

The biannual news of the Dept. of Pharmacy Practice, St. Joseph's College of Pharmacy, Cherthala-688 524, Kerala, India
Website: www.sjpharmacycollege.com

Message from Director and Founder Principal



Dr. Sr. Betty Carla
Director and Founder Principal
St. Joseph's College of Pharmacy

I am extremely happy to note that St. Joseph's College of Pharmacy is publishing the news letter "SJCP Reach Out". The role of the pharmacist specially the clinical pharmacist is very crucial in today's health care system due to diversity of drugs and diseases. The correct medicine in the correct dose should be available to the patient in correct time. For this clinical pharmacist has a significant role. In this post pandemic atmosphere authentic studies are required to assess the after effects of the disease and the treatment. I hope the articles and contents will help for the improvement of treatment in one way or other. I appreciate the efforts taken by the faculty and students specially the pharmacy practice department under the leadership of Dr. Siby Joseph. I wish all the success and best wishes for the News Letter.

Message from Principal's Desk



Dr. Sr. Daisy P.A
Principal
St. Joseph's College of Pharmacy

I am happy to be part of this news letter, which is being published from the department of Pharmacy Practice of St. Joseph's College of Pharmacy, Cherthala. As we are aware the role of clinical pharmacists is getting broader day by day. From the traditional practice of distributing medications, now they are accountable for providing safe, efficacious, and accurate dose, which finally considers cost-effectiveness and leads to best health outcome through providing optimized pharmaceutical care proper use of medications. The dedicated services they provide brings forth wellness, cure of disease and promotes health. I congratulate Dr. Siby and the team for the efforts taken to bring out this issue. May the readers be enriched and benefited. Wishing you all blessings from God almighty.

PRACTICE CHANGING CLINICAL UPDATES

Semaglutide for obesity treatment in adults

The glucagon-like peptide-1 (GLP-1) receptor agonists Liraglutide and Semaglutide are approved for the treatment of obesity. In the STEP 8 trial, participants were assigned to receive once-weekly subcutaneous semaglutide or once-daily subcutaneous Liraglutide for 68 weeks; all participants received counselling on lifestyle modification. Those in the Semaglutide group lost a greater percentage of body weight than those receiving Liraglutide (-15.8 versus -6.4 percent).

Finerenone in patients with type 2 diabetes and less severe diabetic kidney disease :

Patients with type 2 diabetes and diabetic kidney disease (DKD) should generally be treated with an angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) plus a sodium-glucose co-transporter 2 (SGLT2) inhibitor. Finerenone, a non-steroidal selective mineralocorticoid receptor antagonist (MRA), was shown to slow the progression of kidney function loss in a large trial of patients with type - 2 diabetes and severe DKD. In a similar trial that tested the effects of this drug in over 7000 patients with less severe DKD, Finerenone, compared with placebo, reduced the risk of heart failure hospitalization and non-significantly lowered the rate of kidney failure and all-cause mortality; the benefit from Finerenone was similar in those treated and not treated with an SGLT2 inhibitor. As a result of these two trials, some experts add Finerenone, where available, to SGLT2 therapy provided the patient has a normal serum potassium while taking an ACE inhibitor or ARB.

Lumateperone for bipolar depression :

Drawbacks to antipsychotics currently used for treatment of bipolar disorder include poor efficacy for associated depression, which often accounts for a high proportion of morbidity in such patients and frequent undesirable side effects. In a clinical trial of individuals with type I or II bipolar depression, Lumateperone, an antipsychotic with a novel mechanism, led to greater rates of response (51 versus 37 percent) and remission (40 versus 34 percent) compared with placebo. Treatment emergent side effects occurred at similar rates to placebo. While Lumateperone may be a promising new option with minimal side effects for the treatment of bipolar disorder, further studies are needed in order to define its optimal role.

**EDITORIAL**

Dr. Siby Joseph
HOD,
Department of Pharmacy Practice

One more issue of “Reach Out Newsletter” with novelty of newer updates in pharmaceutical care is ready. This issue has showcased student achievements including graduation ceremony and reports on internship activities of our Pharm.D students in various multispecialty hospitals as part of their peripheral postings. In addition to this we have incorporated articles highlighting higher study options in France and Canada after Pharm.D from India as most of our talented students would like to acquire foreign degrees from developed countries and settle over there. There is some brain storming session too. On behalf of Pharmacy practice department I would like to thank each and everyone who directly or indirectly contributed to make this issue of Reach Out a reality.

