



MAHATHI COLLEGE
For Innovative Learning

MAHATHI COLLEGE OF PHARMACY

(Approved by AICTE, PCI, New Delhi & Affiliated to JNTUA, Ananthapuramu)

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7.2.1

Describe two best practices successfully implemented by the Institution as per NAAC format provided in the Manual.

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7.2. Best Practices

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1. SPEAKER FORUM

Objectives of the practice: The Students Speakers Forum (SSF) was established with the goal of teaching students how to talk effectively using the ABC method - A: accuracy, B: brevity, and C: clarity.

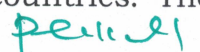
The Practice: English language and communication skills course in their curriculum that helps them improve their communication skills. Allowing them to talk in English without the effect of their mother tongue. Students in the Interactive Communication Skills actively participate in group discussions, public speaking, debates, and presentations. Improves Listening, Speaking, Reading and Writing abilities. Group assignments and activities, which promotes active learning.

Obstacles faced if any and strategies adopted to overcome them: Student's fear of the English language. The prior educational medium, which does not enable them to engage consciously. Student's hesitation due to inferiority complex. Fluent in English but struggles with presenting.

Outcomes: This assists students in preparation for the recruiting process. Admission tests for further education and other competitive assessments. These programs covers communication and aptitude skills training. Knowledge improvement in technical and other skills. Placements have been improved drastically.

2. CLINICAL AND COMMUNITY PHARMACY TRAINING FOR PHARM.D STUDENTS

Objectives: Doctor of Pharmacy (PharmD) -6 Years is a professional pharmacy Doctoral programs, on completion of the graduation, is considered as a pre-PhD and Post Graduate professional doctoral degree, in addition a student awarded authorization to use the prefix Doctor (Dr) to his/her name. It was introduced to improve the healthcare at Clinical and Hospital pharmacy services in India, one among pharmacy services which are in direct contact with the patient healthcare system and authorized to take critical decisions at prescribed medications in inpatient prescription. Curriculum for the course include regular Pharmacy subjects as well as specific subjects like Pharmacotherapeutics and Clinical Pharmacy with sufficient exposure in Clinical Pharmacy services. The best part of this course is to raise the standard of Pharmacy Profession in India in terms of Pharmacy Practices as well as making Pharmacy degree acceptable to various other countries. The course


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C.T.M. Cross Roads, MADANAPALLE
Annamayya (District), A.P.-517 319

curriculum is framed by Pharmacy Council of India (PCI) in such a way that it can meet international standards. PharmD curriculum-based researches encompass a variety of determinants of health and their influence on patient outcomes and population health.

Context: Few of the areas where the PharmD students are trained include, Ward round participation, Clinical postings, Training in medication chart review, Drug information, Patient counseling, Identification, Monitoring and Documentation of drug interactions, Medication errors and Adverse Drug Reactions in hospital and Clinical practice set-up, Total parenteral nutrition, Therapeutic drug monitoring, Improving patient compliance etc. The competence required to accomplish the clinical services for patients needs through indulgence of the subject. Many times it has been a practical concern that the physicians do not accept PharmD students to directly interact with the patients. To overcome this problem we had made and have been making continuous efforts in convincing the Hospital Superintendent about the preamble of the Course content and the importance of practical training at hospitals. Upon their permission, students were categorized to groups and assigned to a particular physician. Ward round participation time table was framed by our Faculty and after approval by Superintendent, students participate in ward rounds along with the physician and involve in the clinical duties along with the physician. Slowly, the students start understanding the procedure of ward rounds, the activities done during the ward rounds, case history discussion and patient counseling. Further, interactive sessions are conducted where the students are involved in discussion with physicians and other paramedical staff for better understanding about the case. The 6-year PharmD course provides intensive training in pharmacy practice and clinical pharmacy services. In the final year, the students will come out as clinical pharmacists, an essential component of healthcare, equal to doctors. Graduates will study in detail about drugs for different diseases. Pharmacists will advise patients about dose, action and side effects.

Practice: Time Table for PharmD course was framed in such a way that that II year & III year PharmD students goes to hospital once in a week, IV year PharmD students goes to hospital twice in a week, V year PharmD students goes to hospital through out the week. It's a regular pattern that the students clinical training include Case studies, understanding the Prescription, Patient counseling, Case history recording (with permission), case presentations, drug information services, ward round participation etc.


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Evidence of Success:

The Clinical & Community Pharmacy Training programme associated for PharmD course has been so effective in transforming the student

To provide patient care in co-operation with patients, prescribers, and other members of an interprofessional healthcare team based upon sound therapeutics principles and evidence-based data while taking into account about relevant legal, ethical, social cultural, economic and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social, or behavioural or administrative, and clinical sciences that may impart therapeutic outcomes.

To manage and use resources of the health care system, in co-operation with patients, prescribers and other health care providers and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time sensitive medication distribution; and to improve therapeutic outcomes of medication use.

To promote health improvement, wellness, and disease prevention in co-operation with patients, communities, at-risk population and other members of an inter-professional team of health care providers.

To demonstrate skills in monitoring of the National Health Programmes and schemes oriented to provide preventive and promotive health care services to the community.

To develop leadership qualities to function effectively as a member of a health care team organized to deliver the health and family welfare services in the existing socio-economic, political and cultural environment.

Problems Encountered and Resources Required: At the start of these programmes especially at the hospital front we faced a lot of practical problems while convincing the were faced at the hospital in convincing the Hospital CEO/Superintendent/RMO for the permission to make the student participate in ward rounds, as the procedure involves physicians and paramedical staff. Initially every day we used to convince them and many times the hospital management denied the proposal irrespective of our MoU with them. There were many incidents where our faculty and students returned to the institute due to non co-operation from hospital authorities. Many times we faced dissatisfaction representations from the parents even. In due course our continuous briefing efforts about 'the assistance what the hospital and physicians will get' had succeeded and gradually they agreed upon. We convinced them with lot many evidences in developed countries that due to Pharmacist intervention in hospital activities can profoundly decrease Medication Errors and also briefed them that "Prescription Auditing" carried by

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PharmD can be highly appreciable in overcoming Drug-Drug interaction and Adverse Drug Reaction. Also, our PharmD' documentation can be supportive for the Hospital in achieving NABH certification. Immediately, in the fifth year PharmD. Second year students will not be capable of identifying DDI or ADR thoroughly, as it requires a lot of practice, subject knowledge, coordination with physicians and other paramedical staff members. As well we explained to them about the Drug and Poison information center, which refers to a specialized area of drug information where the students provide information on the toxic effects of an extensive range of chemicals including plant and animal toxins to the patients and visitors. Currently our institute has support from three hospitals in effective Clinical & Community Pharmacy Training for PharmD.

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