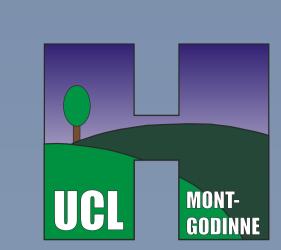
FORMATION ET RECHERCHE EN PHARMACIE CLINIQUE

AUX CLINIQUES UNIVERSITAIRES DE MONT-GODINNE: 1997-2007:

LES PREMIERS PAS



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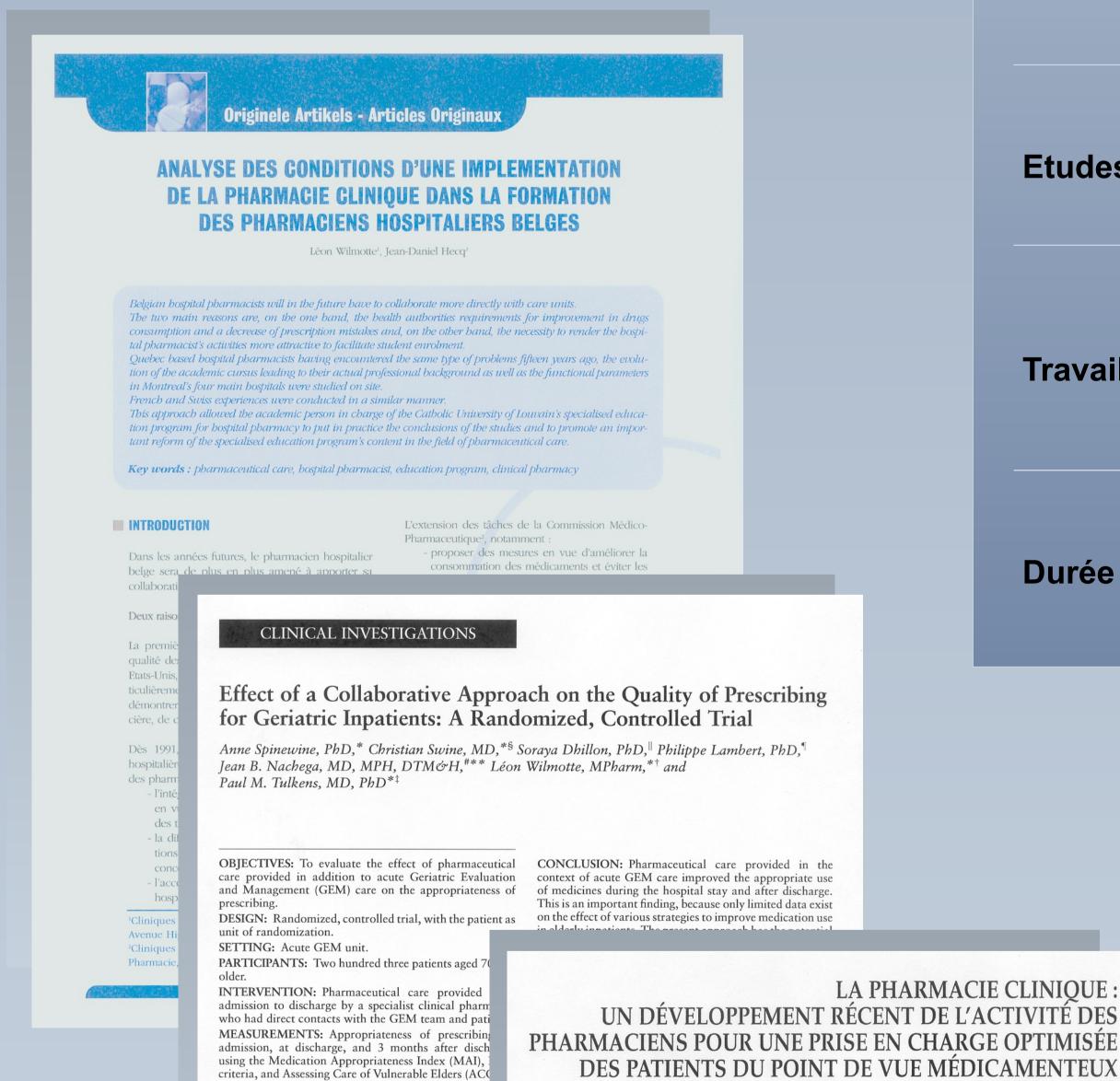


Introduction

La Pharmacie Hospitalière des Cliniques Universitaires UCL de Mont-Godinne encadre depuis de nombreuses années des stagiaires dans le domaine de la pharmacie clinique. Après 11 ans d'encadrement et alors que ce domaine connaît un essor particulier suite à l'appel à projets du Ministère de la santé Publique, il était intéressant de dresser un bilan.