Treatment of COVID-19 in outpatients at risk for severe disease

For unvaccinated individuals (or those with likely inadequate vaccine response) who have symptomatic mild-to-moderate COVID-19 and are at risk for progression to severe disease recommended early treatment with nirmatrelvir- ritonavir or sotrovimab rather than no therapy. For immunocompetent, vaccinated individuals who have symptomatic mild-to-moderate COVID-19 and are at high risk for progression to severe disease, suggests treatment with nirmatrelvir-ritonavir or sotrovimab rather than no therapy. Nirmatrelvir-ritonavir, the monoclonal antibody sotrovimab, remdesivir and high-titer convalescent plasma have all been shown to reduce the risk of hospitalization when given early in the course of COVID-19. For outpatient adults who have mild-to-moderate COVID-19 and are at risk for progression to severe disease, recommended treatment is with either nirmatrelvir-ritonavir or sotrovimab.

Tenofovir alafenamide now a preferred NRTI agent for pregnant individuals with HIV

For most treatment-naïve individuals with HIV who are initiating antiretroviral therapy during pregnancy, Tenofovir alafenamide-Emtricitabine plus Dolutegravir is suggested rather than other preferred three-drug combination regimens. Recommended antiretroviral regimens for individuals with HIV initiating treatment during pregnancy include two nucleoside reverse transcriptase inhibitor (NRTI) agents in conjunction with either an integrase inhibitor or a booster protease inhibitor. Based on accumulating safety and efficacy data in this population, the United States Department of

Health and Human Services has added tenofovir alafenamide (TAF) to the list of preferred NRTIs to use for pregnant individuals with HIV. In a recent trial, regimens containing TAF versus tenofovir disoproxil fumarate (TDF) resulted in similar virologic suppression rates, but TAF was associated with fewer adverse pregnancy outcomes.

Reference:1. www.uptodate.com,2.www.clinicalkey.com
Compiled by: Ms.Ashly Ann Dilip and Ms. Biona Benny

HIGHER STUDY OPTIONS IN FRANCE- AN INTERNATIONAL STUDENT PERSPECTIVE



I always wanted to travel a lot, to learn and perceive diversity of cultures. After my graduation Pharm D, I worked for a while as a clinical pharmacist in rheumatology before deciding to move to France for my post-graduation. I wanted to learn more about my field of work and began searching for good research-oriented courses in Immunology and I decided to pursue my studies at Université Grenoble Alpes, and joined for a master's program in Immunology, infectious diseases and microbiology in 2019 (M2IMID). But for my internship I decided to enroll in an Immunology research lab.

The whole experience was very fascinating! I was the only Indian student in my class of 20. Grenoble is a small town unlike big cities like Paris or Lyon, so though the course was in English, I really had to work on my French language as people in my neighborhood barely spoke English. I majored in autoimmune diseases and neuroimmunology and my professors were proficient researchers working at various national French research organizations (like Inserm, CEA, CNRS etc.) affiliated with my university. Every class included discussion of various scientific articles related to the subjects and I initially struggled to understand and interpret laboratory techniques used in experiments but when I did the practicals, it seemed much simpler because of laboratory training in the first 3 years of Pharm D studies at Amrita, especially in microbiology and biochemistry lab classes. Theory classes were easy, thanks to 3 years of clinical training obtained during clinical pharmacy studies.

Most of the subjects were immunology related and with my experience of working at Dr Shenoy's CARE rheumatology clinic, it was really interesting and easier to interpret the scientific articles. Actually, I got to choose M2 of 2-year masters in Immunology because of my experience in rheumatology and active involvement in clinical research at that time. So, I would recommend, active involvement in clinical research (publish papers in PubMed indexed journals) and clinical rotations, in a particular medical field of your interest before you choose to specialize in that field. My internship research project was to study the interaction of a particular molecule with neuronal growth inhibitory receptors in multiple sclerosis lesions obtained from autopsy of MS patients.

I did my thesis at the Institute for advanced biosciences, La Tronche, France under the supervision of Prof. Bertrand Huard who was my Immunology teacher. He taught me how to do various molecular biology techniques, Immunohistochemistry, molecular cloning etc. University fees were reasonable. It was same for international and European students, around 243 euros/ yr. and as per French government initiative all students received "caf" every month, which was an amount paid back to my bank account from what I paid for my apartment rental.

