

Practice Spotlight: Bill Bartle

Bill Bartle, BScPhm, PharmD, FCSHP
Clinical Co-ordinator
Department of Pharmacy
Associate Director
Anticoagulation Management Clinic
Member, Thrombo-embolism Service
Sunnybrook Health Sciences Centre
Toronto, Ontario

Dr Bill Bartle has worked in the Anticoagulation Management Clinic at Sunnybrook Health Sciences Centre for about 15 years. His responsibilities include dosing management, which encompasses adjustment of warfarin doses, setting the next visit for testing of international normalized ratio (INR), peri-procedural bridging therapy, and patient education. The Sunnybrook anticoagulation clinic, probably the first such clinic in Canada, was established in the early 1970s by Dr John Blakely, a unique and innovative general internist. In 1990, the clinic was looking for assistance, so Dr Bartle completed a 1-week training program (jointly sponsored by the American Society of Hospital Pharmacists [now the American Society of Health-System Pharmacists] and Dupont) at the University of Wisconsin before starting work in the clinic. Application to this training program required letters of commitment from the directors of both the pharmacy department and the anticoagulation clinic stating that a position for anticoagulation management had been created. The College of Physicians and Surgeons of Ontario then had to sanction Dr Bartle's clinic duties as a delegated medical act (now known as a medical directive).

The clinic operates one morning a week. A dedicated clinic technician performs the INR test, so most of the patients remain on site for their dosage adjustment. Dr Bartle sees most of patients at least monthly; in addition, because he is the only clinic staff member who is in the hospital 5 days a week, he has often fielded patients' telephone queries between clinic

visits. Seeing these patients monthly over a period of years has allowed Dr Bartle to develop close personal relationships with them, and he continues to share in both the joys and the sorrows of their personal lives.

The clinic, which currently supervises anticoagulation therapy for approximately 300 patients, is managed by Dr Bartle and a thromboembolism physician specialist, the latter being a position that rotates among 3 physicians. Altogether, they have responded to approximately 36 000 INR results over Dr Bartle's time in the clinic. The clinic has now converted to a point-of-care (finger prick) device for the INR test.

The ambulatory pharmacy resident and any PharmD students on a thromboembolism elective also spend time in the anticoagulation clinic. Dr Bartle and his colleagues have published several case reports and a pharmacokinetic drug interaction study. In addition, they recently carried out a systematic evaluation of the content and accuracy of warfarin information available to patients who visit community pharmacies in Ontario.

The Pharmacy Department at Sunnybrook receives funding for Dr Bartle's services on the basis of patient billings from the clinic.

About 6 years ago, the Thrombo-embolism Service sought assistance for its expanding patient load, and the pharmacy director, Dr Tom Paton, encouraged Dr Bartle to take on this role. The responsibilities of this position include writing intake (history) and progress notes, preparing orders for deep vein thromboembolism (DVT) prophylaxis for high-risk patients, and doing work-up of inpatient and outpatient consults for acute DVT and pulmonary embolism. Much time is also spent ensuring continuity of care on discharge, whether the patient is being transferred to another institution or being discharged home. Dr Bartle covers the service pager on mornings when the physicians have their outpatient clinics and occasionally covers weekend days, which allows him to answer inquiries about other patients' management or to see a new consult first. This responsibility is also given to any pharmacy trainee on the service. The Thrombo-embolism Service has not sought sanctioning of these duties as a medical

directive, so most of his orders are eventually co-signed (for medicolegal reasons). Many medical residents in hematology, respiratory, anesthesia, and critical care and many PharmD students select this elective.

Dr Bartle's clinical practice, both in the Anticoagulant Management Clinic and as an integral member of the Thrombo-embolism Service, offers a level of responsibility that he finds extremely rewarding. Working with the thromboembolism physicians has enhanced his clinical skills and knowledge base in this field, especially in relation to complex patient problems. This experience has taught Dr Bartle much about the problem-solving skills required of effective physicians. Exposure to these experiences and skills would be of great benefit to both undergraduate and postgraduate trainees in pharmacy.

Dr Bartle and his colleague Dr Bill Geerts have written about the importance of hospital pharmacists developing an interest and expertise in thromboembolism,¹ as thrombosis prophylaxis has been targeted as an area of major concern in terms of patient safety, and anticoagulants are often near the top of lists of drugs producing adverse events. Furthermore, most community hospitals do not have thrombosis specialists on staff and thus thrombosis prevention and treatment are managed in a variable fashion by physicians with various backgrounds. Pharmacists have the necessary background and, with some additional training, can readily take on greater responsibility for thrombosis prevention and treatment, thus providing stability and consistency in the management of these patients.

Reference

1. Bartle WR, Geerts W. Venous thrombosis and the pharmacist. *Can J Hosp Pharm* 2002;55:302-303.

Acknowledgement

I would like to take this opportunity to acknowledge the foresight and vision of Dr Tom Paton for helping to create these new roles and encouraging me to take them on, and to my physician colleagues—Drs John Blakely, Bill Geerts, Richard Jay, and Rita Selby—for their continual mentoring and encouragement as I continue to develop a new set of professional skills and clinical experience.—Bill Bartle

This article is the second in our Practice Spotlight series. These profiles will publicize the accomplishments of Canadian pharmacists with unique practices in hospitals and related health care settings. If you have a unique or innovative practice, or you know someone else who should be profiled, please submit your contact information to Mary Ensom, Editor of *CJHP* (via cjhpedit@cshp.ca), and one of our Associate Editors will be in touch with you.

