I m p r o v e d  C o l l a b o r a t i o n  t h r o u g h  M e r g e r
B y  B a r b a r a  J o l l y

When I teach the sterile compounding course and lab at the COP, it is important that the pharmacy students learn more than just how to draw a medication up in a syringe, inject it into a bag of IV fluid, and send it to the nursing unit in a hospital for a patient. Many times the orders for a patient specify only the name and dose of the drug and it is the pharmacist’s responsibility to choose the IV fluid, volume, determine the stability, assure that the preparation is customized for the specific patient’s needs, and to communicate with both the prescriber and the nurse about any issues to be resolved. We try to simulate real-life experiences as much as possible when in the lab environment.

Pharmacists working in the institutional setting (hospital, home care, long-term care, etc.) should know about the types of IV catheters patients have and the supplies needed to care for those IV access devices (catheters). In a perfect world, I’d be able to take the students into the patient’s home or hospital room to watch that portion of care. They would see first-hand that the decisions a pharmacist makes in preparing intravenous medications can impact patient care, either positively or negatively.

This isn’t a perfect world, so instead, I borrow a torso model (Chester Chest) from the nursing program and demonstrate how each of the types of IV catheters work, discuss the restrictions some have, review how they are flushed, and explain how the type of catheter is chosen for a patient. This demo takes an hour and I try not to have teach than 8-10 students at a time to give hands-on access. With 25-35 students in lab each day, that means doing the 1-hour demo 3-4 times in one afternoon. Although I’m usually hoarse by the end of the afternoon, the effort is worth it because this activity makes the students better pharmacists and helps prepare them for working in the team environment of today’s health care.

In some ways, this approach is better than seeing a real live patient. Chester Chest doesn’t mind if I pull back the “skin” on his chest to reveal an implanted injection port so we can examine how
that device works. I couldn’t do that part of the demo with a real patient – they tend to object to having their skin peeled back! The Chester Chest demo allows students to palpate (feel) the port beneath the skin and access (insert a needle into) the port to see why it is important they send the correct length needle for that patient. Students care more about the “what” when they understand the “why.”

Students often ask me during that session, “Why do I need to learn this?” My response is, “I don’t want you to feel stupid when you are on rounds and somebody asks you whether that IV fluid can be administered through a ________ catheter.” That may sound blunt, but I had to learn that the hard way, and felt stupid when asked that question on rounds. I remember wishing somebody had taught me in school. Between teaching here and in home care, I’ve taught this lesson to over a thousand learners in the past 15 years. It never gets old.

I know this approach works. Pharmacy students doing their hospital rotations that occur shortly after finishing the sterile compounding course often email me to say, “I knew exactly what I needed to know. Thanks!” I also hear from preceptors that “Sullivan students know more about this field than students from (insert name of any area college of pharmacy).” The exam performance on this material has also improved by close to 15% since I began using Chester Chest in the lab.

To buy a Chester for the COP would cost $800 - $1100, depending on the model and wouldn’t make economic sense. I use him about 2 weeks a year. Denise Smith, RN, is the coordinator of the simulation lab for the nursing program. She has allowed me to borrow Chester and has even dropped him off to me some of the time. Working together has been wonderful.

My trips over to the Dupont building are a LOT easier than when I had to go to the Dixie Highway campus to borrow Chester. Denise toured me through the Dupont facility shortly after they moved in a year ago. After seeing the new facilities, I’ve told everybody that I knew was interested in nursing or allied health careers to check out the programs and the new facilities. In September, I hosted an area diabetes educator meeting and arranged with the Dupont campus leadership to use one of the nursing classrooms. One of the Admissions team stayed a little late that day and toured the guests through the building. After that day, several of the attendees told me that their neighbor/niece/son/daughter/co-worker sounds like a good match for the Sullivan programs – that was worth the effort it took to coordinate the evening.

I think we should all become more familiar with the programs offered in the university. Now that we are one university, we can and should find ways to get out of our silos, work with our colleagues in other departments, share resources and expertise, and remember that we are the university’s best marketing resource.