There was a lot to study and had to focus on various projects at the same time before starting on the actual research for M2 internship. By Jan 2020, I started my internship and even when COVID-19 struck, there was regular follow-up on students by the university. I successfully completed my thesis by the year end and graduated the same year by defending my thesis online.

Studying in France was beautiful and intense at the same time. It opened my mind to the way I represent myself to others and the way I treat others. While it is true that I had to invest a lot of time for studies, there was enough time to enjoy too. If you get a chance, make sure you enjoy the French culture as much as you can when you are there. Merci.



Dr. Parvathy Priya Chandramohan
parvathyc2494@gmail.com

HIGHER STUDY OPTIONS IN CANADA- AN INTERNATIONAL STUDENT PERSPECTIVE

Pursuing higher education from foreign countries is an emerging trend and a broader option for Pharm.D graduates. Canada welcomes approximately 6 lakh international students per year with the numbers soaring each year. Students can take up One year or Two year courses and, post completion of studies have a stay-back of 1 and 3 years respectively. The stay-back period gives ample time which can be utilised to prepare for the pharmacy licensing exam- PEBC.



In Canadian Institutions, there are Diploma courses, Post baccalaureate programs, Masters programs and Ph.D. options available for the international students. The most popular Diploma course for Pharmacy graduates is Pharmacy Technician program. Post baccalaureate programs like Public Health, Health care management, etc. are yet another option. Masters programs can be either theory based or research based . Ph.D. programs are way more competitive and needs quiet a good work experience and research experience to make it through the admission eligibility. The criteria for each of these may vary based on each province and university.

I am currently enrolled into a Post baccalaureate program in Public health at the Cape Breton University, Nova Scotia. The duration of my program is 2 years and we have a total of 4 semesters with 24 subjects to be completed during the course. The course has overlapping subjects which Pharm.D. students have already completed during their study period like- Epidemiology, Toxicology, etc. By applying with my previous transcript from India, I was awarded credits for 4 subjects, which made me eligible to waive off those subjects and just complete 20 subjects in total. The course has gained more importance since the pandemic and the key highlight is that the syllabus is designed in compliance with Canadian Institute of Public Health Inspectors (CIPHI) guidelines. This is an added advantage to the students who would like to opt for a career in public health field in Canada.

International students can apply and gain various scholarships and bursaries offered by the University, provided they meet the eligibility criteria. I was able to make it to 'Peter Sutherland in-course scholarship' for attaining a total score above 80% for the first semester. There are various other scholarships that universities offer to encourage and support the students.

Cape Breton University has recently introduced another program suitable for medical graduates from other countries. Health care management which is a Post Baccalaureate program is one among the recent popular courses in which students from Pharmacy background are also enrolled into. This course is more focused on the management of various health care units like pharmacy, hospitals, etc. The program offers an internship of 6 months, during which students can work in any chosen area as an intern in supervisor/manager position. Internship gives an added benefit of easy placement options for the students after course completion.

Opting for an international study is always a great opportunity. Universities offer a wide range of activities which will always provide us a new experience. Students are also allowed to work for a total of 20 hours per

week, which gives an opportunity to do part-time jobs that helps to meet our financial needs as well as provide a great exposure to the international culture. One of the key points to be made sure while opting for a new course is to always stick to your area of interest. Study abroad and travel agencies may recommend various courses, but it is always one's own duty to do a personal research on each University and other perspectives before opting for a program. An early preparation is always a best method to follow in order to make a good decision after considering various aspects.



