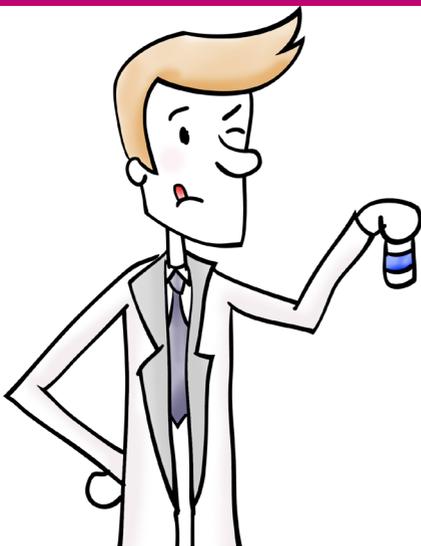


Pre-registration Trainee Pharmacists: A Survival Guide



Contributors & Acknowledgements

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Introduction

After spending the last four years at university, the pre-reg year begins! Starting life as a pre-reg pharmacist in hospital is one of the biggest challenges you will face. New people, new places and new responsibilities. Self-doubt may creep in. How will I get on with my tutor? How will I get signed off on all those competencies? How will I cope on the wards? What if I do something wrong? Don't worry. Be reassured by the fact that lots of pre-reg's have been through this and survived.

This guide has been written by many previous pre-reg pharmacists who have shared their valuable words of wisdom, hints and tips to make the most of the year. You are not alone and have a large support network around you.

Throw yourself into the year, network, ask questions and get involved. You won't get this opportunity once you qualify.

Remember the more you put in, the more you will get out!

Good luck!

Rachel Stretch
Pre-registration Pharmacists Training Programme Director
Health Education England London and South East Pharmacy



The First Day and Surviving Induction

The start!

The first day of your pre-registration year can seem a daunting prospect- you are not alone. Follow the advice below, keep organised and it should make settling into your new post that much easier!

- You will have a set induction period – make use of this time to introduce yourself to everyone and settle into the department.
- You will probably have to attend a trust induction and complete some online mandatory training on fire and health and safety etc.....get this out of the way before you get stuck in!

Paperwork, paperwork and more paperwork!

Try not to feel overwhelmed by the amount of paperwork you are given during your first few weeks. You don't have to read it all on your first day! Digest it slowly as the various manuals and guides are full of useful information to guide you throughout your year.

- The General Pharmaceutical Council (GPhC) pre-reg manual is available online <http://www.pharmacyregulation.org/preregmanual> and is an invaluable resource. It is full of information on your upcoming year with details on performance standards, help with recording evidence and information on the registration assessment and framework. Get acquainted with the manual early so that you know what's in there to support you during your training.
- The HEE LaSE pharmacy pre-reg handbook is also full of useful information, particularly outlining suggested learning outcomes for your different rotations, all mapped to the performance standards. Use these to help you set SMART objectives before you rotate

Continued from page 4

- into a specific area.
- It's never too early to start recording evidence of what you have learnt or want to learn during your pre-registration year. Start simple and try to include a broad range of evidences in the early days. As your year progresses, you will then start to target evidence to the competencies you still need to achieve or demonstrate, your tutor will guide you with this.
- The performance standards shouldn't be seen as a tick box exercise. Your portfolio isn't just for your pre-reg year but will become a career tool for life! Don't feel intimidated by the performance standards. Use them to set yourself goals to achieve.
- As a hospital/rotational pre-reg you may not be with your tutor on a day to day basis, so it's important that your evidences demonstrate your competence towards each standard more than once across your training and are of a good quality.

Holiday!

As an NHS employee you are entitled to 27 days annual leave in addition to bank holidays (although you may have to work one of these during your year!)

- Plan your leave in advance so it's well spread throughout the year and so that you don't miss key rotations that are difficult to rearrange.
- Find out whether your trust has a policy on how to book your leave, when you can take it and how long you can have in one go. Bear in mind that your requested leave is not always guaranteed especially around peak times i.e. Christmas and New Year.
- Don't take any longer than 1 week of annual leave before the assessment. You will drive yourself mad and the best source of revision is in the work environment on the ward or in other areas!

Meeting the team – Your tutor

Building a good relationship with your tutor from the start is key (after all, they are going to be the one signing you off!) Before your first day try to make contact with your tutor, either by visiting the hospital and introducing yourself in person, phoning the pharmacy or sending an email if a hospital visit is not convenient. This shows that you have made an effort to get in contact and will go a long way to building a working relationship.

- Once you start, aim to arrange an initial meeting early during the induction. This is useful to discuss each other's expectations especially in terms of your e-portfolio and evidence.
- Pencil in regular meetings. Your tutor will be busy but it's important you have regular catch ups.
- When meeting with your tutor, get the basics right! Be on time, look smart, meet deadlines, and be professional!
- You may want to identify a potential mentor or 'buddy', separate from your tutor and perhaps someone who has been through the pre-reg year more recently. Draw on their experiences as they have just been through what you're about to do and will ultimately know how you're feeling!
- Tutors have different expectations so ensure you get your first pieces of evidence checked by them in the first few weeks. It's important to make sure you are on the right track so you don't have to rewrite a huge chunk of them again!

Meeting the team – everyone else!

- It's really important that you meet everyone and introduce yourself when you start your year. Get your face known and start building working relationships. This will help you when you start your rotations with various members of the team who will already be familiar with who you are.
- Ask your tutor or pre-reg manager to take you around the department to meet everyone. Get stuck in at any departmental social events or even organise something yourself!

How to survive...The Dispensary!

Your initial few weeks working in the dispensary may prove overwhelming whilst you adapt to the environment and to working within the Standard Operating Procedures (SOPs), but don't panic. There are a few tips below to guide you through this rotation.

Reading SOPs

Time consuming & potentially lacklustre at times, but these are useful to give you a feel of how dispensing, labelling, counselling and screening are carried out in your hospital. Keep a copy of the SOP next to you whilst dispensing, labelling and screening.



Completing competency sheets

e.g. Dispensing, labelling and checking competencies

Dispensary competency sheets will seem unfamiliar at first but it won't take long for you to get to grips with them. They vary from hospital to hospital but will provide structure to your dispensary training.