Méthode

Sur base du rapport annuel du service, un relevé a été réalisé par catégorie de stagiaires. On dénombre ainsi des étudiants en 5eme année pour le stage de Pharmacie Clinique, des pharmaciens candidats spécialistes hospitaliers, des pharmaciens hospitaliers candidats spécialistes cliniciens et des doctorants en sciences pharmaceutiques.



underuse criteria and mortality, readmission, and eme

RESULTS: Intervention patients were significantly

likely than control patients to have an improvement i

MAI and in the ACOVE underuse criteria from admi

to discharge (odds ratio (OR) = 9.1, 95% confidence val (CI) = 4.2-21.6 and OR = 6.1, 95% CI = 2.2respectively). The control and intervention gr

had comparable improvements in the Beers criteria.

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meeting of the American Geriatrics Society, Orlando, Florida, May 13

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cy visits up to 12 months after discharge.

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Clinical Pharmacy, also called Pharmaceutica

care, aims to maximise therapeutic effect, to

minimise risk, to minimise cost, and to respect patient choice. North American countries and

he United Kingdom have a large experience

of pharmaceutical care, and this service is

by physicians, nurses, and other healthcare

shown that clinical pharmacy brings a definite

added value in terms of the quality of use of

medicines in various settings (hospitals, retail pharmacies, and outpatient clinics. These

tudies also demonstrate the economical bene-

fits of pharmaceutical care. Clinical phar-

macy is now under development in Belgium,

and the pilot projects launched since 2000

ave been well accepted. This has triggered

the University Hospitals and the Faculties to

aunch actions oriented towards both education and research. Changes introduced

in the educational curriculum of pharmacy

students make them more alert to their future

pharmaceutical care activities. A specific

post-graduate program is now developed and

mplemented in two universities. The profes-

sional organizations also organize postgradua-

te training in pharmaceutical care. In the near

level will be important to create the necessary

framework in which Clinical Pharmacy can develop in Belgium. The combination of

our local experience with the demonstrated

advantages of Clinical Pharmacy (as seen

from foreign studies) makes this project more

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and more realistic in our country.

Centre de Pharmacie Clinique

Louvain dical 2006; 125, 7: 222-224

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rofessionals. Experimental studies have

emplementary to the activities performed

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RÉSUMÉ

Résultats

De 1997 à 2007, le service de Pharmacie a encadré 19 Etudiants de dernière année de pharmacie (FARM23), 2 pharmaciens candidats spécialistes hospitaliers, 3 Pharmaciens hospitaliers en formation de pharmacie clinique et 2 doctorants en Sciences Pharmaceutiques. Les unités de soins ayant hébergé ces stagiaires sont la Cardiologie, la Médecine Gériatrique, la Médecine Interne et la Pneumologie. Un sujet transversal a été abordé, à savoir l'antibiothérapie. La mise en place du Certificat et du DES en Pharmacie Clinique par l'UCL a vu s'accroître le nombre de pharmaciens candidats spécialistes qui souhaitent poursuivre ensuite cette formation. Depuis l'année académique 2007, un encadrement plus structuré a été mis en place, selon un canevas défini en collaboration avec l'Ecole de Pharmacie et les Cliniques Universitaires Saint-Luc. Le bilan est positif, même si l'on peut regretter l'absence de budget réservé à cet effet. Certains travaux de stage ont abouti à une publication dans une revue nationale ou internationale. Les travaux des doctorants ont été publiés dans des revues internationales de renom.

Stages de Pharmacie clinique				
Tâches	Etudiants en Pharmacie M2	Pharmaciens candidats spécialistes hospitaliers	Pharmaciens hospitaliers candidats spécialistes cliniques	Doctorants en sciences pharmaceutiques
Dispensation a priori	1 unité	N	N	N
Dispensation a posteriori	1 unité	N	N	N
Gestion du solde des traitements non administrés	1 unité	N	N	N
Présence à l'unité de soins	0	0	O + interventions	O + interventions
Etudes cliniques	N	N	O/N	O/N
Travail demandé	-	Analyse d'un cas avec 3 plans de soins - présentation orale	Analyse de cas - fiches de pharmacothérapie journal club - mémoire	Thèse - Publications internationales
Durée du stage	6 semaines	3 mois	40 semaines	variable

