Ward-round Preparation and Participation

Experiment 1 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To prepare and contribute a concise pharmacy assessment during the allocated ward round.

Principle

A prepared medicine list and problem-focused assessment allow a student to identify relevant questions before the team makes treatment decisions.

Requirements

- Allocated clinical notes or fictional case, current approved medicine information and local clinical policy.
- Case-record form, calculator where needed and supervising pharmacist.

Procedure

1. Prepare the case

Use the allocated clinical record or a fictional teaching case. Record a case code, setting and date; exclude names and personal identifiers.

2. Assess the required information

Confirm presenting problem and diagnosis; current medicine orders and actual administration; allergies and organ-function context; latest relevant observations. Note missing information explicitly.

3. Develop the pharmacy assessment

Before the round, list current issues and a specific pharmacy question. During the round, communicate the issue, supporting observation and proposed next step. After the round, document the team decision and the action owner.

4. Discuss and document

Present the assessment to the supervising pharmacist or treating team. Record the accepted action, responsible person and intended follow-up.

5. Evaluate the outcome

Review the agreed clinical or process endpoint. Record what changed, what remained unresolved and the next step.

Observations and Record

Record component	Student entry
Coded case and date	_____
Presenting problem and diagnosis	_____
Allergies / previous medicines	_____
Relevant clinical and laboratory findings	_____
Pharmacy problem and priority	_____
Proposed plan and monitoring	_____
Supervisor decision and follow-up	_____

Result

Assessment: ____. Proposed action: ____. Supervisor decision: ____. Follow-up outcome: ____.

Precautions

- Use the treating team and current patient-specific information for all actual medicine decisions.
- Maintain confidentiality and confirm allergy, medicine and timing information.
- Do not invent patient observations, acceptance of an intervention or follow-up outcomes.

Viva Questions and Answers

1. What should be prepared before the round?

A verified medicine list, key patient findings and prioritised medicine-related questions.

2. What belongs in the follow-up record?

The agreed action, responsible person, planned review and observed outcome.

Disease-area Checklist

Area	Topics	Assessment focus
Cardiovascular	Hypertension, heart failure, angina, myocardial infarction, hyperlipidaemia and arrhythmias.	Indication, vital-sign trend, volume status where relevant, ECG/laboratory context, adverse effects and monitoring.
Respiratory	Pulmonary-function interpretation, asthma, COPD and drug-induced pulmonary disease.	Symptoms, exacerbations, device technique, adherence and response/adverse-effect monitoring.
Endocrine	Diabetes, thyroid disease, contraception, hormone replacement and osteoporosis.	Relevant laboratory trend, comorbidities, patient-specific risks and correct medicine/device use.
Special populations	Paediatrics, geriatrics, pregnancy and breastfeeding.	Age/weight where required, organ function, pregnancy/lactation context and authorised patient-specific information.
Ophthalmology	Glaucoma and viral/bacterial conjunctivitis.	Diagnosis, correct eye-product technique, contamination prevention and specialist follow-up.

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