- "Buddy up" with someone who has been in the dispensary for a while such as a pharmacy support worker or a pharmacy technician.
- It is a good idea to familiarise yourself with the labelling standards at your hospital.
- When dispensing be aware of common errors that can be made, this will train you to become vigilant when dealing with such requests. Examples of this could be drugs with similar names e.g. ceftriaxone and ceftazidime.
- When checking, use SOPs and the BNF 'cautionary and advisory labels for dispensed medicines' appendix for reference to make sure all the information needed is on the label.

Hints and Tips

- Dispense accurately even if this means being slow! Double-check everything.
- Have the BNF with you when you are dispensing. Keep a notebook of any drugs you have not come across before and look them up; check interactions, doses, side-effects and contraindications and use dispensing as a learning opportunity to improve your knowledge.
- It can be hard to cope with making an error – especially if it means you have to ‘start again’ towards your dispensary target. Make sure you reflect on your mistakes and ‘take 5’ before throwing yourself back into it.

What will you be dispensing from?

These vary from hospital to hospital and maybe handwritten or electronic but you may often come across:

- Outpatient prescriptions.
- TTOs (to take out): also known as discharge summaries or to take away (TTA).
- Drug charts / In-patient cards (paper or electronic).
- Patient’s Own Drug (POD) sheets.
- Private prescriptions.
- Familiarise yourself with the forms available at your hospital and the information needed on each type.

Counselling

Despite your previous experience you are bound to feel nervous counselling your first few patients in hospital as you adjust to the different setting.

- Read the SOP for counselling.
- Use the product PIL, label and BNF (i.e. cautionary advisory appendix) for counselling guidance.
- Attend counselling workshops.
- Counselling your first patient may seem daunting but the patient doesn’t know how much practice you have had so always act confidently.
- “Buddy up” with someone who competently hands out medicines to patients and ask for instant feedback.
- Start with easy items such as tablets and capsules and build up to more difficult items such as inhalers and injections etc.
- Practice makes perfect.

Hints and Tips

- If you are not feeling very confident, practice first with your pre-reg colleagues.
- Design a table of the different formulations you want to become competent in counselling (e.g. eye drops, suppositories, inhalers etc) and get your supervisor to sign against each one when you have done it.
- Remember each patient is different. This will require you to tailor the information and advice you provide depending on what they already know and/or want to know.

Screening

Screening prescriptions can be fun; we tried to make it into a game by 'spotting the errors'. This helped so much so, that our supervisor began to collect problem scripts for us to practice our screening. Check out your local SOP for screening and use it to produce your own checklist that you could use in the dispensary or on the wards.

Gurpreet Sondh, UHS

Hints and Tips

- Familiarise yourself with the top 100 drugs prescribed in your hospital and know their indications, side effects, dose ranges (including any reductions in hepatic & renal impairment) and any counselling points. See appendix 1 for a few suggested examples of commonly prescribed medicines.
- Begin to improve your knowledge in a similar manner with high-risk medicines, and those that require therapeutic monitoring.
- Even though the dispensary environment can be stressful at times, everyone will have been new/in training at some stage so they will understand if you have a few questions.
- Try writing yourself your own SOPs/ checklist to follow, to reinforce your training.

How to survive...Clinical Rotations!

Clinical rotations are undoubtedly one of the highlights in the life of a hospital pre-reg, but how do you make the most of your experience?

Plan

Planning is the key. I still remember my first clinical rotation, I knew little to nothing about what I needed to do and came away wondering "Have I learnt what I need to learn?" First lesson: Preparation is never time-wasted.

I like to set myself objectives prior to each rotation. The HEE LaSE pre-reg handbook may give you some clues. From clinical screening to counselling patients, from shadowing an anticoagulant nurse to attending a multidisciplinary team ward round, it's for you to decide what you want to do and learn. I would suggest talking to the ward pharmacist beforehand about your plan because they can show you the best way to do things. I also tend to ask about which guidelines may be useful to read before starting a rotation so I get a good grasp of what can be expected on the wards.

Ha Trinh, QA hospital



What to wear

Smart casual does the job in most cases but some departments may require you to wear a pharmacy uniform. As long as you don't turn up in jeans, trainers or T-shirts, you will be fine. Remember all trusts will have a "bare below the elbow" policy this means favourite rings, bracelets, nail polish and watches are a no-no on the wards (except a plain wedding band).

On the ward

The first day on the ward is exciting! You are no longer sitting in a lecture theatre learning theory, but applying what you have learnt in practice and treating real patients. Before you start, familiarise yourself with the ward settings, do you know where to look for the drug charts and medical notes? Do you know who the nurses and doctors are? This might sound trivial but they are important. Knowing where things are saves you a lot of time on the wards. It can seem daunting, but remember to be confident in your interactions with other staff.

Most hospitals start the clinical rotations with the medicines reconciliation accreditation. Remembering all the important points to ask patients and discuss when carrying out drug histories may be hard at first. It may be helpful to keep a checklist of points to tick off as you talk.

When I finish a drug history, I look at the drugs and try to figure out the indication for each. I also screen the drug chart using my BNF and raise any issues I found to my supervisor. By doing this, you will be familiar with the common dosage of drugs and interactions.

Ha Trinh, QA Hospital

Clinical rotations are a great opportunity to update your clinical knowledge and help you to apply this knowledge to real patients, preparing you for your pre-registration assessment. Here are some tips to help you make the most out of your rotation:

1. Bring a notebook

- Jot down everything that you are unfamiliar with e.g. new drugs, unusual dose, unlicensed use of a licensed medication, etc.

2. Ask questions, ask questions, ask questions

- Never be afraid to ask, even if it sounds stupid. The more you ask, the more you learn. You might find that your supervising pharmacist asks you lots of questions, don't worry if you don't know many or even any of the answers. Make a note in your notebook and use it as a learning opportunity.

3. Use your initiative

- Volunteer for little things e.g. taking medication histories, calling a GP, talking to a nurse, etc. We all start off not feeling comfortable in talking to patients and other healthcare professionals, the more you do the more you will build your confidence and improve your communication skills.

