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INTERNSHIPS THAT OPENED PROFESSIONAL OPPORTUNITIES

At the time, when I graduated from high school, nobody was aware that India offered a Doctor of Pharmacy program. So, after passing my entrance exam, when I didn't receive enough marks to qualify for a medical seat, I decided to enroll in the PharmD program that had started recently. In my state of Andhra Pradesh and the nearby Telengana, students enrolling in this program believed that they would be able to obtain high paying jobs in US following completion of their PharmD. degree in India. As I didn't want to wait additional year to retake the medical entrance exam, I joined PharmD.

Like so many other students, primary reason I pursued PharmD was to get Dr. in front of my name. During my P1 year, I mostly engaged in playing games on my smart phone, as most of the content we already taught in grades 11 and 12. In P2 year, we had subjects like pharmacology and therapeutics – that covered effect of medications on the body and their side effects, and that intrigued me.

During those years, my family faced financial challenges. My mother is a schoolteacher, and she alone has been supporting me. My mother's college professor, Anji Reddy, was generous enough to provide some part-time

jobs for the kids who need financial support. Following my P2 year, he provided me with an opportunity to work at a hospital.

Trauma patients are mostly treated at the hospital's neuro department. The physician, neurosurgeon, was from a low-income family and was happy that I was joining the facility. Many staff members at this facility lacked college education, and learned and honed their skills by on the job training.

It was a new hospital and had opened recently. On my first day, I was placed with a nurse for on job-training. The nurse showed me how to administer IV lines, provide saline to patients, and check the patients' blood pressure using a manual sphygmomanometer. Starting that day, I was learning new skills every day. After ten days, I became comfortable maintaining IV lines. I was assigned to ICU one day. I was both interested and terrified at that point. Only after arrival at ICU, I learned that none of personnel present were doctors and patients were managed by nurses and paramedical technicians. This type of situation often plays out in mid-level hospitals in India.

ICU that day had few serious cases that experienced nurses were treating, and they handed two cases to me. I started visiting the ICU every day after that. Low compensation led to departure of many staff members. One night, while there were three stable cases in the ICU, there was no staff available. Later that night by 2:00 a.m., 4 emergency cases and 3 stable cases were admitted, but still there was no staff present on that floor. So, that day that the technician (working on the other floor) and I managed the patients, and I would never forget that day. Following this, hospital management started giving me more cases to manage. Distance between the college where I went during the day and the hospital where I worked in the evening was 10 miles. This hospital job paid me \$32 for a month's work and sleepless nights! To save transit time and get some time



for sleep, I moved into hospital accommodation – which was primitive, such as – no roof over the bathroom. While pay was low and the living conditions miserable, I didn't quit the job, as it provided me an invaluable experience in real life practice setting.

As I was completing my third year of pharmacy program along working nights in a hospital – Covid arrived, and lockdown begun. As healthcare professionals started getting infected with Covid - resulting in severe personnel shortage, I was requested to work 24 hour shifts. This provided a great learning opportunity and I learned everything about handling the trauma patients in the ICU. I also became interested in Operation Theater's work. I made the decision to work in the operating room during daytime and the intensive care unit (ICU) at night. I worked this schedule for four months. I mastered the operation theater protocols during those four months. I always had the same anesthetic doctor directing me. I participated in 40 surgeries in the hospital within three months - primarily for urological procedures and craniotomies, as these were the two primary departments at that hospital.

During those 4 months, number of Covid cases were steadily increasing. As I was only paid \$65 a month for this 24 hour shift, I decided to switch hospital and accept a position at another hospital. In this hospital setting - I would be primarily treating COVID patients. I signed up there after being promised \$200 for 15 days and it also allowed me provide internship opportunity for one of my close friends.

Soon afterwards, I received an offer for 600 dollars to work as a “duty medical officer” [DMO] in another hospital in their night shift. I was hired as a DMO before my graduation.

Covid was taking its toll on several families and one of my friends' family was stuck by Covid. Corruption and misinformation became rampant for covid medications. Not only many rural folks had to travel hundreds of kilometers to reach a hospital, but they were also scared to go to a hospital as they would be required to pay exorbitant fees for treatment and medications – which they did not have.

I used the skills that I have learnt in treating ICU patients and started making home visits. I started treating Covid patients in their homes' and administered all medications and oxygen concentrators at their home. I recruited a nurse practitioner to watch the patients there for 24 hours straight and visited them to follow their recoveries at their home for next two days. As patients recovered, it was not only a great moment of joy for our team – but it also raised our confidence and our patients saved lakhs of rupees that hospitals were charging.

My life changed during this P3 year. I have started earning money. Most of college colleagues were unaware about these experiences. After that, I chose the hospital once more for my job, but this time as a duty doctor rather than as a nurse practitioner. After two months of job search, I got a job as duty doctor for the night shift with \$180 compensation. I accepted the position. A general physician was recently hired 10 days before my arrival. We immediately formed a strong bond.

During March 2021, we were working long-hours and the caseloads were growing daily. I had witnessed numerous fatalities in my hospital. As our Doctor was called to work at another site, I was made a manager at this hospital with a compensation of \$700 per month. The fact that there were only 6 deaths at my new hospital in the past two months compared to over 150 patients' deaths in my



previous hospital demonstrated our abilities and boosted our morale. Going forward, we started treating many patients at home. It was not only cost effective but reduced the chances of hospital acquired infections.

My passion is to practice medicine, teach PharmD students about clinical practice, and establish clinics throughout rural India where healthcare is currently scarce. I am sharing this story to empower other PharmD graduates and encourage them to avail of every internship opportunity and integrate themselves as part of healthcare team, in whichever setting they are practicing. Once improved patient outcome that translates to increased revenue is established – numerous career opportunities would eventually open up.