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DECODING THE VISION OF FELLOWSHIP IN CRITICAL CARE PHARMACOTHERAPY (FCCP) IN THE INDIAN SCENARIO: A FELLOW'S PERSPECTIVE

FCCP (Fellowship in critical care pharmacotherapy) was started in Bhagwan Mahavir Medica Super specialty hospital (BMMSH), Ranchi, India with a vision of improving the efficacy of patient therapeutic treatment and its safety. Started in mid-February, 2021 it identified two Pharm.D graduates from different corners of the country- based on a series of academic exams and interviews to train them with specialization in critical care. From a large pool of many competitive and enthusiastic graduates I too got selected. It itself was a dream come true as It would mean an entry to my favorite diverse sector of healthcare system.

In this article I wish to share my ten month experience as a critical care fellow. We, the fellows undergo an effective, pre-scheduled academic rotation in different specialty and super specialty units throughout the year along with structured academic classes' everyday by medical practitioners. Unlike in the United States, fellowship in India has a didactic component. We are required to make two case presentations and two journal club presentation every month apart from our

academic examinations which includes both mid-term and annual examinations. The presentations are tested on various parameters such as skills, content, understanding etc. and are scored accordingly which makes it a whole different ball game than that of college level. One of the major goal of this fellowship is to make fellow academically and theoretically competitive for global arena and thus the syllabus is designed keeping that in mind. Talking about skill development and on hands training, FCCP envisions molding fellows to global and South Asian standards of practices skillfully and therefore are assessed and evaluated accordingly.

During my past six months, I have served department of critical care, obstetrics and gynecology, cardio-thoracic and vascular surgery ITU, cardiology, nephrology department, respiratory and am currently posted in the department of Emergency Medicine. I was superbly guided by multiple consultants of each department and was asked to serve patients of every grade of hospitalization i.e. ranging from ICU patients to ward patients. My service is approximately 48 hours a week and my postings lasted for one month in each of these specialties. It would be unfair of me to say that experience at a particular department was better than an another but as I progressed I could realize the depth of knowledge each of it required and thus it motivated me to change my pattern of study and my gradient of understanding each time.

My day as a fellow starts with an A4 sheet of paper which is handed to me by the coordinator at the reception desk of our beautiful hospital. It contains a complete list of patients admitted under a specific team (For e.g. - under the supervision of nephrology department) either under direct consultation or joint-care or even through reference medium. My first primary role is to do pre-ward round of these patients in which I assess the condition of the patient, compare it with previous days and then note



down the progress or lack on the progress note. I also check the patho-physiological reports and try to assess the underlying causes of it. Not to forget a quick assessment of drug interaction, medical assessment, any possible ADR causing factors, vital examinations, antibiotic usage etc. are also noted down along with advice for same during pre-rounds. I ensure that day to day complaints and symptomatic assessment are also noted on the progress note. Any advice by me is recorded in the right corner with my initials, registration number and other details.

My aim as a critical care pharmacotherapist is to ensure patient safety and provide best therapeutic outcome. Functions such as comprehensive medical history collection, interaction assessment and management of any possible ADR, ADE etc. is done through various customized forms based on government and hospital protocols with international standards.

As a critical care health worker I came across patients with a plethora of medications and a deluge of medical complications associated and hence it becomes a liability to assure the best therapeutic algorithm from my side. During this last 6 months I has the chance to serve COVID-19 patients that made me realize what it means to be a pharmacotherapy resident where there are more assumptions in a treatment plan rather than the guideline/protocol itself. Every drug being used in the new COVID virus strain or in any complicated case was meant to be questioned by healthcare professionals. It was a responsibility that scared me at the start of the fellowship through this fellowship training I have developed confidence in my abilities and am glad to shoulder the responsibilities that are a part of this profession. Not to forget to mention that the amount of care and guidelines from seniors and consultants had been

exceptional and true team play is pretty evident in my hospital.

On a whole, I would like to conclude by saying that FCCP had been a torch light for the tunnel which opens towards my aim of BCCCPS and towards the world of ethical and rational therapeutic practices. Critical care department can be a symbol of how complicated health condition can turn into and how each decision of everyone on board can leave an impression on the patient and the family. It can result into good or bad or even catastrophic outcome and hence “think on your feet” job with an array of knowledge and experience to back up at every such step. The range of error has to be minimal and its management has to be effective and thus I believe that it is not only a blooming field but also a necessity in modern medicine practice in India too.