Dr.Christy Maria Babu
christy.mariya@gmail.com

CDSKO

LIST OF DRUGS APPROVED BY CDSKO IN OCT 2021-MAR 2022



SL. NO	Name of the drug	Indication	Date of issue
1	Tafamidis soft gelatin capsules 61 mg	For the treatment of wild-type or hereditary transthyretin amyloidosis in adult patients with cardiomyopathy (ATTRCM)	30.11.2021
2	Molnupiravir bulk and Molnupiravir capsules 200mg	For treatment of adult patients with COVID-19, with SpO ₂ >93% having high risk of progression of the disease (hospitalization or death), for restricted emergency use in the country.	28.12.2021
3	Selexipag bulk and Selexipag tablets...200mcg/ 400mcg/ 600mcg/ 800mcg/ 1000mcg/ 1200mcg/ 1400mcg/ 1600mcg	For the treatment of Pulmonary Arterial Hypertension (PAH, WHO Group I) to delay disease progression and reduce the risk of hospitalization.	31.12.2021
4	Triamcinolone Hexacetonide injectable suspension 20mg/ml	For intraarticular, intra-synovial or periarticular use in adults and adolescents for the symptomatic treatment of subacute and chronic inflammatory joint diseases.	20.01.2022
5	Gimeracil bulk & Oteracil potassium bulk and Tegafur 15mg/20mg, Gimeracil 4.35mg/5.8mg and Oteracil 11.8mg/15.8mg capsules	Indicated in adults for the treatment of advanced gastric cancer when given in combination with cisplatin.	01.02.2022
6	Nitric oxide nasal spray	For treatment of adult high risk patients with mild Covid-19 having risk of progression of the disease.	08.02.2022
7	Vericiguat tablets 2.5mg/ 5mg/ 10mg	Indicated to reduce the risk of cardiovascular death and heart failure (HF) hospitalization following a hospitalization for heart failure or need for outpatient IV diuretics, in adults with symptomatic chronic HF and ejection fraction less than 45%.	25.02.2022
8	Inosine pranobex bulk and Inosine pranobex 500mg tablet	As add on therapy for treatment of mild Covid-19 patients with co-morbidities and moderate Covid-19 patients, for restricted emergency use in the country.	02.03.2022
9	Desidustat bulk and Desidustat tablets 25mg and 50mg	For treatment of Anemia in adult patients with chronic kidney disease (CKD) not on Dialysis and on Dialysis	03.03.2022

Achievements



Dr. Maria Tom
University 3rd rank
Doctor of Pharmacy
KUHS(2015-2021)



Reshmi Rajan
Fifth PharmD
Second prize for
Online Quiz Competition
World Pharmacist Day
Kerala private pharmacy
association (KPPA)



5th year Pharm D
COVID19 Campaign'
COV-WARRIOR' Animated video by 5th year
Pharm D students
promoted by Ernakulam Collector.



PharmD Interns
First and second position bagged by PharmD
Interns for a short video
competition held as a part of
National Pharmacy week celebration

G RADUATION C CEREMONY



The graduation ceremony of the college was conducted following all Covid protocols on 10th December 2021 for Pharm.D, M.Pharm and B.Pharm courses. The whole program was divided into two sessions, Pharm.D as well as M.Pharm graduates were honored in the morning session.

Dr.Sr.Daisy P.A, Principal welcomed the gathering. Dr.Sr.Betty Carla opened the convocation ceremony. Rev.Sr.Miriam MSJ provincial superior Nirmal Province, presided over the function. Rev.Fr.Shaiju Thoppil, Director Lourdes hospital and research centre Cochin inaugurated the morning session programmes. Convocation address was delivered by Dr.Krishnakumar, Principal St.James

college of Pharmacy,Chalakkudy. Dr.Siby Joseph, PTA representative Mr.Sibi and student representative Ms.Amitha Sony felicitated the function. Prof.Dr.Boby Johns G proposed the vote of thanks.

Afternoon session programmes started by 2PM. Dr.Sr.Daisy PA, Principal, welcomed the gathering. Dr.Sr.Betty Carla presided over the function and Rev.Fr.Anto Cheranthuruthy, Vicar St.Marys Forane Church Cherthala inaugurated the function. Dr.Rajashree R.S Professor and Dean Kerala university of health science delivered the convocation message.

Ms.Manju Nair, PTA representative and student representative felicitated the function. Prof.Dr.Raju A proposed the vote of thanks.



INTERNSHIP PHERIPHERAL POSTING EXPERIENCES

Peripheral posting at SIMS Hospital

I got a great opportunity to do my internship in SRM institute for medical sciences, Chennai. I have done my clinical activities under the clinical pharmacy department. Duties like Narcotics audit, Fridge audit, crash cart audit, surgical antibiotic prophylaxis, dosage adjustment of high end antibiotics, drug interaction monitoring were assigned to me.



All the audits were done on monthly basis and reports were submitted. The Narcotics were audited with the aim to ensure patient safety by checking the Narcotics administration register and indent book in the various nursing stations, thereby correcting the errors. The dosage of high end antibiotics like Meropenem, Colistin were corrected according to the creatinine clearance mainly in patients with CKD and dose of antibiotics like Linezolid was corrected according to the liver function test of the patient. The temperature for storing different medications is a very important factor; this is ensured through fridge audit.

I was posted in pediatrics department; duty starts around 9:00am by discussion and analysis of various cases with the group of junior consultants in the department. The patient details were available from the ward client database and it was easy to identify the disease conditions and the therapy given. By the OP assistance and ward rounds, I got a chance to know about diagnosis and treatment of rare diseases like Kawasaki disease.

