RCPCH and Kizmed podcast | Pill swallowing in children

Episode 3: The secret life of pharmacists, with Nicola Vasey and Lisa Clark

Full transcript of podcast 2022

RCPCH: This podcast is brought to you by KidzMed, a programme set up at the Great North Children's Hospital in Newcastle. And by the Royal College of Paediatrics and Child Health.

Emma Lim: My name is Emma Lim and I'm a general paediatrician. I work at the Great North Children's Hospital in Newcastle upon time. And we here to talk about KidzMed and the art of pill swallowing. So, this episode is about learning why we should all love our pharmacists. And we'll be talking to some of our pharmacy staff and thinking about how they can help us work on teaching children to swallow pills. And I guess that's one of the things I think that it's kind of like the secret life of pharmacists, because I don't really think we know much about what you do.

Nicola Vasey: Hello, my name is Nicola. I'm the lead pharmacist in the Great North Children's Hospital, and I have worked here for just over 10 years and worked as a paediatric pharmacist in a large teaching hospital in London before I came here. So, I've probably worked in Children's Services for about 15 years now.

NV: So, we have worked together on the pill swallowing project, both in terms of the secret life of a pharmacist. I guess my introduction to this project came about because pharmacists kind of, as well as checking the drug charts and telling nursing staff how to get infusions in hospital, are quite often the backstop of helping to sort out any problem which is medication related. And, what we've certainly noticed in the children's hospital over the last 5 to 10 years is that as they see the developments in medicines have evolved and we've got better at treating children, we have started to have more challenges in terms of actually getting medicines into children.

EL: OK, so you're like a troubleshooter. When we messed up, we don't do something right, you're going in, fixing the problem, and come out before we even noticed that you were there.

NV: Sometimes. Yes. And I think pharmacists sometimes get a bad rep. So, you know on Twitter we are seen as people who come along and nitpick at drug charts and tell doctors what they've done wrong all the time. It's more that we want to be really helpful and help to solve problems and make sure that we can reduce errors and stop anything bad from happening. As a personality trait, we're all fairly risk adverse individuals.

EL: I think you're right. I think the doctors hate being told the wrong, in any way. We're really bad at taking criticism, even positive, constructive criticism. So, your ringing up and saying, 'oh, you know, you prescribed this wrong', we are immediately like 'oh'. OK, so let's go back. We've talked about pharmacists and their role. The paediatric pharmacists are actually very specialist kind of pharmacists. Tell me how you got involved in the KidzMed projects.

NV: So we have children that are on lots of different and complex medicines. And we know from feedback from families that they have a lot of problem getting hold of these medicines. So sometimes the GP's won't prescribe an ongoing supply. So, we set up a project to sort out a

process for getting medicines to families and we were kind of at a point in time where we were wondering what step to take next. And then Yincent, who was the doctor running on of the projects, bumped into you in the corridor and said, we have loads of children who are having problems getting hold of their medicines. And you said, 'whoa, whoa, whoa. Why are all of these children on liquid medicines? Why are they not all on capsules?' And we said, 'well, because they're children and they need to be on liquids'. And you said. 'Well, do you not train them how to swallow capsules and tablets?' and we said 'no'. You said, 'why not?'. And we said, 'because we don't know how to'. And that was the kind of door that opened to KidzMed. That's when we realised that actually we had a hospital full of children that were taking liquids, that had never been taught how to swallow capsules.

We had never considered that, actually, the solution to the problem that we had was not about supply, it was about the kind of medicine that we were trying to supply to them. And that actually, if we give capsules, you know, as opposed to give them one bottle of liquid that might have a very short expiry date, then actually it can give months and months' worth of medicines to somebody. And that actually quite often we have liquids that are unlicensed, and so this was where pills swallowing came about. We had a group of physicians and specialists who were doing it in HIV clinics and going about their job and doing that very, very well and assumed that the rest of the hospital was doing the same. And we weren't.

EL: That was so true. So that assumption that because one of the departments knows what to do, that they've talked to any other departments.

NV: Absolutely. And I think you said to me, 'do you know how to train somebody, how to swallow capsules?' And I kind of, you know held my head and said 'no'. Being a paediatric pharmacist for years and years and years, I know how to do inhaler counselling and I know how to do wardroom counselling and adults and all of the other things that we got trained as a pre-reg pharmacist and as a junior pharmacist and things that went into our clinical diplomas. But nobody had ever taught me how to teach somebody how to swallow. Tablets are capsules.

EL: I know the irony that pharmacists, who spend their life making pills, are not taught how to help people to swallow tablets or to teach other people how to swallow tablets. How did that make you feel?

NV: Oh, I felt really, just quite bad about it. I think particularly once I had been shown how to do it, I was like this is so simple. Why had I never been shown this before? And why is it not more widely taught? So, so I felt really bad and a bit embarrassed, and then I was like, actually this is going to open up doors, so let's totally embrace this. Let's get the pharmacy team on board and let's roll it out.