4. Guidelines

- Find out about the ward speciality and read up on it.

What to do after

You do not need to do a lot of revision or read the whole BNF after work. Read through your notebook and make a note of anything you learnt that day. Little by little, you will build up your clinical knowledge without you even noticing it! As boring as it may sound, writing up evidence when everything is still fresh in your mind (and your supervisor's) is never a bad idea. Thinking about what skills and knowledge you have gained so far and what to learn next will better equip you for the next rotation.

Hints and Tips

- Get a good, comfortable pair of shoes and your feet will thank you.
- Don't compare yourselves to the more experienced colleagues and think you don't know anything. Don't beat yourself up about it – the pre-reg year isn't going to turn you into an expert pharmacist, years of experience will!
- Work with as many pharmacists as you can – everyone works differently. Adopt the good bits from each one!

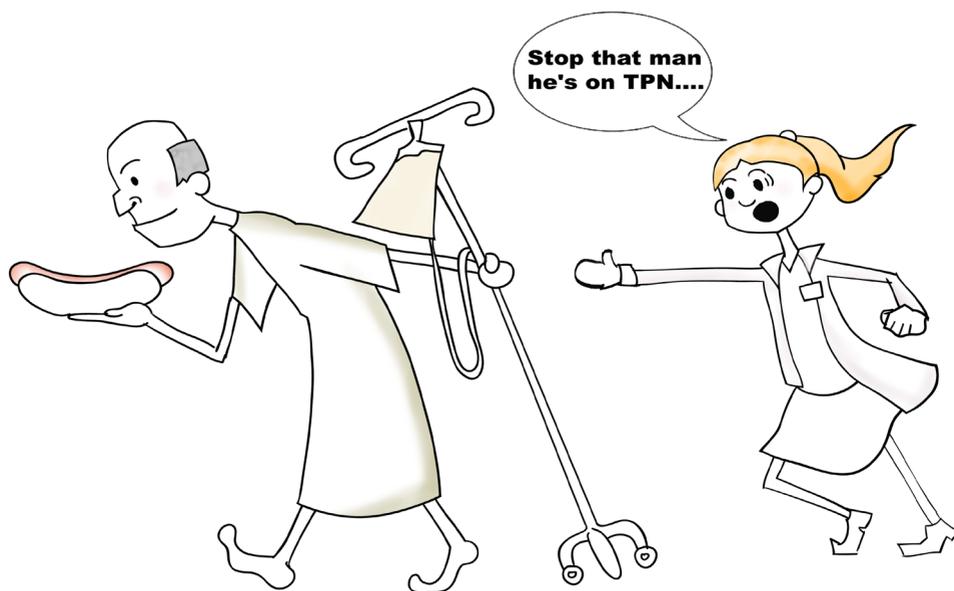
How to survive...Aseptic Services!

Aseptics or Technical Services rotations will again vary from hospital to hospital so using the time wisely is crucial to ensure you optimise the opportunity. Get to know what services are available at your Trust so that you know what to expect before your rotation.

Your rotation may consist of: Central Intravenous Additive Service (CIVAS), Total Parenteral Nutrition (TPN), chemotherapy production and non-sterile products (e.g.

creams, oral solutions). During this rotation you will build upon the fundamentals of aseptic technique you fondly remember from university, as well as learn of the roles within the Technical Services team.

The knowledge you develop in this area will undoubtedly be of value to you as a practicing pharmacist. Below are a few key points and handy hints to help you along the way:



Plan ahead

- Establish key learning objectives on Day 1 of the rotation – the HEE LaSE Pre-registration Trainee Pharmacist Handbook provides a list of learning outcomes for 'Aseptic Preparative Services'. Link the learning objectives to the Pre-registration assessment framework, which can be found in the GPhC Pre-registration Manual. Going one step further and answering relevant past-paper questions will put you in good stead for the assessment.
- Depending on your Trust's Technical Services Unit, there may also be further competencies to complete such as writing worksheets, labelling and assembling. Aim to complete these quickly so you can get involved with other things within the department.

What to wear

Check with the department before starting the rotation, generally make-up, rings, bracelets, nail polish, and watches are not allowed but don't forget your socks!

Be proactive

During the rotation I was able to shadow a pharmacist prescriber specialising in TPN on a consultant lead ward round. It was a fascinating insight into the importance of nutrition in improving patient outcomes. I'll never forget the importance of fluid balance and would advise researching refeeding syndrome before embarking on a similar experience! I also found the rotation a good time to familiarise myself with the final release of products, something that I'd be expected to do as a band 6 and I was able to ask lots of questions.

Gurpreet Sondh, UHS

Hints and Tips

Making the most of available resources is key in supporting your learning. The following resources are particularly valuable during this rotation:

- Section 10 of the Medicines Act outlines the exemptions under which Pharmacists can supervise the production of unlicensed medicines.
- Rules Governing Medicinal Products in the European Community volume IV: Good Manufacturing Practice for Medicinal Products (EU GMP) - Also known as 'The Orange Guide'. Pharmaceutical Isolators 'The Yellow Guide'. Although you don't have to read the whole book – snoozeville!
- The CPPE have produced an aseptic dispensing package which summarises the above in an easy to read, digestible format.
- 'Prescribing Adult Intravenous Nutrition' by Peter Austin and Mike Stroud.

