Experience with Clinical Pharmacy Implementation: Bridging a Gap Between Academia and Practice in Lebanon

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Hospital pharmacy practice in Lebanon is primarily centered on the operational management of medication acquisition and distribution. Despite standards pertaining to the documentation of pharmacy patient care activities set by the Ministry of Public Health for the accreditation of Lebanese hospitals, few clinical pharmacists are currently employed by Lebanese hospitals. The limited number of clinical pharmacy positions deprives pharmacy students of the opportunity to experience the role of a clinical pharmacist during their experiential rotations.

The school of pharmacy (SOP) at the Lebanese American University follows the U.S. pharmacy education standards for its Pharm.D. program, which is accredited by the Accreditation Council for Pharmacy Education. As such, the school has taken the lead in developing a faculty-based clinical pharmacy practice model at its university medical center in Beirut. Launching such a practice model by the SOP required strategic planning (Figure 1). Securing faculty readiness to pilot the implementation of clinical services was essential, given that all faculty, including the clinical coordinator, were recruited in the tenure track. Opportunities and challenges were openly deliberated, and workload adjustments were instituted to account for clinical services, which included providing direct patient care at the medical center, serving on committees, developing clinical practice guidelines and protocols, and precepting pharmacy students on their advanced pharmacy practice experiences (APPEs). Clinical pharmacy services were then implemented in January 2013, with two faculty covering infectious diseases while the clinical coordinator covered cardiology services. The number of faculty and services continued to steadily expand, reaching, in 2016, eight services, with a team of six faculty members from the SOP, 1.5 full-time equivalent (FTE) hospital-based clinical pharmacists, and two pharmacy students per faculty (Figure 2).

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Figure 2. Clinical pharmacy services offered between September 2012 and May 2016.

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<tr>
<td>7 SOP members</td>
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<td>6 SOP &amp; 1.5 FTE hospital members</td>
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<td>4 SOP members</td>
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<td>3 SOP members</td>
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<sup>a</sup>Pilot trial of two clinical services.
<sup>b</sup>Medication counseling services expanded from patient discharge counseling on the use of inhalers to include counseling on parenteral and oral anticoagulants.
<sup>c</sup>Internal medicine services coverage expanded from two floors to four floors.

Services were continuously assessed by stakeholders from both academia and practice. For justification of services, interventions by pharmacy faculty and students were documented and reported to concerned administrators at the medical center. As the services expanded, the number of interventions as well as interdisciplinary collaboration on clinical initiatives increased. Between January 2013 and December 2013, the expanded services increased the number of clinical interventions from 378 to 1234, of which 77% were accepted by health care professionals.

With the successful implementation of clinical pharmacy services, the medical center’s administration has opened new lines for recruiting two FTE hospital-based clinical pharmacists. The new recruits will collaborate with the SOP to provide consistent clinical pharmacy services at the medical center. Furthermore, the SOP has recruited one additional faculty in the nontenure track, with more flexibility to render clinical services and precept APPE rotations than faculty in the tenure-track positions, with a competing commitment to scholarship. The projection for September 2016 is to have a team of seven members from the SOP and two members from the hospital rendering clinical pharmacy services.

To our knowledge, such a model of clinical pharmacy services is one of the first in Lebanon. Our experience serves as a pioneer example for practice-academia collaboration in the region.


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Clinical Reasoning Series Expands Offerings

This year’s Clinical Reasoning Series will expand offerings to include programming for the two pharmacy specialties most recently recognized by the Board of Pharmacy Specialties: Critical Care Pharmacy and Pediatric Pharmacy. The two new programs, together with programs for the pharmacotherapy specialist and ambulatory care pharmacist, will be offered live on October 22 in conjunction with the 2016 ACCP Annual Meeting.

Targeting topics of interest to a wide range of practitioners and practice areas, the four 2016 programs are as follows:
- Hepatitis C: The Newest Strategies for Management and Treatment
- Management of Patients with Circulatory Shock
- The ABC’s of Pediatric Epilepsy: From Status Epilepticus to Long-term Seizure Management
- Updates in Challenging Infectious Diseases

Each program will offer 6.0 hours of pharmacy specialty recertification/continuing pharmacy education credit. More information on the target audience and the programs is available at www.accp.com/meetings/am16/premeetingSymposia.aspx.

The 2016 ACCP Annual Meeting will be held October 23–26, 2016, in Hollywood, Florida. The meeting will provide programming for all stakeholders in pharmacy education and practice. Pharmacist practitioners, educators, researchers, students, residents, and leaders will find a home at the meeting. More information is available at www.accp.com/meetings/am16.

Book Highlights

GI/Fluids and Nutrition an accp Publication

The current release in ACCP’s popular Pharmacotherapy Self-Assessment Program (PSAP) focuses on the most recent scientific evidence and contemporary practice issues for the management of several gastrointestinal diseases and nutrition and fluids disorders. The book also offers two chapters on important considerations for pharmacists on point-of-care testing.

Designed for the Board Certified Pharmacotherapy Specialist (BCPS) and advanced pharmacy practitioner, GI/Fluids and Nutrition has seven chapters divided into three modules. The following is a list of the topics covered:
- Module I: Gastroenterology I
  - Selected Infections of the GI Tract and Liver
  - Pancreatitis
- Module II: Gastroenterology II
  - Peptic Ulcer Disease
  - POC Testing in Gastroenterology and Hepatology
- Module III: Fluids and Nutrition
  - Malabsorption Syndromes
  - Electrolyte Disorders and Emergencies
  - Pharmacy-Based POC Testing and Reimbursement

Each chapter summarizes the most up-to-date advances in the subject matter and includes features that facilitate application of the knowledge learned. Chapters are referenced with links to clinical studies, guidelines, and other resources of relevance to daily practice provided for those interested in further advancing their learning experiences. To view a sample chapter, “Selected Infections of the GI Tract and Liver,” visit www.accp.com/docs/bookstore/psap/p2016b2_sample.pdf.