Ms.Sherin Jose

Peripheral posting at Rajagiri Hospital

Internship at Rajagiri was a different experience; it was a completely different clinical setting over there. We were assigned to the Clinical pharmacology department under the guidance of Dr. Dinu Vargheese, and there were 20 other clinical pharmacists in the dept, they helped us understand how a clinical pharmacist should work in a clinical setting.

Our duty started from 9.30 am from the assigned towers by analyzing each case, completing the reconciliation using information from Rajagiri's database Histree and collecting patient history from respective patients and/or bystanders and including them in the reconciliation sheet which was attached to the medical file. This sheet was then used as further reference by doctors and physician assistants in making the treatment plan and discharge summary to ensure all the indications are treated, avoiding transcription and reconciliation errors.

There are several policies followed by Rajagiri Hospital which are made from several guidelines, policies and therapeutic procedures that enable in systematic treatment approach for individual patients. The Antimicrobial stewardship was being done according to the hospital policies. The antimicrobials used were entered in the clinical pharma database additionally the pre operative antibiotics were also audited to ensure patient safety and efficacy, only the antibiotics mentioned in the policy were supposed to be given, these audits were further verified by the hospital. Non prescription audit including the intending errors, dispensing errors, discharge medication errors, high risk medication labelled and kept separately, insulin expiry, labelling and storage, opened medication storage and labelling and narcotic medicine safety were checked daily. ADR monitoring was a very important part of our training as Rajagiri Hospital is an ADR monitoring center. It was the third most ADR reported center in the month of January, and it was really a great privilege for me to be a part of it.

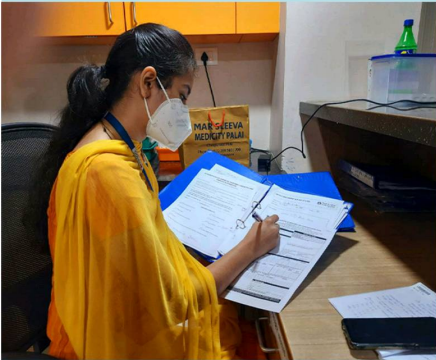
The Oncology department of Rajagiri Hospital Cancer Center gave us an amazing experience. I got to learn a lot from my posting there.



Ms.Steffi Bennis, Ms.Finciya C Pappu

Peripheral posting at Mar Sleeva Medicity

I had a rewarding experience in Mar Sleeva Medicity, Palai during my peripheral internship period. I completed three months internship sincerely with all ethics. The knowledge acquired from there is incredible and I strongly believe that it will be of great help in my future. There were three clinical pharmacists who always gave a helping hand in all needs. Work routine started by individual rounds in concerned department assigned by the authority. I was asked to examine each and every case and to cross check the medication chart, to prevent any errors. All noticed errors were recorded and reported on a weekly basis. Every day, at the end of the duty, cases were discussed with clinical pharmacist to improve my practical knowledge. Weekly case presentation was an inevitable factor. Many adverse drug reactions were found during this short period of time which was documented in a systematic manner. Antibiotic auditing was an important service that was done by me. By the proper auditing some dosage adjustments were recommended and this led to a mini project. I got an opportunity to give patient counseling to many patients which was a good experience. Due to the COVID crisis, staff shortage became a challenge and at that time I got a chance to extend my service by intending medications, formulation of discharge summary and cross checking intending errors. Cooperative mentality of all staffs in Mar Sleeva Medicity and training got from St. Joseph's college of pharmacy were the reasons behind my successful completion of the peripheral internship.



Ms.Anjali Maria Raju

Peripheral posting at Carithas Hospital

I got the good fortune to do 3 months of my internship at Caritas Hospital, Thellakom. I was posted in neurology and dermatology department during the three months period. I was able to improve my knowledge regarding treatment pattern of various disease conditions in the respective departments by participating in ward rounds as well as OP assistance.

The normal duty time starts at 9 am and various clinical activities like ADR monitoring, antibiotic stewardship, IP audit, OP audit, discharge summary corrections, patient counselling, medication error monitoring as well as reconciliation were carried out by the clinical pharmacy department under the guidance of Dr. Aleena Alex, apart from department postings.