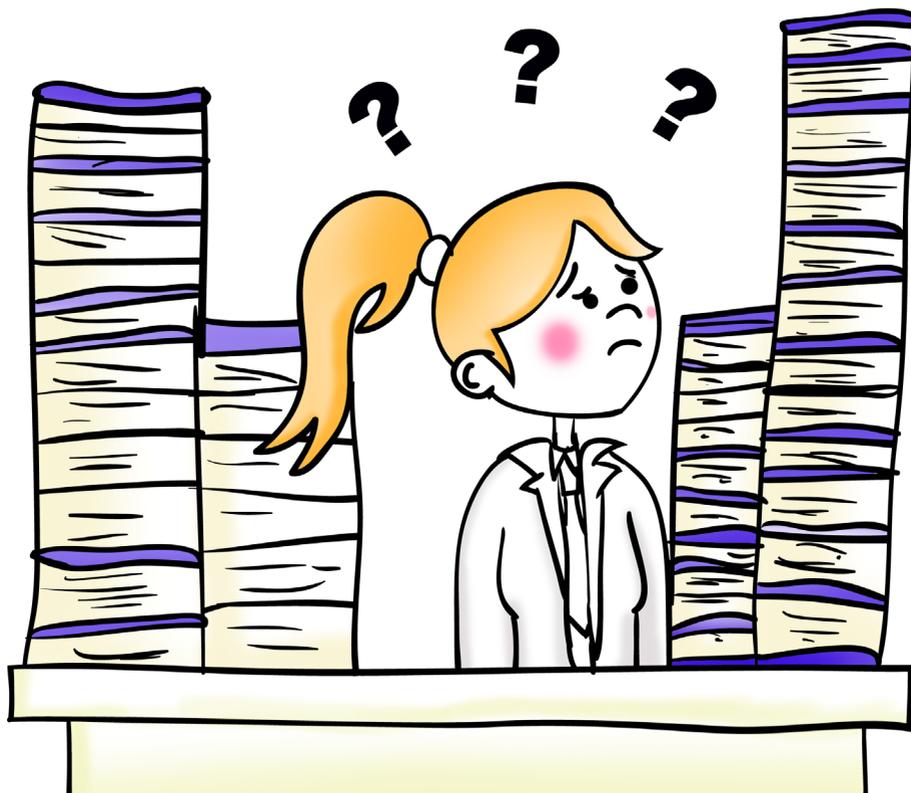
How to survive...Medicines Information (MI)!

Medicines Information (MI) is a great rotation for collecting lots of evidence and helping you develop your communication, interpersonal, evaluation and problem solving skills!

Use the rotation to gain experience in:

- Taking in enquiries – asking the right questions so that the enquiry is tailored to that specific patient.
- Searching information – learning about the different online and paper resources so you know what they are and when you would use them.
- Evaluation – use your skills as a future pharmacist to be able to evaluate the information and weigh up the evidence you've found to provide appropriate advice.
- Communication – communicating the answer to the enquirer (doctor/patient /nurse etc) by a range of different methods – email, telephone, letter etc.

Remember: If the MI centre in your hospital isn't very busy or you don't have one at all, the things above can still be met in other areas of your training!



During the rotation

During my first week I was given practice enquiries to complete which enabled me to familiarise myself with the resources available, to formulate answers and adhere to the local SOPs. The MI training aims to train you in handling enquiries, carrying out evidence-based research and formulating replies and answers.

You might be given access to a training version of MiDatabank, a Computer Assisted Learning program, MiCAL. This functions the same way as the MiDatabank but is not “live” and enquiries saved are not available for all members of staff. My MI practice supervisor gave me real enquiries to complete and my answers were always reviewed before any recommendation was made. By the end of my placement I was given the opportunity to carry out evidence based research for a doctor querying Lithium and Losartan interaction in a Diabetic patient.

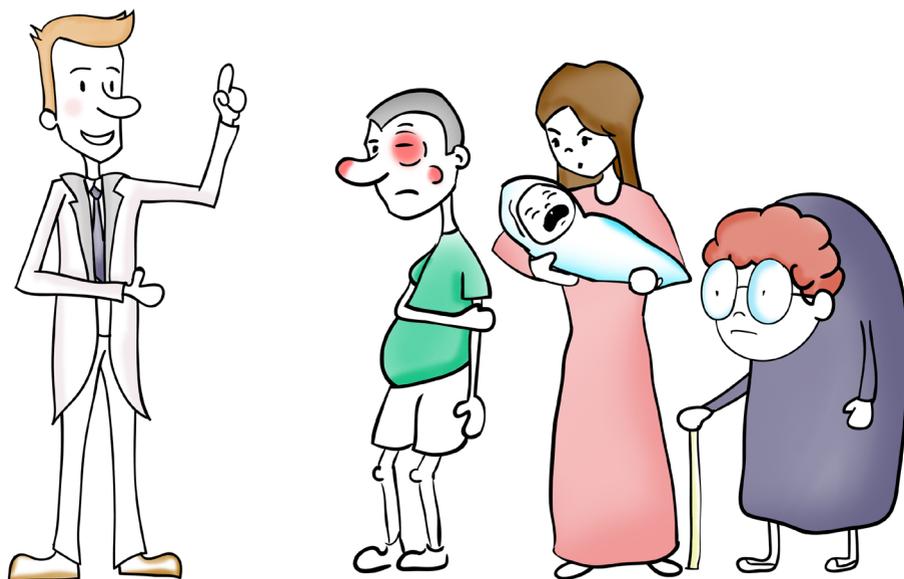
Fatemeh Jalali, Ashford and St Peters Hospital

Hints and tips

- Use the opportunity to catch up with reading around topics of interest as there are a vast number of resources available in the MI department. Learn about the advantages and disadvantages of them– this will help you when you start on a ward and are on-call when you qualify.
- The key idea as with any rotation is to be proactive and ask for feedback on areas of improvement. Throw yourself in.
- Observe others taking enquiries and use the opportunity to develop your own skills when receiving calls and documenting enquiries.
- Even if MI isn't a career for you, the skills such as problem solving and communication that you will develop will undoubtedly help your development as a pharmacist wherever you end up working.
- Utilise the Medicines Learning Portal (www.medicineslearningportal.org). It is full of useful information, exercises and scenarios for pre-reg and foundation pharmacists.

How to survive...Cross Sector Placements!

The aim of the community cross sector placement is to help you gain an insight into the daily practices of a community pharmacy; this is an invaluable experience in preparing you for the pre-registration assessment and beyond, especially if you have not worked in a community pharmacy before. It's also useful to help you achieve some of the performance standards set by the GPhC, some of which are more difficult to achieve in hospital. Your HEE LaSE handbook has some good recommendations of which competencies you can aim to achieve. Depending on how your hospital operates, you may have to arrange your own placement or be allocated to an affiliated community pharmacy.