EL: Fantastic. So, tell me some of the obstacles you faced?

NV: Finding the time. So, you know, getting everybody together to do the training session and then rolling it out. And the other thing is that people from other hospitals have come to me and said, 'how have you done it?, How have you made it work?' and actually, I think the difference at our hospital has been that there's very much been a driving force behind it with yourself and Ailsa. But it's not just a pharmacy project and we've gone to individual teams and taught them how to do it. And the nurse specialists and the play specialists have really embraced it and taken it on and can see the benefits of doing it.

EL: So, Nicola, I think that's really important. One of the obstacles is time, is always time. Time and money. One of the other obstacles was getting the teams together. But one of your successes was because this was a multidisciplinary project, not just through pharmacy. It involved doctors, nurses, play specialists. Everybody. Did you have any quick wins that you want to share?

NV: I think because we hadn't ever ran it out across other specialties, we did a test, a pilot, with the renal team. And of course, they had a lot of immunosuppression, and so actually when we

did it with them and we converted things like Tacrolimus suspension across to capsules, we saved a lot of money very, very quickly.

EL: That's so true. So, we just picked this one department. And we chose one pill. We targeted Tacrolimus. And just changing from Tacrolimus syrup to tablets, how many people did we convert that first time. Was it like 10?

NV: Something like that, yeah.

EL: Yeah, ten children. We saved fifty thousand pounds a year recurring cost.
So, I think that was one of the classic things. In that pilot, we just looked at the renal department and we focused on changing them from Tacrolimus syrup to tablets. And I think we converted tens of children, not that many. And just with that alone, changing from syrup to tablets, we saved tens of thousands of pounds every year. Like in the region of 30 to 50 thousand pounds a year.

NV: Yeah, and the cost saving was a side effect of the fantastic project. So often because of the NHS finance at the minute, we have to go out with cost saving projects. Whereas with this one, the cost saving was a perk, a benefit and one of the many benefits. And that was the first time I come across a project like that.

EL: Yeah, I think that you can't be driven by cost savings. You've got to be driven by doing the right thing.

NV: Exactly.

EL: And then money will follow. Yeah. All right. So, we talked about, how did, how did it change you?

NV: It made me much more open minded to be challenged. So, from when you challenged me about did I know how to do it? It made me realise the power of a corridor conversation. And working with these fantastic people that individually are all doing great things, we need to tie all of those up together. And it made me realise how quite a small thing, like teaching somebody how to swallow capsules, can have such a large knock-on beneficial effect in their life.

EL: And what would you like to see happen next?

NV: So I think the thing with this project is it's been fantastic, but we need to keep the momentum going. We need to continue on making sure that we are, as people and children come into hospital, training them how to swallow capsules and tablets. And we need to embed this as part of the pharmacy psyche. So, by working with the local university to make sure that their undergraduate students are trained.

EL: Fantastic, and I think that's so important. In fact, we put it with our teaching fellows, we embedded it into the medical students and nursing students training where they did a session jointly, nurses and doctors together. So, they're learning a new skill together and they all really enjoyed it. And it helped them develop that relationship that they're going to have to have the whole working life, just working through problems together. So, everybody loved it. They got to eat sweets; they were happy. All right. Excellent.

And we talked about the secret life of pharmacists. But I think there's something about the secret power of pharmacists, because certainly I was like, I was ignorant of the breadth and the depth of pharmacy and what it covers. And since we started this project and I've met lots of pharmacists, lots of different pharmacists, specialists, pharmacists, pharmacy technicians and academic pharmacists.

NV: Absolutely. Yeah.

Part 2: Emma Lim and Lisa Clark

EL: Hi, Lisa. So nice to meet you today. You are a pharmacy technician. What does that actually mean? What does a pharmacy technician do?

Lisa Clark: So well, pharmacy technicians do a lot of clinical work with patients. We do the drug histories, which means that we go and see what the patient was on previous, before they came in the hospital. And we make sure that the doctors actually prescribe it correctly. We do a lot of counselling with the patients (i.e. pill swallowing) but we do other counselling as well. We work with families and children.

EL: Oh my god, I'm so ashamed. I feel like all the things that I didn't do in my history, that you then have to come and do on the ward.

LC: Yes. I mean, I'm full of just making everything correct.

EL: Making everything correct. So, when I say 'are you on any medicines?' or 'have you got any allergies?' and just put 'nil' and 'nkda' (no known drug allergies), that's all I ever write. And I feel bad. All right. So, you said you go and you take a proper full drug history, and you check all the previous medicines, and then you said you actually work through all sort of problems with family, so you do face to face.

LC But we do. Yeah, we do a lot of work with families. We have like autistic children who, point blank, refuse to have medication. So we have to try and find a solution as to how we get that medication into them. We have obviously children who just point blank refused to take medicines. We liaise with the play specialists. We work with different people, but mainly with families. I'll let the families know that we are here to help them, to help the patients take the medicines, and we have had quite a lot of success stories with the patients.

