate this rotation, but now, I consider it as the most priceless moment in life. I was in a situation where various information was thrown into my mind at once, all of which was crucial for me to promptly comprehend and assimilate, and I'm thankful I managed to handle the situation and it has positively shaped me becoming who I am right now.

My typical days at IPD would start with an inventory check of the dangerous drugs (DD), mainly to ensure the records and physical items are tally. Every Wednesday, is the day of indenting DD, whereby we supply the DD to the wards and units as per request. Then, screening of new prescriptions, proceed with filling of the medication and counter-checking the medication trolley when required. In addition, my role is to respond and handle phone calls from the doctors and nurses, addressing the urgent medication or known as 'STAT' medications, drug queries and sometimes resolving technical issues related to the medication supply. Apart from that, my routine was also to conduct the bedside dispensing and counselling, and making the extemporaneous preparations for certain oral medications, such as the antituberculosis medications (e.g. rifampicin, ethambutol, isoniazid), where the liquid preparation is not commercially available. In the IPD, a pharmacist is scheduled for the bedside dispensing activity every hour during the office-hour.

### *Preparing Extemporaneous Medication*



Every “first” is always exciting. For instance, upon seeing your name mentioned by the doctors in their notes. This happened to me when I made my first intervention after going to the ward and meeting patients for the first time. In IPD, the interaction between the pharmacist and patient mostly was indirect, in contrast to our colleagues who are working as clinical pharmacists. Due to that, moments such as seeing your name being appreciated and recognised by the doctors really made your day and makes you feel rewarding. My so-called ‘favourite’ slot for bedside dispensing was doing the discharge of O&G and Paediatric patients. This was because I was able to meet the newborn babies and sometimes, if I was fortunate enough, I had the opportunity to hold them dearly in my hand. Another moment that always stayed with me was when my first time screening the antibiotic regimen for a patient, which was initially intimidating but I learned that it is normal to have the fear, but essentially to go with the task anyway. The paramount importance lies in the confidence and the knowledge that we acquire throughout time. Medication intervention activities at the IPD were usually conducted via phone call consultations with the doctors, and I appreciate the way it triggered my mind to think outside of my comfort zone. In instances when I am not occupied with tasks, I would freely move around to offer assistance if anyone would need an extra hand. Above all, the old picture of myself who donned the white coat never fails to crack me up. It mesmerised me with those chaotic moments everytime receiving phone calls of which I did not know the answer, where I would quickly scroll through the references to discover answers and often, I would seek out for the seniors to discuss the matter for clarification or when I’m unable to solve the issues.

The aspect that I thoroughly enjoy about this rotation is the rapport I have built throughout the duration. Some of which included both short and long-term relationships with the patients, relatives, and the individuals I have worked with. The support I received by the IPD team has encouraged me to exert my best of myself in many ways. Engaging with the team has also provided me the room to refine my interpersonal skills. In my opinion, the role of an IPD pharmacist extends beyond the provision of technical services to the ward. Although with limited experience of direct contact with patients in ward during my IPD rotation, I am eagerly anticipating the opportunity to become a clinical pharmacist within the near future!

## ABOUT THE AUTHOR

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