Before the placement

- Contact the community pharmacist prior to your placement to introduce yourself and discuss the 'finer' details e.g. working hours, dress code and your plan for the time. It might be worth arranging to work on a Saturday to increase your chance of coming across an Emergency Supply.
- Check the assessment framework and performance standards for relevant things you might need to achieve during your placement e.g. GPhC standards C1.10 & C2.8.
- Remember to keep a note of what you plan to achieve and keep a checklist!
- Discuss with your tutor how you will measure your achievement and write up evidences to bring back from the placement, witnessed by the community pharmacist! Get the email details of the community pharmacist(s) you will be working with and explain that it would be helpful for them to review evidences that you send them from your e-Portfolio.

During the placement

Before starting my cross sector placement I met with the pharmacy manager and discussed the different services available for me to get involved with, we drafted a list of important learning objectives for me to achieve. Our pre-planning enabled me to deliver a travel health service, counsel a patient on inhaler technique during a medicines use review (MUR), and enrol patients on the new medicines service (NMS). The opportunities are available if you are willing to take on new challenges.

Amy Price, UHS

After the placement

- Ensure that you have completed all relevant logs of evidence and had them signed by your supervising pharmacist.
- Ensure that any other paperwork to be filled in has been done if applicable e.g. your feedback questionnaire and supervisor feedback form.
- Write a thank you letter to the community pharmacy.

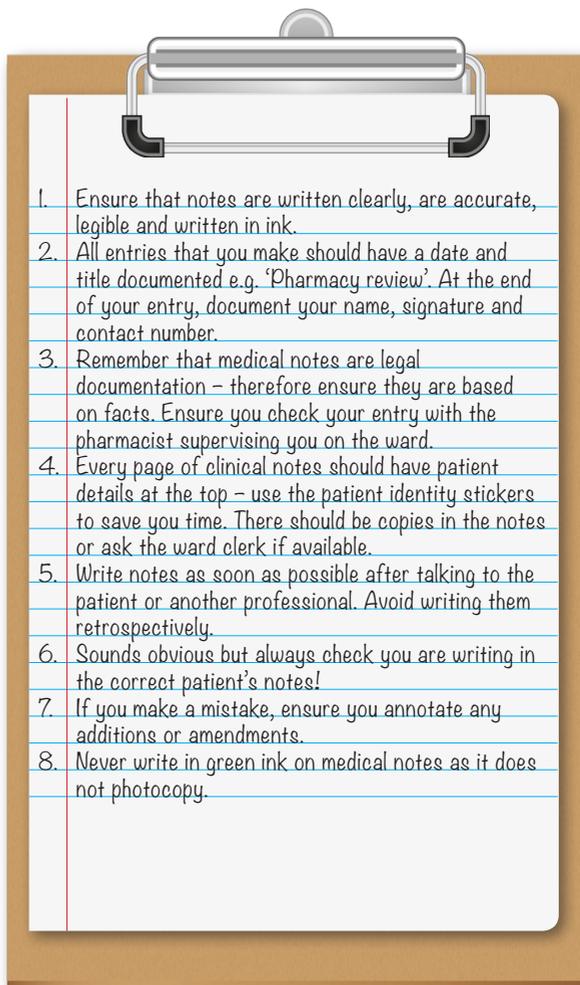
Hints and Tips

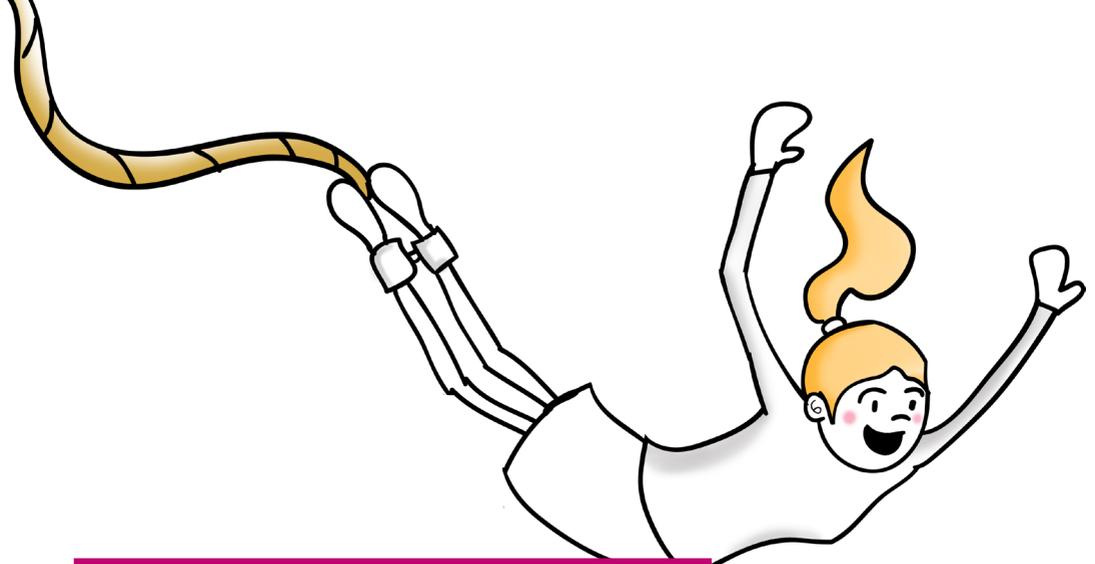
If you have to organise your own cross sector placement do not be alarmed!

- Start off by making a list of the local pharmacies around you and phone them to ask if they participate in the cross sector placement – but make sure they're a registered training site!
- If you've done a summer placement in community before, it can also be handy to approach that pharmacy first.
- Write your evidences throughout the placement!
- Just because you're off site during your community rotation doesn't mean you can't contact your tutor or pre-reg manager if you have any concerns or want to discuss anything about your rotation.

Writing in Medical Notes

As a pre-reg you may have to write in medical notes (paper or electronic) throughout your year. Check your local policies about pharmacy staff writing in notes but you may find the following points helpful.





