PHARMACY RESIDENTS’ TRAINING TO ON-CALL DUTIES IN HOSPITAL PHARMACIES: SURVEY OF FRENCH TRAINING PROGRAMMES AND OPTIMISATION OF A LOCAL TRAINING PROGRAMME

J. Bellegarde1, L. Bernard2, P. Chennell2, V. Sautou2
1CHU Clermont-Ferrand, Pôle Pharmacie, Clermont-Ferrand, France
2Université Clermont Auvergne, CHU Clermont Ferrand, CNRS, SIGMA Clermont, ICCF, Clermont-Ferrand, France

Objectives
During their residency pharmacy residents may attend a hospital on-call programme. This hazardous activity requires adapted training. Our project was to optimise residents’ training for in-house on-call duties to allow them to receive a strong, clear and complete training including more practical training.

Methods

<table>
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<th>September 2016</th>
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<td>Baseline survey of the existing training methods in the different hospitals of France</td>
<td>Baseline survey of the existing training methods in our university hospital and identification of pharmacists’ needs</td>
<td>Identification of residents’ needs in our structure</td>
<td>Beginning of the development of our training programme starting with our most critical pharmacy activity sector</td>
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Development of a transverse, structured and harmonised training programme

Results - Discussion

Existing training methods in the 34 French hospitals that answered

- Pharmacists and residents’ needs in our university hospital
- Great disparities of training between the establishments: lack of structure, organisation and harmonisation of the training. Residents hope the training will be improved.

Optimisation of the existing training programme

- Our programme
- Introduction of news tools

Optimisation of training’s support between the pharmacy’s sectors
- An in-house on-call duty notebook complementary to trainings and adapted to note-taking

Training composition
- Only a theoretical (13%) or practical part (6%) for some programmes
- Evaluation of knowledge in only 47% of hospitals

Training organisation
- At the beginning of each 6-month period
-Continuous training in only 6% of hospitals

Duration
- Theoretical training: 10 to 15 hours
- Practical training: 5 to 10 hours

Training support
- Mainly oral explanations
- Few written trace of trainings except for residents’ own notes

The senior pharmacists
- Have enough time to implement their training
- The current organisation suits them

The pharmacy residents
- Training globally well appreciated
- Organisation and modalities could be improved

Simulation’s workshops using role-play
Optimisation of the companionship between experienced and novice residents
Interactive quizzes scheduled during each monthly meeting between pharmacy residents and the residents’ coordinator
E-learning

Evaluation of knowledge/Continuous training

Great disparities of training between the establishments: lack of structure, organisation and harmonisation of the training. Residents hope the training will be improved.

Optimisation of training’s support between the pharmacy’s sectors
- An in-house on-call duty notebook complementary to trainings and adapted to note-taking

Theoretical training

Practical training

Conclusion

- Next steps of our work: implementation of our programme in each pharmacy’s sector and it assessment.
- If successful a possible extension to the other hospitals of our region will be considered.