During IP audit, accuracy regarding the prescription, dispensing and administration of medicines for IP patients were analysed. Antibiotic stewardship was carried out with the help of hospital antibiotic policy and the appropriateness regarding the antibiotic therapy as well as antibiotic consumption in defined daily dosing based on pharmacy sales report data was calculated. The details regarding OP patients were collected from the EMR home and OP audits were carried out. Two clinical pharmacists were assigned with summary duty, during which we checked the discharge summary as well the discharge medicines of the patients. One clinical pharmacist was always available in the drug information centre from 9am to 5pm for counselling the patients regarding their drugs. Reconciliation was carried out by collecting the information from the respective patient as well as the bystander and the reconciliation form was attached to the medical file for further reference.

If an ADR occurs in the ward or ICU, the details regarding the ADR was added to the respective patients medical file and an alert card along with the signature of a clinical pharmacist is given to the respective patient's bystander. The details regarding the ADRs reported are sent to the pharmacovigilance centre, Kottayam and the finalised ADR reports are documented in the hospital. In case of medication errors the details were entered into medication error monitoring forms and in the case of A and B errors the reports are documented in the department, in the case of C category error an explanation letter is collected from the respective person who is responsible for the error and it is reported to the higher authority.



Ms.Silpa Sabu

Internship Experience at Lakeshore Hospital

ONCOLOGY



The challenging task of being part of Oncology healthcare team of Lakeshore hospital for the first time from our college turned into a great experience gaining and learning process due to the support from the respected doctors including the legend Dr.Gangadharan and nursing as well as paramedical staff members. I could update my clinical knowledge during my posting in the outpatient department with Dr.Lissy and during ward rounds with junior doctors and consultants of the department. I got ample exposure to dose calculations of chemotherapy drugs. In addition, I could identify some adverse drug reactions and other drug related problems which was discussed with the doctors during ward rounds. Doctors helped me to clear my doubts regarding the different treatments during ward rounds. Nurses helped me to learn dilutions of chemotherapy drugs. It was a nice experience to carry out prescription auditing, antibiotic auditing, dispensing auditing and the postings in the different pharmacy departments in the afternoon session helping me to know more about the various medications. I sincerely thank the college management for granting such an opportunity for me during my internship

Ms.Lindamol.S,Ms.Devika .S

NEPHROLOGY

My clinical posting in lakeshore hospital was under Dr Abi Abraham Head of Nephrology department. I could update the clinical knowledge especially the case wise selection of medicine and off labelled uses of drugs during the pre-rounds with the junior doctors and the main rounds with the consultants. I could discuss few drug related issues like drug -drug interactions, Medication reconciliation and dosage adjustment of some drugs in renal impairment and majority of my discussions about drug related issues were fruitful. Prescription auditing as well as antibiotic auditing under the supervision of clinical pharmacists were also a learning process for me. Hospital pharmacy postings in different locations in the afternoon was also helpful to learn storage and distribution of medicines in a tertiary care hospital. I extend my gratitude to the doctors and other staff members of Nephrology department and the management of Lakeshore hospital and St.Joseph college of Pharmacy for giving me a chance to work in Nephrology department.



Ms.Jesmi George, Ms.Ashly Sunny

GENERAL MEDICINE



My clinical posting at Lakeshore hospital was under Dr.John Alexander, HOD- General medicine department. During my 2-month internship period in General medicine department, I participated in pre rounds, main rounds and follow up. The cases were analyzed, drug interactions checked, drug reconciliation and antibiotic audit were carried out and also discussed with the doctor few drug related issues identified. I got the chance to sit in OP with Dr.John, where I could learn very valuable clinical information. Prescription audit and dispensing audit were done under the guidance of the Clinical Pharmacist along with Quality department of Lakeshore hospital. The Pharmacy department of the hospital gave me an opportunity to join them and learn dispensing skills and helped me to get more familiarized with drugs and its storage systems. It was a worthy experience.

Ms.Reshma Sebastian,Ms.Arya Merin

CARDIOLOGY

My first clinical posting at Lakeshore hospital was in Cardiology department under the support, cooperation and guidance of Dr. Anandkumar V, HOD- Cardiology department. I was heartily welcomed as a part of their team consisting of junior doctors, nurses as well as other staff members. During my 2-month internship period in cardiology department, I participated in pre rounds, main rounds and follow up. The cases were analyzed, interventions made, drug interactions checked, ADRs reported, drug reconciliation and antibiotic audit were done and documented. In cooperation with the Quality department of Lakeshore hospital, prescription audit and dispensing audit were carried out with the guidance of the Clinical Pharmacist. Furthermore, the Pharmacy department of the hospital helped me join them and learn dispensing skills It was indeed worth the time and a good experience as I could learn and also do my best as a budding pharmacist.