DES PATIENTS DU POINT DE VUE MÉDICAMENTEUX Mots clefs : soins pharmaceutiques, pharmacie clinique, officine, pharmacie hospitalière, pharmacothérapie, patient, impact, réalisations, formation INTERNATIONAL REPORTS La pharmacie clii vise à assurer u d'un bon rappor Implementation of Ward-Based Clinical Pharmacy Services in patient. L'Anglet expérience des s Belgium—Description of the Impact on a Geriatric Unit y est un élément soins prodigués études montrent Anne Spinewine, Soraya Dhillon, Louise Mallet, Paul M Tulkens, Léon Wilmotte, and Christian Swine cie clinique app hospitalier que d et des consultat lants ("outpatient également les av Cette nouvelle di BACKGROUND: Patient-centered clinical pharmacy services are still poorly developed in Europe, despite their demonstrated advantages in North America and the UK. Reporting European pilot experiences is, therefore, important to assess the usefulness of L'article montre d clinical pharmacy services in this specific context. riences pilotes lar OBJECTIVE: To report the results of the first implementation of Belgian clinical pharmacy services targeting patients at high risk of actions entreprise drug-related problems. de Médecine (en METHODS: An intervention study was conducted by a trained clinical pharmacist providing pharmaceutical care to 101 patients Communauté flai (mean age 82.2 y; mean ± SD number of prescribed drugs 7.8 ± 3.5) admitted to an acute geriatric unit, over a 7 month period. All de la recherche et interventions to optimize prescribing, and their acceptance, were recorded. An external panel (2 geriatricians, 1 clinical pharmacist) assessed the interventions' clinical significance. Persistence of interventions after discharge was assessed through telephone calls. actions ont renco par les milieux m RESULTS: A total of 1066 interventions were made over the 7 month period. The most frequent drug-related problems underlying interventions were: underuse (15.9%), wrong dose (11.9%), inappropriate duration of therapy (9.7%), and inappropriate choice of de l'enseignemer medicine (9.6%). The most prevalent consequences were to discontinue a drug (24.5%), add a drug (18.6%), and change dosage pharmaciens à la (13.7%). Acceptance rate by physicians was 87.8%. Among interventions with clinical impact, 68.3% and 28.6% had moderate and vers le service au major clinical significance, respectively. Persistence of chronic treatment changes 3 months after discharge was 84%. de troisième cycle CONCLUSIONS: Involving a trained clinical pharmacist in a geriatric team led to clinically relevant and well-accepted optimization of parallèle, les asso medicine use. This initiative may be a springboard for further development of clinical pharmacy services. ques de pharmaci KEY WORDS: Belgium; clinical pharmacy; drug-related problems; frail elderly; pharmaceutical care. en pharmacie clin ment au niveau d pharmacie cliniqu Published Online, 28 Mar 2006, www.theannals.com, DOI 10.1345/aph.1G515 financées par la Sé tants pour en fixe La combinaison démontrés par les mproving patient safety is an important priority for any nomic, and humanistic outcomes has been demonstrated in et permettre une healthcare system. This involves reducing adverse drug numerous publications in North America and the UK.²³ Denique en Belgique events (ADEs) and optimizing the safe and effective use of spite this, there is much inter- and intracountry variability in medicines. Clinical pharmacy services are patient-oriented the practice of clinical pharmacy, which is still in the early services developed to promote the rational use of medistages in most European countries. Leblanc and Dasta4 highcines and, more specifically, to maximize therapeutic eflighted that, to ease the development of clinical pharmacy fect, minimize risk, minimize cost, and respect patient services and demonstrate their value, hospital pharmacists choice. To achieve this, clinical pharmacists can obtain should report their experiences in international journals. In Belgium, hospital pharmacists spend limited time on medication histories, perform medication reviews, attend ward rounds, provide recommendations on drug selection clinical tasks.5,6 However, for many years there has been a and follow-up, and provide counseling to patients and desire to develop clinical pharmacy services, and a legal providers. The positive impact of clinical pharmacy serframework has been in place since 1991 (through the definition of the clinical tasks of hospital pharmacists in a vices (or pharmaceutical care services) on clinical, eco-Royal Decree). Barriers to the implementation of clinical pharmacy services have been the lack of specific training Author information provided at the end of the text. for pharmacists, the limited pharmacy manpower, the ab-

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Conclusions

Sur la période retenue, 25 stagiaires de 4 catégories différentes ont ainsi été encadrés, pour des périodes de stage allant de 4 semaines à 6 mois. L'expérience acquise durant ces années, ainsi que l'engagement récent de pharmaciens cliniciens au sein de nos cliniques, permettent de prendre en charge un nombre accru de stagiaires durant une même période. Le nombre de service d'accueil sera étendu, notamment aux services chirurgicaux.