Writing your Pre-reg Bucket list

You will often hear lots of advice from various people about making the most of your training year. The pre-reg year is an ideal time to do lots of different things to enrich your experience. From watching an operation or procedure to shadowing different healthcare teams across the hospital; there are various things you can organise during different rotations. You'll have to be proactive and organise things yourself but speak to colleagues and they'll be able to point you in the right direction of who to contact. Here are some suggested things you might want to organise:



Shadowing specialist nurse clinics/ward rounds e.g. alcohol dependence team, diabetes, acute or chronic pain team.



Shadowing dietitians – to find out about enteral feeds, TPN, refeeding syndrome.



Shadowing physiotherapists and/or occupational therapists to appreciate their role in aiding patients with rehabilitation post stroke or surgery.



Shadowing speech and language therapists during swallow assessments.



Attend multidisciplinary team meetings e.g. oncology, paediatrics.



Attend and participate in in-house FY1 or FY2 training.



Attending Consultant ward rounds – to explore more about the pathway of diagnosis and prescribing and the rationale behind their decision making process.



Attending Consultant or Pharmacist led clinics.



Attend an operation or procedure e.g. stent insertion, endoscopy, bronchoscopy.



Observing a post-mortem to gain an appreciation of anatomy, different organ systems and toxicology.



Helping to organise cross sector and undergraduate placements for when trainees visit the hospital and looking after them in the dispensary.



Observing electroconvulsive therapy during mental health rotation.



Attending substance misuse clinics.



Running a health promotion stand for an awareness campaign (e.g. Stoptober) in your hospital foyer or restaurant.



Cross sector placement – observing enhanced services such as smoking cessation, weight management, medicines use reviews, flu vaccines, EHC etc.



Working weekends as part of your cross sector placement so you are more likely to experience emergency supplies etc.

Hints and Tips

A few things to remember if shadowing different members of the healthcare team:

- You are a pre-registration pharmacist and, although it is exciting to work with other healthcare professionals, it is important to remember that your first priority is your pharmacy training because at the end of the year... you will be a pharmacist.
- Always be enthusiastic, and engage with the other healthcare professionals that you are working with. Show an appreciation for their job role by pre-reading and preparing a few questions.
- Try to think about how all healthcare professionals can work to help you as a pharmacist, and how you can help them.

Communication

Being able to communicate effectively with patients and other healthcare professionals is one of the most important skills you will need when you qualify as a pharmacist. Here we provide a few tips to get you started but look for more support throughout the year.



General tips on communication

- Before talking to a patient or healthcare professional plan the questions and points you want to get across.
- Explain whom you are and why you want to speak with them.
- Think about body language. If a patient is sitting down, coming down to their level to speak to them, or using an open posture can make the patient feel more comfortable with you.
- Always make eye contact. Simple nods when the patient is talking can show you are listening.
- Avoid the use of medical jargon when talking to patients and relatives.
- If you don't know an answer to a question, be honest but let them know you will find out and get back to them as soon as you can.
- Practice as much as you can. If possible, get someone to watch you communicate with a number of different patients or healthcare professionals and get feedback of ways you can improve.
- When beginning any encounter it is important to consider the patient's agenda. Always ask the patient if they have any immediate questions. This will help give your conversation structure.

Medicines reconciliation

During your pre-registration year you will undertake medicines reconciliations on a number of patients, most of the time this will involve talking to the patient or a carer.

Read patient notes or speak to a nurse before going to speak to a patient. Patients who have diseases such as dementia may not be able to answer your questions, however don't just assume they can't.

Plan what you want to say and any specific questions in advance.

Always confirm the patient's details before asking questions. Remember it is possible to have two patients with exactly the same name on the same ward.

If a patient can't talk to you it may be a good idea to wait for a relative to come in and ask the questions, however remember to include the patient in the conversation, you are talking about them and they are listening.

Always ask about allergies and the type of reaction. Remember to ask about any food allergies as well. Many medicines contain nut traces or seafood traces so bear this in mind.

Ask the patient if they have brought in any of their medicines; this can be a good tool to show patients the medicine you are asking them about.

Try and use open questioning techniques for example: how do you take your furosemide tablets? Instead of: You take one tablet of furosemide in the morning. Is that correct? Open questions will allow the patient to tell you how they take them themselves, not how the GP has said they take them. Often this can be very different!

If a patient is not taking their medicines, do not come across in a judgmental manner. It's better to find out what they are taking than what they're supposed to be taking.

If a patient says they have stopped taking a medicine ask them how long ago they stopped taking them. Ask them why they stopped taking them, was it something the GP or clinic reviewed or something they stopped themselves due to side effects for example.

Some patients do not see inhalers, eye drops, nasal sprays, patches, and injections etc. as medicines. Asking about these types of medicines individually is a good way of getting a complete picture of the drug history.

Ask if the patient takes any medicines they buy from a pharmacy and health food stores on a regular basis; ask about herbal remedies and vitamins. Patients don't see these as medicines if a doctor does not prescribe them.

At the end of speaking to a patient, thank them for their time and ask if they have any questions. You may not be able to answer a question but can point them in the direction of someone who is.

REMEMBER the patient is in hospital because they are unwell. If they are sleeping try and come back later.

Communicating with other healthcare professionals

During your pre-registration year there will be times when you will have to talk to other healthcare professionals about a patient's medication on the ward or in an outpatient setting. This will more than likely be a nurse or doctor.

Always use your full name at the end of emails and say who you are and what department you work in. If possible provide other contact details such as a contact number.

When speaking to a healthcare professional on the phone, always start with your name and your job title. Plan out your question or query before dialling the number and any further questions you want to ask based on their answers.

When communicating with a healthcare professional via email, use full English to communicate with them. This gives a better impression and the recipient is more likely to respond.

When starting work on a new ward, introduce yourself to the ward staff. Letting them know who you are is always good to build up an initial rapport.

When you have a query about a medicine that needs to be changed or amended always have a plan of action. You must be able to explain to the doctor why you want a medicine changed, what you want changing and if you are offering an alternative make sure you know the dose of the new medicine.

The importance of time management

During your pre-registration year you will quickly learn to manage your time effectively. From day one you will find that there are many bits of paperwork and administrative tasks that pop up that will require you to stay on the ball. Try writing check-lists or keeping a diary to help jog your memory.

You are probably wondering why you will be so busy...

