

Short Report

Collaboration between Physicians and Pharmacists: Short Report of One Year of Clinical Internship in Belgium

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INTRODUCTION

Doctors and pharmacists appear to be seeking more and more contact with each other, mainly for pharmacotherapeutic reasons (De Vries, 1998; Leemans, 1996). Since 1971 measures have been taken, on the initiative of hospital pharmacists, to rationalise the use of drugs in hospitals by composing various formularies. These initiatives have encouraged greater contact between pharmacists, microbiologists and clinicians.

In Belgium, The Royal Decree of February 1997 regarding fixed repayment for the prophylactic use of antibiotics in surgery actually caused what we may consider to have been the first small steps within clinical pharmacy (Anonymous, 1997). Nevertheless, as in many other European countries, there is not as yet any firm concept of clinical pharmacy approaching that which has been developed in America and the UK, in particular where pharmacists give pharmacotherapeutic advice to doctors at the patient's bedside (Stone and Curtis, 1995; Barber

et al., 1996; Bond *et al.*, 1999). Why this reticence still exists between the two professional groups is not completely clear. Lack of time for attendance in the nursing departments is certainly one factor for hospital pharmacists. But presumably everything mainly rests on tradition and fear of losing the monopoly. Doctors and pharmacists have never learnt to talk to each other at a professional level. Perhaps this lack of communication lies at the foundations of the problem. The time now seems right to bring doctors and pharmacists together, at least with regards to education and training.

CLINICAL INTERNSHIP

At the faculty of pharmaceutical science, final year pharmacy students are offered a two-month internship in various hospital departments. This internship gives them the opportunity to study

both syndromes and rationality for the administration of drugs. At the same time they learn to communicate with doctors, a *conditio sine qua non* in the framework of the future pharmacotherapeutic consultation and therapy cooperation.

The students spend a month accompanying the assistants and supervisors in the Emergency department of Internal Medicine. There, they come into contact with diverse pathologies. They see the case history of the patient, get an idea of the doctor's considerations when making the differential diagnosis and follow the reasoning of the doctor in his choice of treatment. During the following month they spend time in a more specialised department, where the number of pathologies is more limited but where the progress of the illness is followed in great detail.

At the moment, eight departments of the university hospital in Leuven are involved: Dermatology, Endocrinology, Gastroenterology, Geriatrics, Internal Medicine, Oncology, Paediatrics, Respiratory medicine and Emergency. Also, the general hospital "Middelheim" in Antwerp has recently been involved in the project.

ROLE OF THE STUDENT

During the internship students are given the opportunity to observe many types of functional measurements (for example, endoscopy, lung function measurement) and to take part at doctors' circles where interesting pharmacothera-

peutic cases are often presented. Furthermore, the students are intensively supervised. A meeting is organised twice per month in the hospital pharmacy where, on the one hand, practical problems can be raised and, on the other, interesting cases can be discussed.

The intern is asked to develop one of these cases by following the patient during the internship and by studying literature on the subject (Table I). In this way students learn to cope with various sources of information, an ideal way for them to prepare for life-long learning (De Vries, 1998; Rankin, 1992; Shin *et al.*, 1993).

OBJECTIVES

The European Association of Faculties of Pharmacy (EAFP) recently published a report regarding the implementation of *pharmaceutical care* in the pharmacy curriculum (Tromp *et al.*, 1999). Many of the educational topics suggested in this report are already offered in the pharmacy curriculum of students following the Health Care program at the K.U. Leuven. The current curriculum, however, does not fully meet the knowledge requirements needed to adequately carry out a position like clinical pharmacist. Knowledge of pharmacotherapy concerning antibiotics, anti-tumour medicines and other life-saving products appears to be lacking. If we want to present ourselves as drug consultants to doctors, an in-depth examination of these Pharmacotherapeutic groups must certainly be considered

TABLE I Examples of cases developed during the internship

Title	Department
Therapeutical standards for Wegener disease	Inter Medicine
Osteopetrosis: therapeutical strategy	Paediatrics
Treatment of RSV-virus (Respiratory Syncytial Virus)	Paediatrics
Pain treatment in oncology	Oncology
Anti-emetic therapy in oncology	Oncology
Combination of paracetamol and oral anticoagulants: as innocent as suggested?	Emergency
Erythromycin in the treatment of diabetic gastroparesis	Endocrinology
The place of antidepressants in the treatment of diabetic neuropathy	Endocrinology
Cellcept [®] for lungtransplants: an immunosuppressive drug with breath-taking perspectives?	Pneumology

(Mainous *et al.*, 1999; Hawksworth and Chrystyn, 1998).

One of the objectives of the clinical internship is the promotion of Pharmacotherapeutic consultations between doctor and pharmacist. As in the US and some European countries, this objective proposes to initiate a new role for the hospital pharmacist, one in which the pharmacist can play an important part in Pharmacotherapeutic policy within the departments themselves (Stone and Curtis, 1995; Barber *et al.*, 1996; Panton and Fitzpatrick, 1996; Ringold *et al.*, 1999). If we were to follow the UK model, the role of the hospital pharmacist would gradually evolve into that of a "health care manager" who would work pro-actively as a direct partner of the doctor (Leufkens *et al.*, 1997). Of course, the question of workforce resources and remuneration of patient-oriented service then arises. The number of hospital pharmacists is usually too low to accommodate a daily round in the departments, let alone time to converse with all the patients. Despite the fact that numerous pharmacoeconomic studies have shown the money-saving effect of clinical pharmacists within a hospital, governments still do not seem persuaded to provide a larger budget for the implementation of this kind of clinical-pharmaceutical provision of care (Bond *et al.*, 1999; Whaley *et al.*, 1999; Calvert, 1999; Scheife, 1999).

CONCLUSION

In community pharmacy the lack of fee regulation for pharmaceutical provision of care is an even greater hindrance for its implementation (Hawksworth and Chrystyn, 1998; Hawksworth *et al.*, 1999; O'Loughlin *et al.*, 1999). The working group "Pharmaceutical Perspectives" of the APB (*Algemene Pharmaceutische Bond* – General Pharmaceutical Association) suggests a number of forms to be filled out by the pharmacist, in order to optimise the contact between doctor, pharmacist and patient (Jooker, 1999). In addition to the

optimisation of interdisciplinary collaboration, such documents also confirm the value of pharmaceutical provision of care to society with the intention to both valorise the discipline in the future and to generate the necessary budget (Kreckel *et al.*, 1999).

By means of this Clinical Internship, the Faculty of Pharmacy at the K.U. Leuven is striving for a practically oriented training scheme that every student must study in order to guarantee adequate provision of care in the 21st century.

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