Ms.Praise Mariam Abraham,Ms.Sneha Joy



What after Pharm D ?



College can provide you with many opportunities to help start your professional career. During this time, it's important to focus on your career aspirations, plan for the future and consider any suggestions that can help propel your advancement in your chosen field. This will help you to prepare better and ensure you're ready for any professional opportunities post-graduation.

Though college is a great opportunity to learn life skills, it's also a time when you're surrounded by several resources and individuals ready to help you advance in your field. As a college student, taking career advice in particular can help you feel more equipped upon graduation.

It can also help you become more confident in your skills and ensure you've chosen the right field as well as guide you towards making helpful career decisions. Seek internship opportunities, they are very useful.

Career opportunities after PharmD

The role of pharmacists is confined to pharmacies or hospitals with no specific job profile, traditionally in India. But with The Pharmacy Council of India (PCI) recognizing Pharm.D (A Doctor of Pharmacy) course in India, there is an increase in the scope of pharmacy to meet the ever-growing needs of healthcare industry. There are potential non-traditional job opportunities for PharmD graduates in India in various areas.

One of the promising career options is pharmacovigilance, the science related to collection, detection, assessment, monitoring and prevention of adverse effects associated with drugs. National Pharmacovigilance Program of India (PvPI) launched by Government of India facilitates time to time reporting of pharmacovigilance program from various healthcare organizations. Another important source of employment for Pharm.D graduates is academia. The PCI has approved PharmD degree holders eligible for working as lecturers.

Pharm.D graduates are eligible to be medical sciences liaison, medical writers or medical advisors in pharmaceutical and biotechnology companies, medical device and managed care companies. Medical writers work with physicians, medical scientists and subject matter experts and prepare regulatory documents, journals and other scientific documents. Medical advisors facilitate knowledge transfer between the medical community and the companies.

Contract Research Organizations (CRO) hire fresh Pharm.D graduates as Clinical Research Coordinators (CRC) who will be promoted to Clinical Research Associates (CRA) with 1-2 years of experience.

Corporate hospitals hire Pharm.D graduates as clinical pharmacists and prescription analysts. In fact, Pharm.D graduates play a key role in establishing clinical pharmacy services that help corporate hospitals get international hospital accreditation in India.

Pharm.D graduates are also eligible to work as drug experts, drug interaction specialists and nutritionists. Pharm.D graduates can also work in medical coding, medical billing and health insurance industry.

Throughout your college career, there are several ways to gain experience such as internships, jobs or volunteer opportunities. These are great ways to develop your skill-sets in your chosen field. Proactively seek opportunities that can benefit your future career, and use them to help you advance in a competitive working environment. Connecting with companies you're interested in via social media provides you with several benefits. Not only can it alert you to future job opportunities, but it can also help you better understand the company's culture and display your interest in working for them. Social media networking platforms are a great way to keep in touch with others in your field. Keep your profile up-to-date, use these social media platforms to contact alumni in your industry and join online networking groups where you can gain and share advice.

Dr. Bharat Biju

bharatposts@gmail.com



Naveen Kumar Panicker
Associate professor,
Department of Pharmacy Practice.



DIY [if you are wondering what it is, abbreviation of Do it yourself]

In the hospital, when going through the files one can find many abbreviations. Abbreviations are commonly used in the medical world to save time and space whilst writing in the patients' medical records. So, it is very important for a pharmacist to know these abbreviations. Try expanding the following:

- | | | | |
|----------|----------|----------|----------|
| 1. JVP | 2. CVA | 3. DLE | 4. LOC |
| 5. LVSD | 6. PERLA | 7. PTCA | 8. TKR |
| 9. Aka | 10. APTT | 11. DSH | 12. FHHR |
| 13. FROM | 14. IVH | 15. PEEP | 16. PEFR |
| 17. POD | 18. TIA | 19. REM | 20. NKDA |

1. Jugular Venous Pressure 2. Cerebrovascular Accident 3. Discoid Lupus Erythematosus 4. Loss of Consciousness 5. Left Ventricular Systolic Dysfunction 6. Pupils equal and reacting to light and accommodation 7. Percutaneous transluminal coronary angioplasty 8. Total Knee Replacement 9. Above knee amputation 10. Activated partial thromboplastin time 11. Deliberate self harm 12. Fetal heart heard and regular 13. Full range of movement/motion 14. Intraventricular haemorrhage 15. Positive end expiratory pressure 16. Peak expiratory flow rate 17. Progression of disease 18. Transient ischemic attack 19. Rapid eye movement 20. No known drug allergies