During each rotation you will be learning about a new area of the department and may be expected to complete section workbooks to guide your learning. As well as this you'll be on the hunt for evidence writing opportunities. There is no doubt that you will come across many new things. To make your revision and the transition from university to the workplace easier it's best to keep on top of writing up your notes. You may also find that your hurriedly revising different body systems from you are MPharm days in time for a specialist ward round the next morning.

After all of this you'll probably be exhausted but there are ways of coping!



Hints and Tips

- Work a week in advance, that way you will always stay ahead of the game.
- Contact your section lead before starting a new rotation; this can help you plan any pre-reading.
- Start the ball rolling for your audit straight away and set yourself early deadlines for completion; you'll thank yourself later!
- The most organised trainees are good friends with their diaries and Smart-phone reminder Apps, you could create a different list for each type of task...
- Carry out regular CPD and the evidences will write themselves! Consult the GPhC website for information on revalidation and you can download forms to record CPD entries and share them with your tutor.
- Try to test yourself and fellow pre-reg's when working on the wards and in the dispensary, learning common drugs doesn't have to be dull and that way revision for your assessment will feel a lot less daunting.
- Enjoy your year; it will fly by but the more organised you are, the more you will enjoy and get out of it.

Supporting you throughout your year

The following gives a guide to who and what resources are available to support you throughout your pre-reg year.

Educational Supervisor (ES) – Pre-reg tutor

It is important to realise that your ES is there to support you throughout the year as well as assess you. It is worth setting up regular meetings with your ES to raise any concerns you experience during your training. The year will be far more enjoyable if you work together and discuss any areas of further development or training needs. Your ES is also a good point of call for feedback on your experiences throughout the year and to offer careers support and advice as you look for jobs post qualification.

Educational Programme Director (EPD)- Pre-reg manager

Your EPD is the perfect person to discuss any timetabling issues, annual leave or administrative issues with. There may also be times when you have queries about your programme or training and your ES may direct you to the EPD for the answers. The contact that you have with your manager will vary from hospital to hospital, but rest assured they also want to help you in gaining the most from your year.

Pre-reg representative

You will have access to trainee representatives (reps) during your year. Each training site will have a designated pre-registration trainee representative; they are an excellent port of call for you to discuss feedback on your training experiences. Local trainee reps meet with the pre-reg manager and tutors quarterly to discuss how the programme is going or how it can be improved. There will also be regional trainee reps and deputy reps who you can discuss local and regional training issues with. These reps sit on the HEE LaSE pre-reg programme board where they share your feedback good or bad.

HEE LaSE Team and handbook

The pre-reg team is available for any support or questions you have throughout your year. This could be about anything to do with your training locally or the regional programme. Their details are in the handbook or on the website (www.lasepharmacy.hee.nhs.uk) and there is always someone available from the team to talk to at courses in confidence. You will also receive a handbook produced by the team which is a useful tool to support your different rotations with suggested learning outcomes and practice activities.

HEE LaSE Trainees Requiring Additional Support (TRAS)

The TRAS scheme is designed to support trainees throughout the year, if for any reason you and your tutors feel you need additional support. Refer to the handbook for more information regarding the scheme. It is important to realise that the scheme will not disadvantage you in any way, but flag up any issues early so that you can be best supported in your training.

British Pharmaceutical Student's Association (BPSA)

As a pre-registration trainee you are still eligible for free membership to the British Pharmaceutical Students' Association (BPSA), however in order for you to register you must email the following to graduateofficer@bpsa.co.uk:

Your full name and title (e.g Mr/ Mrs/ Miss etc)

Your email address (preferably your work email)

There are many benefits to becoming a BPSA member during your pre-reg year, the most important being the opportunity to give formal assessment feedback to the graduate officer which gets fed directly back to the GPhC. Visit the website (www.bpsa.co.uk) for more information. As a pre-reg member of the BPSA you qualify for free United Kingdom Clinical Pharmacy Association (UKCPA) online membership during your training year, and half price membership for one year following your registration (this is particularly handy if you present your audit at a UKCPA conference).

Royal Pharmaceutical Society (RPS)

Becoming an Associate member of the Royal Pharmaceutical Society (RPS) includes access to support and networking services and the Pharmaceutical Journal. Membership of the Society can support you through your training, ensuring you have all the tools you need to make your year go as smoothly as possible. If you're an existing Student member and have just graduated you can 'upgrade' to Associate membership by applying online. Visit the RPS website for further benefits of Associate membership: <http://www.rpharms.com>.

Pharmacists' Defence Association (PDA)

The Pharmacists' Defence Association (PDA) offers free legal advice and support to pre-registration trainees. Their services are definitely worth checking out! Visit their website for more information and watch out for their graduate conferences held twice a year. For more information, visit: <http://www.the-pda.org>.

United Kingdom Clinical Pharmacy Association (UKCPA)

As part of your UKCPA membership you will have access to the exclusive area of their website which hosts expert discussion forums. You can also get in touch with other UKCPA members on the site and gain access to their resources, policies and presentations. For more details, please visit: <http://www.ukclinicalpharmacy.org>

Centre for Pharmacy Postgraduate Education (CPPE)

Centre for Pharmacy Postgraduate Education (CPPE) offer continuing professional development (CPD) opportunities to all pharmacists and pharmacy technicians providing NHS services in England including pre-registration. Their workshops are a great way to develop your knowledge, keep up-to-date with your CPD, and network with pharmacists from a variety of backgrounds. There are some great online packages to support you in your rotations, and also some great material to keep you up-to-date with primary care. For more details, please visit: <http://www.cppe.ac.uk/>

Pre-reg tales

“The time when I built a rapport with a diabetic patient and when I went to see them the next day, I asked how their toes were, at which point they replied with “the Doctor chopped them off”...”

Moral of the story: Ask the patient open questions, not specifically about their toes!

“The time where, when performing a medical history, I asked a gentleman if they used their eye drops in both eyes...he only had one eye”

Moral of the story: Read the patient’s medical notes, assess the patient by looking at them and think about the questions you ask.

“The time where when addressing the patient’s relative, I asked if he was her dad, and he said “no, she’s my partner”...”