EL: So your role is to work face to face with the families?

LC: Yeah, yep.

EL: I am feeling even more in awe now. There is a lot of fear around pills and pill swallowing.

LC : There is a lot of anxiety.

EL: So how do you, can you give me an example of a time where you taught someone how to swallow a pill? How does it change your role?

LC : It's changed massively, actually, because we do use this quite a lot. We do have a teenage boy on Ward 1B . One of the nurses came to me and asked me if I could work with him and his mom because he had major anxiety issues of swallowing tablets and liquids. Initially he was having liquids, but this patient came in with 'nil reg meds', so he wasn't on any regular medication.

EL: So this child has never taken any medication before in their life, and then they came into hospital and were expected to take…

LC: So he was on an array of different medications, like anti-spasmodic pain relief, Just so many different medications, and it was causing him so much anxiety that they asked me to go and have a chat with him. He was on a lot of liquids and people just assume children take liquids, but that's not the case. And obviously the taste of the liquid. Some of them are nice. Some of them are not so nice.

EL: I think that's so true. So many doctors don't understand how bad some of the medicines taste. Every single time, every single year I come and get a bottle of flucloxacillin and I take it around the junior doctors and I say 'taste this' and they're all gagging. And I say, 'you will never prescribe this again as a liquid, because if you can't swallow it, how can you expect a four year old to swallow it?'.

LC: That's right.

EL: So the taste of the syrups are bad. We're going back to this child, who is a teenager, who was on four or five medicines. Loads of them tasted bad and he was really anxious about it.

LC: Yeah. And it's not so much the taste of the medicine. It could be the volume as well. This obviously, we have some patients who are volume restricted. So obviously giving tablets is more beneficial. But this particular boy, he was willing to work with me because I told him that I could make him succeed. I would let him, not make him, but help him to succeed. And the mom asked me, 'why are you so confident? What if we can't do this?' And I said 'We will do this. This this is we have been trained to do this and something so simple can be so effective'. So we set up a little meeting to have a chat, took everything and set everything up. I re-assured him. He says 'will I be able to take tablets by next week?' and I went 'no, you will be taking tablets in the next half an hour. Easy.'

EL: That's amazing. I love it. So he was like 'will I be able to take them next week?'. And you were like 'no, you will be able to take them within half an hours time.'

LC: Yeah. And mum was quite anxious as well because she knows a son and she knows that trying to get paracetamol into them or anything like that was a real struggle. So when we did the pill training with this boy, he was willing to engage, which is a big thing. They need to want to do it and he did want to do it. And I took him step by step as to what he had to do and he couldn't understand how easy it was. So we've gone from a child who was frightened to tablets to then he said to me, 'I'm excited to look forward to taking the next medication now because I can actually swallow a tablet and a capsule.' And he went through the whole, every size, all the way up to the end, and he was so proud of himself. And I was so proud of him as well.

But he was so proud of himself, the way that he couldn't believe what he had done. And his mum was in awe. And he actually told me that it's actually changed his life and it actually helped his journey in this hospital because he was spending a long time recovering. And he actually said that you have made my time in this hospital so much easier. By working with you from the beginning, if I never worked with you, I would have struggled all the way through my recovery. So that in itself is a massive, massive thing. And it was huge to him. He even wrote us a thank you card, gave me a little gift.

And I wanted to give him a hug, but I wasn't allowed. But I told him I wanted to hug him and I did shed a little tear because he was so grateful for what we did for him and he kept praising the pharmacy all of the time. And he says, one of the top people who helped him throughout this, I was way up the top of that list. So that makes my job worthwhile. That's why I do my job, because I love it.

EL: That's so powerful.

LC : It is. It has made a massive difference to him. It's all about patient care as well, you know, and it's not about money. Obviously, it saves a lot of money switching liquid's to tablets. But it's all about the patient and letting them know that it's so much easier to swallow a tablet than it is to have numerous liquids that taste horrible. You know, it's, it's just so easy, so effective.

EL: The thing that stands out for me is your belief. Your absolute belief that it's going to work.

LC: Because it does work. I make it work. Because it's so easy, this, this is the thing, it's so easy. Like I've got that confidence and you take that confidence into the room and show that patient

that, you know, they are going to do it. They believe they are going to do it. And they do do it because it is so easy. And I know I keep saying it's so easy, but it is.

EL: But it's really interesting. I think the technique of teaching people to swallow pills is simple. But you have that gift of bringing that confidence into the room. And that is a confidence that the patient can then take away and use in other parts of their recovery.

LC: Yeah. I agree.

EL: And so, I mean, I think that as a pharmacy technician, here is a child who has spent six months in hospital who says the pharmacy technician is the person who has transformed their hospital stay as much, or maybe more, than the doctors.

LC: He said so, yes. He did say so, yeah. He was very grateful and that makes my job so much more worthwhile. Just helping, helping the kids.