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Participation of Nigerian Pharmacists on Multidisciplinary Medical Teams



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Abstract

Introduction: Pharmacy practice in Nigeria varies significantly by practice site and location. With the incorporation of the doctor of pharmacy program, there has been an increased emphasis on the practice of clinical pharmacy. We conducted an exploratory survey of pharmacists attending two national clinical pharmacy training workshops to assess their involvement as a part of multidisciplinary medical teams.

Methods: Participants of the workshops included pharmacists in hospital, community, academic, industry and "other" settings. On day 1 of the workshops, participants were given a 16-question survey regarding their current and past pharmacy practice experience as well as demographic questions.

Results: Eighty (79% response rate) pharmacists completed the survey. An overwhelming majority of respondents strongly agreed (86%) or agreed (8%) that pharmacists should be part of a multidisciplinary medical team. Despite this belief, 40% of hospital pharmacists were not currently part of a multidisciplinary team. Most pharmacists interviewed contributed the most in providing drug information, dosing recommendations, drug interactions and contraindications to the medical team. There was less involvement reported for activities such as actively participating in daily rounds, monitoring patient safety, and reporting medication errors and adverse drug events.

Conclusion: Although some pharmacists in Nigeria currently function as part of a multidisciplinary medical team, opportunities exist to increase participation in hospitals and to empower pharmacist's to have an active role on multidisciplinary teams. These goals may be achieved with the implementation of the doctor of pharmacy degree as a minimum educational requirement for entry-level pharmacists in Nigeria.

Keywords: Pharmacists; Nigeria; Multidisciplinary; Interventions; Clinical pharmacy

Introduction

Nigeria recently approved the Doctor of Pharmacy degree to be implemented at all universities that offer the pharmacy degrees. The level of readiness of each university to make that transition varies, but one university has had the Pharm D program since 2001. The University of Benin, in Benin City, Nigeria phased out the Bachelor of Pharmacy degree in 2002. Doctor of Pharmacy programs in the United States require experiential training programs to ensure that pharmacy students are ready to practice in a clinical pharmacy setting upon graduation. Introductory experiential education happens in the first three years of the pharmacy program and the entire fourth year is dedicated to advanced experiential experiences. These experiences must be precepted by pharmacists at locations where pharmacy is practiced pharmacy practice however in Nigeria varies significantly by practice site and location. With the incorporation of the doctor of pharmacy program at this progressive university and the availability of the masters in

clinical pharmacy program, there has been an increased emphasis on the practice of clinical pharmacy including the involvement of pharmacists as active participants on multidisciplinary medical teams.

In response to these needs, the faculty at the University of Benin invited clinical pharmacists from all over the world as facilitators to two training workshops to ensure that the opportunities for clinical pharmacy experiences between the university and the teaching hospital are being maximized. Exploratory surveys of pharmacists attending these national clinical pharmacy training workshops from all over the country were conducted to assess their evaluation of the program and involvement in and attitudes towards being part of a multidisciplinary medical team.

Two workshops were developed by clinical pharmacists from both the United States (US) and Nigeria. The facilitators

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included pharmacists and physicians from several different countries including the US, Nigeria, and Sweden. Participants of the workshop included pharmacists in hospital, community, academic, industry and "other" settings. The workshops were case based training on pharmacotherapy of several diseases in various clinical specialties, including internal medicine, pediatrics and critical care therapeutics, among others. Pharmacists' perceptions of preparedness and involvement on multi-disciplinary teams were assessed and compared using a 16-question survey with a 4-point Likert scale (strongly disagree to strongly agree). On day 1 of the five-day training workshop, participants were given a survey regarding their current and past pharmacy practice experience as well as demographic questions.

Conclusion

Eighty (79% response rate) pharmacists completed the preparedness survey. An overwhelming majority of respondents strongly agreed (86%) or agreed (8%) that pharmacists should be part of a multidisciplinary medical team. Despite this belief held by most, 40% of hospital pharmacists surveyed stated that they were not currently part of a multidisciplinary team. Most pharmacists surveyed currently contribute the most in

providing drug information, dosing recommendations, drug interactions and contraindications to the medical team. There was less involvement reported for activities such as actively participating in daily rounds, monitoring patient safety, and reporting medication errors and adverse drug events.

The concept of a multidisciplinary medical team in Nigeria is one that seems to be new and somewhat variable depending on the healthcare setting of practice. This concept must be developed to support the doctorate of pharmacy programs throughout the country. Establishing awareness, structure and commitment needed to create sound multidisciplinary medical teams may be achieved with an initiative that will focus on inter professional education. Although some pharmacists in Nigeria currently function as a part of a multidisciplinary medical team, opportunities exist to increase participation in hospitals and to empower pharmacists to take on a stronger role on interdisciplinary teams. Collaborations between universities and teaching hospitals such as the ones in Benin need to be nurtured and developed to ensure adequate practice sites for preceptorship of introductory and advanced practice experiences. Implementing training workshops such as these can assist in pharmacists' identifying their roles on the team.



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