Moral of the story: Ask, “What is your relation to the patient”, not make assumptions



“The time where I was on my mental health rotation and a patient thought I was her daughter, hugged me, grabbed my cheeks and tried to kiss me”

Moral of the story: When facing such a situation, don’t freeze and nearly get kissed by a patient, and have to be pulled away by your colleague!

“The time where I was dispensing Flamazine cream, and the instructions were MDU (use as directed by the doctor), but it came up as “take as directed by the doctor”, so I put in UMDU, which came up as “use as a mouthwash during your period”...”

Moral of the story: Don’t make up fast codes...

Appendices

Appendix 1: Some commonly prescribed medicines

Omeprazole	Citalopram	Alendronic acid (weekly)
Lansoprazole	Fluoxetine	Ferrous sulphate
Senna	Cyclizine	Hydroxocobalamin
Lactulose	Metoclopramide	Potassium preparations, both oral and IV
Magnesium Hydroxide (mixture)	Domperidone	Calcium Preparati
Fybogel	Carbamazepine	Ons
Movicol	Gabapentin	Thiamine
	Phenytoin	Vitamin B co strong
Digoxin	Co-beneldopa	Menadiol / phytomenadione
Amiodarone	Co-careldopa	
Bendroflumethiazide	Amoxicillin	Ibuprofen
Amiloride	Co-amoxiclav	Paracetamol
Spironolactone	Flucloxacillin	Co-codamol
Furosemide	Ciprofloxacin	Dihydrocodeine
Atenolol	Azithromycin	Morphine
Bisoprolol	Erythromycin	Fentanyl
Ramipril	Clarithromycin	Methotrexate (once weekly)
Candesartan	Vancomycin	
Diltiazem	Trimethoprim	Chloramphenicol eye drops and ointment
Amlodipine	Metronidazole	Dexamethasone (Maxidex) eye drops
Enoxaparin	Co-trimoxazole	Beta-blocker eye drops
Heparin	Fluconazole	Hypromellose eye drops
Warfarin	Nystatin (oral suspension)	
Aspirin	Aciclovir	Steroid creams
Clopidogrel	Insulins: Actrapid, Mixtard, Aspart, Glargine	Emollients
Simvastatin	Gliclazide	Procyclidine
	Metformin	
Salbutamol	Levothyroxine	
Salmeterol	Dexamethasone	
Beclometasone	Hydrocortisone	
Tiotropium	Prednisolone	
	Tamsulosin	
Temazepam		

Appendix 2: Common Medical Abbreviations

ACS – Acute Coronary Syndrome	Cyanosis Oedema and Lymphadenopathy
AF – Atrial Fibrillation	LOC – Loss of Consciousness
AFB – Acid Fast Bacillus	LVF – Left Ventricular Failure
ARF – Acute Renal Failure	MI – Myocardial Infarction
BE – Bacterial Endocarditis	Δ - diagnosis
BNO – Bowels Not Open	MSU – Midstream Urine
Ca – Cancer	MVR – Mitral Valve Replacement
CABG – Coronary Artery Bypass Graft	NAD – Nothing Abnormal Detected
CCF – Congestive Cardiac Failure	NBM – Nil By Mouth
CML – Chronic Myeloid Leukaemia	NFA – No Fixed Abode
CLL – Chronic Lymphoid Leukaemia	NGT – Naso Gastric Tube
COPD – Chronic Obstructive Pulmonary Disease	NKDA – No Known Drug Allergy
CRF – Chronic Renal Failure	NIDDM – Non-Insulin Dependent Diabetic Mellitus
C + S – Culture & Sensitivity	NSTEMI – Non-ST Elevated Myocardial Infarction
CT – Computed Tomography	OA – Osteoarthritis
CXR – Chest X-Ray	OCP – Oral Contraceptive Pill
DKA – Diabetic Ketoacidosis	OGTT – Oral Glucose Tolerance Test
DM – Diabetes Mellitus	OPA – Outpatient appointment
DNA – Did not attend	PC – Presenting complaint
D + V – Diarrhoea & Vomiting	PE – Pulmonary Embolism
DVT – Deep Vein Thrombosis	PERLA – Pupils Equal Reactive To Light and Accommodation
ECG – Electrocardiogram	PUO – Pyrexia of Unknown Origin
ENT – Ear Nose Throat	RA – Rheumatoid Arthritis
ERCP – Endoscopic Retrograde Cholangiopancreatography	SAH – Sub-Arachnoid Haemorrhage
ESR – Erythrocyte Sedimentation Rate	SALT – Speech and Language Therapist
ESRF – End Stage Renal Failure	SC – Sub-Cutaneous
EtOH – Ethanol	SIADH – Syndrome of Inappropriate Anti-Diuretic Hormone
GFR – Glomerular Filtration Rate	SOA – Swelling of Ankles
GU – genitourinary	SOB – Shortness Of Breath
HbA1C – Glycosylated Haemoglobin	Sx – Surgery
IDDM – Insulin Dependent Diabetes Mellitus	TIA – Transient Ischemic Attack
IHD – Ischaemic Heart Disease	TWOC – Trial Without Catheter
IM – Intramuscular	URTI – Urinary Tract Infection
IVI – Intravenous Infusion	US – Ultrasound
IVDU – Intravenous Drug Users	
JACCOL – Jaundice Anaemia Clubbing	

Appendix 3: Useful Mnemonics

Enzyme inhibitors

Mnemonic: SICKFACES.COM

1. Sodium valproate
2. Isoniazid
3. Cimetidine
4. Ketoconazole
5. Fluconazole
6. Alcohol
7. Chloramphenicol
8. Erythromycin
9. Sulphonamides
10. Ciprofloxacin
11. Omeprazole
12. Metronidazole

Enzyme inducers

Mnemonic: GP PARCS

1. Griseofulvin
2. Phenoobarbital
3. Phenytoin
4. Alcohol
5. Rifampicin
6. Carbamazepine
7. Sulphonylureas

Notes

A large, blank, lined page for taking notes. The page is white with a vertical red margin line on the left side and horizontal blue lines for writing. The page is framed by a light gray border.

Pre-registration Trainee Pharmacists: A Survival Guide

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