

The pharmacist's role on a short-term medical mission: A panel discussion

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Panel Leader

Panel Members: Keith Allhands (Kenya), Greg Carlson (Ethiopia), Luigi De Boni (Honduras) and Michael Merrick (Dominican Republic)

Description: Adequate access to quality health care is a problem in many parts of the world. Pharmacists and pharmacy students, who have joined teams in increasing numbers in recent years and often work in settings where the available resources are inadequate and mismatched with the extensive healthcare needs. More often than not there is a language barrier where communication directly with patients and caregivers is nearly impossible. Additionally, there are many local customs, cultural barriers and health beliefs that directly affect how the patient views their health and prove to be obstacles to care. The issues of patient safety, provision of the greatest service benefit, and clearly communicating the love of God through the example of team members' lives becomes the greatest challenge. Short-term team participants prayerfully should think through a number of issues before heading to the field. This panel will address from practical experience some of these issues and examine and try to blend some of the best practices for pharmacist on a medical team, while balancing limited resources.

Learning Objectives:

The participants on completion of the session should be able to

1. Recognize at least three different ways that a pharmacist can provide their expertise on a short term medical mission trip.
2. Understand the activities that must be completed prior to leaving for short term medical mission trip.
3. Using personal experiences, panelists will share what they were able to do as a member of a short-term medical mission team so that participants can identify at least 3 ideas to make pharmacy activities more efficient.
4. Understand some of the challenges and difficulties that pharmacists may face and then explain how these may be overcome.

Pre-Trip Preparation

Best practices for pharmacy planning:

1. A formulary should be developed that will address the primary health needs of the population of interest.
2. Based on the principles of the WHO essential drug list.
 - a. medications based on disease prevalence,
 - b. evidence of efficacy and safety and
 - c. comparative effectiveness.

3. It should only include medications that are locally available and affordable and are focused on the basic needs of the people.

Pharmacy Planning

1. Develop the formulary
 - a. Based on a previous formulary for the area or similar area.
 - b. If unavailable, a sample formulary is available at CPFI website, short term mission's page: <http://www.cphi.org/short-term-missions>
2. Estimate the quantities to be ordered:
 - a. Based on a previous formulary for the area or similar area.
 - b. A typical prescriber can see up to 40 patients per day.
 - c. The number of prescriptions per patient should not exceed 2-3 per day.
3. Order the medications in country.
 - a. This provides economic benefit for the host country.
 - b. It helps to insure that the medications indeed are available locally.
 - c. It avoids the need to obtain import or customs approval for supplies that are being brought into the country.
 - d. With increased limitations for baggage on international flights that can also be an important benefit.
 - e. Medications that must be brought in:
 - Identify what customs regulations apply.
 - Identify and adhere to expiration date regulations.
 - Prepare and bring along an inventory of all medications and supplies along with the necessary customs or import permits.
4. Print the dispensing labels:
 - a. The formulary indicates quantity.
 - b. The International Federation of Pharmacy (FIP) has developed minimum guidelines for the labeling of medications for patients
 - Name of the medication and strength
 - Warnings if necessary
 - Patient's name
 - Dosage instructions
 - Indication (intended use)
 - http://www.cphi.org/assets/docs/Manuals/fip_labeling.pdf
 - <http://www.cphi.org/short-term-missions>

5. Identify and obtain information resources:
 - a. Participants on GHO trips are all given *The Handbook of Medicine in Developing Countries*
 - b. Shirt pocket resources
 - *Tarascon's Pocket Pharmacopeia*
 - *Sanford's Guide to Antimicrobial Therapy*.
 - c. Electronic resources on handheld devices;
 - Lexi-Comp, Epocrates, Clinical Pharmacology, Mobile MicroMedex.

Local Preparation

Medication Preparation

1. Use the team to prepackage about 80% of the frequent movers.
 - a. Each repackaged medication should be placed in large gallon ziplocks to keep medications separate.
 - b. Store the bulk and repackaged medications from the same formulary class in the same trunk, box or suitcase.
 - c. Make sure all medications are securely stored in a locked area until they are transported to the clinic.

Volunteer Preparation

1. The team leader should insure there are sufficient translators for each vital area.
2. A training or orientation session with the volunteers may be very helpful, especially if they will assist with the evangelism and discipleship.

Prescription Processing

Prescription Filling

1. Best practices dictate that the medications should be dispensed in child proof containers.
 - a. Every effort should be made to prevent medication errors, but unfortunately it is not always possible to obtain these dispensing vials in developing areas.
 - b. When this is the case, then moisture resistant, light resistant ziplock bags are the next best alternative.
2. The medication must be properly labeled clearly using the FIP standards mentioned above.
3. If a mother or grandmother are given multiple medications for several patients the translator must insure that the caregiver can clearly identify the name or markings for each patient so that the caregiver does not give the patient the wrong medication.
4. Make sure to properly document:
 - a. the medication dispensed
 - b. the quantity provided

- c. the dispenser's initials or signature
- d. ideally record the brand and lot number of medication dispensed.
- e. Some countries are very strict on what should be documented and how records should be stored.

Patient Education

1. WHO statistics indicate that about 50% of patients in the developing world do not take their medications correctly.
 - a. Language barriers contribute to this problem.
 - b. Cultural beliefs influence how a person interprets medication instructions.
 - c. Therefore, it is essential to utilize translators to insure proper patient counseling.
2. Medications have a great potential to benefit the patient, but they may also possess a serious risk that can do harm if the medication is not used properly.
 - a. Train the translators on the importance of the caregiver knowing which medications is for which patient, why they are taking it and how they are taking it.
 - b. Encourage, through your translator, the patient to be adherent with instructions and complete the course of therapy.
3. Be sure to greet each patient with a smile and extend a warm hand shake or greeting as you send them on their way.
4. As time permits offer to pray with patients and always communicate a loving, serving attitude.