ATB [All the best]

RECENT PUBLICATIONS FROM PHARMACY PRACTICE

- Muralidharan A, Ghosh A, Anees MK, George JS, Joseph S. Clinical Impact of Pharmacist led Anticoagulation Services in a Tertiary Care Hospital. Asian Journal of Pharmaceutical and Health Sciences. 2021;11(1):2442-7.
- Nidha, A., Cherian, L.E., Scaria, M.A., Gopan, P., Joseph, S. and Michael, D. A Study to Assess the Impact of Clinical Pharmacist Intervention on Administration of Selected Antimicrobials by Nurses in a Tertiary Care Hospital in South India. Asian Journal of Pharmaceutical and Health Sciences. 2021;11(1):2423-8.
- Karthikeyan K, Sunil VB, Alex SM, CS Madhu. A study to assess the impact of pharmaceutical care services to cancer patients in a tertiary care hospital. Journal of Oncology Pharmacy Practice. 2021.
- Karthikeyan K, Sameera KV, Shaji S, Swetha MA, Madhu CS. Capecitabine induced Steven-Johnson syndrome: A rare case report. Journal of Oncology Pharmacy Practice. 2022;28(1):250-4.
- Karthikeyan K, Babu CM, Shaji S, Ashok AM, Madhu CS. Case report on 5-fluorouracil induced cerebrovascular accident. Journal of Oncology Pharmacy Practice. 2021;27(4):1016-9.
- Shiyona Noyal, Rojo Joy, Lakshmi R, Siby Joseph Multisystem Inflammatory Syndrome in Children [MIS-C] - A case report. Asian Journal of Pharmaceutical and Health Sciences. 2021;11(4):2565-7.
- Femi Francis, Jerrin Reji Mathew, Siby Joseph, Sumesh Chacko P Dermatomyositis flare up: A case report. Asian Journal of Pharmaceutical and Health Sciences. 2021;11(4):2568-70.
- Jeny samuel, Sneha joy, Rhema Maria Punnoose, Sherin Jose, Sujith Kumar, Bobby Johns. G. A study to evaluate the prevalence of diabetes mellitus, hypertension, and dyslipidemia in patients with acute stroke, myocardial infarction and/or peripheral vascular disease. Journal of xi'an shiyou university, Natural sciences edition. 2022;65(3):43-52.

ONGOING RESEARCH PROJECTS

- A RETROSPECTIVE STUDY ON OPIOID THERAPY TO MANAGE PAIN IN CANCER PATIENTS IN A TERTIARY CARE HOSPITAL.
- A STUDY ON PRESCRIBING TRENDS AND RISK FACTORS ASSOCIATED WITH CHRONIC KIDNEY DISEASE PROGNOSIS.
- THE NEW ERA OF POST COVID SYNDROME: A PROSPECTIVE STUDY OF POST COVID COMPLICATIONS AND ITS MANAGEMENT.
- A STUDY OF ANTI-MICROBIAL TREATMENT AND CLINICAL OUTCOME IN PATIENTS WITH ACUTE MENINGITIS.
- DRUG UTILIZATION EVALUATION OF SYSTEMIC ANTIFUNGALS IN A TERTIARY CARE HOSPITAL.
- DRUG UTILIZATION EVALUATION STUDIES ON TARGETED DRUG THERAPY IN BREAST CANCER IN A TERTIARY CARE HOSPITAL.
- A STUDY TO EVALUATE THE MANAGEMENT OF SEPSIS AND ITS ADHERENCE TO THE SURVIVING SEPSIS CAMPAIGN INTERNATIONAL GUIDELINES-2016 IN A TERTIARY CARE HOSPITAL.
- A STUDY TO ANALYZE THE PRESCRIBING PATTERN AND THE ROLE OF DIURETICS IN SYSTOLIC HEART FAILURE PATIENTS.

Directors

Dr. Sr. Betty Carla, Dr. Daisy P.A

Editor in Chief

Dr. Siby Joseph

Executive Editors:

Mr. Praveen Raj R,
Mrs. Lakshmi R

Mr. Naveen Kumar Panicker

Student Editors:

Mr. Alan Thomas, Mr. Jerrin Reji Mathew
Ms. Biona Benny, Ms. Ashley Ann Dilip