

education program in 1997 with help of information technology to extend the participation of pharmacists in long distance who can get lectures at their convenient time and place. There are six modules (respiratory, cardiovascular, gastrointestinal, pharmacy management, infectious/dermatologic/ophthalmologic, and endocrine diseases) in PCSP. Until now, 450 pharmacists participated in PCSP and 23 of them completed 6-modules. Pharmacotherapy specialty certification is given to pharmacists who completed all six modules and will be approved officially nationwide in the near future.

The pharmacists can study cyber lecture as well as participate in various activities including seminars, chatting session, Question and Answer, and web board to communicate with faculty and students. They can also use the digital library databases such as Ovid? Micromedex? and Korean drug monograph database to obtain drug information in detail.

Method : This study is aimed to analyze the satisfaction score as an outcome by surveying the program registrants of PCSP. The survey measured the accomplishments and limitations of the program including quality of contents, contribution to pharmacy practice and effectiveness of cyber lecture compared to on-site lecture.

Result : The candidates for survey were 450 registrants who consist mainly 21-40 years old (83%) in age group and reside in Seoul (29.6%) and local region (70.4%). Among registrants, 100 replied to the questionnaire until now. We will present the analysis of the questionnaires in poster session.

Conclusion : Cyber education program is a critical form of continuing education for pharmacists in Korea where a new prescription law implemented since July 2000. PCSP participants gained the updated information for pharmacy practice, utilized and shared drug information efficiently. On the basis of the analysis of this survey, we will improve to an advanced cyber education program and to remodeling the role of pharmacist as a clinical specialist.

[PF1-12] [10/19/2001 (Fri) 14:00 - 17:00 / Hall D]

Development of Self-Diagnosis Program (Pharmacist@home TM) for Home Care Guide to Facilitate Self Treatment with Non-Prescription Drugs

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Background : As the new prescription law enforced in Korea, the patients are being treated with either prescription drugs or non-prescription drugs. However, Korean insurance system is experiencing financial crisis due to rapidly increasing total health care costs. One reason for this financial crisis is supposed to be the shifting of previous health care cost for drug treatment without medical diagnosis to direct insurance costs. The non-prescription drugs stand for the patients who will be able to judge his or her medical conditions and choose the treatment methods. There are quite few guides for the public to get help for self-diagnosis and find the ways for the best and cost-effective treatments.

Method : The general signs and symptoms which are commonly encountered at home were abstracted from various information resources and reviewed by clinical faculty. The selected signs and systems were divided into 10 systematic categories including general, respiratory, circulatory, gastroenterology, dermatology, etc. Weight-balance method was applied to the system to draw most potential diagnosis based on patient basic and clinical informations. For each diagnosis, home care guides were designed for patient's most appropriate actions including immediate referral to medical treatment, self-care with non-prescription drugs, self-care with nutritional support and other supportive measures. In recommending non-prescription drugs for symptomatic treatments, top 10 items were selected for patient's review as judged by the researchers considering pharmacological factors, products factors and manufacturers factors. After first top 10 products, the users can retrieve all non-prescription drugs available in the market. The system will be loaded on the web site of "Homecarecenter (<http://www.homecarecenter.co.kr>)" which was designed for the individuals who need to find more reliable drug information resources.

Conclusion : The self-diagnosis system will be of tremendous help for the public in finding reliable drug information resources and consequently improving the quality of self-care in the society.

[PF1-13] [10/19/2001 (Fri) 14:00 - 17:00 / Hall D]

The Introduction of Adverse Drug Reaction (ADR) Monitoring System

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From the experiences of cisapride and cerivastatin, postmarketing surveillance(PMS) is recognized to be very important to obtain the optimal and safe use of drugs which were introduced recently in Korea. For safety monitoring system of drugs, there are three systems in Korea, such as Re-evaluation System, Spontaneous Adverse Event Reporting System and Re-examination System. Among them, Spontaneous Adverse Event Reporting System has been adopted since 1988, which has been proved to be useless due to negligible number of reports. In order to detect drug adverse events more actively and effectively Seoul National University Hospital has constructed ADR monitoring system by subcommittee under Pharmacy & Therapeutic Committee. The members of this system were consisted of medical doctors and pharmacists, nurses, pharmacoepidermiologists, clinical pharmacologists. The first reporter of ADR is limited the physician in charge. And we focused on inpatient ADR for a while. Because outpatients receive their drugs so many different pharmacy and different trade names, it's difficult to follow up outpatient ADR since prescription-dispensing separation era. But ultimately we will expand ADR monitoring for all kinds of patients. The serious and unexpected ADR cases will be reported to the KFDA (Korean Food and Drug Administration) promptly after reviewing the reported ADR by ADR monitoring practitioner team and ADR Subcommittee. Through ADR monitoring, we will continuously trace any adverse events and detect signals for any unexpected and serious adverse drug reactions through spontaneous reports, drug utilization review. And if any signal is detected, our Subcommittee will conduct hospital-based case-control study and hospital-based cohort study for elucidating the causal association between reported adverse event and proposed drug. This presentation is prepared for introducing the Adverse Drug Reaction(ADR) Monitoring System in Seoul National University Hospital.

Poster Presentations – Field F2. Social Pharmacy

No submitted abstract in the field F2 (Social Pharmacy)