Released in May of this year, the book offers a total of 14.5 continuing pharmacy education (CPE) credits. Pharmacists interested in using the content to earn BCPS recertification credit may do so until September 15, 2016; those interested in earning CPE credit may do so until May 14, 2019.


ACCP to Exhibit in Buenos Aires

ACCP will exhibit at the 2016 FIP World Congress of Pharmacy and Pharmaceutical Sciences to be held in Buenos Aires, Argentina, August 28 – September 1, 2016.

Readers who plan to be at the congress are encouraged to stop by and visit the ACCP stand. This will provide a good opportunity to network and meet ACCP staff and leaders.

ACCP will be at the exhibit for the duration of the congress and will be located on the lobby level, stand # L3.

Hope to see you there!
A Message from the Editor

Dear Colleagues:

The articles featured in this issue of the ACCP International Clinical Pharmacist touch on critical matters that are taking place in the transformation of the profession.

The article titled “Experience with Clinical Pharmacy Implementation: Bridging a Gap Between Academia and Practice in Lebanon” shares one country’s experience in fostering and building strategic collaborations between academic institutions and health systems. The need to develop innovative partnerships between education and practice was highlighted in a previous issue of the newsletter (ACCP International Clinical Pharmacist 2015;5(3):1-2). Such collaborations are central to advancing pharmacists’ contributions to health care and training the future workforce for clinical practice.

As the profession continues to advance and more pharmacy specialties are recognized, high-quality continuing education programs are needed that further develop and ensure the specialist’s maintenance of competence. The article titled “Clinical Reasoning Series Expands Offerings” provides examples of such new programs. Another example is the title featured in the Book Highlights department: GI/Fluids and Nutrition. In addition to updates on gastrointestinal fluids and nutrition topics, the book contains important content on point-of-care testing that is of relevance to all pharmacists who are using, or interested in using, such tests in their daily practice.

Finally, ACCP will be exhibiting at the upcoming FIP Congress in Buenos Aires. If you are attending the congress, I hope to see you there.

Sincerely,

Wafa Y. Dahdal, Pharm.D., BCPS

Mark Your Calendar

2016 ACCP Annual Meeting
October 23–26, 2016
Hollywood, Florida

Antimicrobial Stewardship: Focus on Lower Respiratory Tract Infections and the Role of the Pharmacist
October 30, 2016
Dubai, United Arab Emirates

ACCP Updates in Therapeutics® 2017
February 17–19, 2017
Jacksonville, Florida
Antimicrobial Stewardship
Focus on Lower Respiratory Tract Infections and the Role of the Pharmacist

Pre-Congress Symposium
Held in conjunction with the GCC Pharmacy Congress
Dubai, United Arab Emirates * Sunday, October 30, 2016 * 9:00 a.m.–5:00 p.m.

TARGET AUDIENCE
Pharmacists, health care professionals, and health system administrators

SYMPOSIUM GOAL
Symposium goal is to illustrate pharmacist services that contribute to optimal antimicrobial use and provide an update on contemporary management of lower respiratory tract infections.

SYMPOSIUM LEARNING OBJECTIVES
1. Identify common pathogens associated with lower respiratory tract infections
2. Discuss the mechanisms of antimicrobial resistance
3. Select evidence-based antimicrobial therapy for patients with lower respiratory tract infections
4. Identify pharmacist-led antimicrobial stewardship strategies to improve antimicrobial use

SYMPOSIUM DISCLOSURES
Dr. Dahdal and Dr. Kays have no relevant affiliations or financial relationships with commercial interest to disclose.

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AGENDA AND LEARNING OBJECTIVES

9:00 a.m.
Welcome and Introduction
Wafa Y. Dahdal, Pharm.D., BCPS
1. Discuss the significance of antimicrobial resistance as a global concern
2. Discuss the role of the pharmacist in promoting optimal use of antimicrobials
3. Give a patient case; discuss the role of the pharmacist in optimal use of antimicrobials

10:30 a.m.
Coffee Break

11:00 a.m.
Lower Respiratory Tract Infections: Tailoring Antimicrobial Therapy and Overcoming Resistance
Michael B. Kays, Pharm.D., FCCP
1. Compare and contrast the various antimicrobial agents used in the treatment of pneumonia
2. Identify risk factors and mechanisms for the development of resistant bacterial pathogens associated with pneumonia
3. Discuss strategies to effectively overcome antimicrobial resistance
4. Given a patient case, devise a plan to optimize antimicrobial therapy

12:30 p.m.
Prayer and Lunch
1. Discuss advantages and barriers to the use of the various antimicrobial stewardship strategies.

2. Identify outcome measures to document the effectiveness of an antimicrobial stewardship program.

3. Given a particular scenario, select the most appropriate antimicrobial stewardship strategy to address an institution-specific concern.

4. Given a patient case, recommend the most appropriate antimicrobial therapeutic plan to ensure efficacy and minimize resistance.

Cancellation Policy

Registrations fees are as follows:

- Regular price
- Onsite price

To register for the symposium and reserve your seat, visit www.gccpharmacongress.com. Registration fees are as follows:

For attendees on the symposium, connect with the Påkładëdëamcëntë HealthCare Team to begin your registration today. Participants taking part in the entire symposium will receive a certificate of attendance upon completion of all 6.0 CPE credit hours.

Certificate of Attendance

To obtain a statement of credit for this activity, registration must be completed by December 31, 2016.

Pharmacist-Led Antimicrobial Stewardship Strategies

Michael B. Kays, Pharm.D., FCCP

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